

# Worcestershire Acute Hospitals NHS Trust

## Inspection report

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

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

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

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

## Ratings

### Overall rating for this trust

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Inadequate 

Are services well-led?

Requires improvement 

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

# Summary of findings

## Background to the trust

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

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

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

### Facts and data about the trust

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

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

The trust is structured under seven divisions:

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

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

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

# Summary of findings

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

## Patient numbers

Trust activity for October 2016 to September 2017:

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

## What people who use the trust's services say

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

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

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

## Overall summary

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

## What this trust does

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

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

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

# Summary of findings

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

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

## What we inspected and why

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

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

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

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

## What we found

### Overall trust

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

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

### Are services safe?

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

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

However:

# Summary of findings

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

## Are services effective?

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

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

However:

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

## Are services caring?

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

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

However:

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

## Are services responsive?

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

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

# Summary of findings

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

However:

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

## Are services well-led?

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

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

However:

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

# Summary of findings

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice in this service.

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

## Areas for improvement

We found areas for improvement in this service.

### Action the trust **MUST** take to improve

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

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

# Summary of findings

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

## Action the trust SHOULD take to improve



# Summary of findings

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

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

# Summary of findings

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

# Summary of findings

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

## Action we have taken

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

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

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

## What happens next

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

# Summary of findings

## Is this organisation well-led?

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

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

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

## Ratings tables

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

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

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

### Ratings for the whole trust

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

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

## Rating for acute services/acute trust

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

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

## Ratings for Worcestershire Royal Hospital

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

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

## Ratings for Alexandra Hospital

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

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



## Ratings for Kidderminster Hospital and Treatment Centre

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

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

## Ratings for Evesham Community Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015
<b>Overall*</b>	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015

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

# Kidderminster Hospital and Treatment Centre

Bewdley Road  
Kidderminster  
Worcestershire  
DY11 6RJ  
Tel: 01562513240  
[www.worcsacute.nhs.uk](http://www.worcsacute.nhs.uk)

## Key facts and figures

Worcestershire Acute Hospitals NHS Trust was established in April 2000 and provides a service across five sites: Worcestershire Royal Hospital; Alexandra Hospital; Kidderminster Hospital and Treatment Centre; Evesham Hospital; and Malvern Community Hospital. The trust provides a range of elective, non-elective, surgical, medical, women's, children's, diagnostic and therapeutic services, rehabilitation services, including stroke services and cardiac stenting to around 580,000 in Worcestershire and the surrounding counties. There are approximately 742 inpatient and day case beds, of which 73 are maternity and 32 are critical care.

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

The trust is structured under seven divisions:

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

The trust employs 5,986 staff as of October 2017, including 725 doctors, 1,843 nursing staff and 2,485 other staff. All staff turnover was 11.2% as of 30 November 2017. The trust target was between 10 and 12%. Medical vacancies remained a risk for the trust at 18% for November 2017, which did not meet the trust target of 10%, but had improved by 2% since March 2017 (20%). The registered nurse and midwifery vacancy rate was 148.85 whole time equivalent qualified posts, a vacancy rate of 8.1% for November 2017. This had improved slightly since March 2017 when the rate was 8.4%. In comparison with other organisations, the trust is not an outlier, although this was above the trust target of 7%. (Source: January 2018 board report).

# Summary of findings

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

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

## Patient numbers

Trust activity for October 2016 to September 2017:

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

## Summary of services at Kidderminster Hospital and Treatment Centre

**Inadequate** ● ↓

Our rating of services went down. We rated it them as inadequate.

- Patients could not access services when they needed them. Waiting times for treatment were not in line with good practice. The percentage of patients whose operation was cancelled and were not treated within 28 days was worse than the national average.
- Not all systems in place were effective in recognising and responding to deteriorating patients' needs. This included harm reviews of patients waiting for a procedure.
- The trust did not ensure everyone completed mandatory training.
- While staff understood the need to protect patients from abuse, not all staff had completed training at the required level to ensure they had the appropriate level of knowledge to do so.
- There were inconsistencies in staff being able to recognise and report incidents.
- Not all staff had received an appraisal.
- The trust planned but did not provide services in a way that met the needs of local people.
- Services did not always have a documented vision or strategy.
- Information was not always collected, analysed, managed and used well to support activity.
- Continuous improvement, and learning from when things go wrong was not evident across all areas.

However:

- Managers investigated reported incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.

# Summary of findings

- Most areas had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The hospital had suitable premises in most areas and systems were in place to ensure most equipment was well looked after.
- The trust had suitable arrangements in place for the ordering, dispensing, prescribing, recording and handling of medicines.
- Generally, staff ensured that patients' individual care records were well managed and stored appropriately. However, in MIU records of some patients' care and treatment were not clear or up-to-date. Computer screens displaying patient details were sometimes left on in empty treatment rooms and at the nurses station.
- Services took account of patients' individual needs.
- The hospital provided care and treatment based on national guidance and evidence of its effectiveness.
- The service had measures to control infection risk. They used control measures to prevent the spread of infection.
- The hospital managed most patients' pain effectively and provided or offered pain relief regularly.
- Staff generally gave patients enough food and drink to meet their needs and improve their health.
- Multidisciplinary staff worked together as a team to benefit patients.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Managers across the hospital promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

# Urgent and emergency services

Inadequate ● → ←

## Key facts and figures

The minor injuries unit (MIU) in Kidderminster Hospital and Treatment Centre provides treatment for minor injuries and illnesses as is staffed by emergency nurse practitioners and healthcare assistants. Emergency nurse practitioners (ENPs) are senior nurses with accident and emergency and/or minor injury experience, who have received additional training that enables them to provide treatment for minor injuries and conditions. The ENPs can assess, treat and discharge patients within predetermined guidelines. The unit is open 24 hours a day, seven days a week, and is also supported by x-ray facilities between 8.30am and 5pm, Monday to Friday. The MIU treated 19,927 patients between January and December 2017. Of these attendances, 5,741 were aged between 0 to 17 years old.

Patients requiring emergency care are taken by ambulance to one of the other hospitals within the local area, Worcester or Redditch, which offer fully-functioning and commissioned emergency departments.

The last comprehensive inspection of the service was in November 2016 and was rated inadequate for effective and well-led, requires improvement for safe, and good for caring and responsive. The service was rated as inadequate overall. We carried out a focused inspection in April 2017 to review concerns found during our inspection in November 2016. This was not rated.

We carried out our inspection of urgent and emergency care services provided at Kidderminster Hospital and Treatment Centre from 23 to 24 January 2018. During our inspections, we inspected clinical areas in the service including the five consulting rooms and a triage room.

We spoke with 15 patients and nine members of staff, including nurses, student nurses, domestic staff and managers. We observed care and treatment, reviewed 26 patient care records and nine medicine prescription charts. We also reviewed information from a wide variety of sources, before, during and after the inspection.

## Summary of this service

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

- There was no documented local strategy for the MIU. A divisional strategy was being developed for the urgent care division; however, this had not been finalised or implemented.
- Information was not always collected, analysed, managed and used well to support activity. Information on MIU performance was not readily accessible.
- The MIU did not have a systematic programme of clinical audit and local audit and processes in place to review what action should be taken. Performance could not always be reviewed due to poor data management.
- The unit did not have a compliant mental health room, in line with guidance in the Royal College of Emergency Medicine toolkit, Mental Health in Emergency Departments 2013.
- Records of some patients' care and treatment were not clear or up-to-date. Computer screens displaying patient details were sometimes left on in empty treatment rooms and at the nurses station.
- The MIU had not achieved the trust target of 90% for staff annual appraisals.
- There was limited use of national and local audit to monitor performance and drive improvement.

However:

# Urgent and emergency services

- Staff were compassionate and caring. Patients were positive about the service and the care they received.
- All areas of the MIU were visibly clean and staff observed infection control measures.
- We saw effective team working across the unit and with other areas in the hospital.
- People could access the service when they needed it. Waiting times from treatment and arrangements to treat and discharge patients were in line with good practice.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. The service outsourced activity to ensure timely treatment was provided.
- There were processes in place to store, administer and manage medicines.
- Patient safety incidents were reported, investigated and any learning shared across all areas.
- Care and treatment was provided in line with national guidance. Policies and procedures were up to date.

## Is the service safe?

**Requires improvement** ● → ←

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

- Systems and procedures were in place to assess, monitor and manage risks to patients, however, there was a risk to patients presenting with a mental health illness. The MIU did not have a mental health assessment room in line with the Royal College of Emergency Medicine guidance.
- Patient identifiable information was not always kept securely which meant they were at risk of being read by unauthorised people and not all patient care and treatment records were clear or up-to-date.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. However, an examination of eight sets of children's records identified that the standard safeguarding questions had not been asked in three cases.

However:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. We saw that incidents were acted upon and learning was shared across the team.
- The service controlled infection risk well. We saw that staff adhered to the trust policies. Environment and hand hygiene audits were completed and non-compliance was challenged and fed back to teams or individuals.
- Suitable arrangements were in place for the ordering, dispensing, prescribing, recording and handling of medicines.
- The service had suitable premises and equipment and looked after them well.
- The service provided mandatory training in key skills to all staff and provided guidance to ensure that everyone completed it.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse to provide the right care and treatment.

# Urgent and emergency services

## Is the service effective?

**Inadequate** ● → ←

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

- Patient outcomes were not routinely collected and monitored. There was no formal clinical audit plan. This meant that staff were unable to use information to improve care, treatment and patient outcomes.
- Managers did not always appraise staff's work performance annually.
- Pain assessment and pain scores were not recorded on 15 of the records seen, although analgesia had been given to seven patients.

However:

- The service provided care and treatment based on national guidance.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff worked well together as a team to benefit patients.
- Staff encouraged patients to monitor their health.
- Staff ensured that patients were aware of where to obtain food and drink to meet their needs.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion. We saw how people were put at ease and reassured. Staff met patients with smiles and empathy. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients understood when they were waiting for test results, for example, x-rays, and why such things might take time.

## Is the service responsive?

**Good** ● → ←

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

- The trust planned and provided services in a way that met the needs of local people.
- The service generally took account of patients' individual needs. Translation services were available. We saw information leaflets were available in a number of languages and could be requested in any language if required.

# Urgent and emergency services

- People could access the service when they needed it. The MIU at Kidderminster Hospital and Treatment Centre, in common with the England average, consistently met the 95% standard from December 2016 to November 2017
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- Not all data was not held at a local level by the MIU relating to waiting times from treatment and arrangements to admit, treat and discharge patients. Therefore, the MIU staff found it difficult to immediately and easily evaluate their performance regarding patient access to treatment.

## Is the service well-led?

**Inadequate** ● → ←

Our rating of well-led stayed the same. We rated it as inadequate because:

- There was no documented local strategy for the MIU. A divisional strategy was being developed for the urgent care division; however, this had not been finalised or implemented.
- The service did not have a fully embedded systematic approach to continually monitor the quality of its services.
- Information was not always collected, analysed, managed and used well to support activity. Information on MIU performance was not readily accessible.
- The MIU did not have a systematic programme of clinical audit and local audit and processes in place to review what action should be taken. Performance could not always be reviewed due to poor data management.
- The service had not always improved its commitment to developing services by learning from when things go well and when they go wrong, promoting training, research, and innovation.

However:

- The service had managers at all levels with the right skills and abilities to run a service providing sustainable care.
- Trust values were clearly on display and staff were familiar with them.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff satisfaction and morale was high. There was a mutual respect between staff and their managers and peers.
- The service engaged with patients, staff and the public to plan and manage appropriate services, and collaborated with partner organisations effectively.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.



# Surgery

Inadequate ● ↓

## Key facts and figures

Surgery services provided by Worcestershire Acute Hospitals NHS trust are located on four hospital sites. Worcestershire Royal Hospital is the largest site with Alexandra Hospital, Kidderminster Hospital and Treatment Centre and Evesham Community Hospital as additional sites. The trust provides services to a resident population of 550,000 people in Worcestershire.

This report relates to surgery services provided at Kidderminster Hospital and Treatment Centre which provides planned (elective) surgery and consists of four theatres and two treatment rooms an 18-bedded surgical ward and a theatre admissions area. There was a separate theatre admission area and second stage recovery area for day case patients who would not require an overnight stay.

The service had 7,449 surgical admissions from January 2017 to October 2018. Emergency admissions accounted for 5 admissions and 7,444 were elective.

We inspected the service on 15 February 2018. As part of the inspection, we visited the pre-assessment clinics, the day surgery unit, the operating theatres, recovery areas and ward one. Surgical services provision at Kidderminster Hospital and Treatment Centre included general surgery, trauma and orthopaedics, urology, ear nose and throat surgery and ophthalmology.

During the inspection, we spoke with 12 staff, including ward and theatre managers, nurses, consultants, therapists and healthcare assistants. We spoke with four patients and observed care and treatment and looked at five patient's medical records. We received comments from people who contacted us to tell us about their experiences, and reviewed performance information about the hospital.

The service was last inspected in November 2016. At that inspection it was rated requires improvement overall, including for being safe, effective, responsive and for being well led. The service was rated was rated good for caring.

## Summary of this service

Our rating of this service went down. We rated it as inadequate because:

- The service provided mandatory training in key skills to all staff but did not ensure all staff completed it. For some essential skills, including resuscitation training, fire and infection control, compliance fell short of the trust target. Most nursing staff had received safeguarding training on how to recognise and report abuse. However, not all medical staff had completed training to the required level. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Some areas did not have enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service did not have robust processes in place to ensure staff were competent for their roles.
- Not all staff had received an appraisal. Not all staff received supervision to provide support and monitor the effectiveness of the service.
- Effective systems were not always used to recognise and respond to deteriorating patients' needs.

# Surgery

- Not all staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. Staff generally understood their roles and responsibilities under the Mental Health Act 1983 and the MCA.
- The trust planned but did not provide services in a way that met the needs of local people.
- Patients could not access the service when they needed it. Waiting times for treatment were not in line with good practice. The percentage of patients whose operation was cancelled and were not treated within 28 days was worse than the national average.
- The service did not have a documented vision for what it wanted to achieve. However, plans for the future vision were in development with involvement from staff, patients, and key groups representing the local community.
- The service had a systematic approach to continually monitor the quality of its services, however, this was not fully embedded.
- Staff recognised incidents but did not always report them. Managers investigated reported incidents and there were systems in place to share lessons learned when incidents had been reported.
- Not all systems in place were effective in recognising and responding to deteriorating patients' needs. This included screening patients for sepsis, harm reviews of patients waiting for a procedure, and reassessment within 24 hours for venous thromboembolism.
- Information was not always collected, analysed, managed and used well to support activity.
- Continuous improvement, and learning from when things go wrong was not evident across all areas.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service generally controlled infection risk well. Most staff kept themselves, equipment and the premises clean. Some control measures were in place to prevent the spread of infection.
- The service had suitable premises in most areas and systems were in place to ensure equipment was well looked after.
- Most areas had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service managed patients' pain effectively and provided or offered pain relief regularly.
- Staff generally gave patients enough food and drink to meet their needs and improve their health.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service took account of patients' individual needs.
- Multidisciplinary staff worked together as a team to benefit patients.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.

# Surgery

- Staff involved patients and those close to them in decisions about their care and treatment
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

## Is the service safe?

**Inadequate** ● ↓

Our rating of safe went down. We rated it as inadequate because:

- The service provided mandatory training in key skills to all staff but did not ensure all staff completed it. For some essential skills, including resuscitation training, fire and infection control, compliance fell short of the trust target.
- Most nursing staff had received safeguarding training on how to recognise and report abuse. However, not all medical staff had completed training to the required level. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The trust has a significant number of patients waiting over 18 weeks for their operation. There was not a robust process in place to review if any of patient waiting over 18 weeks experienced harm as a result of the increased wait.
- Not all systems in place were effective in recognising and responding to deteriorating patients' needs. This included screening patients for sepsis, harm reviews of patients waiting for a procedure, and reassessment within 24 hours for venous thromboembolism.
- Staff recognised incidents but did not always report them. Managers investigated reported incidents and there were systems in place to share lessons learned when incidents had been reported.
- Some areas did not have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Staff complied with infection prevention and control policy.
- The service had suitable premises and equipment and looked after them well. It was recognised that the preoperative assessment area required redesign.
- Generally, there were effective systems in place to recognise and respond to deteriorating patients' needs
- Most areas had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose and at the right time.
- The service had learned lessons from incidents and made changes to prevent recurrence. The service generally managed patient safety incidents well.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.

# Surgery

- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.

## Is the service effective?

**Requires improvement** ● → ←

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

- The service monitored the effectiveness of care and treatment but did not always use the findings to improve them. Outcomes for patients were variable with the trust performing better than the national average for some indicators, for example risk of readmission after planned surgery but worse for others, for example, urology patients risk of readmission which was worse than the national average.
- The service did not have robust processes in place to ensure staff were competent for their roles. Not all staff had received an appraisal. Not all staff received supervision to provide support and monitor the effectiveness of the service.
- Not all staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff generally understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

However:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- The service managed patients' pain effectively and provided or offered pain relief regularly.
- All groups of staff worked together as a team to benefit patients.
- The surgery directorate mostly provided services seven days a week.

## Is the service caring?

**Good** ● → ←

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

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

However:

- From December 2016 to November 2017, the Friends and Family Test response rate for surgery at Worcestershire Acute Hospitals NHS Trust was 18%, worse than the England average of 29%.

# Surgery

## Is the service responsive?

**Inadequate** ● ↓

Our rating of responsive went down. We rated it as inadequate because:

- The trust planned but did not always provide services in a way that met the needs of local people.
- Patients could not always access the service when they needed it. Waiting times for treatment were not in line with good practice. Waiting times from referral to treatment and arrangements to admit treat and discharge patients were not improving.
- Patients did not always have timely access to treatment.

However:

- The service took account of patients' individual needs.
- The service generally treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.

## Is the service well-led?

**Inadequate** ● ↓

Our rating of well-led went down. We rated it as inadequate because:

- The service did not have a documented vision for what it wanted to achieve. However, plans for the future vision were in development with involvement from staff, patients, and key groups representing the local community.
- Not all systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected were effective.
- Information was not collected, analysed, managed and used well to support activity.
- The service had a systematic approach to continually monitor the quality of its services, however, this was not fully embedded.
- Staff were committed to improving services. However, continuous improvement and learning from when things went wrong was not evident across all areas.

However:

- The service had managers at most levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Most managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service had a systematic approach to continually monitor the quality of its service.

# Surgery

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Services for children and young people

Requires improvement   

## Key facts and figures

Worcestershire Acute Hospitals NHS Trust provides child health services to children and young people living in Worcester and the surrounding areas across three hospital sites. The three hospital sites are Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital and Treatment Centre.

The Kidderminster Hospital and Treatment Centre provides outpatient services and day surgery for children and young people. Inpatient services for children and young people at the Worcestershire Acute Hospitals NHS Trust are centralised at the Worcestershire Royal Hospital.

There is a dedicated children's outpatient department at the hospital. Clinics are held in the children's outpatient department daily between Monday and Thursday; there are no clinics on Fridays or at the weekend. Children also attend the adult outpatient departments for some specialties including ophthalmology, orthoptics, ear nose and throat (ENT), audiology, trauma and orthopaedics and dermatology.

Data provided by the trust indicated that from January to December 2017 there were a total of 10,021 outpatient attendances by children and young people under the age of 18 years at Kidderminster Hospital and Treatment Centre. Of these, 1,723 attendances were in paediatric specialties and the remaining 8,298 were in other specialties.

Day surgery for children and young people is provided on three days per month in the day surgery unit.

From August 2016 to July 2017 Kidderminster Hospital and Treatment Centre had 660 day case spells for children and young people under the age of 18 years. None of these were in paediatric specialties. Over 90% of the spells were in ENT, oral surgery, ophthalmology, urology and general surgery.

We carried out our inspection of Worcestershire Royal Hospital from 23 to 25 January 2018. We also returned for an announced inspection of surgery on 14 February 2018. During our inspections, we visited clinical areas in the service including children's outpatient department and adult outpatient departments where children were seen namely, fracture clinic, ENT including audiology and ophthalmology. We also visited the day surgery unit on a day when children were attending the unit.

During the inspection we spoke with:

- 14 children or young people who were using the service and/or their parents
- The managers of each of the departments or the member of staff in day to day charge of the department
- Spoke with 19 other staff members including senior managers, the children's outpatient manager, doctors, nurses, physiotherapists and administrative staff.

We observed care and treatment, reviewed 10 patient care records. We also reviewed the trust's performance data and looked at trust policies.

Services on each hospital site are managed by one management team and are regarded and reported on by the trust as one service, with many of the staff working across sites. For this reason it is inevitable there is some duplication contained in the three reports.

# Services for children and young people

Medical staff allocated to Worcestershire Royal Hospital, staffed outpatient clinics at Kidderminster Hospital and Treatment Centre. Therefore the data for medical staff at Worcestershire Royal Hospital is reported in this report. In the same way, nurses and healthcare assistants working in children's services at Kidderminster Hospital and Treatment Centre were part of the Worcestershire Royal hospital staff and therefore their data is reported here.

The service was last inspected in November 2016, when the service was rated as requires improvement overall. It was rated inadequate for being well-led, requires improvement for being safe and effective, and good for caring and responsive.

## Summary of this service

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

- The trust provided mandatory training in key skills to all staff but data provided showed they did not ensure staff completed it. The trust identified issues with data quality which may have resulted in under reporting of the actual position.
- Staff understood the need to protect patients from abuse, but had not always completed training at the appropriate level to ensure they had the appropriate level of knowledge to do so.
- Although the environment was generally well maintained, equipment in the outpatient areas did not have up to date electrical safety checks.
- Staff had access to policies and procedures based on national guidance and the service had an annual audit plan. However, there were few audits which considered the effectiveness of children's outpatient services.
- The facilities and premises were not always suitable for the service being delivered. More than two thirds of children were seen in adult outpatient areas. Play specialists were not available to support children in outpatient clinics.
- Staff assessed children's and young people's pain in the day surgery unit and provided pain relief. However, we could not find evidence they monitored its effectiveness and in the fracture clinic where children and young people were seen, children's pain was not assessed.
- The service had systems to monitor the effectiveness of care and treatment for inpatients and used the findings to improve, but there was little monitoring of outcomes of outpatient care.
- Waiting times targets from referral to treatment were not met in specialties where children were seen in adult services. Waiting times within the clinics were not monitored.
- The service had a vision how children's services would be configured in the future and what it wanted to achieve, but did not have a documented strategy or action plan to enable the vision to be realised.
- Governance processes were becoming more established and had improved since the inspection in November 2016. However, there was little engagement and involvement of nursing staff at clinic level in governance processes and no flow of information between directorates.
- The service did not have effective systems for identifying risks, and coping with the unexpected. They measured key performance indicators on a monthly basis but there was little evidence of improvement in some indicators over the period of a year.

However:



# Services for children and young people

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- The service took account of patient's individual care and support needs.
- The service had measures to control infection risk. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The trust had suitable arrangements in place for the ordering, dispensing, prescribing, recording and handling of medicines.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and provided feedback to staff. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Children and young people were supported to make decisions. Consent to care and treatment was provided in line with legislation and guidance. Staff were aware of their roles and responsibilities under the Mental Capacity Act 2005 (MCA). However, staff completion of training in the MCA was low and no audits of consent were completed
- The service engaged with children and young people using the service effectively. Staff showed an enthusiasm for their roles and a commitment to improving services for the benefit of patients.

## Is the service safe?

**Requires improvement** ● → ←

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

- The trust provided mandatory training in key skills to all staff but data provided showed they did not ensure staff completed it. The trust identified issues with data quality which may have resulted in under reporting of the actual position.
- Staff understood the need to protect patients from abuse, but had not always completed training at the appropriate level to ensure they had the appropriate level of knowledge to do so.
- Although the environment was generally well maintained, equipment in the outpatient areas did not have up to date electrical safety checks.
- The service did not always have policies for staff to follow in the case of the unexpected and did not monitor compliance with procedures to reduce risk to patients.
- Timely access to the service was sometimes affected by the number of nursing staff available. However, patient safety was not compromised.

However:

- The service had measures to control infection risk. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The trust had suitable arrangements in place for the ordering, dispensing, prescribing, recording and handling of medicines.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and provided feedback to staff. When things went wrong, staff apologised and gave patients honest information and suitable support.

# Services for children and young people

## Is the service effective?

**Requires improvement** ● → ←

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

- Play specialists were not available to provide support to children within the children's or adult outpatient areas.
- Staff assessed children's and young people's pain in the day surgery unit and provided pain relief. However, we could not find evidence they monitored its effectiveness and in the fracture clinic where children and young people were seen, children's pain was not assessed.
- Staff had access to policies and procedures based on national guidance and the service had an annual audit plan. However, there were few audits which considered the effectiveness of children's outpatient services.
- The service had systems to monitor the effectiveness of care and treatment for inpatients and used the findings to improve, but there was little monitoring of outcomes of outpatient care.
- Staff working with children in some adult outpatient departments did not have access to children's trained nurses for support and staff sometimes found it difficult to access further training and development.
- Health promotion information for children and young people was limited and opportunities for health promotion were missed.

However:

- Patients were provided with access to food and drink to meet their needs.
- Staff from different disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Children and young people were supported to make decisions. Consent to care and treatment was provided in line with legislation and guidance. Staff were aware of their roles and responsibilities under the Mental Capacity Act 2005 (MCA). However, staff completion of training in the MCA was low and no audits of consent were completed.

## Is the service caring?

**Good** ● → ←

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

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

## Is the service responsive?

**Requires improvement** ● ↓

# Services for children and young people

Our rating of responsive went down. We rated it as requires improvement because:

- The service did not always provide facilities suitable for the range of ages of children and young people using them. Over 80% of children attending the service were seen in adult outpatient areas. Although most departments provided separate waiting areas for children and young people, they were generally equipped to meet the needs of young children and there were a lack of facilities for older children and adolescents.
- Waiting time targets from referral to treatment were not met in specialties where children were seen in adult services. Waiting times within the clinics were not monitored. The percentage of patients not attending for a follow up appointment was high.
- Waiting times within the clinics were not monitored. The percentage of patients not attending for a follow up appointment was high.

However:

- The service took account of patient's individual care and support needs. The day surgery unit was organised to enable children and young people to be cared for separately from adults. Staff made adjustments to the services to take account of children and young people with complex needs and for whom English was not their first language.
- The service at Kidderminster Hospital and Treatment Centre received no complaints in the period we reviewed. Staff were aware of the process for handling and reporting complaints.

## Is the service well-led?

**Requires improvement** ● ↑

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

- Leadership of children's services was provided from the Worcestershire Royal Hospital site and the amount of time dedicated to children's services at the Kidderminster Hospital and Treatment Centre was very limited. There was no oversight of services for children provided in the adult outpatient departments by the children's directorate team.
- The service had a vision how children's services would be configured in the future and what it wanted to achieve, but did not have a documented strategy or action plan to enable the vision to be realised.
- Governance processes were becoming more established and had improved since the inspection in November 2016. However, there was little engagement and involvement of nursing staff at clinic level in governance processes and no flow of information between directorates.
- The service did not have effective systems for identifying risks, and coping with the unexpected. They measured key performance indicators on a monthly basis but there was little evidence of improvement in some indicators over the period of a year.
- Information on some aspects of performance was available, however, the utilisation of information to bring about improvements was not maximised. Trust information was not always available due to problems with the trust's IT systems.

However:

- The trust promoted a positive culture which valued staff and was based on shared values, but staff did not feel it was embedded within the trust.

# Services for children and young people

- The service engaged with children and young people using the service effectively. Staff showed an enthusiasm for their roles and a commitment to improving services for the benefit of patients.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Outpatients

Inadequate ●

## Key facts and figures

Outpatient services provided by the trust are located at three sites: Worcestershire Royal Hospital, Alexandra Hospital in Redditch, and Kidderminster Hospital and Treatment Centre. Outpatient services are also provided at Princess of Wales Community Hospital, Bromsgrove by staff employed by Worcestershire Acute Hospitals NHS Trust. The service is managed by one management team based at Worcestershire Royal Hospital. Information technology systems (IT) that support outpatient services across all three sites are provided at the Worcestershire Royal Hospital site. Due to leadership and medical staffing for the service being based at Worcestershire Royal Hospital, there will be some similarities in information across all three outpatient reports. Some of the performance data is only available trust wide and relates to all hospital sites covered by the trust. Performance data regarding the Kidderminster Hospital and Treatment Centre only has been used where available. The trust provided some information at a divisional level and therefore not service specific. The report will clearly indicate where this occurs.

At Kidderminster Hospital and Treatment Centre outpatient clinics are held in the treatment centre, the majority of outpatient clinics are on the first floor. Oncology outpatient appointments are held in the Millbrook Suite, which is on the first floor in C block.

Some children were seen in general outpatient clinics dependent on speciality including trauma and orthopaedics, which is reported on under children and young people core service.

There are consultant and nurse-led outpatient clinics across a range of specialities, which are provided in the outpatients' department. Outpatient clinics are held Monday to Friday from 8am to 6pm. Some ad-hoc Saturday appointments are provided dependent on speciality.

The outpatients' service is part of the specialised clinical services division. The current structure includes a divisional director of operations, a divisional director of nursing and a divisional medical director. A deputy divisional operational manager, a deputy divisional director of nursing and a deputy divisional medical director, plus a directorate manager and matron, supports the team.

The service was previously inspected in November 2016 as part of the outpatients and diagnostic imaging core service framework, and was rated as inadequate overall. We found the service was inadequate for safe, responsive and well-led, and good for caring. We inspect, but do not rate effective.

We carried out an announced inspection at Kidderminster Hospital and Treatment Centre from 13 to 15 February 2018. Outpatient services were inspected independently of diagnostic imaging.

During the inspection visit, the inspection team spoke with eight patients and five relatives and friends. We visited clinics and departments including ophthalmology, oncology (Millbrook Suite), rheumatology, phlebotomy, urology, vascular. We observed staff giving care to patients and reviewed two patient records. We looked at trust policies and performance information from, and about the trust. We spoke with 20 members of staff at a variety of grades including doctors, department managers, lead nurses, nurses, health care assistants and administrative staff. We met with consultants, directorate managers and service improvement team members.

## Summary of this service

We previously inspected outpatients jointly with diagnostics imaging and therefore, ratings cannot be directly compared to the core service only.

# Outpatients

We rated the service as inadequate because:

- We rated safe, responsive and well-led as inadequate and rated caring as good. We do not currently rate effective for outpatients.
- Mandatory training attendance was low and did not meet the trust targets for all modules.
- Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training was low and did not meet the trust target of 90%.
- Clinical harm reviews were carried out, however we were not assured these were carried out in a timely manner, psychological harm was considered or that those identified as coming to harm were reported as a serious incident as appropriate.
- Incidents were not managed well and we were not assured that harm was categorised appropriately.
- Patients could not always access the service when they needed it. Waiting times from treatment and arrangements to admit, treat and discharge patients were not in line with good practice. There were long waiting lists with many patients waiting up to 52 weeks for outpatient services. There was no improvement in most areas since our inspection in November 2016.
- Due to the limited improvement in performance, we were not assured the leadership team could deliver the significant change required to improve patient outcomes.

However:

- Patients were treated with kindness, dignity and respect and staff were attentive to their needs. They were involved in decision making about their care and treatment and were supported in this.
- Staff and teams worked well together to deliver effective care and treatment. We saw good examples of multidisciplinary working and most staff had opportunities to develop their skills and roles to improve patient experience.

## Is the service safe?

**Inadequate** ●

We previously inspected outpatients jointly with diagnostics imaging and therefore, ratings cannot be directly compared to the core service only. We rated safe as inadequate because:

- The service provided mandatory training in key skills to all staff and processes in place to encourage staff to complete it. However, compliance was not in line with the trust targets.
- Systems and procedures were in place to assess, monitor and manage risks to patients however, due to significant problems meeting referral to treatment times and a backlog of follow up appointments, we were not assured patient care was always safe.
- The service did not manage patient safety incidents well. Most staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. However, lessons learnt were not shared for cross-divisional incidents. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

# Outpatients

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had the required level of safeguarding training on how to recognise and report abuse.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection and all areas we visited were visibly clean and tidy.
- The service had suitable premises and equipment and looked after them well.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and generally available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose, and most patients received this at the right time.
- The service planned for emergencies and staff understood their roles if one should happen.

## Is the service effective?

We inspected, but did not rate the service for effectiveness.

We found:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Patients attended the outpatient's department for short time periods however, staff gave patients with specific needs, such as those with diabetes, enough food and drink to meet their needs.
- Pain relief could be prescribed and administered from the outpatient department stock. Outpatient clinics had access to simple analgesia and local anaesthetic preparations when required.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Most staff were given appropriate training to meet their learning needs to cover the scope of their work, and managers appraised most staff's work performance.
- Staff from all disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Outpatient services worked with speciality teams across the trust and external providers to plan and deliver care and treatment.

However:

- Most staff understood their roles and responsibilities under the Mental Health Act 1983 and Mental Capacity Act 2005 (MCA). They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. However, mandatory MCA and Deprivation of Liberty Safeguards training compliance levels were below the trust target of 90%.

## Is the service caring?

**Good** 

# Outpatients

We previously inspected outpatients jointly with diagnostics imaging and therefore, ratings cannot be directly compared to the core service only. We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We observed staff members were courteous and helpful to patients and treated them with dignity and respect and respected patients' social, cultural and religious needs.
- Staff provided emotional support to patients to minimise their distress. Staff told us they understood the need for emotional support and patients and relatives told us they were given appropriate and timely support regarding their care and treatment.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Inadequate** ●

We previously inspected outpatients jointly with diagnostics imaging and therefore, ratings cannot be directly compared to the core service only. We rated responsive as inadequate because:

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

However:

- The service took account of patient's individual needs. The different outpatient departments were clearly signposted, and volunteers were situated in the main hospital entrance and offered patient's individual assistance to find a particular clinic if required.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.



# Outpatients

## Is the service well-led?

**Inadequate** ●

We previously inspected outpatients jointly with diagnostics imaging and therefore, ratings cannot be directly compared to the core service only. We rated well-led as inadequate because:

- The trust worked towards having managers at all levels to within the outpatient department with the right skills and abilities to run a service providing high-quality care. There had been no change in performance since our November 2016 inspection and we were not assured the leadership team could deliver the significant change required to improve patient outcomes.
- The service had a vision for what it wanted to achieve but workable plans to turn it into action were not yet in place. The trust vision was to deliver the highest standard of care to all patients by actively promoting a supportive, caring and clean environment. Strategic plans remained in the early stages of development.
- The service did not always use a systematic approach to continually improve the quality of its services and safeguarding high standards of care. There had been little improvement in patient waiting list performance since the November 2016 inspection. Systems and processes in place were not always utilised appropriately.
- The trust had systems in place for identifying risks however, plans to eliminate or reduce risks were not timely and we were not assured all the systems in place were robust.
- Some of the performance data was only available trust wide and related to all hospital sites covered by the Worcestershire Acute Hospitals NHS Trust. As the data was not always available at site level, the trust was unable to identify if any of the sites were a particular outlier. Therefore, risk management and oversight remained limited.
- The trust did not always collect, analyse, manage and use information well to support its activities, using secure electronic systems with security safeguards.

However:

- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service engaged well with staff and collaborated with partner organisations effectively.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Diagnostic imaging

Requires improvement ●

## Key facts and figures

Radiology services provided by Worcestershire Acute Hospitals NHS Trust are located at three sites: Kidderminster Hospital and Treatment Centre, the Alexandra Hospital, and Worcestershire Royal Hospital. The service is managed by one management team predominantly based at Worcestershire Royal Hospital.

The radiology service forms part of the specialised clinical services division. The current structure includes a divisional operational manager, divisional director of nursing and divisional medical director. This team is supported by speciality leads. Radiological services are led by a clinical director, the chief radiographer and directorate manager.

The service was previously inspected as part of the outpatients and diagnostic imaging core service framework and was rated as inadequate. In November 2016, we found the service inadequate for safe, responsive and well-led and good for caring. We inspect, but do not rate effective.

During this inspection, we spoke with 25 staff, including radiographers, radiologists, radiography assistants, and administrative staff. We also spoke with nine patients and relatives.

Due to leadership and medical staffing for the service being largely based at Worcestershire Royal Hospital, there will be some similarities in information across all diagnostic reports. The trust also provided some information at a divisional level and therefore not service specific. The report will clearly indicate where this occurs.

Throughout the report the Ionising Radiation (Medical Exposure) Regulations will be referred to as IR(ME)R.

The inspection team consisted of a lead inspector, inspection manager, inspector and specialist advisors.

## Summary of this service

We previously inspected diagnostic imaging jointly with outpatients and therefore, ratings cannot be directly compared to this core service only.

We have rated the service as requires improvement because:

- The service failed to meet trust targets for most mandatory training topics, including safeguarding adults and children and Mental Capacity Act 2005.
- Appraisal rates for all staff groups were below the trust target.
- Patients could not always access the service when they needed it. Waiting times for referral to treatment and reporting on investigations were variable.
- Reporting times were not consistently within targets.
- There was limited engagement with patients and service users.

However:

- Equipment and premises were clean.

# Diagnostic imaging

- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment. The service outsourced activity to ensure timely treatment was provided.
- There were processes in place to store, administer and manage medicines.
- Patient safety incidents were reported, investigated and any learning shared across all areas.
- Care and treatment was provided in line with national guidance. Policies and procedures were up to date.
- There was effective team working across all staff groups.
- Staff were compassionate and caring.
- Patients and their relatives were included in care and treatment and provided with support throughout investigations.
- Patients were able to access services across all sites.
- Complaints and concerns were investigated fully and actions taken to reduce reoccurrence.
- The service had managers with the right skills and abilities to run a service providing high-quality sustainable care. Managers promoted a positive culture that supported and valued staff.
- Staff were generally happy with their work and the team.
- There was a strong culture for delivering high-quality care.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and a systematic approach to continually improving the quality of its services.
- The service was committed to improving services by learning from when things go well and when they go wrong.

## Is the service safe?

### Requires improvement

We previously inspected diagnostic imaging jointly with outpatients and therefore, ratings cannot be directly compared to this core service only. We rated the safe as requires improvement because:

- The service provided mandatory training in key skills to all staff and processes in place to encourage staff to complete it. However, compliance was not in line with the trust target.
- Staff understood how to protect patients from abuse. Although trust data shows that compliance with mandatory safeguarding training was poor.

However:

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- The service did not have a safety monitoring system, but used their performance against targets to identify performance and patient risk. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.

# Diagnostic imaging

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. The service outsourced activity to ensure timely treatment was provided.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

## Is the service effective?

We inspected, but did not rate the service for effectiveness.

We found:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Care and treatment was delivered in line with legislation, standards and evidence based guidance.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers monitored competence through peer review meetings, sharing learning and providing support for development.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

However:

- Trust data showed that appraisal rates were below the trust target for all staff groups with the exception of doctors.
- Staff were required to complete mental capacity training according to their role and responsibilities. However, radiology staffing compliance was significantly below the trust target of 90%.

## Is the service caring?

**Good** ●

We previously inspected diagnostic imaging jointly with outpatients and therefore, ratings cannot be directly compared to this core service only. We rated the caring as good because:

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

# Diagnostic imaging

## Is the service responsive?

### Requires improvement

We previously inspected diagnostic imaging jointly with outpatients and therefore, ratings cannot be directly compared to this core service only. We rated responsive as requires improvement because:

- Patients could not always access the service when they needed it. Waiting times from referral to treatment and reporting on investigations were variable.
- Waiting times for referral to investigation varied according to where the patient was referred from.
- The service did not consistently meet the targets for reporting urgent plain films and standard routine images.

However:

- The trust planned and provided services in a way that met the needs of local people. The department offered a variety of services over three hospital sites which enabled patients to access investigations at their chosen hospital.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

### Requires improvement

We previously inspected diagnostic imaging jointly with outpatients and therefore, ratings cannot be directly compared to this core service only. We rated well-led as requires improvement because:

- The service strategy remained unchanged from November 2016, and did not reflect the planned changes or shared vision. The clinical director was aware of this, informing us that the strategy needed updating to accurately reflect, not only where the service was heading, but also the development that they had already achieved.
- Although the governance structure was in place, it was evident that the team continued to have work to complete to standardise practice across all sites and achieve the divisional vision.
- The service had systems for identifying risks, taking actions to address concerns. However, the service priorities had been on addressing concerns and risks associated with the outcome of the November 2016 inspection and reducing the backlog of unreported investigations. There had been limited emphasis on maintaining training compliance.
- There had been improvements in service governance structure since our previous inspection although the new systems and processes had not been in place for a sufficient period to promote a sustained improvement in performance.
- The service did not fully engage with patients to improve services, surveys and feedback were ad hoc. Although leads were looking at methods to capture feedback in a timely manner. Leads were aware that staff engagement could be improved and were working to integrate services across all sites. There was some collaboration with partner organisations effectively.

However:

# Diagnostic imaging

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff recognised that the service needed to develop the culture of the teams across all sites.
- Throughout the inspection, staff were generally happy with their work. There was a culture of collective responsibility between teams and services. Staff felt listened to and said they worked well as a team. There was a positive culture for delivering high-quality care.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training and innovation.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Worcestershire Royal Hospital

Charles Hastings Way  
Worcester  
WR5 1DD  
Tel: 01562513240  
[www.worcsacute.nhs.uk](http://www.worcsacute.nhs.uk)

## Key facts and figures

Worcestershire Acute Hospitals NHS Trust was established in April 2000 and provides a service across five sites: Worcestershire Royal Hospital; Alexandra Hospital; Kidderminster Hospital and Treatment Centre; Evesham Hospital; and Malvern Community Hospital. The trust provides a range of elective, non-elective, surgical, medical, women's, children's, diagnostic and therapeutic services, rehabilitation services, including stroke services and cardiac stenting to around 580,000 in Worcestershire and the surrounding counties. There are approximately 742 inpatient and day case beds, of which 73 are maternity and 32 are critical care.

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

The trust is structured under seven divisions:

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

The trust employs 5,986 staff as of October 2017, including 725 doctors, 1,843 nursing staff and 2,485 other staff. All staff turnover was 11.2% as of 30 November 2017. The trust target was between 10 and 12%. Medical vacancies remained a risk for the trust at 18% for November 2017, which did not meet the trust target of 10%, but had improved by 2% since March 2017 (20%). The registered nurse and midwifery vacancy rate was 148.85 whole time equivalent qualified posts, a vacancy rate of 8.1% for November 2017. This had improved slightly since March 2017 when the rate was 8.4%. In comparison with other organisations, the trust is not an outlier, although this was above the trust target of 7%. (Source: January 2018 board report).

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

# Summary of findings

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

## Patient numbers

Trust activity for October 2016 to September 2017:

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

## Summary of services at Worcestershire Royal Hospital

**Inadequate** ● → ←

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

- Patients could not access services when they needed them. Waiting times for treatment were not in line with good practice. The percentage of patients whose operation was cancelled and were not treated within 28 days was worse than the national average.
- Not all systems in place were effective in recognising and responding to deteriorating patients' needs. This included harm reviews of patients waiting for a procedure.
- The trust was performing worse than the England average for patients waiting over 60 minutes before being handed over to emergency department staff. Not all patients were recorded as being seen by a specialist doctor despite being referred.
- The trust did not ensure everyone completed mandatory training.
- While staff understood the need to protect patients from abuse, not all staff had completed training at the required level to ensure they had the appropriate level of knowledge to do so.
- There were inconsistencies in staff being able to recognise and report incidents. Mixed sex breaches were not always reported.
- Not all staff had received an appraisal. Not all staff received supervision to provide support and monitor the effectiveness of the service.
- Some areas did not have enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The hospital had medical staff with the right qualifications, skills and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. However, there was insufficient medical cover to provide consultant presence in the department for 16 hours a day, as recommended by Royal College of Emergency Medicine.



# Summary of findings

- The trust did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Not all risks identified during the inspection were documented on risk registers.
- The trust planned but did not provide services in a way that met the needs of local people.
- Services did not always have a documented vision or strategy.
- Information was not always collected, analysed, managed and used well to support activity.
- There were inconsistencies with infection control and prevention techniques, particularly hand hygiene.
- Processes to monitor the safe storage of medicines were not always followed.
- There was no privacy and very little confidentiality for patients waiting on trolleys in the emergency department corridor. Staff did not use privacy screens.

However:

- Managers investigated reported incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The hospital had suitable premises in most areas and systems were in place to ensure most equipment was well looked after.
- The hospital prescribed, gave, and recorded medicines well. Patients generally received the right medication of the right dose at the right time.
- Staff ensured that patients' individual care records were well managed and stored appropriately.
- Generally, the hospital provided care and treatment based on national guidance and evidence of its effectiveness.
- The hospital managed patients' pain effectively and provided or offered pain relief regularly.
- Staff generally gave patients enough food and drink to meet their needs and improve their health.
- Multidisciplinary staff worked together as a team to benefit patients.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Most managers, but not all, across the hospital promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

# Urgent and emergency services

Inadequate ● → ←

## Key facts and figures

The Care Quality Commission (CQC) carried out a focussed unannounced inspection on 20 and 22 March 2018 at the Worcestershire Royal Hospital's emergency department (ED), the endoscopy unit which was identified as an increased capacity ward to accommodate inpatients and the medical assessment unit. The aim of the inspection was to review one key question: are patients safe so that we could be ensured that increased pressure did not result in deterioration in the quality of care patients received.

The ED at Worcestershire Royal Hospital provides services 24-hours per day, seven days per week service. It is a designated trauma unit but patients with multiple traumas are taken directly to a major trauma centre in Birmingham. There are approximately 70,000 attendances each year. Of those attendances approximately 14,000 (20%) were children under the age of 16.

The ED consists of a major treatment area consisting of 12 cubicles and three side rooms, a minor treatment area with seating and five assessment/treatment rooms and a resuscitation room with four bays. A "high care" area has been created consisting of four cubicles where patients can be monitored once they have been stabilised in the resuscitation room. The department has a paediatric area with a separate waiting room and three cubicles. There are two cubicles close to the ambulance entrance where patients can be assessed if there is no room in the major treatment area.

The service has been inspected three times in the last two years; a comprehensive inspection in November 2016, an inspection to follow-up concerns in April 2017 and a comprehensive inspection November 2017. The trust has been issued with two Section 29A Warning Notices under the Health and Social Care Act 2008. Section 29A Warning Notices are issued when a trust is required to make significant improvement in the quality of care provided. Concerns with the ED were raised in both Warning Notices, which were issued in January and July 2017.

During this inspection we only looked at the safe and caring domains. We spoke with 17 members of staff, including doctors, nurses, healthcare assistants and therapists. We also spoke to six patients and eight relatives. We reviewed 20 patient care records and 11 drug charts.

## Summary of this service

Our rating of this service stayed the same. We rated it as inadequate overall. During this inspection we only looked at the safe and caring domains and rated them both as requires improvement because:

- Not all systems in place were effective in recognising and responding to deteriorating patients' needs. The trust was performing worse than the England average for patients waiting over 60 minutes before being handed over to emergency department (ED) staff. Not all patients were recorded as being seen by a specialist doctor despite being referred.
- The service did not ensure everyone completed mandatory training. The trust target for mandatory training compliance was not met for nursing or medical staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, the service had not met the national trajectory of 85% by March 2018 in PREVENT training as set out by the NHS England.

# Urgent and emergency services

- The service did not control infection risks well. There was poor compliance with the use of control measures to prevent the spread of infection.
- During the previous inspections of November 2016, April 2017 and November 2017 we highlighted concerns regarding the completion of the 24 hour re-assessment regarding venous thromboembolism. During this inspection we saw that the concern remained which meant they were not compliant with the National Institute for Health and Care Excellence (QS3) guidance.
- The service had medical staff with the right qualifications, skills and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. However, there was insufficient medical cover to provide consultant presence in the department for 16 hours a day, as recommended by Royal College of Emergency Medicine.
- Mortality and morbidity remained an area of concern during the previous inspection of November 2017 and had not improved. During this inspection we found that reviews lacked detail and there was little evidence of actions or learning as a result.
- Staff cared for patients with compassion. However, there was no privacy and very little confidentiality for patients waiting on trolleys in the corridor. Staff did not use privacy screens.

However:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service had enough nursing staff with the right qualifications, skills and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Generally the service prescribed and stored medicines well.
- Staff cared for patients with compassion. Feedback from most patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.

## Is the service safe?

**Requires improvement** ● → ←

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

- Not all systems in place were effective in recognising and responding to deteriorating patients' needs. The trust was performing worse than the England average for patients waiting over 60 minutes before being handed over to emergency department (ED) staff. Not all patients were recorded as being seen by a specialist doctor despite being referred.
- The service did not ensure everyone completed mandatory training. The trust target for mandatory training compliance was not met for nursing or medical staff.

# Urgent and emergency services

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, the service had not met the national trajectory of 85% by March 2018 in PREVENT training as set out by the NHS England.
- The service did not control infection risks well. Hand hygiene best practices were not always followed to prevent the spread of infection. Staff did not routinely wash or sanitise their hands between patients or when entering and leaving clinical areas.
- During the previous inspections of November 2016, April 2017 and November 2017 we highlighted concerns regarding the completion of the 24 hour re-assessment regarding venous thromboembolism (VTE). During this inspection we saw that the concern remained with only one of the four records reviewed having a completed VTE reassessment. This meant the trust was not compliant with the National Institute for Health and Care Excellence (QS3) guidance.
- The service had medical staff with the right qualifications, skills and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. However, there was insufficient medical cover to provide consultant presence in the department for 16 hours a day, as recommended by Royal College of Emergency Medicine.
- Mortality and morbidity remained an area of concern during the previous inspection and had not improved. During this inspection we found that reviews lacked detail and there was little evidence of actions or learning as a result.
- Although staff cared for patients with compassion we observed no privacy and very little confidentiality for patients waiting on trolleys in the corridor. Staff took patient's bloods, inserted cannulas (a thin tube inserted into a vein or body cavity to administer medication) and changed catheter bags without the use of screens. We overheard staff and doctors updating relatives about patients' progress when in the corridor.
- Due to the increase in children visiting the ED, children with minor injuries were treated in the adult minor treatment area and waited in the main waiting room with adult patients.

However:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff kept appropriate records of patients' care and treatment. Records were clear, comprehensive and provided the available information for staff to provide care.
- The service had enough nursing staff with the right qualifications, skills and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Generally the service prescribed and stored medicines well.
- The service had suitable premises and equipment and mostly looked after them well.

## Is the service caring?

**Requires improvement** ● ↓

Our rating for caring went down. We rated it as requires improvement because:

- Although staff cared for patients with compassion we found the following areas of concern:
  - There was no privacy and very little confidentiality for patients waiting on trolleys in the corridor. Staff did not use privacy screens.

# Urgent and emergency services

- Staff understood and respected people's culture, social and religious needs but it was difficult to establish how staff took these into account when they were busy and having to attend to patients in the corridor.
- We observed staff taking blood, inserting cannulas (a thin tube inserted into a vein or body cavity to administer medication, drain off fluid, or insert a surgical instrument) and changing catheter bags without the use of screens.
- We saw doctors conducting examination of patients in the corridor which included an external examination of a patient through their clothing without the use of screens.
- We overheard staff and doctors updating relatives about patients' progress when in the corridor. Three family members said they felt uncomfortable as they could hear everything being discussed regarding the nearby patients.
- Staff involved patients and those close to them in decisions about their care and treatment but none of the patients or their relatives knew when the treatment would occur or how long they may have to wait.

However:

- Staff provided emotional support to patients to minimise their distress.
- Staff cared for patients with compassion. Feedback from most patients confirmed that staff treated them well and with kindness.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Surgery

Inadequate ● ↓

## Key facts and figures

Surgery services provided by Worcestershire Acute Hospitals NHS trust are located on four hospital sites. Worcestershire Royal Hospital is the largest site with Alexandra Hospital, Kidderminster Hospital and Treatment Centre and Evesham Community Hospital as additional sites. The trust provides services to a resident population of 550,000 people in Worcestershire.

Worcestershire Royal Hospital, which provides the majority of the trusts emergency surgery and some elective (planned) surgery. The hospital consists of five surgical wards (beech A, beech B, beech C, trauma and orthopaedic ward, head and neck ward, and vascular ward), a surgical clinical decisions unit, a theatre admissions unit, eight theatres and treatment rooms used for day case procedures such as orthodontics and dermatology procedures.

The trust had 51,421 surgical admissions from October 2016 to September 2017. Emergency admissions accounted for 10,565 admissions (20.5%), 33,823 (65.8%) were day case, and the remaining 7,033 (13.7%) were elective.

We inspected the service from 12 to 15 February 2018. As part of the inspection we visited pre-assessment clinics, the operating theatres, the recovery area and all of the surgical wards and areas. Surgical service provisions at the Worcestershire Royal Hospital includes emergency surgery, general surgery, vascular surgery, ear nose and throat surgery, and urology. The majority of elective orthopaedic surgery is mainly carried out at the Alexandra Hospital.

During the inspection, we spoke with 42 staff of various grades, including ward and theatre managers, nurses, therapists, consultants, healthcare assistants, and housekeepers. We spoke with 12 patients and their families, observed care and treatment and looked at 17 patient's medical records and six additional drug charts. We received comments from people who contacted us to tell us about their experiences, and reviewed performance information about the hospital.

The service was last inspected in November 2016. At that inspection, it was rated 'requires improvement' overall. The service was rated as requires improvement for being safe, effective and responsive. The service was rated as inadequate for being well led. It was rated good for caring. During this inspection we looked at the changes the surgical services had made to address our concerns.

## Summary of this service

Our rating of this service went down. We rated it as inadequate because:

- Not all systems in place were effective in recognising and responding to deteriorating patients' needs.
- The service did not ensure everyone completed mandatory training. The trust target for mandatory training compliance was not met for nursing or medical staff.
- Most nursing staff had received safeguarding training on how to recognise and report abuse. However, not all medical staff had completed safeguarding training to the required level.
- Processes to monitor the safe storage of medicines were not followed. Room and fridge temperatures were not routinely monitored.
- Staff recognised incidents but did not always report them. Mixed sex breaches were not always reported.

# Surgery

- Some areas did not have enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service did not have robust processes in place to ensure staff were competent for their roles.
- Not all staff had received an appraisal. Not all staff received supervision to provide support and monitor the effectiveness of the service.
- Most staff had not received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. Staff generally understood their roles and responsibilities under the Mental Health Act 1983 and the MCA.
- The trust planned but did not provide services in a way that met the needs of local people.
- Patients could not access the service when they needed it. Waiting times for treatment were not in line with good practice. The number of cancelled operations for non-clinical
- The service did not have a documented vision for what it wanted to achieve. However, plans for the future vision were in development with involvement from staff, patients, and key groups representing the local community. Not all ward staff and managers across the service promoted a positive culture that supported and valued one and other.
- The service had a systematic approach to continually monitor the quality of its services, however, this was not fully embedded.
- Not all systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected were effective.
- Information was not always collected, analysed, managed and used well to support activity.
- Continuous improvement, and learning from when things go wrong was not evident across all areas.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises in most areas and systems were in place to ensure equipment was well looked after.
- The service had enough medical staff with the right qualifications, skills, and experience to keep people safe from avoidable harm and abuse.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service used some safety monitoring results well. Staff collected safety thermometer information and shared it with staff, patients and visitors.
- The service prescribed, gave, and recorded medicines well. Patients generally received the right medication of the right dose at the right time.
- Managers investigated incidents. There were systems in place to share lessons learned. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Generally, the service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service managed patients' pain effectively and provided or offered pain relief regularly.

# Surgery

- Staff generally gave patients enough food and drink to meet their needs and improve their health.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- Multidisciplinary staff worked together as a team to benefit patients.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service safe?

**Inadequate** ● ↓

Our rating of safe went down. We rated it as inadequate because:

- The service did not ensure everyone completed mandatory training. The trust target for mandatory training compliance was not met for nursing or medical staff.
- Most nursing staff had received safeguarding training on how to recognise and report abuse. However, not all medical staff had completed safeguarding training to the required level.
- Not all systems in place were effective in recognising and responding to deteriorating patients' needs. This included screening patients for sepsis, harm reviews of patients waiting for a procedure, and reassessment within 24 hours for venous thromboembolism.
- Processes to monitor the safe storage of medicines were not followed. Room and fridge temperatures were not routinely monitored.
- Staff recognised incidents but did not always report them. Mixed sex breaches were not always reported. There was no evidence of duty of candour being applied when patients were at risk of harm when waiting for their procedure.
- Some areas did not have enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises in most areas and systems were in place to ensure equipment was well looked after.
- The service had enough medical staff with the right qualifications, skills, and experience to keep people safe from avoidable harm and abuse.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service used some safety monitoring results well. Staff collected safety thermometer information and shared it with staff, patients and visitors.



# Surgery

- The service prescribed, gave, and recorded medicines well. Patients generally received the right medication of the right dose at the right time.
- Managers investigated reported incidents and there were systems in place to share lessons learned when incidents had been reported appropriately.

## Is the service effective?

**Requires improvement** ● → ←

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

- The service did not have robust processes in place to ensure staff were competent for their roles.
- Not all staff had received an appraisal. Not all staff received supervision to provide support and monitor the effectiveness of the service.
- Most staff had not received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. Staff generally understood their roles and responsibilities under the Mental Health Act 1983 and the MCA.
- The surgery directorate provided most services seven days a week. Interventional radiology was not provided out of hours or at weekends.

However:

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

## Is the service caring?

**Good** ● → ←

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

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

However:

- From December 2016 to November 2017, the Friends and Family Test response rate for surgery at Worcestershire Acute Hospitals NHS Trust was 18%, worse than the England average of 29%.

# Surgery

## Is the service responsive?

**Inadequate** ● ↓

Our rating of responsive went down. We rated it as inadequate because:

- The trust planned but did not provide services in a way that met the needs of local people.
- Patients could not access the service when they needed it. Waiting times for treatment were not in line with good practice. The percentage of patients whose operation was cancelled and were not treated within 28 days was worse than the national average.

However:

- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

**Inadequate** ● → ←

Our rating of well-led stayed the same. We rated it as inadequate because:

- The service did not have a documented vision for what it wanted to achieve. However, plans for the future vision were in development with involvement from staff, patients, and key groups representing the local community. Not all ward staff and managers across the service promoted a positive culture that supported and valued one and other.
- The service had a systematic approach to continually monitor the quality of its services, however, this was not fully embedded. Not all systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected were effective.
- Information was not always collected, analysed, managed and used well to support activity.
- Continuous improvement, and learning from when things go wrong was not evident across all areas.

However:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service engaged well with patients, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Maternity

Good 

## Key facts and figures

Worcestershire Acute Hospitals NHS Trust provides maternity services to women living in Worcestershire and the surrounding areas. Inpatient maternity services are provided solely on the Worcestershire Royal Hospital site. Outpatient maternity services are provided on the Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital and Treatment Centre sites. There are also four community midwifery teams based at various locations across the county.

The maternity service provides consultant and midwife-led antenatal, intrapartum and postnatal care. There are 70 inpatient beds, spread across the delivery suite, the Meadow Birth Centre, and antenatal and postnatal wards. Outpatient services include antenatal clinics, a maternity day assessment unit, a triage unit and screening services. Community midwifery services are provided at local children's centres, GP practices or at the patients' home address.

From July 2016 to June 2017, the trust reported 5,192 births. This is a 5% decrease in the total number of births at the trust, compared with July 2015 to June 2016 data. Of these, 62% were normal (non-assisted) deliveries, which is slightly higher than the England average (60%). The total caesarean section rate was 26%, which was in line with the England average (27%).

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We visited clinical areas in the service including delivery suite, the Meadow Birth Centre, antenatal and postnatal wards, and triage unit. We spoke with 10 women and their relatives, 90 members of staff and reviewed 27 medical care records and 18 prescription charts. We also reviewed the trust's performance data.

At the last comprehensive inspection in November 2016, we rated four key questions for the service either inadequate (safe) or requires improvements (effective, responsive and well-led) so we re-inspected all five key questions. We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

The inspection team consisted of two CQC hospital inspectors, one CQC mental health inspector, three specialist advisors (one consultant obstetrician and two midwives), and an expert by experience

## Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated this service as good overall because:

- Staff cared for patients with compassion, kindness, dignity and respect. Women were overwhelmingly positive about their care and treatment, and felt staff often went "the extra mile". Women felt involved in their care and were given an informed choice of where to give birth. Actions were taken to improve service provision in response to complaints and feedback received.
- Staff understood their responsibilities to raise concerns and report patient safety incidents. There was an effective governance and risk management framework in place to ensure incidents were investigated and reviewed in a timely way. Learning from incidents was shared with staff and changes were made to the delivery of care because of lessons learned.

# Maternity

- Women's care and treatment was planned and delivered in line with current evidence-based guidance. National and local audits were carried out and actions were taken to improve care and treatment when needed. Patient outcomes were generally in line with national averages.
- Service provision met the needs of local people. They worked closely with commissioners, clinical networks and service users to plan and improve the delivery of care and treatment for the local population.
- Leadership was strong, supportive and visible. The leadership team understood the challenges to service provision and actions needed to address them. Staff were committed to providing the best possible care for women. However, some community staff did not feel part of the overall maternity service.
- The service had a vision of what it wanted to achieve and clear objectives to ensure the vision was met. The vision and strategy was developed with involvement from patients and key groups within the local community, and reflected national recommendations for maternity care provision.

However:

- Medical staff compliance with safeguarding adults and children training was below the trust target. Furthermore, the majority of staff had not completed the appropriate level of Mental Capacity Act 2005 and deprivation of liberty safeguards training.
- Maternity specific training compliance did not always meet trust targets, such as cardiotocography (CTG) interpretation. Some staff did not have up-to-date competency in CTG assessment.
- Not all community midwives had access to carbon monoxide monitors. This meant some women did not have a carbon monoxide reading taken at the initial antenatal appointment. This was not in line with national recommendations.
- Prescription charts were not always completed with patient's weight or allergy status, which was not in line with national standards.
- Not all staff had received an annual appraisal.
- Trust data showed that compliance with CTG trace peer reviews had generally worsened since our previous inspection (November 2016). However, during our inspection we observed CTG peer reviews were completed.

## Is the service safe?

### Requires improvement



We previously rated maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated safe as requires improvement because:

- Although staff understood how to protect patients from abuse and the service worked well with other agencies to do so, not all medical staff had completed safeguarding adults and children training.
- Trust data showed that compliance with cardiotocography (CTG) trace peer reviews had generally worsened since our previous inspection (November 2016). However, the service had taken action to address this and we observed that compliance had improved and CTG peer reviews were carried out in line with trust policy and national recommendations.
- Although the service provided maternity specific training in key skills, such as CTG interpretation, newborn life support and managing obstetric emergencies, training compliance was a little variable and did not always meet trust targets.

# Maternity

- Not all community staff had access to carbon monoxide monitors, which was not in line with national recommendations. The trust had recognised this as a risk and was taking action to address it.
- Prescription charts were not always completed with patients' weight and allergy status. However, we found improvements in the storage and monitoring of medicines since our previous inspection.

However:

- Whilst staffing levels were often lower than what was planned, they were regularly reviewed and actions were taken to meet patient acuity. Staff were redeployed within the unit when needed, to keep patients safe from avoidable harm and to provide the right care and treatment. The midwife to birth ratio was in line with national recommendations.
- The service provided mandatory training in key skills to all staff. Most staff had completed mandatory training at the time of our inspection.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and looked after equipment well. There were effective processes in place to ensure emergency equipment was checked daily, to ensure it was fit for purpose and safe for patient use.
- Risks to patients were monitored, completed and escalated, where appropriate.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Lessons learned from incidents were shared with the whole team and the wider service.
- Perinatal mortality and morbidity meetings were well attended, learning from cases was identified and actions were taken, where indicated. This was an improvement from our previous inspections.

## Is the service effective?

**Good** ●

We previously rated maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated effective as good because:

- The service monitored the effectiveness of care and treatment and used the findings to improve them. Patient outcomes were generally in line with national averages. The number of unexpected term admissions to neonatal care facilities was consistently lower (better) than the national average. The service had reduced (improved) its perinatal mortality rate.
- The service used current evidence-based guidance and quality standards to inform the delivery of care and treatment. Local and national audits were completed and actions were taken to improve care and treatment when indicated.
- The multidisciplinary team worked together to benefit patients. Doctors, midwives and other healthcare professionals supported each other to provide good care.
- Patient's nutrition and hydration needs were identified, monitored and met. There was access to dietary and infant feeding specialists to assist women and babies when needed.
- Pain was assessed and managed on an individual basis and was regularly monitored by midwifery staff.

# Maternity

- People who used maternity services were supported to live healthier lives and manage their own health, care and wellbeing.

However:

- Managers did not always appraise staff's work performance annually. We also found some staff did not have up-to-date competencies in cardiotocography assessment. However, a competency framework was in place to ensure that newly qualified midwives gained the skills and experience they needed.
- The majority of staff had not completed the appropriate level of training in the Mental Capacity Act 2005 and deprivation of liberty safeguards. However, we found staff knew how to support women experiencing mental ill health and those who lacked the capacity to make decisions about their care.

## Is the service caring?

**Good** ●

We previously rated maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients and those close to them was overwhelmingly positive. Staff treated patients well and with kindness. Patients valued their relationships with staff and felt they often went 'the extra mile' when providing care and support.
- Staff recognised and respected the totality of women's needs, and took into account their personal, cultural, social and religious needs. When staff described how they supported patients with mental health, substance misuse or learning disabilities, they did so with respect.
- Staff provided emotional support to patients to minimise their distress. Patient's emotional and social needs were seen as being as important as their physical needs. Specialist support for bereaved women and those in vulnerable circumstances was available and tailored to meet their individual needs. Women felt really cared for and that they mattered.
- Women who used services and those close to them were active partners in their care and treatment. Staff were fully committed to working in partnership with women, and empowered women to have a voice and help realise their birth choices.

## Is the service responsive?

**Good** ●

We previously rated maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated responsive as good because:

- The importance of flexibility, informed choice and continuity of care was reflected in the services and plans for future maternity care provision. Patient's needs and preferences were considered and acted on to ensure services were delivered to meet those needs.
- Antenatal care was readily and easily accessible to pregnant women and was sensitive to the needs of women and the local community.

# Maternity

- The needs and preferences of patient's were taken into account when delivering and coordinating services, including those who were in vulnerable circumstances or had complex needs. Bereavement care provision was in place to support families from their initial loss, throughout their time in hospital and return home.
- Care and treatment was coordinated with other services and other providers, to ensure the needs of women and their families were met.
- Women could access the right care at the right time. Access to care was managed to take account of women's needs, including those with urgent needs.
- The service treated concerns and complaints seriously, investigated them in a timely manner and learned lessons from the results, which were shared with all staff.

However:

- Partners were generally unable to stay overnight on the antenatal and postnatal wards, as there were limited facilities for them to rest comfortably. The service was taking some action to improve provisions for partners.

## Is the service well-led?

**Good** 

We previously rated maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated well-led as good because:

- The maternity service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Staff spoke positively about the senior management team. They told us they were visible and they felt well supported by managers. Staff were confident to raise any concerns they had.
- The service had a vision of what it wanted to achieve and workable plans to turn it into action. The vision and strategy was developed with involvement from staff, patients and key groups representing the local community.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care. The arrangements for governance were clear and operated effectively. Staff understood their roles and accountabilities.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were committed to improving the quality of care and patient experience.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

However:

- Community staff told us they did not feel part of the overall maternity service and some maternity support workers felt there were limited career development opportunities available to them.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

# Maternity

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.



# Services for children and young people

Requires improvement  

## Key facts and figures

The children's service at Worcestershire Royal Hospital provides outpatient and inpatient facilities, as well as emergency and elective surgery for babies and children up to the age of 18. Children aged 16 and over have the option of being treated on an adult ward, if preferred. The service consists of a level two neonatal unit, a paediatric ward (Riverbank ward), as well as a paediatric outpatient department.

The paediatric ward (Riverbank ward) has 35 inpatient beds. There is a three bedded bay with space for three additional seated patients situated within Riverbank ward, which provided 24-hour assessment for children and young people as part of the trusts emergency assessment pathway. Staff on the ward referred to this area as the PAU (paediatric assessment unit) and the trust told us they had plans to redesign this area into a fully functioning PAU in the next 2 years.

There is also a six single en-suite rooms, an adolescent area with two twin rooms and one single room and eight cubicles for babies. There is also a four-bedded bay for children and babies over six months of age and an eight-bedded bay, which are both predominately used for patients admitted for day case surgery.

The neonatal unit has 18 cots. There are two cots for babies who require intensive care, four cots for babies who require higher dependency care, and a further 12 cots for babies who require special care. There is a dedicated children's outpatient area for patients attending some appointments, for example dermatology and diabetes appointments. Some patients are seen in adult areas, for example, ophthalmology appointments are held in adult outpatient areas.

We carried out our inspection of Worcestershire Royal Hospital from 23 to 25 January 2018. We also returned for an unannounced inspection on 15 February 2018. During our inspections, we visited clinical areas in the service including the Riverbank ward, the neonatal unit, outpatient services, theatres and recovery. We spoke with five patients and 12 parents, and 40 members of staff, including consultant paediatricians, junior doctors, nurses, therapists, play specialists, ward clerks, domestic staff and managers. We observed care and treatment, reviewed nine patient care records and 16 medicine prescription charts. We also reviewed the trust's performance data and looked at 15 paediatric and neonatal trust policies.

## Summary of this service

Our overall rating of this service has improved since our November 2016 inspection when we rated it inadequate. At this inspection in January 2018, we rated it as requires improvement because:

- The service did not always have enough nursing staff with the right qualifications, skills, training, and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment.
- While staff understood the need to protect patients from abuse, not all staff had completed training at the required level to ensure they had the appropriate level of knowledge to do so. Awareness of female genital mutilation and child sexual exploitation was variable.
- Staff had not received mental health training, which meant we could not be assured that staff understood how to appropriately support the needs of children and young people with mental health concerns.

# Services for children and young people

- Staff did not always have an effective understanding of how to correctly gain consent from children and young people, and the national guidance around this. For example, three of the eight staff we asked, were not able to explain the principles of the Gillick competency and Fraser guideline, which are used to make decisions about the ability of a young person to consent to procedures.
- The service did not always take account of patients' individual needs. For example, there was no designated room on the neonatal unit to enable sensitive discussions to take place in privacy.
- The divisional leaders had limited operational oversight of day-to-day issues within the service, such as risk, staffing issues and services for children provided in the adult outpatient departments and wards.
- The culture of the senior leadership team within the service was a concern. Staff reported that these individuals did not recognise the improvements staff had already made within the service, and instead, solely focussed on areas that needed improvement.
- The service did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Not all risks identified during the inspection were documented on the service's risk register. For example, the service had expanded its oncology service without employing additional staff and this potential risk was not recorded on the risk register.

However:

- The assessment and management of risks to patient safety had improved and patients received assessments, treatment, and observations in a timely way.
- Staff ensured that patients' individual care records were well managed and stored appropriately. Records seen were accurate, legible, up to date and available to all staff providing care.
- The service used current evidence-based guidance and best practice standards to inform the delivery of care and treatment, and evidence its effectiveness. Pathways were written in line with the National Institute for Health and Care Excellence and Royal College of Paediatrics and Child Health guidelines.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. Outcomes were generally better than national average.
- Staff cared for patients with compassion. Feedback from patients and parents confirmed that staff treated them well and with kindness.
- Patients could generally access the service when they needed it. Waiting times for treatment met national standards and had improved since our inspection in November 2016. Arrangements to admit, treat and discharge patients were generally in line with good practice.

## Is the service safe?

**Requires improvement** ● ↑

Our rating of safe has improved since our last inspection in November 2016. At this inspection in January 2018, we rated it as requires improvement because:

- The service provided mandatory training in key skills to most staff but did not always make sure everyone completed it. Medical staff mandatory training compliance was poor.

# Services for children and young people

- While staff understood the need to protect patients from abuse, not all staff had completed training at the required level to ensure they had the appropriate level of knowledge to do so. Awareness of female genital mutilation and child sexual exploitation was variable.
- The service did not always control infection risk well. Staff did not always use control measures to prevent the spread of infection.
- The service did not always have enough nursing staff with the right qualifications, skills, training, and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Patients' weight was not routinely recorded on prescription charts, which meant we could not be assured that patients always received the correct dose of medication.
- Staff did not always recognise and report incidents appropriately. For example, very few staff told us they would complete an incident report if a clinical area was understaffed.
- While the service used safety-monitoring results well, they did not share this information with patients, parents and visitors.

However:

- The service generally had suitable premises and equipment and looked after them well.
- The assessment and management of risks to patient safety had improved and patients received assessments, treatment, and observations in a timely way.
- Medical staffing levels within the children's service were sufficient to provide safe care and treatment at the time of the inspection.
- Staff ensured that patients' individual care records were well managed and stored appropriately. Records seen were accurate, legible, up to date and available to all staff providing care.
- The service generally prescribed, gave, recorded and stored medicines well. Patients generally received the right medication at the right time.
- Once identified, the service managed patient safety incidents well. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service planned for emergencies and major incidents well. There were appropriate policies in place with regard to business continuity and major incident planning, and staff understood their roles and what steps to take in the event of a major incident.

## Is the service effective?

**Requires improvement** ● → ←

Our rating of effective has stayed the same since our last inspection in November 2016. At this inspection in January 2018, we rated it as requires improvement because:

- Staff had not received mental health training, which meant we could not be assured that staff understood how to appropriately support the needs of children and young people with mental health concerns.
- Staff did not always understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Not all staff had received Mental Capacity Act and Deprivation of Liberty Safeguards mandatory training.

# Services for children and young people

- Staff did not always have an effective understanding of how to correctly gain consent from children and young people, and the national guidance around this. For example, three of the eight staff we asked, were not able to explain the principles of the Gillick competency and Fraser guideline, which are used to make decisions about the ability of a young person to consent to procedures.

However:

- The service used current evidence-based guidance and best practice standards to inform the delivery of care and treatment, and evidence its effectiveness. Pathways were written in line with the National Institute for Health and Care Excellence and Royal College of Paediatrics and Child Health guidelines.
- Staff gave patients enough food and drink to meet their needs and improve their health. Risk assessments on patients were undertaken if there was a risk of malnutrition. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and managed patients' pain effectively and regularly. We saw that staff assessed patients' pain regularly as part of their routine observations using the Paediatric Early Warning System (PEWS).
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. Outcomes were generally better than national average.
- The children's service generally made sure staff were competent for their roles to deliver effective care and treatment to children and young people. Managers appraised staff's work performance to provide support and monitor the effectiveness of the service.
- Staff worked together as a team for the benefit of patients. Medical staff, nurses and other healthcare professionals supported each other to provide care.
- Patients had access to most services seven days per week. Some services, such as children's physiotherapy and the child and adolescent mental health service, had a reduced level of service provided out of hours. However, arrangements were in place to keep patients safe.

## Is the service caring?

Good ● → ←

Our rating of caring has stayed the same since our last inspection in November 2016. At this inspection in January 2018, we rated it as good because:

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

## Is the service responsive?

Good ● ↑

# Services for children and young people

Our rating of responsive has improved since our last inspection in November 2016. At this inspection in January 2018, we rated it as good because:

- The service generally planned and provided services in a way that met the needs of local people. Facilities for children and young people in adult outpatient areas had improved since our inspection in November 2016. However, some areas, such as X-ray, did not always have facilities suitable for all age ranges. Play specialists were available to support children in these areas, if required.
- Patients could generally access the service when they needed it. Waiting times for treatment met national standards and had improved since our inspection in November 2016. Arrangements to admit, treat and discharge patients were generally in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- The service did not always take account of patients' individual needs. For example:
- A handful of DVDs in the adolescent room on Riverbank ward were 15 certificates. The adolescent room was frequently used by children under the age of 15.
- Not all parents on the neonatal unit were aware there were facilities to stay overnight or make a hot drink.
- There was no designated room on the neonatal unit to enable sensitive discussions to take place in privacy.

## Is the service well-led?

**Requires improvement** ● ↑

Our rating of well-led has improved since our last inspection in November 2016. At this inspection in January 2018, we rated it as requires improvement because:

- The divisional leaders had limited operational oversight of day-to-day issues within the service, such as risk, staffing issues and services for children provided in the adult outpatient departments and wards.
- The service could articulate a vision and strategy for what it wanted to achieve, which had been developed with involvement from staff and patients. However, it was not documented and there were no plans to demonstrate how they would achieve their vision or strategy.
- The culture of the senior leadership team within the service was a concern. Staff reported that these individuals did not recognise the improvements staff had already made within the service, and instead, solely focused on areas that needed improvement.
- There was little engagement and involvement of staff at an operational level in governance processes. For example, nursery nurses and band 5 nurses did not attend the service's governance meetings so had limited opportunities to find out about its risk and performance.
- The service did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Not all risks identified during the inspection were documented on the service's risk register. For example, the service had expanded its oncology service without employing additional staff and this potential risk was not recorded on the risk register.

# Services for children and young people

- There were limited opportunities for staff engagement as the neonatal unit and Riverbank ward did not have team meetings.

However:

- The service had managers at a local level with the right skills and abilities to run a service providing sustainable care.
- Local management at matron and ward manager level promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Governance processes were becoming more established and had improved since our inspection in November 2016. Children's services had dedicated governance support from the trust's governance team and these staff supported the flow of information between the service's divisional and directorate governance meetings.
- Information on some aspects of performance was available, however, the utilisation of information to bring about improvements was not maximised. Trust information was not always available due to problems with the trust's IT systems.
- The service engaged with patients and parents to plan and manage appropriate services, and collaborated with partner organisations effectively. Three parents and a young person had been part of the recent recruitment for the head of nursing for children's services and the directorate service manager.
- The service had improved its commitment to developing services by learning from when things go well and when they go wrong, promoting training, research, and innovation.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Outpatients

Inadequate ●

## Key facts and figures

Outpatient services provided by the trust are located at three sites: Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital and Treatment Centre. The service is managed by one management team based at Worcestershire Royal Hospital. Information technology systems (IT) that support outpatient services across all three sites are provided at the Worcestershire Royal Hospital site. Due to leadership and medical staffing for the service being based at Worcestershire Royal Hospital, there will be some similarities in information across all three outpatient reports. Some of the performance data is only available trust wide and relates to all hospital sites covered by the trust. Performance data regarding the Worcestershire Royal Hospital only has been used where available. The trust provided some information at a divisional level and therefore not service specific. The report will clearly indicate where this occurs.

Outpatient clinics were held in the Clover, Sorrel, Hawthorn, Mulberry, Redwood, Linden, Larkspur and Rowan suites and Aconbury west. Clover, Larkspur and the Sorrell suites were located on the ground floor of Worcestershire Royal Hospital. Hawthorn, Mulberry, Redwood, Linden and Rowan suites were located on the first floor of Worcestershire Royal Hospital. Aconbury west was in a separate building towards the back of the Worcestershire Royal Hospital site.

There was a separate children's main outpatient department, which is reported on under children and young people core service; however, some children were seen in regular outpatient clinics dependent on specialty including trauma and orthopaedics.

There are consultant and nurse-led outpatient clinics across a range of specialities, which are provided in the outpatients' department. Outpatient clinics are held Monday to Friday from 8am to 6pm. Some ad-hoc Saturday appointments are provided dependent on specialty.

The outpatients' service is part of the specialised clinical services division. The current structure includes a divisional director of operations, a divisional director of nursing and a divisional medical director. A deputy divisional operational manager, a deputy divisional director of nursing and a deputy divisional medical director, plus a directorate manager and matron, supports the team.

The service was previously inspected in November 2016 as part of the outpatients and diagnostic imaging core service framework, and was rated as inadequate overall. We found the service was inadequate for safe, responsive and well-led, and good for caring. We inspect, but do not rate effective.

We carried out an unannounced inspection at Worcestershire Acute Hospitals NHS Trust from 23 to 25 January 2018. During this inspection, outpatients were inspected independently of diagnostic imaging.

During the inspection visit, the inspection team spoke with 23 patients and three relatives. We visited clinics and departments including ophthalmology, urology, fracture clinic, pre-operative assessment, diabetes, oncology, breast, neurology, rheumatology, cardiology and physiotherapy. We observed staff giving care to patients and reviewed four patient records. We looked at trust policies and performance information from, and about the trust. We spoke with 56 members of staff at a variety of grades including doctors, department managers, lead nurses, nurses, assistant practitioners, health care assistants and administrative staff. We met with consultants, directorate managers and service improvement team members.

# Outpatients

## Summary of this service

We previously inspected outpatients jointly with diagnostic imaging and therefore, ratings cannot be directly compared to this core service only.

We rated the service as inadequate because:

- The service did not ensure everyone completed mandatory training. The trust target for mandatory training compliance was not met for all nursing staff.
- Not all staff had received the appropriate level of safeguarding training on how to recognise and report abuse.
- There were not enough pharmaceutical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Effective systems were not always used to recognise and respond to deteriorating patients' needs.
- Most but not all staff had received an appraisal.
- Continuous improvement, and learning from when things go wrong was not evident across all areas.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Most, but not all records were contemporaneous and not all ensured patient confidentiality.
- The trust planned but did not provide services in a way that met the needs of local people.
- Patients could not access the service when they needed it. Waiting times for treatment were not in line with good practice.
- The service did not have a documented vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- The service did not have a fully embedded systematic approach to continually monitor the quality of its services.
- Not all systems in place were effective in recognising and responding to deteriorating patients' needs. This included harm reviews of patients waiting for a procedure.
- Information was not always collected, analysed, managed and used well to support activity.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service generally controlled infection risk well. Most staff kept themselves, equipment and the premises clean. Control measures were in place to prevent the spread of infection.
- Most staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team.
- The service had suitable premises in most areas and systems were in place to ensure equipment was well looked after.
- Most areas had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service managed medicines well. Patients received the right medication at the right dose, and most patients received this at the right time.



# Outpatients

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service managed patients' pain effectively and provided or offered pain relief regularly.
- Staff generally gave patients enough food and drink to meet their needs and improve their health.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service took account of patients' individual needs.
- Multidisciplinary staff worked together as a team to benefit patients.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

## Is the service safe?

**Inadequate** ●

We previously rated outpatients jointly with diagnostics so we cannot compare our new ratings directly with previous ratings. We rated safe as inadequate because:

- The service provided mandatory training in key skills to all staff and processes in place to encourage staff to complete it. However, compliance was not in line with the trust targets.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most, but not all staff had the required level of safeguarding training on how to recognise and report abuse.
- Systems and procedures were in place to assess, monitor and manage risks to patients however, the due to significant problems meeting referral to treatment (RTT) times we were not assured patient care was always safe.
- The service did not have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse to provide the right care and treatment. There was a shortage of pharmaceutical staff to support the outpatient's department (OPD), which meant patients did not always receive the right care and treatment in a timely way.
- People's individual care records, including clinical data, were written in a way that kept people safe however, they were not all managed to ensure patient confidentiality was assured and not all records were contemporaneous.
- The service did not manage patient safety incidents well. Most staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. However, lessons learnt were not shared for cross-divisional incidents.

However:

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection and all areas we visited were visibly clean and tidy.

# Outpatients

- Most of the outpatient departments were suitable for their intended use, and the maintenance and use of equipment generally kept people safe from avoidable harm.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose, and most patients received this at the right time.
- The service planned for emergencies and staff understood their roles if one should happen.

## Is the service effective?

We inspected, but did not rate the service for effectiveness.

We found:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Patients attended the outpatient's department for short time periods however, staff gave patients with specific needs, such as those with diabetes, enough food and drink to meet their needs. They used special feeding and hydration techniques when necessary.
- Pain relief could be prescribed within the outpatient department and subsequently dispensed by the pharmacy department as required. Outpatient clinics had access to simple analgesia and local anaesthetic preparations when required.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff from all disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Outpatient services worked with speciality teams across the trust and external providers to plan and deliver care and treatment.
- The service made sure staff were competent for their roles. Most staff were given appropriate training to meet their learning needs to cover the scope of their work, and managers appraised staff's work performance. The trust supported staff to complete speciality training to support service improvements and patient care.

## Is the service caring?

**Good** ●

We previously rated outpatients jointly with diagnostics so we cannot compare our new ratings directly with previous ratings. We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff responded with kindness and compassion to patients in the outpatient department.
- Staff provided emotional support to patients to minimise their distress. Staff throughout the department understood the need for emotional support. Staff involved patients and those close to them in decisions about their care and treatment.
- Patients and relatives said they felt informed about their care and treatment, were able to ask doctors and nurses questions and were involved in making decisions.

# Outpatients

## Is the service responsive?

**Inadequate** ●

We previously rated outpatients jointly with diagnostics so we cannot compare our new ratings directly with previous ratings. We rated responsive as inadequate because:

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

However:

- The service mostly took account of patient's individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.

## Is the service well-led?

**Inadequate** ●

We previously rated outpatients jointly with diagnostics so we cannot compare our new ratings directly with previous ratings. We rated well-led as inadequate because:

- The trust worked towards having managers at all levels to within the outpatient department with the right skills and abilities to run a service providing high-quality care. There had been little change in performance since our November 2016 inspection and we were not assured the leadership team could deliver and sustain the significant change required to improve patient outcomes.
- The service had a vision for what it wanted to achieve but workable plans to turn it into action were not yet in place. The trust vision was to deliver the highest standard of care to all patients by actively promoting a supportive, caring and clean environment. Strategic plans remained in the early stages of development.

# Outpatients

- The service did not always use a systematic approach to continually improve the quality of its services and safeguarding high standards of care. There had been little improvement in patient waiting list performance since the November 2016 inspection. Systems and processes in place were not always utilised appropriately.
- The trust had systems in place for identifying risks however, plans to eliminate or reduce risks were not timely and we were not assured all the systems in place were robust.
- Some of the performance data was only available trust wide and related to all hospital sites covered by the Worcestershire Acute Hospitals NHS Trust. As the data was not always available at site level, the trust was unable to identify if any of the sites were a particular outlier. Therefore, risk management and oversight remained limited.
- The trust did not always collect, analyse, manage and use information well to support its activities, using secure electronic systems with security safeguards.

However:

- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service engaged well with staff and collaborated with partner organisations effectively.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Diagnostic imaging

Requires improvement ●

## Key facts and figures

Radiology services provided by Worcestershire Acute Hospitals NHS Trust are located at three sites: Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital and Treatment Centre. The service is managed by one management team based predominantly at Worcestershire Royal Hospital.

Diagnostic imaging also occurred in the clinical investigations department. These investigations included non-radiological investigations, such as electrocardiograms, heart monitoring, respiratory function testing and echocardiograms. These were performed by specialist technicians within an outpatient's clinic.

The diagnostic imaging service formed part of the specialised clinical services division. The current structure includes a divisional operational manager, divisional director of nursing and divisional medical director. This team is supported by speciality leads. Radiological services are led by a clinical director, the chief radiographer and directorate manager.

Diagnostic investigations, such as echocardiograms, electrocardiograms and respiratory function tests were completed by the clinical investigation team. These investigations took place in the clinical investigations department on level one. The department was managed by a senior physiologist and reported to consultants within the medicine division. The medicine division had the same structure as the specialised clinical services division.

The service was previously inspected as part of the outpatients and diagnostic imaging core service framework and was rated as inadequate. In November 2016, we found the service inadequate for safe, responsive and well-led and good for caring. We inspect, but do not rate effective.

During this inspection, we spoke with 40 staff, including radiographers, radiologists, radiography assistants, and administrative staff. We also spoke with 16 patients and relatives.

Due to leadership and medical staffing for the service being largely based at Worcestershire Royal Hospital, there will be some similarities in information across all diagnostic reports. The trust provided some information at a divisional level and therefore not service specific. The report will clearly indicate where this occurs.

The inspection team consisted of a lead inspector, inspector, specialist advisors (senior radiographer and director of nursing) and an expert by experience.

## Summary of this service

We previously inspected diagnostic imaging jointly with outpatients and therefore, ratings cannot be directly compared to this core service only. We rated the service as requires improvement because:

- The service failed to meet trust targets for most mandatory training topics, including safeguarding adults and children and Mental Capacity Act 2005.
- There were inconsistencies with infection control and prevention techniques, particularly hand hygiene.
- Although the premises and equipment were suitable and well looked after, the environment did not always provide appropriate waiting areas for patients. This meant that the service did not always take into consideration the patients' individual needs.
- Appraisal rates for all staff groups were below the trust target.

# Diagnostic imaging

- Patients' needs were not always addressed.
- Patients could not always access the service when they needed it. Waiting times for referral to treatment and reporting on investigations were variable.
- Reporting times were not consistently within targets.
- There was limited engagement with patients and service users.

However:

- Equipment and premises were clean.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment. The service outsourced activity to ensure timely treatment was provided.
- There were processes in place to store, administer and manage medicines safely.
- Patient safety incidents were reported, investigated and any learning shared across all areas.
- Care and treatment was provided in line with national guidance. Policies and procedures were up to date.
- There was effective team working across all staff groups.
- Staff were compassionate and caring.
- We saw some outstanding examples of patient care. Staff made additional efforts to ensure that children attending the departments had a positive experience. Clinicians spoke directly to them, putting them at ease. Distraction activities were also used.
- Patients and their relatives were included in care and treatment and provided with support throughout investigations.
- Patients were able to access services across all sites.
- Complaints and concerns were investigated fully and actions taken to reduce reoccurrence.
- The service had managers with the right skills and abilities to run a service providing high-quality sustainable care. Managers promoted a positive culture that supported and valued staff.
- Staff were generally happy with their work and the team.
- There was a strong culture for delivering high-quality care.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and a systematic approach to continually improving the quality of its services.
- The service was committed to improving services by learning from when things go well and when they go wrong.

## Is the service safe?

**Requires improvement** 

We previously inspected diagnostic imaging jointly with outpatients and therefore, ratings cannot be directly compared to this core service only. We rated the safe as requires improvement because:

# Diagnostic imaging

- The service provided mandatory training in key skills to all staff and processes in place to encourage staff to complete it. However, compliance was not in line with the trust targets.
- Staff understood how to protect patients from abuse and knew how to recognise and report abuse. Although due to their infrequent and brief contact with the patient, staff reported that they had not experienced escalating any concerns. Safeguarding training compliance was significantly below the trust target for all staff.
- There were inconsistencies with hand hygiene, particularly on entering or leaving the department. Patients and relatives visiting the department were not routinely asked to sanitise their hands.
- The service had suitable premises and equipment and looked after them well. However, the design of the building did not always lend itself to providing appropriate waiting areas or segregation of male and female patients.

However:

- Staff kept equipment and the premises clean.
- The service did not have a safety monitoring system, but used their performance against targets to identify performance and patient risk. Staff collected safety information and shared it with staff. The service used information to improve the service.
- The service had enough staff with the right qualifications and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. The service outsourced activity to ensure timely treatment was provided.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

## Is the service effective?

We inspected, but did not rate the service for effectiveness.

We found:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Care and treatment was delivered in line with legislation, standards and evidence based guidance.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers monitored competence through peer review meetings, sharing learning and providing support for development. Trust data showed that appraisal rates were below the trust target for all staff groups with the exception of doctors.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

However:

# Diagnostic imaging

- Trust data showed that appraisal rates were below the trust target for all staff groups with the exception of doctors.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. However, training compliance was below the trust target.

## Is the service caring?

**Good** ●

We previously inspected diagnostic imaging jointly with outpatients and therefore, ratings cannot be directly compared to this core service only. We rated the caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Staff showed awareness of the emotional and social impact that a person's care, treatment or condition would have on their well-being.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** ●

We previously inspected diagnostic imaging jointly with outpatients and therefore, ratings cannot be directly compared to this core service only. We rated responsive as requires improvement because:

- Waiting times from referral to investigation varied according to where the patient was referred from. Outpatient and Inpatient investigations were generally completed within the target timescale, however, referrals for investigations within two days was lower than the service target.
- The service did not always take into consideration the patients' individual needs. There was limited provision for separate male and female changing and waiting areas.
- Patients could not always access the service when they needed it. Waiting times for referral to treatment and reporting on investigations were variable.
- The service did not consistently meet the targets for reporting urgent plain films and standard routine images.

However:

- The trust planned and provided services in a way that met the needs of local people. The department offered a variety of services over three hospital sites which enabled patients to access investigations at their chosen hospital.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

**Requires improvement** ●



# Diagnostic imaging

We previously inspected diagnostic imaging jointly with outpatients and therefore, ratings cannot be directly compared to this core service only. We rated well-led as requires improvement because:

- The service strategy remained unchanged from November 2016, and did not reflect the planned changes or shared vision. The clinical director was aware of this, informing us that the strategy needed updating to accurately reflect, not only where the service was heading, but also the development that they had already achieved.
- The service did not fully engage with patients to improve services, surveys and feedback were ad hoc. Although leads were looking at methods to capture feedback in a timely manner. Leads were aware that staff engagement could be improved and were working to integrate services across all sites. There was some collaboration with partner organisations effectively.
- The service had systems for identifying risks, taking actions to address concerns. However, the service priorities had been on addressing concerns and risks associated with the outcome of the November 2016 inspection and reducing the backlog of unreported investigations. There had been limited emphasis on maintaining training compliance or identifying new risks or issue.
- There had been improvements in service governance structure since our previous inspection although the new systems and processes had not been in place for a sufficient period to promote a sustained improvement in performance.

However:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff recognised that the service needed to develop the culture of the teams across all sites.
- Throughout the inspection, staff were generally happy with their work. There was a culture of collective responsibility between teams and services. Staff felt listened to and said they worked well as a team. There was a positive culture for delivering high-quality care.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care. Although the governance structure was in place, it was evident that the team continued to have work to complete to standardise practice across all sites and achieve the divisional vision.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training and innovation.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Alexandra Hospital

Woodrow Drive  
Redditch  
Worcestershire  
B98 7UB  
Tel: 01562513240  
[www.worcsacute.nhs.uk](http://www.worcsacute.nhs.uk)

## Key facts and figures

Worcestershire Acute Hospitals NHS Trust was established in April 2000 and provides a service across five sites: Worcestershire Royal Hospital; Alexandra Hospital; Kidderminster Hospital and Treatment Centre; Evesham Hospital; and Malvern Community Hospital. The trust provides a range of elective, non-elective, surgical, medical, women's, children's, diagnostic and therapeutic services, rehabilitation services, including stroke services and cardiac stenting to around 580,000 in Worcestershire and the surrounding counties. There are approximately 742 inpatient and day case beds, of which 73 are maternity and 32 are critical care.

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

The trust is structured under seven divisions:

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

The trust employs 5,986 staff as of October 2017, including 725 doctors, 1,843 nursing staff and 2,485 other staff. All staff turnover was 11.2% as of 30 November 2017. The trust target was between 10 and 12%. Medical vacancies remained a risk for the trust at 18% for November 2017, which did not meet the trust target of 10%, but had improved by 2% since March 2017 (20%). The registered nurse and midwifery vacancy rate was 148.85 whole time equivalent qualified posts, a vacancy rate of 8.1% for November 2017. This had improved slightly since March 2017 when the rate was 8.4%. In comparison with other organisations, the trust is not an outlier, although this was above the trust target of 7%. (Source: January 2018 board report).

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

# Summary of findings

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

## Patient numbers

Trust activity for October 2016 to September 2017:

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

## Summary of services at Alexandra Hospital

**Inadequate** ● → ←

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

- Patients could not access services when they needed them. Waiting times for treatment were not in line with good practice. The number of cancelled operations for non-clinical reasons was worse than the England average.
- Not all systems in place were effective in recognising and responding to deteriorating patients' needs. This included harm reviews of patients waiting for a procedure.
- The trust was performing worse than the England average for patients waiting over 60 minutes before being handed over to emergency department staff. Not all patients were recorded as being seen by a specialist doctor despite being referred.
- The trust did not ensure everyone completed mandatory training.
- While staff understood the need to protect patients from abuse, not all staff had completed training at the required level to ensure they had the appropriate level of knowledge to do so.
- There were inconsistencies in staff being able to recognise and report incidents.
- Not all staff had received an appraisal.
- The hospital had medical staff with the right qualifications, skills and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. However, there was insufficient medical cover to provide consultant presence in the department for 16 hours a day, as recommended by Royal College of Emergency Medicine.
- The trust planned but did not provide services in a way that met the needs of local people.
- Services did not always have a documented vision or strategy.
- Information was not always collected, analysed, managed and used well to support activity.
- Continuous improvement, and learning from when things go wrong was not evident across all areas.

# Summary of findings

- There were inconsistencies with infection control and prevention techniques, particularly hand hygiene.

However:

- Managers investigated reported incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Most areas had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The hospital had suitable premises in most areas and systems were in place to ensure most equipment was well looked after.
- The hospital prescribed, gave, and recorded medicines well. Patients generally received the right medication of the right dose at the right time.
- Generally, staff ensured that patients' individual care records were well managed and stored appropriately.
- Services took account of patients' individual needs.
- The hospital provided care and treatment based on national guidance and evidence of its effectiveness.
- The hospital managed most patients' pain effectively and provided or offered pain relief regularly. However, children's and young peoples' pain was not always managed effectively.
- Staff generally gave patients enough food and drink to meet their needs and improve their health.
- Multidisciplinary staff worked together as a team to benefit patients.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Most managers across the hospital promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

The Care Quality Commission (CQC) carried out a focussed unannounced inspection on 21 March 2018 at the Alexandra Hospital's emergency department (ED) and Ward 4. Ward 4 was identified as an increased capacity ward to accommodate inpatients and was made up of the six bedded frailty unit and the six bedded extension of the medical assessment unit. The amalgamation of the two areas took effect on 19 March 2018 and responsibility for the two areas was transferred to the medicine division.

The aim of the inspection was to review one key question: are patient's safe so that we could be ensured that increased pressure did not result in deterioration in the quality of care patients received.

The ED at the Alexandra Hospital provides services 24-hours per day, seven days per week and serves the population of Redditch and surrounding areas. There are approximately 55,000 attendances each year. The number of children attending the ED has decreased from approximately 11,000 to around 7,000 (13% of all attendances) in the last year. This is due to the reconfiguration of paediatric services to another trust site. Ambulances no longer bring seriously ill or injured children to this department.

The ED consists of a minor treatment area with seating and five trolley cubicles, a major treatment area with 10 trolley cubicles and three side rooms, and a resuscitation area with three bays. There is a five-bedded observation ward known as the emergency decision unit and two separate paediatric cubicles. There is also a paediatric observation bay located opposite the nursing station.

The service has been inspected three times in the last two years; a comprehensive inspection in November 2016, an inspection to follow-up concerns in April 2017 and a comprehensive inspection November 2017. The trust has been issued with two Section 29A Warning Notices under the Health and Social Care Act 2008. Section 29A Warning Notices are issued when a trust is required to make significant improvement in the quality of care provided. Concerns with the ED were raised in both Warning Notices, which were issued in January and July 2017.

During this inspection we only looked at the safe domain. We spoke with 12 members of staff, including doctors, nurses, healthcare assistants and therapists. We also spoke to four patients and one relative. We reviewed 13 patient care records.

## Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement overall. During this inspection we only looked at the safe domain and rated it as requires improvement because:

- Not all systems in place were effective in recognising and responding to deteriorating patients' needs. The trust was performing worse than the England average for patients waiting over 60 minutes before being handed over to ED staff. Not all patients were recorded as being seen by a specialist doctor despite being referred.
- The service did not ensure everyone completed mandatory training. The trust target for mandatory training compliance was not met for nursing or medical staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, the service had not met the national trajectory of 85% by March 2018 in PREVENT training as set out by the NHS England.

# Urgent and emergency services

- The service did not control infection risks well. There was poor compliance with the use of control measures to prevent the spread of infection.
- The service had suitable premises but did not always look after equipment well.
- During the previous inspections of November 2016, April 2017 and November 2017 we highlighted concerns regarding the completion of the 24 hour re-assessment regarding venous thromboembolism. During this inspection we saw that the concern remained which meant they were not compliant with the National Institute for Health and Care Excellence (QS3) guidance.
- Mortality and morbidity remained an area of concern during the previous inspection of November 2017 and had not improved. During this inspection we found that reviews lacked detail and there was little evidence of actions or learning as a result.
- The service had medical staff with the right qualifications, skills and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. However, there was insufficient medical cover to provide consultant presence in the department for 16 hours a day, as recommended by Royal College of Emergency Medicine.

However:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service had enough nursing staff with the right qualifications, skills and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Generally the service prescribed and stored medicines well.

## Is the service safe?

**Requires improvement** ● → ←

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

- Not all systems in place were effective in recognising and responding to deteriorating patients' needs. The trust was performing worse than the England average for patients waiting over 60 minutes before being handed over to ED staff. Not all patients were recorded as being seen by a specialist doctor despite being referred.
- The service did not ensure everyone completed mandatory training. The trust target for mandatory training compliance was not met for nursing or medical staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, the service had not met the national trajectory of 85% by March 2018 in PREVENT training as set out by the NHS England.
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However:

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- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service had enough nursing staff with the right qualifications, skills and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Generally the service prescribed and stored medicines well.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Surgery

Inadequate ● → ←

## Key facts and figures

Surgery services provided by Worcestershire Acute Hospitals NHS trust are located on four hospital sites. Worcestershire Royal Hospital is the main site with Alexandra Hospital, Kidderminster Hospital and Treatment Centre and Evesham Community Hospital as additional sites. The trust provides services to a resident population of 550,000 people in Worcestershire.

This report relates to surgery services provided at Alexandra Hospital which provides mainly planned (elective) surgery and consists of five surgical wards (wards 10, 11, 16, 17, 18), a day unit, a surgical assessment unit, seven theatres plus a vanguard theatre and an ophthalmology theatre.

The service had 11,533 surgical admissions from April 2017 to January 2018. Emergency admissions accounted for 3,881 admissions and 7,652 were elective.

We inspected the service from 12 February to 15 February 2018. As part of the inspection we visited the pre-assessment clinics, the day surgery unit, the operating theatres, the recovery area and all of the surgical wards. Surgical services provision at the Alexandra Hospital includes general surgery, trauma and orthopaedics, ear nose and throat surgery and urology.

During the inspection, we spoke with 38 staff of various grades, including ward and theatre managers, nurses, therapists, consultants, healthcare assistants, and housekeepers. We spoke with eight patients and their families, observed care and treatment and looked at 23 patient's medical records. We received comments from people who contacted us to tell us about their experiences, and reviewed performance information about the hospital.

The service was last inspected in November 2016. At that inspection, it was rated inadequate overall, including for being safe and for being well led. The service was rated as requires improvement for effective and responsive. It was rated good for caring. During this inspection we looked at the changes the surgical services had made to address our concerns.

## Summary of this service

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. For some essential skills, including resuscitation training, compliance fell short of the trust target.
- Most nursing staff had received safeguarding training on how to recognise and report abuse. However, not all medical staff had completed safeguarding training to the required level. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Some areas did not have enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service did not have robust processes in place to ensure staff were competent for their roles.
- Not all staff had received an appraisal. Not all staff received supervision to provide support and monitor the effectiveness of the service.
- Effective systems were not always used to recognise and respond to deteriorating patients' needs.



# Surgery

- Most staff had not received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. Staff generally understood their roles and responsibilities under the Mental Health Act 1983 and the MCA.
- The trust planned but did not provide services in a way that met the needs of local people.
- Patients could not always access the service when they needed it. Waiting times for treatment were not in line with good practice. The percentage of patients whose operation was cancelled and were not treated within 28 days was worse than the national average.
- The service did not have a documented vision for what it wanted to achieve. However, plans for the future vision were in development with involvement from staff, patients, and key groups representing the local community.
- Staff recognised incidents but did not always report them. Managers investigated reported incidents and there were systems in place to share lessons learned when incidents had been reported.
- Not all systems in place were effective in recognising and responding to deteriorating patients' needs. This included screening patients for sepsis, harm reviews of patients waiting for a procedure, and reassessment within 24 hours for venous thromboembolism.
- Information was not always collected, analysed, managed and used well to support activity.
- Continuous improvement, and learning from when things go wrong was not evident across all areas.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service generally controlled infection risk well. Most staff kept themselves, equipment and the premises clean. Some control measures were in place to prevent the spread of infection.
- The service had suitable premises in most areas and systems were in place to ensure equipment was well looked after.
- Most areas had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service managed patients' pain effectively and provided or offered pain relief regularly.
- Staff generally gave patients enough food and drink to meet their needs and improve their health.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service took account of patients' individual needs.
- Multidisciplinary staff worked together as a team to benefit patients.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

# Surgery

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

## Is the service safe?

**Inadequate** ● → ←

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. However, for some essential skills, including resuscitation training, compliance fell short of the trust target.
- Most nursing staff had received safeguarding training on how to recognise and report abuse. However, not all medical staff had completed safeguarding training to the required level. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The trust has a significant number of patients waiting over 18 weeks for their operation. There was not a robust process in place to review if any of patient waiting over 18 weeks experienced harm as a result of the increased wait.
- Not all systems in place were effective in recognising and responding to deteriorating patients' needs. This included screening patients for sepsis, harm reviews of patients waiting for a procedure, and reassessment within 24 hours for venous thromboembolism.
- Staff recognised incidents but did not always report them. Managers investigated reported incidents and there were systems in place to share lessons learned when incidents had been reported.
- Some areas did not have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Staff complied with infection prevention and control policy.
- The service had suitable premises and equipment and looked after them well. It was recognised that the preoperative assessment area required redesign.
- Generally, there were effective systems in place to recognise and respond to deteriorating patients' needs
- Most areas had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose and at the right time.
- The service had learned lessons from incidents and made changes to prevent reoccurrence. The service generally managed patient safety incidents well.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.

# Surgery

## Is the service effective?

**Requires improvement** ● → ←

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

- The service monitored the effectiveness of care and treatment but did not always use the findings to improve them. Outcomes for patients were variable with the trust performing better than the national average for some indicators, for example risk of readmission after planned surgery but worse for others, for example, urology patients risk of readmission which was worse than the national average.
- The service did not have robust processes in place to ensure staff were competent for their roles. Not all staff had received an appraisal. Not all staff received supervision to provide support and monitor the effectiveness of the service.
- Most staff had not received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff generally understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

However:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- The service managed patients' pain effectively and provided or offered pain relief regularly.
- All groups of staff worked together as a team to benefit patients.
- The surgery directorate mostly provided high-quality services seven days a week.

## Is the service caring?

**Good** ● → ←

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

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

However:

- From December 2016 to November 2017, the Friends and Family Test response rate for surgery at Worcestershire Acute Hospitals NHS Trust was 18%, worse than the England average of 29%.

## Is the service responsive?

**Inadequate** ● ↓

# Surgery

Our rating of responsive went down. We rated it as inadequate because:

- The trust planned but did not always provide services in a way that met the needs of local people.
- Patients could not always access the service when they needed it. Waiting times for treatment were not in line with good practice. The percentage of patients whose operation was cancelled and were not treated within 28 days was worse than the national average.
- Patients did not always have timely access to treatment.

However:

- The service took account of patients' individual needs.
- The service generally treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.

## Is the service well-led?

**Inadequate** ● → ←

Our rating of well-led stayed the same. We rated it as inadequate because:

- The service did not have a documented vision for what it wanted to achieve. However, plans for the future vision were in development with involvement from staff, patients, and key groups representing the local community.
- Not all systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected were effective.
- Information was not collected, analysed, managed and used well to support activity.
- The service had a systematic approach to continually monitor the quality of its services, however, this was not fully embedded.
- Staff were committed to improving services. However, continuous improvement and learning from when things went wrong was not evident across all areas.

However:

- The service had managers at most levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Most managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Services for children and young people

Requires improvement   

## Key facts and figures

Worcestershire Acute Hospitals NHS Trust provides child health services to children and young people living in Worcester and the surrounding areas across three hospital sites. The three hospital sites are Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital and Treatment Centre.

The only children's services at the Alexandra Hospital are the children's outpatient clinics. Children are also seen in the adult outpatient departments for some specialties, such as orthopaedics, ear nose and throat (ENT), and dermatology. Inpatient services for children and young people at the Worcestershire Acute Hospitals NHS Trust are centralised at the Worcestershire Royal Hospital.

Data provided by the trust indicated that from January 2017 to December 2017 there were a total of 8,784 outpatient attendances by children and young people under the age of 18 years at Alexandra Hospital. Of these, 2,476 attendances were in paediatric specialties and the remaining 6,308 were in other specialties.

We carried out our inspection of Worcestershire Royal Hospital from 23 to 24 January 2018. During our inspections, we visited clinical areas in the service including the children's outpatient department and adult outpatient departments where children were seen namely, fracture clinic and ENT including audiology.

During our inspection, we spoke with:

- Five children and young people who were using the service and six relatives
- The managers of each of the departments or the member of staff in day to day charge of the department
- 16 other staff members including senior managers, the children's outpatient manager, doctors, nurses, physiotherapists and administrative staff

We observed care and treatment, reviewed four patient care records. We also reviewed the trust's performance data and looked at trust policies.

Children's and young people's services provided by this trust are located on three hospital sites, the others being Worcestershire Royal Hospital and Kidderminster Hospital and Treatment Centre. These are reported in a separate report. However, services on each hospital site are managed by one management team and are regarded and reported on by the trust as one service, with many of the staff working across sites. For this reason it is inevitable there is some duplication contained in the three reports.

Medical staff allocated to Worcestershire Royal Hospital, staffed outpatient clinics at Alexandra Hospital. Therefore, the data for medical staff at Worcestershire Royal Hospital is reported in this report. In the same way, nurses and healthcare assistants working in children's services at Alexandra hospital were part of the Worcestershire Royal Hospital staff and therefore, their data is reported here.

The service was last inspected in November 2016, when the service was rated as requires improvement overall. It was rated inadequate for being well-led, requires improvement for being safe and effective, and good for caring and responsive. The inspection in November 2016 did not include children's services provided in the adult outpatients department and therefore the ratings for this inspection are not directly comparable.

# Services for children and young people

## Summary of this service

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

- The service provided mandatory training in key skills to all staff but data provided by the trust showed they did not ensure staff completed it. The trust identified issues with data quality which may have resulted in under reporting of the actual position.
- Staff understood the need to protect patients from abuse but had not always completed training at the appropriate level to ensure they had the appropriate level of knowledge to do so.
- Standards of infection prevention and control were not always maintained.
- The premises and equipment were not well maintained.
- There was no protocol or standard operating procedure for staff to follow if a child or young person became unwell in the department and nursing staff did not use an early warning score to identify when a patient deteriorated.
- Staff kept appropriate records of patient's care and treatment, but some hand written records were not clear and there was an increased risk of unauthorised access to the patient records via unlocked computers.
- The facilities and premises were not always suitable for the service being delivered. More than two thirds of children were seen in adult outpatient areas. Play specialists were not available to support children in outpatient clinics.
- The service had an annual audit plan. However, there were few audits which considered the effectiveness of children's outpatient services.
- Children's and young peoples' pain was not always managed effectively. Staff in fracture clinic did not assess patient's pain and offer pain relief when needed.
- The service had systems to monitor the effectiveness of care and treatment for inpatients and used the findings to improve, but there was little monitoring of outcomes of outpatient care.
- Staff were aware of their responsibilities for obtaining consent for treatment and their roles and responsibilities under the Mental Capacity Act 2005 (MCA). However, staff completion of training in MCA was low and no audits of consent were completed.
- The service did not monitor waiting times within the clinics for patients. Fracture clinics were busy and patients and staff reported that waiting times could be lengthy and the percentage of patients not attending for a follow up appointment was high.
- Leadership of children's services was provided from the Worcestershire Royal Hospital site and the amount of time dedicated to children's services at the Alexandra Hospital was very limited. There was no oversight of services for children provided in the adult outpatient departments by the children's directorate team.
- The service had a vision how children's services would be configured in the future and what it wanted to achieve, but did not have a documented strategy or action plan to enable the vision to be realised.
- Governance processes were becoming more established and had improved since the inspection in 2016. However, there was little engagement and involvement of nursing staff at clinic level in governance processes.
- The service did not have effective systems for identifying risks, and coping with the unexpected. They measured key performance indicators on a monthly basis but there was little evidence of improvement in some indicators over the period of a year.

# Services for children and young people

- Information on some aspects of performance was available, however, the utilisation of information to bring about improvements was not maximised. Trust information was not always available due to problems with the trust's IT systems.

However:

- Staff cared for children and young people with kindness and understanding.
- Staff provided emotional support to patients to minimise their distress.
- There were enough medical staff with the right qualifications and experience to provide care in children's services at the hospital.
- Suitable arrangements were in place for the ordering, dispensing, prescribing, recording and handling of medicines.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and provided feedback to staff. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Multidisciplinary staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service took account of patients' individual needs.
- The trust promoted a positive culture which valued staff and based on shared values but staff whilst saying they embraced this, did not feel it was embedded within the trust.

## Is the service safe?

**Requires improvement** ● → ←

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

- The premises and equipment were not well maintained. Safety checks of electrical equipment were overdue and there was no evidence of a systematic approach to the assessment of the safety of the environment since it had been reconfigured to become an outpatient department.
- Standards of infection prevention and control were not always maintained. We observed good adherence to hand hygiene practices generally, but hand sanitising gel dispensers we checked were frequently empty. The environment was visibly clean, but the standards of maintenance in some areas presented risks of environmental contamination.
- There was no protocol or standard operating procedure for staff to follow if a child or young person became unwell in the department and nursing staff did not use an early warning score to identify when a patient deteriorated.
- The service provided mandatory training in key skills to all staff but data provided by the trust showed they did not ensure staff completed it. The trust identified issues with data quality which may have resulted in under reporting of the actual position.
- Staff understood the need to protect patients from abuse but had not always completed training at the appropriate level to ensure they had the appropriate level of knowledge to do so.
- Staff kept appropriate records of patient's care and treatment, but some hand written records were not clear and there was an increased risk of unauthorised access to the patient records via unlocked computers.

However:

# Services for children and young people

- There were enough medical and nursing staff with the right qualifications and experience to provide care in children's services at the hospital.
- Suitable arrangements were in place for the ordering, dispensing, prescribing, recording and handling of medicines.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and provided feedback to staff. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

**Requires improvement** ● → ←

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

- Children's and young peoples' pain was not always managed effectively. Staff in fracture clinic did not assess patient's pain and offer pain relief when needed.
- The service had systems to monitor the effectiveness of care and treatment for inpatients and used the findings to improve, but there was little monitoring of outcomes of outpatient care.
- The service had an annual audit plan. However, there were few audits which considered the effectiveness of children's outpatient services.
- Staff in the children's outpatient department had a children's nursing qualification but children and young people attending clinics in the adult outpatient department did not have access to a nurse with a children's qualification and there was no oversight of care or facilities for children by the children's service.
- The children's outpatient department was open Monday to Friday from 9am to 5pm. There were no outpatient clinics in the evenings or weekends to encourage young people to attend without missing school.
- Health promotion information for children and young people was limited and opportunities for health promotion were missed.
- Staff were aware of their responsibilities for obtaining consent for treatment and their roles and responsibilities under the Mental Capacity Act 2005 (MCA). However, staff completion of training in MCA was low and no audits of consent were completed.
- Although the service had developed policies and procedures based on national guidance they were difficult to find.

However:

- Multidisciplinary staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Patients were provided with access to food and drink to meet their needs.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for children and young people with kindness and understanding.



# Services for children and young people

- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** ● ↓

Our rating of responsive went down. We rated it as requires improvement because:

- The facilities and premises were not always suitable for the service being delivered. More than two thirds of children and young people were seen in adult outpatient areas.
- The service did not provide suitable facilities for the range of ages of the children and young people using them. The suitability of waiting areas in adult outpatient departments in particular required review.
- The service did not monitor waiting times within the clinics for patients. Fracture clinics were busy and patients and staff reported that waiting times could be lengthy. The percentage of patients not attending for a follow up appointment was high.
- The service did not meet the trust's referral to treatment time target.

However:

- The service took account of patients' individual needs. When a child or young person had a learning disability, adjustments were made to the service to better meet their needs. Interpreters were booked and available when needed.
- The service treated concerns and complaints seriously, investigated and responded in the required time period. Only one complaint had been received in the previous year for which it had been identified there was no transferable learning to be gained from this complaint.

## Is the service well-led?

**Requires improvement** ● ↑

Our rating of well-led has improved since our last inspection in November 2016. At this inspection in January 2018, we rated it as requires improvement because:

- Leadership of children's services was provided from the Worcestershire Royal Hospital site and the amount of time dedicated to children's services at the Alexandra Hospital was very limited. There was no oversight of services for children provided in the adult outpatient departments by the children's directorate team.
- The service had a vision how children's services would be configured in the future and what it wanted to achieve, but did not have a documented strategy or action plan to enable the vision to be realised.
- Governance processes were becoming more established and had improved since the inspection in 2016. However, there was little engagement and involvement of nursing staff at clinic level in governance processes.
- The service did not have effective systems for identifying risks, and coping with the unexpected. They measured key performance indicators on a monthly basis but there was little evidence of improvement in some indicators over the period of a year.

# Services for children and young people

- Information on some aspects of performance was available, however, the utilisation of information to bring about improvements was not maximised. Trust information was not always available due to problems with the trust's IT systems.

However:

- The service promoted a positive culture which valued staff and based on shared values but staff whilst saying they embraced this, did not feel it was embedded within the trust.
- The trust engaged well with patients and collaborated with partner organisations effectively. Staff were less well engaged.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Outpatients

Inadequate ●

## Key facts and figures

Outpatient services provided by the trust are located at three sites: Worcestershire Royal Hospital, Alexandra Hospital in Redditch, and Kidderminster Hospital and Treatment Centre. Outpatient services are also provided at Princess of Wales Community Hospital, Bromsgrove by staff employed by Worcestershire Acute Hospitals NHS Trust. The service is managed by one management team based at Worcestershire Royal Hospital. Information technology systems (IT) that support outpatient services across all three sites are provided at the Worcestershire Royal Hospital site. Due to leadership and medical staffing for the service being based at Worcestershire Royal Hospital, there will be some similarities in information across all three outpatient reports. Some of the performance data is only available trust wide and relates to all hospital sites covered by the trust. Performance data regarding the Alexandra Hospital only has been used where available. The trust provided some information at a divisional level and therefore not service specific. The report will clearly indicate where this occurs.

Outpatient clinics are held in the main outpatients department and the Orthopaedic Centre; both are located on the ground floor of Alexandra Hospital. The physiotherapy and occupational therapy services are also located close by.

Some children were seen in regular outpatient clinics dependent on speciality including trauma and orthopaedics, which is reported on under children and young people core service.

There are consultant and nurse-led outpatient clinics across a range of specialities, which are provided in the outpatients' department. Outpatient clinics are held Monday to Friday from 8am to 6pm. Some ad-hoc Saturday appointments are provided dependent on speciality.

The outpatients' service is part of the specialised clinical services division. The current structure includes a divisional director of operations, a divisional director of nursing and a divisional medical director. A deputy divisional operational manager, a deputy divisional director of nursing and a deputy divisional medical director, plus a directorate manager and matron, supports the team. However, some outpatient clinics were managed by the relevant surgical division, including trauma and orthopaedics.

The service was previously inspected in November 2016 as part of the outpatients and diagnostic imaging core service framework, and was rated as inadequate overall. We found the service was inadequate for safe, responsive and well-led, and good for caring. We inspect, but do not rate effective.

We carried out an announced inspection at Alexandra Hospital, Redditch from 13 to 15 February 2018. Outpatients was inspected independently of diagnostic imaging.

During the inspection visit, the inspection team spoke with 12 patients and three relatives. We visited clinics and departments including ophthalmology, the orthopaedic centre which included the fracture clinic, diabetic, oncology, rheumatology, cardiology, haematology, gynaecology, audiology, phlebotomy, Crohn's, occupational therapy and physiotherapy. We observed staff giving care to patients and reviewed five patient records. We looked at trust policies and performance information from, and about the trust. We spoke with 36 members of staff at a variety of grades including doctors, department managers, lead nurses, nurses, health care assistants and administrative staff. We met with consultants, directorate managers and service improvement team members.

# Outpatients

## Summary of this service

We previously inspected outpatients jointly with diagnostics imaging and therefore, ratings cannot be directly compared to the core service only.

We rated the service as inadequate because:

- We rated safe, responsive and well-led as inadequate and rated caring as good. We do not currently rate effective for outpatients.
- Mandatory training attendance was low and did not meet the trust targets for all modules.
- Mental Capacity Act and Deprivation of Liberty Safeguards training was low and did not meet the trust target of 90%.
- Clinical harm reviews were carried out, however we were not assured these were carried out in a timely manner, psychological harm was considered or that those identified as coming to harm were reported as a serious incident as appropriate.
- Incidents were not managed well and we were not assured that harm was categorised appropriately.
- Patients could not always access the service when they needed it. Waiting times from treatment and arrangements to admit, treat and discharge patients were not in line with good practice. There were long waiting lists with many patients waiting up to 52 weeks for outpatient services. There was no improvement in most areas since our inspection in November 2016.
- Due to the limited improvement in performance, we were not assured the leadership team could deliver the significant change required to improve patient outcomes.

However:

- Patients were treated with kindness, dignity and respect and staff were attentive to their needs. They were involved in decision making about their care and treatment and were supported in this.
- Staff and teams worked well together to deliver effective care and treatment. We saw good examples of multidisciplinary working and most staff had opportunities to develop their skills and roles to improve patient experience.

## Is the service safe?

**Inadequate** ●

We previously rated outpatients jointly diagnostics so we cannot compare our new ratings directly with previous ratings  
We rated safe as inadequate because:

- The service provided mandatory training in key skills to all staff and processes in place to encourage staff to complete it. However, compliance was not in line with the trust targets.
- The service did not always have suitable premises as some clinic areas could not safely accommodate the number of patients scheduled for treatment. Equipment was generally looked after; however, some disposable equipment was not routinely checked to ensure people were safe from avoidable harm. Premises were looked after well.

# Outpatients

- Systems and procedures were in place to assess, monitor and manage risks to patients however, due to significant problems meeting referral to treatment times and a backlog of follow up appointments, we were not assured patient care was always safe.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time. However, we found some out of date stock that had been stored by clinical nurse specialists.
- The service did not manage patient safety incidents well. Most staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. However, lessons learnt were not shared for cross-divisional incidents. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had the required level of safeguarding training on how to recognise and report abuse.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection and all areas we visited were visibly clean and tidy.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and generally available to all staff providing care.
- The service planned for emergencies and staff understood their roles if one should happen.

## Is the service effective?

We inspected, but did not rate the service for effectiveness.

We found:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Patients attended the outpatient's department for short time periods however, staff gave patients with specific needs, such as those with diabetes, enough food and drink to meet their needs.
- Pain relief could be prescribed within the outpatient department and subsequently dispensed by the pharmacy department as required. Outpatient clinics had access to simple analgesia and local anaesthetic preparations when required.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Most staff were given appropriate training to meet their learning needs to cover the scope of their work, and managers appraised most staff's work performance.
- Staff from all disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Outpatient services worked with speciality teams across the trust and external providers to plan and deliver care and treatment.

However:

# Outpatients

- Most staff understood their roles and responsibilities under the Mental Health Act 1983 and Mental Capacity Act (MCA) 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. However, mandatory MCA and Deprivation of Liberty Safeguards (DoLS) training compliance levels were below the trust target of 90%.

## Is the service caring?

**Good** ●

We previously rated outpatients jointly diagnostics so we cannot compare our new ratings directly with previous ratings. We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We observed staff members were courteous and helpful to patients and treated them with dignity and respect and respected patients' social, cultural and religious needs.
- Staff provided emotional support to patients to minimise their distress. Staff told us they understood the need for emotional support and patients and relatives told us they were given appropriate and timely support regarding their care and treatment.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Inadequate** ●

We previously rated outpatients jointly diagnostics so we cannot compare our new ratings directly with previous ratings. We rated responsive as inadequate because:

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

# Outpatients

However:

- The service mostly took account of patient's individual needs. The different outpatient departments were clearly signposted, and volunteers were situated in the main hospital entrance and offered patient's individual assistance to find a particular clinic if required.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.

## Is the service well-led?

**Inadequate** ●

We previously rated outpatients jointly diagnostics so we cannot compare our new ratings directly with previous ratings. We rated well-led as inadequate because:

- The trust worked towards having managers at all levels to within the outpatient department with the right skills and abilities to run a service providing high-quality care. There had been no change in performance since our November 2016 inspection and we were not assured the leadership team could deliver the significant change required to improve patient outcomes.
- The service had a vision for what it wanted to achieve but workable plans to turn it into action were not yet in place. The trust vision was to deliver the highest standard of care to all patients by actively promoting a supportive, caring and clean environment. Strategic plans remained in the early stages of development.
- The service did not always use a systematic approach to continually improve the quality of its services and safeguarding high standards of care. There had been little improvement in patient waiting list performance since the November 2016 inspection. Systems and processes in place were not always utilised appropriately.
- The trust had systems in place for identifying risks however, plans to eliminate or reduce risks were not timely and we were not assured all the systems in place were robust.
- Some of the performance data was only available trust wide and related to all hospital sites covered by the Worcestershire Acute Hospitals NHS Trust. As the data was not always available at site level, the trust was unable to identify if any of the sites were a particular outlier. Therefore, risk management and oversight remained limited.
- The trust did not always collect, analyse, manage and use information well to support its activities, using secure electronic systems with security safeguards.

However:

- Most managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service engaged well with staff and collaborated with partner organisations effectively.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Diagnostic imaging

Requires improvement ●

## Key facts and figures

Radiology services provided by the trust are located at three sites: Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital and Treatment Centre. The service is managed by one management team based at Worcestershire Royal Hospital. Information technology systems (IT) that support the radiology services across all three sites are provided at the Worcestershire Royal Hospital site.

The Alexandra Hospital serves a population of approximately 200,000 people in Redditch and surrounding areas. The diagnostic services cover; computerised tomography (CT), magnetic resonance imaging (MRI), plain film radiography, fluoroscopy and ultrasound. The diagnostic imaging department has four x-ray rooms, two CT scanners, one MRI scanner and three diagnostic ultrasound rooms. There were two portable x-ray machines for use on the wards and for theatre work. The department performed approximately 9500 examinations each month.

Diagnostic imaging also occurred in the clinical investigations department. These investigations included non-radiological investigations such as electrocardiograms, heart monitoring, respiratory function testing and echocardiograms. These were performed by specialist technicians within an outpatient's clinic.

The diagnostic imaging service formed part of the specialised clinical services division. The current structure includes a divisional operational manager, divisional director of nursing and divisional medical director (based at Worcestershire Royal Hospital). This team is supported by speciality leads. Radiological services are led by a clinical director, the chief radiographer and directorate manager.

The service was previously inspected as part of the outpatients and diagnostic imaging core service framework and was rated as inadequate. In November 2016, we found the service inadequate for safe, responsive and well-led and good for caring. We inspect, but do not rate effective.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We carried out our inspection from 23 January to 25 January 2018 and on 14 February 2018. During our inspection we visited all the modalities, including interventional radiology procedures.

We spoke with 12 patients and relatives, and 45 members of staff, including radiologists, radiographers, sonographers, unit managers, student radiographers, radiology support workers and agency staff. We observed 17 episodes of patient care being delivered.

Throughout the report the Ionising Radiation (Medical Exposure) Regulations will be referred to as IR(ME)R.

The inspection team consisted of a lead inspector, inspector, and specialist advisors.

## Summary of this service

We previously inspected diagnostic imaging jointly with outpatients and therefore, ratings cannot be directly compared to this core service only. We rated the service as requires improvement because:

- The service failed to meet trust targets for most mandatory training topics, including safeguarding adults and children and Mental Capacity Act 2005.
- The service did not always control infection risk well. Staff did not always use control measures to prevent the spread of infection. There were inconsistencies with infection control and prevention techniques, particularly hand hygiene.



# Diagnostic imaging

- Although the premises were suitable and well looked after, the environment did not always provide appropriate waiting areas for patients. This meant that the service did not always take into consideration the patients' individual needs.
- Some equipment was old and overdue for replacement and there was poor oversight by managers of the preventative maintenance schedule for annual servicing.
- There were not always processes in place to store, administer and manage medicines safely.
- Appraisal rates for all staff groups were below the trust target.
- There was limited engagement with patients and service users.

However:

- The service had enough staff, however they did not all have the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment
- The service outsourced activity to ensure timely treatment was provided.
- Patient safety incidents were reported, investigated and any learning shared across all areas.
- Care and treatment was provided in line with national guidance. Policies and procedures were up to date.
- There was effective team working across all staff groups.
- Staff were compassionate and caring.
- Patients were able to access services across all sites.
- Complaints and concerns were investigated fully and actions taken to reduce reoccurrence.
- The service had managers with the right skills and abilities to run a service providing high-quality sustainable care. Managers promoted a positive culture that supported and valued staff.
- Staff were generally happy with their work and the team.
- There was a strong culture for delivering high-quality care.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and a systematic approach to continually improving the quality of its services.
- The service was committed to improving services by learning from when things go well and when they go wrong.

## Is the service safe?

**Requires improvement** ●

We previously inspected diagnostic imaging jointly with outpatients and therefore, ratings cannot be directly compared to this core service only. We rated the safe as requires improvement because:

- Staff did not always understand how to protect patients from abuse and not all staff had training on how to recognise and report abuse.
- The service provided mandatory training in key skills to all staff, however not everyone completed it.
- The service did not always control infection risk well. Staff did not always use control measures to prevent the spread of infection.

# Diagnostic imaging

- The diagnostic and imaging department had suitable premises and equipment but did not always look after all the equipment well, for example all the plain film x-ray equipment was overdue the planned replacement date according to the rolling equipment replacement schedule.
- Clinical equipment was not always stored safely and securely, for example there was a clinical store room in the x-ray department which was unlocked. This meant that equipment, such as syringes, needles and dressing packs were at risk of theft, damage or misuse
- The service prescribed, gave, and recorded medicines well; however, it did not always store or manage them safely. Patients received the right medication at the right dose at the right time.

However:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service had systems and process to manage the care of the deteriorating patient, planned appropriately for emergencies and staff understood their roles in these circumstances.
- The service had enough staff with the right qualifications and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. The service outsourced activity to ensure timely treatment was provided.

## Is the service effective?

We inspected, but did not rate the service for effectiveness.

We found:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Care and treatment was delivered in line with legislation, standards and evidence based guidance, including National Institute of Health and Care Excellence (NICE) and other professional bodies.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance on an annual basis, however, regular supervision meetings with them to provide support and monitor the effectiveness of the service, were not in place
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

However:

- Staff did not clearly understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They did not know how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

# Diagnostic imaging

## Is the service caring?

**Good** ●

We previously inspected diagnostic imaging jointly with outpatients and therefore, ratings cannot be directly compared to this core service only. We rated the caring as good because:

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

However:

- Patient's privacy and dignity was not always fully maintained

## Is the service responsive?

**Requires improvement** ●

We previously inspected diagnostic imaging jointly with outpatients and therefore, ratings cannot be directly compared to this core service only. We rated responsive as requires improvement because:

- People could not always access the service when they needed it. Waiting times from referral to treatment and reporting on investigations were variable.
- Waiting times for referral to investigation varied according to where the patient was referred from.
- The service did not consistently meet the targets for reporting urgent plain films and standard routine images.

However:

- The trust planned and provided services in a way that met the needs of local people.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

**Requires improvement** ●

We previously inspected diagnostic imaging jointly with outpatients and therefore, ratings cannot be directly compared to this core service only. We rated well-led as requires improvement because:

- The service strategy remained unchanged from November 2016, and did not reflect the planned changes or shared vision. The clinical director was aware of this, informing us that the strategy needed updating to accurately reflect, not only where the service was heading, but also the development that they had already achieved.
- Clinical leads acknowledged that there was a need for improvement in the culture and engagement with staff
- The service did not fully engage with patients to improve services; surveys and feedback were ad hoc.

# Diagnostic imaging

- Although the governance structure was in place, it was evident that the team continued to have work to complete to standardise practice across all sites and achieve the divisional vision.
- The service priorities had been on addressing concerns and risks associated with the outcome of the November 2016 inspection and reducing the backlog of unreported investigations. There had been limited emphasis on maintaining training compliance.

However:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- There was a culture of collective responsibility between teams and services. Staff felt listened to and said they worked well as a team.
- The service had systems for identifying risks, taking actions to address concerns.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

#### Regulation

This section is primarily information for the provider

## Requirement notices

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Bernadette Hanney Head of Hospital Inspections chaired and led this inspection. An inspection manager, executive reviewers, a safeguarding specialist adviser and hospital inspectors supported our inspection of well-led for the trust overall.

The team included 18 [further] inspectors, 21 specialist advisers, and two experts by experience.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.