

# Sandwell and West Birmingham Hospitals NHS Trust

## Inspection report

City Hospital  
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West Midlands  
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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

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Outstanding 

Are services responsive?

Requires improvement 

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

Sandwell and West Birmingham Hospitals NHS Trust is a provider of both acute hospital and community services for the people of West Birmingham and across six towns in Sandwell, serving a population of around half a million people.

The trust also includes the Birmingham and Midland Eye Centre (BMEC) a supra-regional eye hospital, as well as the Pan-Birmingham Gynae-Cancer Centre, a Sickle Cell and Thalassaemia centre, and the regional base for the National Poisons information service, all based at the City site.

There is also a midwifery led maternity unit at the City Hospital site, named Serenity.

The Trust consists of multiple acute and community sites:

## Overall summary

Our rating of this trust stayed the same . We rated it as **Requires improvement**   

## What this trust does

Sandwell and West Birmingham Hospitals NHS Trust is a provider of both acute hospital and community services for the people of West Birmingham and across six towns in Sandwell, serving a population of around half a million people.

The trust also includes the Birmingham and Midland Eye Centre (BMEC) a supra-regional eye hospital, as well as the Pan-Birmingham Gynae-Cancer Centre, a Sickle Cell and Thalassaemia centre, and the regional base for the National Poisons Information Service, all based at the City site.

There is also a midwifery led maternity unit at the City Hospital site, named Serenity.

The Trust consists of multiple acute and community sites:

### Acute

Sandwell General Hospital

Birmingham City Hospital

Birmingham and Midlands Eye Centre (BMEC)

### Community

Rowley Regis Hospital

Leasowes Intermediate Care Centre

### Facts and data about the trust

#### Patient numbers

611 beds, 62 maternity beds, 27 critical care beds as of June 18

- 5,912 staff
- Inpatient admissions 97,431
- A&E attendances 224,954 → (all figures for the period June 17 – May 2018)
- Number of deaths 1,547

# Summary of findings

- Number of deliveries 5,438

## 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?

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 4 and 6 September 2018, we inspected the core services of urgent and emergency care, and medical care, at Sandwell General Hospital and also at City Hospital.

Between 11 and 13 September 2018, we inspected the core services of children and young people's services at Sandwell Hospital. We also inspected the core services of children and young people's services and maternity at City Hospital.

Between 18 and 21 September 2018, we inspected the core services of critical care at Sandwell Hospital. We also inspected the core service of community inpatients at Leasowes and Rowley Regis.

We also carried out an unannounced inspection on 24 September 2018 to Sandwell General Hospital and City Hospital.

We carried out the well led review from 9 to 11 October 2018.

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, 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?'

## What we found

### Overall trust

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

- The Sandwell General Hospital and City Hospital were rated as requires improvement.
- In many services, safe was rated as requires improvement and in six services well-led was rated as requires improvement.
- Well-led for services for children and young people was rated inadequate.

### Are services safe?

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

- Sandwell General Hospital, City Hospital and community services were all rated as requires improvement for safety.

### Are services effective?

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

# Summary of findings

- At Sandwell General Hospital urgent and emergency care, medical care and children and young people's services were rated as requires improvement.
- At City Hospital urgent and emergency care and medical care were rated as requires improvement.

## Are services caring?

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

- Community services overall are rated as outstanding for caring
- At Sandwell General Hospital and City Hospital caring was rated as good.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

## Are services responsive?

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

- At City Hospital responsiveness was rated as requires improvement.
- Sandwell General Hospital and community services were rated as good.

## Are services well-led?

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

- Services for children and young people were rated as inadequate for well-led.
- In many services well-led was rated as requires improvement
- We rated well-led at the trust as requires improvement overall.

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website – [www.cqc.org.uk/provider/RXK/reports](http://www.cqc.org.uk/provider/RXK/reports).

## 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 urgent and emergency care, medicine and critical care at Sandwell General Hospital. At City Hospital we found outstanding examples in urgent and emergency care and maternity care.

We found one example of outstanding practice in community inpatients.

For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found areas for improvement including seven breaches of legal requirements that the trust must put right.

We also found 59 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve the quality of its services.

# Summary of findings

## Action we have taken

We issued requirement notices to the trust. Our action related to breaches of legal requirements at a trust-wide level and in urgent and emergency care, medical care, children and young people's services and community inpatients.

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.

## Outstanding practice

We found examples of outstanding practice in urgent and emergency care, medicine and critical care at Sandwell General Hospital.

At City Hospital we found outstanding examples in urgent and emergency care and maternity care.

We found one example of outstanding practice in community inpatients.

### Sandwell General Hospital

#### Urgent and emergency care

- We found the approach by the domestic violence team within the emergency department was outstanding. The domestic violence team had innovative ways of discretely discussing safety with patients and providing information, including telephone numbers of agencies that could help, in a way so as not to alert the perpetrator. We found examples of the team providing immediate assistance to vulnerable women and men, ensuring a place of safety was found.

#### Medicine

- The trust had implemented a blue pillow initiative which had reduced the amount of heel pressure sores.
- The stroke rehabilitation ward Newton 4 had quality listening times that were specific times set aside for relatives to ask questions.

#### Critical Care

- The teamwork throughout the critical care service was outstanding. There was a collective and shared responsibility from all supporting teams in developing and implementing patients' care plans and treatment. All staff were treated as equal and were truly respected and supported by each other.
- Staff were passionate about the people they served. It was evident in everything they did that care was genuinely and truly patient-centred.
- The clinical lead and lead pharmacists had a deep knowledge and understanding of their subject areas and oversight of the service they provided.
- The outreach and follow up and support service (FUSS) teams were a credit to the service.

### City Hospital

#### Urgent and emergency care

# Summary of findings

- ED had an advocacy project, which is an integrated response to domestic abuse and interpersonal violence. This provides crisis response, information sharing and staff training. The domestic violence lead covers domestic abuse, rape and sexual violence, child sexual exploitation, FGM, honour-based violence and historic sexual abuse.

## Maternity

- The Serenity birth centre had been awarded the Beacon award from the national maternity unit's forum. This acknowledged the success of the Serenity birth centre in providing individualised patient care in line with Better Births.
- The infant feeding team had developed infant feeding conversation prompt cards to provide infant feeding information, which other trusts had purchased to use in their own maternity departments.
- All patients with a swab or vaginal pack in situ were required to wear a fluorescent bracelet to indicate the pack remained in situ. This ensured all staff were aware and appropriate action could be taken to ensure appropriate removal of the swab

## CHS Inpatients

- Staff at Leasowes purchased fold away beds to enable relatives and carers to sleep next to patients living with dementia to offer vital support when they needed it most.

## Areas for improvement

### Action the trust MUST take to improve

#### For the overall trust:

- Ensure compliance with the requirements of the fit and proper person's regulation. (Regulation 5)
- Ensure the effectiveness of governance arrangements and the board is consistently informed of and sited on risks. (Regulation 17).

#### In urgent and emergency care at Sandwell General Hospital:

- The trust must ensure that records and personal information is secure at all times, in line with the General Data Protection Regulations and Data Protection Act 2018. (Regulation 17).
- The trust must ensure that the emergency department is clean and staff are assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are healthcare associated. (Regulation 12).
- The trust must ensure that the premises are suitable for the purpose for which they are being used, including in the treatment of children and young people. (Regulation 15).
- The trust must ensure that a robust plan is in place to maintain the safety and security of children and young people overnight when the children's 'majors' area is not open. (Regulation 17)
- The trust must ensure that service users are treated with dignity and respect, and ensure the privacy of service users whilst under the care of the department. (Regulation 10).
- The trust must ensure the proper and safe management of medicines, ensuring intravenous fluids are tamper proof and the ordering and rotation of medication prevents a lack of supply or out of date medication available for use. (Regulation 12).

# Summary of findings

- The trust must ensure there is sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed in order to meet the needs of patients 24 hours a day. (Regulation 18).
- The trust must ensure a robust system to manage risk and performance across the service. (Regulation 17)

## **In urgent and emergency care at City Hospital:**

- The trust must ensure that records and personal information is secure at all times, in line with the General Data Protection Regulations and Data Protection Act 2018. (Regulation 17).
- The trust must ensure that staff are up to date with all mandatory training. (Regulation 18).
- The trust must ensure that all doors are kept locked to ensure all staff and patients are kept safe within the department. (Regulation 17).
- The trust must ensure clinical waste and infection control policy is adhered to around disposal and usage of sharps bins. (Regulation 12).
- The trust must ensure that sufficient numbers of substantive staff are on each shift to ensure patients and staff are kept safe. (Regulation 18).

## **In medicine at Sandwell General Hospital:**

- The trust must ensure that staff are up to date with all mandatory training including basic life support and safeguarding training. (Regulation 18).
- The trust must take steps to ensure infection control techniques are safe, robustly monitored and that staff adhere to trust standards. (Regulation 15).
- The trust must ensure that resuscitation trollies are tamperproof and any risks associated with storing medications are mitigated and risk assessed. (Regulation 15).
- The trust must ensure that sufficient numbers of substantive staff are on each shift with the correct skill mix to ensure patients are safe. (Regulation 18).
- The trust must ensure that root cause analysis investigations are robust and include action plans that are reviewed and that these are signed by staff of the appropriate level of authority. (Regulation 17).
- The trust must ensure systems are in place to prevent avoidable mixed sex breaches where patients are not receiving specialised care. (Regulation 10).
- The trust must ensure whenever possible, patients are not in mixed sex bays, when this is necessary policies must contain information around keeping patients safe. (Regulation 17).
- The trust must ensure that IV fluid bags and potassium bags are clearly labelled and stored in a way that minimises the risk of any confusion. (Regulation 12).
- The trust must ensure that patients records are kept secure including patient notes and those on the computer system. (Regulation 17).
- The trust must ensure that discharge summaries are completed, forwarded to the appropriate people and that the situation with discharge summaries is sufficiently monitored to ensure people are safe. (Regulation 12).

## **In medicine at City Hospital:**

- The trust must ensure systems are in place to prevent avoidable mixed sex breaches where patients are not receiving specialised care. (Regulation 10).

# Summary of findings

- The trust must ensure whenever possible patients are not in mixed sex bays. When this is necessary policies must contain information around keeping patients safe. (Regulation 17).
- The trust must ensure emergency resuscitation trolleys and contents, including medicines, are suitable for their purpose at all times. (Regulation 15).
- The trust must ensure emergency call pulls are suitable for purpose and properly maintained. (Regulation 15).
- Where risks are identified the trust must introduce measures to reduce or remove the risks within a timescale that reflects the level of risk and impact on people who use the service. (Regulation 17).
- The trust must ensure that patients records are kept secure including patient notes and those on the computer system. (Regulation 17).
- The trust must ensure that sufficient numbers of substantive staff are on each shift with the correct skill mix to ensure patients are safe. (Regulation 18).
- The trust must ensure that staff are up to date with all mandatory training including basic life support and safeguarding training. (Regulation 18).
- The trust must take steps to ensure infection control techniques are safe, robustly monitored and that staff adhere to trust standards. (Regulation 12).

## **In children and young people's services at Sandwell General Hospital:**

- The trust must ensure that at least one nurse per shift in each clinical area (ward or department) will be trained in advanced paediatric life support or undertake a European paediatric life support course depending on service need. (Regulation 18).
- The trust must ensure that there is a robust record and audit of medications to assure that they are within date. (Regulation 12).
- The trust must ensure it records medication fridge temperatures every day on Priory Ground. (Regulation 12).
- The trust must ensure it operates a cleaning schedule appropriate to the care and treatment being delivered by the equipment and monitor the level of cleanliness. (Regulation 12).
- The trust must ensure that 'ligature free' rooms are ligature free or make staff aware of the risks in the rooms. (Regulation 12).
- The trust must ensure the risk register is fully completed and updated regularly.
- The trust must ensure it has systems in place to communicate how feedback from complaints has led to improvements. (Regulation 17).
- The trust must ensure it implements a robust engagement plan with staff, patients, their families and carers. (Regulation 17).
- The trust must ensure that the nurse staffing skill mix reflects the appropriate national guidance for staffing the specialty reviewed. (Regulation 18).
- The trust must not include unqualified Band 4s in qualified staff roles. (Regulation 18).
- The trust must ensure it has enough medical staff to meet the requirements of the Facing the Future: Standards for Acute General Paediatric Services. (Regulation 18).
- The trust must ensure that staff receive appropriate training including mandatory training updates and supervision. (Regulation 18).

# Summary of findings

- The trust must ensure it trains staff in mental health, learning disability or autism to reflect the patients that are being cared for. (Regulation 18).

## **In children and young people's services at City Hospital:**

- The trust must ensure that at least one nurse per shift in each clinical area (ward or department) will be trained in advanced paediatric life support or undertake a European paediatric life support course depending on service need. (Regulation 18).
- The trust must ensure that there is a robust record and daily audit of the medication fridges' temperatures. (Regulation 12).
- The trust must ensure that there is a robust record and audit of medications to assure that they are within date. (Regulation 12).
- The trust must ensure it operates a cleaning schedule appropriate to the care and treatment being delivered by the equipment and monitor the level of cleanliness.
- The trust must ensure that it has a robust risk register including updated and measurable actions with clear deadlines. (Regulation 12).
- The trust must ensure it has systems in place to communicate how feedback from complaints has led to improvements. (Regulation 17).
- The trust must ensure that the nurse staffing skill mix reflects the appropriate national guidance for staffing the specialty reviewed. (Regulation 18).
- The trust must ensure that the medical staffing skill mix reflects the Facing the Future: Standards for Acute General Paediatric Service. (Regulation 18).
- The trust must ensure staff are trained in mental health, learning disabilities and autism to reflect the patients that are being cared for. (Regulation 18).
- The trust must ensure that staff receive appropriate training including mandatory training updates and supervision. (Regulation 18).

## **In community inpatients:**

- The trust must ensure all staff have regard for the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2010 when assessing patients and delivering care, including ensuring mental capacity assessments are detailed, compliant with legislation and best practice, and is undertaken in a way and at a time that recognises patient's abilities. (Regulation 11).
- The trust must ensure that resuscitation trolleys are tamperproof. (Regulation 15).
- The trust must ensure that nurses always take urgent action to review the care of the patient and call for specialist help when necessary. (Regulation 12).
- The trust must ensure ward risk registers reflect all risks in the area and that mitigating actions are adhered to. (Regulation 17).

## **Action the trust SHOULD take to improve:**

### **In urgent and emergency care at Sandwell General Hospital:**

- The trust should ensure that all staff have received an appraisal appropriate to their role.
- The trust should review how staff competencies are delivered and assessed across the department.

# Summary of findings

- The trust should review its current measures for improving compliance against national targets, for example the four hour target to see and discharge, admit or transfer patients, and ensure they are fit for purpose.
- The trust should ensure that any IT systems in use across the organisation are fit for purpose and allow staff to undertake their roles without jeopardising or delaying patient care and treatment.

## **In urgent and emergency care at City Hospital:**

- The trust should ensure all staff are up to date with their yearly appraisal.
- The trust should improve recording within patient records including documentation around completing safeguarding and mental capacity proforma and improve staff understanding around mental capacity assessments.

## **In medicine at Sandwell General Hospital:**

- The trust should improve on the time taken to investigate complaints so that it is in line with trust policy.
- The trust should improve recording within patient records.
- The trust should aim to improve staff understanding around mental capacity assessments and best interest decisions, including ensuring assessments and best interest decisions are recorded in medical notes when there is a doubt about a person's capacity to make a decision around their future care and treatment.
- The trust should ensure all staff are up to date with their yearly appraisal.
- The trust should ensure that all policies are up to date.
- The trust should ensure actions are recorded, implemented and available when an area has been identified as in need of improvement.
- The trust should ensure that risk registers contain all relevant risks and are reviewed within agreed timescales and that they are complete.

## **In medicine at City Hospital:**

- Systems should be in place to provide and monitor that staff have regular supervisions with senior staff.
- The trust should improve recording within patient records.
- The trust should aim to improve staff understanding around mental capacity assessments and best interest decisions, including ensuring assessments and best interest decisions are recorded in medical notes when there is a doubt about a person's capacity to make a decision around their future care and treatment.
- The trust should ensure there is effective pain management and psychological support in place for patients with sickle cell and thalassaemia.
- The trust should act on feedback from relevant persons on the services provided in the carrying on of the regulated activity.
- The trust should ensure that all patients, when required have the appropriate assessments to keep them safe including assessments for delirium, lying to standing blood pressure and vision assessments.

## **In critical Care at Sandwell General Hospital:**

- The trust should ensure that where HIV testing is undertaken under best interests, there is robust follow-up care and support available.
- The service should continue to explore suitable alternatives to expand the isolation areas available.

# Summary of findings

- The service should ensure that the systems in place for identifying and reporting theft and tampering of the paediatric trolley is as robust as those that are in place for the adult resuscitation trolleys.

## **In maternity at City Hospital:**

- The service should ensure all parts of the maternity department have sufficient staff to provide safe care and treatment to patients.
- Ensure regular infant abduction exercises are conducted to check for any gaps in the process and assess staff awareness of their role.
- Ensure staff are given sufficient protected time to complete court reports when required.
- Ensure staffing levels are consistently met in all areas of the maternity department.
- Ensure patients who need one-to-one care on both the midwifery led unit and delivery suite consistently receive it.
- Ensure the maternity dashboard includes all required performance indicators and local or national targets.
- Ensure medication and medical gases are safely stored.
- Ensure processes are in place to store breast milk safely.
- Ensure all staff are up-to-date with information governance refresher training.
- Ensure all staff are up-to-date with their appraisals.
- Ensure all patient information leaflets are up-to-date.

## **In children and young people's services at Sandwell General Hospital**

- The trust should ensure that staffing levels are planned so that staff do not work excessive hours and are able to take designated breaks in line with the European working times directive.
- The trust should ensure it has sufficient numbers of play specialists to meet patients care needs.
- The trust should ensure managers have protected time to carry out their managerial duties.
- The trust should consider it has a formal agreement with the local children and adolescent mental health services.
- The trust should consider developing a robust strategy for children and young people.
- The trust should consider having greater visibility and support of the children and young people service from the executive leadership team.
- The trust should consider implementing team meetings including paediatric mortality and morbidity meetings and enable the release of staff to attend.

## **In children and young people's services at City Hospital:**

- The trust should ensure that managers have protected time for their managerial duties.
- The trust should ensure it has sufficient numbers of play specialist staff to meet patient's care needs at City Hospital.
- The trust should ensure it has systems in place to communicate how feedback from complaints had led to improvements.
- The trust should ensure it implements a robust engagement plan for engagement with staff and service users.
- The trust should ensure it operates a cleaning schedule appropriate to the care and treatment being delivered by the equipment and monitor the level of cleanliness.

# Summary of findings

- The trust should ensure that staffing levels are planned so staff do not work excessive hours and are unable to take their designated breaks. European Working Times Directive 2003.
- The trust should consider developing a strategy for services for children and young people.
- The trust should consider implementing team meetings including paediatric mortality and morbidity meetings and enable the release of staff to attend.
- The trust should consider having greater visibility and support of the children and young people service from the executive leadership team.

## **In community inpatients:**

- The trust should improve on the time taken to investigate complaints so that it is in line with trust policy
- The trust should ensure all staff are up to date with their yearly appraisal.
- The trust should ensure staff achieve uniformly high standards in recording and communicating decisions about Cardiopulmonary resuscitation and that Do Not Attempt Cardiopulmonary Resuscitation” DNACPR forms are in line with the Resuscitation Council (UK) guidance for recording DNACPR decisions, 2009.
- The trust should ensure care plans are person centred.
- The trust should assess whether patients needing to be seen by specialist team such as the diabetes team are seen in a timely manner.

## 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.

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. We rated as requires improvement because:

- Not all leaders had the necessary experience, knowledge or capability to lead effectively.
- Leaders were not always visible.
- Fit and Proper Person checks were not in place.
- Leaders did not ensure the promotion of a positive culture across the trust.
- Staff did not always feel supported and valued.
- The trust had appointed Freedom to Speak Up Guardians (FTSUG) but not provided them with sufficient resources and support to help staff to raise concerns. Feedback as to the effectiveness of the freedom to speak up function was varied.

# Summary of findings

- Whilst the arrangements for governance were well established we were not assured that the approach and flow of information was always effective.
- The trust did not have clear strategies for meeting the needs of patients with a mental health, or dementia diagnosis.
- Appropriate governance arrangements were not in place in relation to Mental Health Act administration and compliance.
- Systems to identify and reduce or eliminate risks were not always effective. Risks and issues were not always dealt with quickly enough. Oversight and assurance of mitigation at board level was not always evident and there was an inconsistent approach to audit processes.
- Access to data was inhibited by the poor reliability of IT systems. Staff did not have access to the IT equipment and systems needed to do their work. Analysis and interpretation of available data to board was weak. The trust had recognised the information technology system was not fit for purpose.
- Information governance systems were not robust and the confidentiality of patient records was not assured. There was a lack of oversight of the management of patient information.
- There was a range of strategies in place to engage with staff, however the trust did not have a structured and systematic approach to engaging with people who use services, those close to them and their representatives.
- Systems to identify and learn from unanticipated deaths were ineffective.

However:

- The trust had a clear vision and strategy for what it wanted to achieve as a local systems leader and workable plans developed to turn it in to action.
- The vision, values and strategy had been developed in collaboration with people who used services, staff and external partners.
- The leadership team were cohesive, highly energised and committed to securing improvements.

## Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at [www.cqc.org.uk/provider/RXK/Reports](http://www.cqc.org.uk/provider/RXK/Reports).

## 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
Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019	Outstanding ↔ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↓ Apr 2019	Requires improvement ↔ Apr 2019

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

	Safe	Effective	Caring	Responsive	Well-led	Overall
City Hospital	Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019	Good ↔ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019
Sandwell General Hospital	Requires improvement ↔ Apr 2019	Requires improvement ↓ Apr 2019	Good ↔ Apr 2019	Good ↑ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019
<b>Overall</b>	Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019	Good ↔ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019

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 a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019	Good ↔ Apr 2020	Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019
Community	Requires improvement ↔ Apr 2019	Good ↔ Apr 2019	Outstanding ↔ Apr 2019	Good ↔ Apr 2019	Outstanding ↑ Apr 2019	Good ↔ Apr 2019
<b>Overall trust</b>	Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019	Outstanding ↔ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↓ Apr 2019	Requires improvement ↔ Apr 2019

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. 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 City Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Apr 2019	Requires improvement ↓ Apr 2019	Good ↔ Apr 2019	Requires improvement ↔ Apr 2019	Good ↑ Apr 2019	Requires improvement ↔ Apr 2019
Medical care (including older people's care)	Requires improvement ↑ Apr 2019	Requires improvement ↔ Apr 2019	Good ↔ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019
Surgery	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Requires improvement Oct 2017	Good Oct 2017
Critical care	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017
Maternity	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
Services for children and young people	Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019	Good ↔ Apr 2019	Good ↑↑ Apr 2019	Inadequate ↓ Apr 2019	Requires improvement ↔ Apr 2019
End of life care	Good Oct 2017	Outstanding Oct 2017	Good Oct 2017	Outstanding Oct 2017	Outstanding Oct 2017	Outstanding Oct 2017
Outpatients and diagnostic imaging	Good Oct 2017	N/A	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017
<b>Overall*</b>	Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019	Good ↔ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019

\*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 Sandwell General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↓ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019
Medical care (including older people's care)	Requires improvement ↔ Apr 2019	Requires improvement ↓ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Requires improvement ↓ Apr 2019	Requires improvement ↓ Apr 2019
Surgery	Requires improvement Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017
Critical care	Good ↔ Apr 2019	Good ↔ Apr 2019	Outstanding ↑ Apr 2019	Good ↔ Apr 2019	Outstanding ↑ Apr 2019	Outstanding ↑ Apr 2019
Services for children and young people	Requires improvement ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↑ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019
End of life care	Good Oct 2017	Outstanding Oct 2017	Outstanding Oct 2017	Outstanding Oct 2017	Outstanding Oct 2017	Outstanding Oct 2017
Outpatients and diagnostic imaging	Good Oct 2017	N/A	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017
<b>Overall*</b>	Requires improvement ↔ Apr 2019	Requires improvement ↓ Apr 2019	Good ↔ Apr 2019	Good ↑ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019

\*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 community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017
Community health services for children and young people	Good Oct 2017	Good Oct 2017	Outstanding Oct 2017	Good Oct 2017	Outstanding Oct 2017	Outstanding Oct 2017
Community health inpatient services	Requires improvement ↑ Apr 2019	Requires improvement ↑ Apr 2019	Good ↔ Apr 2019	Good ↑ Apr 2019	Good ↑↑ Apr 2019	Requires improvement ↑ Apr 2019
Community end of life care	Good Oct 2017	Outstanding Oct 2017	Outstanding Oct 2017	Outstanding Oct 2017	Outstanding Oct 2017	Outstanding Oct 2017
<b>Overall*</b>	Requires improvement ↔ Apr 2019	Good ↔ Apr 2019	Outstanding ↔ Apr 2019	Good ↔ Apr 2019	Outstanding ↑ Apr 2019	Good ↔ Apr 2019

\*Overall ratings for community health services 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.

# Acute health services

## Background to acute health services

This trust has two acute sites – Sandwell General Hospital and City Hospital. Ratings for services not inspected at this inspection are published in the report dated 31 October 2017.

## Summary of acute services

**Requires improvement**   

On this inspection we looked at:

### **Sandwell General Hospital**

- Urgent and Emergency Care
- Medical Care
- Critical Care
- Childrens and young persons services

### **City**

- Urgent and Emergency Care
- Medical Care
- Maternity
- Childrens and young persons services (including neonatal care)

# City Hospital

Dudley Road  
Birmingham  
West Midlands  
B18 7QH  
Tel: 01215543801  
www.swbh.nhs.uk

## Key facts and figures

Sandwell and West Birmingham NHS Trust (SWBH) aspire to be an integrated care organisation. The trust employs around 7,500 people and spends around £430m. The trust is responsible for the care of 530,000 people from across North-West Birmingham and three localities across Sandwell; Wednesbury and West Bromwich, Smethwick, Oldbury, Rowley Regis and Tipton.

At City Hospital in the year 2015/16, more than 6,000 babies were born. There were 226,152 patient attendances at the emergency department. The trust saw 218,904 attendances, 30,000 were children including GP streamed patients in 2017 and achieved 83.38% against the four-hour standard. The trust emergency departments across sites have a GP front end pathway provided for the trust through a separate provider commissioned by the Clinical Commissioning Group (CCG). They deliver 109,000 outpatient appointments and procedures annually as well as 8,000-day case and elective treatments.

## Summary of services at City Hospital

**Requires improvement**   

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

- Our rating of safe was requires improvement overall. Nursing and medical staff were not always available in sufficient numbers to provide safe care and treatment. Mandatory for some nursing and medical staff did not meet trust targets. Systems for protecting patients from the risk of the spread of infection were not robust. Patients records were not always updated or kept securely.
- Our rating of effective remained requires improvement overall. Staff did not always understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Not all staff were appraised, staff work performance and supervision meetings were not always held
- Our rating of caring remained as good overall. Staff treated patients with compassion and kindness.
- Our rating of responsive remained as requires improvement overall. The trust did not always plan and provide services in a way that met the needs of local people. Not all services always took into account the individual needs of patients. People could not always access services when they needed to.

# Summary of findings

- Our rating of well-led remained as requires improvement overall. Managers did not always have the dedicated time and skills to lead services. There were not effective systems for identifying risks managing and planning to mitigate or reduce them. Processes were not always in place to promote learning and continuous improvement. The IT systems in place were fragile and did not support staff to deliver patient care.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

There are two emergency departments (ED) that operate at city site, one at city hospital with a separate entrance and another at Birmingham Midland Eye Centre (BMEC), which is an ophthalmology emergency department, both take adults and children.

As part of Sandwell and West Birmingham hospital trust-city hospital provides a 24-hour emergency and urgent care service to the diverse local population in Birmingham, children's emergency department is open 10.00 am until 10:00 pm any child presenting to ED outside these times are seen at the main emergency department at city hospital.

BMEC provides a 12-hour emergency and urgent care service, patients are advised to go to the nearest ED outside those 12 hours. BMEC is one of the largest centres of its kind in Europe, the service receives referrals from hospitals, GP's and self-referrers across the Region. BMEC provides full range of ophthalmology services, including a dedicated eye ED. Other services include:

- Corneal Services.
- Glaucoma Services.
- Medical Retina Service.
- Neuro Ophthalmology Services.
- Uveitis Services.
- Vitreo Retinal Services.
- Paediatric Ophthalmology.
- Retinopathy of Prematurity (ROP) Screening.
- Fast Track (red eye) ED service.
- Fast Track Age-Related Macular Degeneration Service (AMD).

A GP surgery runs from city ED, a nurse from a separate provider assess all ambulatory patient upon arrival and directs them to either ED or GP service. This service runs concurrently with ED as an alternative treatment pathway from ED. BMEC provides an emergency service along with urgent care clinic.

The main ED consists of five resus bays with a dedicated cubicle for paediatrics, five cubicles and two infection rooms in majors and four cubicles in the ambulance offload area, along with two rapid assessment treatment (RAT) cubicles and five minor's cubicles.

The paediatric emergency department was of a good size within the main department and consisted of a small size reception area with a child friendly area to play, five cubicle spaces with one being used as a 'see and treat' service, and one triage room. The paediatric department was segregated from the main department by lockable doors.

ED had access to the Ambulatory Medical Assessment (AMA) with four beds and 14 seats for fit to sit patients waiting on results and discharge. At main ED at both sites, there was a reception desk with two receptionists and two triage nurses. Ambulatory patients with minor illnesses or injuries were diverted either to be seen by GP or to the minors' area within the emergency department.

# Urgent and emergency services

The trust saw 218,904 attendances, 30,000 were children including GP streamed patients in 2017 and achieved 83.38% against the four-hour standard. The trust emergency departments across sites have a GP front end pathway provided for the trust through a separate provider commissioned by the Clinical Commissioning Group (CCG).

The trust admitted over 40,000 patients as emergencies in 2017, which was a significant rise. They grew ambulatory alternatives by over 300% in the year. Bed based outward flow was to the acute medical units, paediatric assessment units (PAU), an emergency gynaecology unit and a surgical assessment unit (based at Sandwell General site).

Mental health urgent care is supported by Sandwell and West Birmingham NHS hospital trust by two Mental Health providers.

The hospital was last inspected in March 2017, the report was published in October 2017, at which time urgent and emergency care service at city and BMEC were rated 'Requires Improvement' in the safe, responsive and well-led domain and 'good' for both effective and caring. During 2018 inspection, we have seen some improvements since the last inspection.

We visited the emergency department on 4th, 5th and 6th September 2018. We spoke with 31 members of staff, including matron, consultant, doctors, nurses, health care assistance and domiciliary staff. We spoke with 14 patients and seven family members. We reviewed 41 sets of patient records across both ED at city site.

## Summary of this service

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

- The trust target for mandatory training compliance was not met for nursing or medical staff in some subjects.
- Staff did not always understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They did not always know how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Not all staff were appraised, staff work performance and supervision meetings were not always held to provide support and monitor the effectiveness of the service.
- At city ED we found that nurses call bell was out of reach and away from patients.
- Patients privacy during triage at main ED was not always adhered to.
- The trust did not always plan and provide services in a way that met the needs of local people. There were long waits for acute mental health practitioner and social workers to review patients in ED.

### However:

- There was an incident reporting process in place and staff knew how to report incidents.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service had effective systems in place to recognise and respond to deteriorating patients' needs and clinical risks. Observations of the patients were recorded using the national early warning scoring (NEWS) system, staff demonstrated good understanding of how and when to escalate when a patient deteriorates.
- Medicines management and documentation were generally good.
- The service had suitable premises and equipment, and these were well maintained.
- The service employed nursing and medical staff with the right qualifications and skills to keep people safe.

# Urgent and emergency services

- The multidisciplinary team worked well together to support patients holistically.
- Managers of all levels within the Urgent and Emergency care had the right skills and abilities to run a service providing quality and sustainable care.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service provided mandatory training in key skills to all staff but the trust target for mandatory training compliance was not met for nursing or medical staff in some subjects.
- The service did not always use safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service sometimes used information to improve the service.
- We saw gaps within the medical rota that showed not all shifts were covered.
- Staff did not always keep appropriate records of patients' care and treatment. Documentation lacked key information and was not always kept up to date.
- We found incomplete records around safeguarding and domestic violence proforma.
- The service did not always control infection risk well. We saw lack of understanding around safety of infection and prevention control around clinical waste such as sharps bins and we saw lack of hand hygiene audits.

However

- The service had suitable premises and equipment and looked after them well.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service employed nursing staff with the right qualifications and skills to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- 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.
- The service planned for emergencies and staff understood their roles if one should happen.
- 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.

## Is the service effective?

**Requires improvement** ● ↓

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

# Urgent and emergency services

- Staff did not always understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They did not always know how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- The service did not always ensure staff were competent for their roles. Not all staff were appraised, staff work performance and supervision meetings were not always held to provide support and monitor the effectiveness of the service. 70.3% of staff within urgent and emergency care at City Hospital received an appraisal compared to a trust target of 100%.
- The service failed to meet the National Standards from Royal College of Emergency Medicine (RCEM) audit to improve them. They compared local results with those of other services to learn from them.
- The trust's unplanned re-attendance rate to ED within seven days was consistently worse than the national standard of 5%.

## However

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- 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.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

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

## However

- At city ED we found that nurses call bell was out of reach and away from patients.
- Patients privacy during triage at main ED was not always adhered to.
- The trust's urgent and emergency care Friends and Family Test performance (% recommended) was consistently worse than the England average from July 2017 to July 2018. In the most recent month, July 2018, 76.3% of patients recommended the trust's ED department, compared to the England average of 87.4%.

# Urgent and emergency services

## Is the service responsive?

**Requires improvement** ● → ←

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

- The trust did not always plan and provide services in a way that met the needs of local people. There were long waits for acute mental health practitioner and social workers to review patients in ED.
- People could not always access the service when they needed it. The trust failed to meet the standard of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. The median time to treatment was 66 minutes compared to the England average of 61 minutes.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. However, the hospital took an average of 39.1 days to investigate and close complaints. This is not in line with their complaints policy, which states all complaints should be investigated and closed within 30 days.

### However

- The service took account of patients' individual needs.

## Is the service well-led?

**Good** ● ↑

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

- Managers of all levels within the Urgent and Emergency care had the right skills and abilities to run a service providing quality and sustainable care.
- The trust had a 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.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

# Urgent and emergency services

## 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.”

# Medical care (including older people's care)

Requires improvement   

## Key facts and figures

Medical care is delivered over two sites, the City Hospital and Sandwell General Hospital. Both sites provide urgent and planned care. There are total of 383 winter inpatient beds which reduce during the summer months to 355, admitting between 42 and 49 patients a day from assessment units to the main in-patient bed base.

The medical care service at the trust provides care and treatment for a number of specialties including, elderly medicine, gastroenterology, respiratory, haematology and cardiology. Patients are referred from the emergency department or primary care. Patients with acute medical conditions are assessed and their treatment commenced by a multi-professional acute medical team. They are either discharged or transferred to a specialty ward appropriate for their condition.

The trust had 51,255 medical admissions from April 2017 to March 2018. Emergency admissions accounted for 26,363 (51.4%), 1,328 (2.6%) were elective, and the remaining 23,564 (46.0%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 23,480
- Medical oncology: 7,339
- Clinical Haematology: 5,390

*(Source: Hospital Episode Statistics)*

At the previous inspection, we rated medical care at city hospital as requires improvement overall. We rated it good in the caring domain and requires improvement in the effective, responsive and well-led domains. We rated the safe domain as inadequate. We found a range of concerns in relation to the safe prescribing of medicines, training, learning from incidences, emergency resuscitation trolleys and the management of patients living with dementia. There was inconsistency in the application of the Mental Capacity Act (2005) and a lack of consistency in care processes and which impacted on the effectiveness and responsiveness of care. We found delays occurred at most stages of the patient journey from admission to discharge.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. Although there had been improvements across this service since the last inspection we remained concerned with the safe management of emergency resuscitation trolleys. We also found concerns with staffing levels on some wards.

At this inspection we visited ten wards:

- Acute medical unit
- Cardiology Day Unit
- Cardiology Catheter Laboratory
- D5 Cardiology Ward (Male)
- D7 Cardiology Ward (Female)
- D11 Geriatric Ward (Male)
- D15 Gastroenterology / Respiratory Ward (Male)

# Medical care (including older people's care)

- D16 Gastroenterology / Respiratory Ward (Female)
- D26 Geriatric Ward (female)
- Sickle Cell and Thalassemia Clinic

We looked at 16 patient records, spoke with 15 patients, three friends and family members and many staff who worked in medical care. Staff interviews included consultants, doctors, nurses, care support workers, pharmacy staff, physiotherapist, fire equipment engineer and catering staff.

## Summary of this service

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

- The provider failed to have robust governance systems in place to mitigate and protect patients from all the risks identified at our last inspection.
- The provider had not ensured that patients would be consistently supported by the number of staff needed to meet their specific needs.
- Processes in place did not always protect patients from the risk of infection.
- Processes in place had not ensured emergency equipment and fittings would be available consistently when patients required resuscitation or support after a fall.
- Patients were at risk of receiving inappropriate or unsafe treatment because records were not always fully completed by staff.
- Staff did not always manage patient information to minimise the risk of confidential information from being accessed by other people.
- Staff largely understood the Mental Capacity Act 2015 but did not always take action to assess if patients had the mental capacity to consent and choose how they wanted to be supported.
- The provider had not met its mandatory staff training and appraisal targets which put patients at risk of being supported by staff who did not have the skills and knowledge to meet their basic care needs.
- Patients were at risk of experiencing delays in receiving suitable care because staff could not always access scans and test results promptly due to unreliable electronic records and IT systems.
- Some staff were unclear if they could use agency staff which put patients at risk of not being supported by sufficient staff to meet their needs.
- Leaders lacked the skills to effectively addressing ongoing concerns about the service.

However:

- The risk of patients experiencing avoidable harm was reduced by staff who knew how to report incidences and received guidance on how to prevent similar incidences from happening again.
- Upgraded storage systems and discharge processes gave patients quicker access to medicines.
- Increased clinical ward cover meant that patients had quicker access to suitable clinicians and up to date care plans.
- Board/ward rounds had been reviewed to reduce the risk of patients experiencing delayed discharges.

# Medical care (including older people's care)

- Patients said they enjoyed their meals and staff knew how to meet their specific nutritional needs.
- Staff told us they enjoyed supporting patients and were knowledgeable about the service's vision and values.
- Staff said senior staff were prominent around the hospital and welcomed their suggestions about how patient care could be improved.
- Patients were protected by staff who knew what action to take if they thought people were at risk of or experiencing abuse.
- Staff respect the legal rights of patients by supporting them in accordance with their DoLS authorisations.
- Staff understood their duty of candour so patients would receive full and detailed explanations if things went wrong.
- Patients were supported to make informed decisions about their life style choices because they had access to advice and guidance about their specific conditions and how to manage them.
- Good outcomes for patients were supported by the use of evidence based practice.

## Is the service safe?

**Requires improvement** ● ↑

Our rating of safe improved. We rated it as requires improvement because:

- The service had not provided mandatory training in key skills to all staff and made sure everyone completed it.
- Some staff were unsure about control measures to prevent the spread of infection.
- Systems in place did not ensure equipment for use in an emergency was always well looked after.
- Patients were not consistently protected from risks associated with their conditions.
- 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 to provide the right care and treatment.
- Records were largely clear but staff did not always keep them confidential.

### However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to protect people from harm. Staff had training on how to recognise and report abuse.
- The service had enough medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- Staff kept themselves, equipment and the premises clean.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned.
- The service used safety monitoring results well.

# Medical care (including older people's care)

## Is the service effective?

**Requires improvement** ● → ←

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

- Although patients were largely assessed and monitored regularly to see if they were in pain, pain relief was not always provided as directed.
- The service had not ensured all staff had completed the mandatory training identified as necessary to be competent for their roles.
- Although staff understood how and when to assess if a patient had the mental capacity to make decisions about their care, they did not always follow the trust's policy and procedures when a patient could not give consent.

### However:

- The service provided care and treatment based on national guidance.
- Staff gave patients enough food and drink to meet their specific needs and preferences.
- 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.
- The service offered seven-day services to ensure patients would receive consistent care and outcomes, whenever they enter the hospital.
- People were provided with information which enabled them to make informed decisions about their life style choices and how they could improve the quality of their lives and outcomes.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion.
- Staff were considerate to provide emotional support and reassurance.
- 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 stayed the same. We rated it as requires improvement because:

- The trust did not plan and provide services in a way that always met people's individual needs.
- Patients were not always supported in line with their individual needs.

# Medical care (including older people's care)

- The environment of the sickle cell and thalassaemia service did not always meet the needs of the people who used the service.
- Some patients experienced delayed discharges because placements in the community had not been identified with other agencies.
- Patients were staying longer on the AMU due to a lack of beds in the hospital to transfer patients to.

## However:

- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it.
- Concerns and complaints were investigated and lessons learned shared with staff.

## Is the service well-led?

**Requires improvement** ● → ←

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

- Action taken by the leadership team had not been effective at providing reassurance to staff that ongoing concerns would be resolved
- Staff shared a common vision and strategy, however not all trust policies were understood by staff.
- There were systems in place to identify and report risks however systems were not always effective at promptly reducing or mitigating risks.
- There were systems in place to collect and share information. However patient information systems were not always accessible and some staff practices risked patient confidentiality.
- There were processes in place to promote learning and continuous improvement however the trust did not always learn from external reviews.

## However:

- Staff generally enjoyed working at the trust and felt valued.
- There were structures in place to monitor and review the delivery of the trust's strategy.
- The trust engaged well with patients and staff.

## Areas for improvement

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

## Key facts and figures

### Deliveries at the trust

From April 2017 to March 2018, there were 5,747 deliveries and 5811 registerable births at the trust.

The maternity dashboard report showed there had been 2,410 births at the trust from April 2018 to August 2018.

Sandwell and West Birmingham Hospitals NHS Trust delivers maternity services to the Sandwell and West Birmingham population with about 6,000 deliveries annually; approximately 4,500 through the delivery suite (with two co-located obstetric theatres) at City Hospital and 1,400 through the co-located Serenity midwifery-led unit (MLU). There had been 17 births delivered at the stand alone Halcyon MLU closed on 14 September 2018. The service aimed to grow the home delivery service.

The delivery suite has:

- 12 delivery rooms
- One induction suite ( three bed space)

The trust has two maternity wards, each with 21 beds, located at City Hospital where care for women and babies is delivered providing antenatal, postnatal and transitional care.

City Hospital also hosts:

- The maternity triage unit which is open 24/7.
- The antenatal day assessment unit which operates from 8am to 8pm.
- The obstetric antenatal clinic co-located to the comprehensive sonography services.

The Serenity birth centre has five birthing rooms and five triage rooms.

The antenatal outpatient department has:

- Six clinical appointment rooms
- One observation room
- One ultrasound room
- Two counselling rooms

The Antenatal Day Assessment Unit has:

- Six couches
- One scan room

Specialist services provided by maternity services at the trust include:

- Antenatal and new born screening team
- Antenatal, obstetric and midwifery led specialist clinics
- Bereavement midwives

# Maternity

- Combined obstetric antenatal clinics for hypertension, haematology and high body mass index
- Community midwifery
- Fetal medicine department
- Infant feeding midwives
- Intrapartum obstetric and midwifery-led care
- Maternal medicine
- Maternity risk management team
- Obstetric theatres
- Postnatal obstetric and midwifery led care
- Professional midwifery advocates
- Recurrent miscarriage counselling
- Sonography
- Teenage pregnancy young person's team

The community midwifery service provides antenatal and postnatal care to approximately 10,000 women in the community from multiple on-site and off-site venues.

Working alongside and in partnership with the obstetric services, is the trust's level 2 neonatal unit hosting five ITU cots, five HDU cots and 19 special care baby unit (SCBU) cots. Occupied cot days for the unit are 1,560, 1,560 and 7,100 respectively.

*(Source: Acute Routine Provider Information Request – Context acute tab)*

The trust also ran some antenatal clinics from Sandwell Hospital. We did not inspect this during our inspection.

During our inspection, we spoke with 24 members of staff including leaders of the service, consultants, matrons, midwives, maternity support workers and domestic staff.

We also spoke with eight patients and three partners present on the maternity unit during our inspection.

We observed safety huddles where staff discussed patients' care and treatment. We reviewed 23 patient records including patient prescription charts and information displayed on huddle boards and noticeboards positioned throughout the department. We also reviewed information regarding the service received from the trust during and following the inspection.

We previously inspected the maternity department at Sandwell and West Birmingham NHS Trust jointly with gynaecology. Therefore, we cannot compare our new ratings for this inspection of maternity services directly with the previous ratings.

We last inspected the maternity and gynaecology services at Sandwell and West Birmingham NHS Trust in 2014. We rated the service as good for each domain of safe, effective, caring, responsive and well-led. The maternity and gynaecology service was rated as good overall.

# Maternity

## Summary of this service

We previously inspected the maternity department at Sandwell and West Birmingham Hospitals NHS Trust jointly with gynaecology. Therefore, we cannot compare our new ratings for this inspection of maternity services directly with the previous ratings.

We rated this service as good because:

- 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.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises visibly clean. Control measures were used effectively to prevent the spread of infection.
- The maternity service had systems in place to ensure the safety of patients. Staff appropriately carried out Cardiotocography (CTG) monitoring in line with local policies and guidance.
- Staff kept appropriate records of patients' care and treatment. Records were easy to follow, up-to-date and included all the relevant patient information.
- The maternity service provided care and treatment based on national guidance. Managers checked to make sure staff followed the most up-to-date guidance to ensure patients' outcomes were the best possible.
- Staff assessed and managed patient's pain regularly and effectively. Patients had a number of different pain relief methods available such as epidurals and natural pain relief options including labouring in birthing pools.
- Maternity staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They understood how to support patients experiencing mental ill health to make decisions about their own care.
- Maternity staff cared for patients with compassion. Patient feedback confirmed that staff treated them well and with kindness.
- Staff provided patients and relatives with appropriate information and timely emotional support to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff provided patients and relatives with information and advice regarding different birthing settings available to them appropriate to their clinical needs and risks.
- The trust planned and provided specialist services in a way that met the needs of local people. Specialist antenatal clinics were held in maternity and support was individualised to meet the diverse requirements of the local population.
- Patients could access the maternity service when they needed it. However, it could take a number of hours for patients to complete their antenatal appointments. This ensured all appointments were conducted on the same day rather than having to return on a number of different days.
- The maternity service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Staff aimed to alleviate patient concerns before they became formal complaints.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.

# Maternity

- The maternity department had a 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 trust collected, analysed, managed, and used information well to support all its activities, using secure electronic systems with security safeguards.
- Overall the trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. However, staff told us the communication regarding the closure of the halcyon birth centre was insufficient.
- Maternity service leaders were committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However;

- The maternity service did not always have enough nursing staff to keep patients safe from avoidable harm and abuse and to provide the right care and treatment. Staff in the Serenity Suite told us they sometimes felt staffing levels were not safe which impacted on the levels of patient care staff could provide. Serenity suite staff felt staffing of the delivery suite took priority over the staffing of the Serenity suite. Staff told us this had put a strain on the relationship between Serenity suite and delivery suite staff. However, we did not observe this during our inspection.
- We found the fridge used to store breast milk on the antenatal was not secured posing a potential safety risk. We saw evidence the service addressed this in a timely way after we raised this with service leaders as a lock had been fitted to the milk fridge on the antenatal ward.
- The trust performed about the same as other trusts in the CQC maternity survey 2017. The maternity service performed worse than other trusts for 10 out of 16 questions and about the same for six of the 16 questions.
- Staff morale was affected by the staffing levels in the department. Staff told us they felt stressed on a daily basis which meant they were looking for employment elsewhere.

## Is the service safe?

**Good** 

We rated safe as good because:

- Managers ensured the majority of staff had completed their mandatory training. The trust's mandatory training compliance target was 95% and the overall compliance rate for maternity staff as at September 2018 was just below the target at 94.17%.
- 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.
- 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 majority of the maternity department's premises and equipment were suitable and well maintained. The delivery suite was located on the same floor and in close proximity to the obstetric theatres and neonatal unit in the event of patients requiring transfer. However, the bereavement suite was situated close to rooms where mothers had delivered healthy babies, which was not in line with the National Bereavement Care Pathway guidelines.
- The maternity service had systems in place to ensure the safety of patients. Staff appropriately carried out Cardiotocography (CTG) monitoring in line with local policies and guidance.

# Maternity

- Staff kept appropriate records of patients' care and treatment. Records were easy to follow, up-to-date and included all the relevant patient information.
- Maternity staff prescribed, gave and recorded medicines appropriately. However, the storage of some medication needed improvement. We saw gases were stored in the clean utility area on the delivery suite without the required medical gases warning signage on the door. We raised this with leaders of the service during the inspection and they addressed this in a timely way as signage was added onto the door immediately.
- The maternity service managed patient safety incidents well. Staff recognised incidents and knew how to report them. Managers investigated incidents quickly and shared lessons learned and changes in practice with staff. When things went wrong, staff apologised and provided patients with honest information and gave them suitable support.

However;

- The maternity service did not always have enough nursing staff to keep patients safe from avoidable harm and abuse and to provide the right care and treatment. Staff in the Serenity Suite told us they sometimes felt staffing levels were not safe which impacted on the levels of patient care staff could provide. Serenity suite staff felt staffing of the delivery suite took priority over the staffing of the Serenity suite. Staff told us this had put a strain on the relationship between Serenity suite and delivery suite staff. However, we did not observe this during our inspection.
- We found the fridge used to store breast milk on the antenatal was unsecured posing a potential safety risk. We saw evidence the service addressed this in a timely way after we raised this with service leaders as a lock had been fitted to the milk fridge on the antenatal ward.
- The maternity service maintained a local maternity dashboard report to document activity and clinical outcomes across the department. However, some performance indicators on the maternity dashboard report did not include local or national targets or it was unclear where the thresholds originated from to allow the service to sufficiently benchmark the maternity service's performance.

## Is the service effective?

**Good** ●

We rated effective as good because:

- The maternity service provided care and treatment based on national guidance. Managers checked to make sure staff followed the most up-to-date guidance to ensure patients' outcomes were the best possible.
- Staff gave patients enough food and drink to meet their needs and improve their health. Maternity staff supported patients to feed their babies using their chosen feeding method.
- Staff assessed and managed patient's pain regularly and effectively. Patients had a number of different pain relief methods available such as epidurals and natural pain relief options including labouring in birthing pools.
- The maternity service regularly reviewed the effectiveness of patient care and treatment and used the findings to improve patient outcomes.
- The service ensured staff were competent for their roles. Staff at all levels received training to support their role and personal development needs.
- Staff from a variety of maternity disciplines worked together as a team to benefit patients. Consultants, midwives and other healthcare professionals supported each other to provide good patient care.

# Maternity

- Maternity staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They understood how to support patients experiencing mental ill health to make decisions about their own care.

## Is the service caring?

**Good** ●

We rated caring as good because:

- Maternity staff cared for patients with compassion. Patient feedback confirmed that staff treated them well and with kindness.
- Staff provided patients and relatives with appropriate information and timely emotional support to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff provided patients and relatives with information and advice regarding different birthing settings available to them appropriate to their clinical needs and risks.

However;

- The trust performed about the same as other trusts in the CQC maternity survey 2017. The maternity service performed worse than other trusts for 10 out of 16 questions and about the same for six of the 16 questions.

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- The trust planned and provided specialist services in a way that met the needs of local people. Specialist antenatal clinics were held in maternity and support was individualised to meet the diverse requirements of the local population.
- The service took account of patients' individual needs.
- Patients could access the maternity service when they needed it. However, it could take a number of hours for patients to complete their antenatal appointments. This ensured all appointments were conducted on the same day rather than having to return on a number of different days.
- The maternity service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Staff aimed to alleviate patient concerns before they became formal complaints.

## Is the service well-led?

**Good** ●

We rated well-led as good because:

# Maternity

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The maternity department had a clear vision for what it wanted to achieve. Service leaders had workable plans to turn it into action which were developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the maternity department overall promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The maternity service used a systematic approach to continually improve the quality of its services. All levels of governance and management teams functioned effectively and worked together appropriately.
- The trust collected, analysed, managed, and used information well to support all its activities, using secure electronic systems with security safeguards.
- Overall the trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. However, staff told us the communication regarding the closure of the halcyon birth centre was insufficient.
- Maternity service leaders were committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However;

- Staff morale was affected by the staffing levels in the department. Some staff told us they felt stressed on a daily basis which meant they were looking for employment elsewhere.

## 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.

# Services for children and young people

Requires improvement   

## Key facts and figures

We visited City Hospital and Sandwell Hospital as part of the inspection process and each location has a separate summary report. Paediatric services were managed by the same leadership team across the hospitals. For this reason, there may be some duplication contained within the two reports.

This report relates to services for children and young people provided at City Hospital.

During the inspection visit, the inspection team:

- spoke with 10 patients and relatives
- reviewed 18 patient records
- observed staff caring for patients within wards and theatres
- reviewed trust policies and procedures
- reviewed performance information and data from, and about the trust;
- spoke with 39 members of staff including nurses, doctors and members of the multidisciplinary team
- met with service manager, clinical lead, matron and director of midwifery.

During this inspection we looked at the changes the service had made to improve the service.

The paediatric and neonatal service was last inspected in October 2014 and was rated as requires improvement overall including safe and well led. It was rated as good for effective, caring and responsive.

Birmingham and Midland Eye Centre was last inspected in March 2017. At the last inspection it was rated as requires improvement overall including safe, effective and well led. It was rated as good for caring and inadequate for responsive.

Since the 2017 inspection, CQC methodology has been updated and we did not inspect the paediatric ophthalmology accident and emergency service under this core service.

Services for children and younger people at City Hospital were as follows:

Neonates:

- Neonatal unit consisting of 29 beds; five intensive care, five high dependence and 19 special care

Paediatrics:

- Ward D19: Paediatric assessment unit consisting of 11 beds including six side rooms
- Ward D6: Paediatric elective surgical day case unit consisting of eight beds located within side room
- Paediatric outpatients located within the Birmingham treatment centre

Birmingham and Midland Eye Centre (BMEC)

- Paediatric ophthalmology: two operating lists per week for children. Most children were admitted through the BMEC Day Unit. Children needing a longer stay in hospital were admitted to Ward D19

# Services for children and young people

- Ophthalmology outpatients' department

Staff within paediatrics worked at both the City Hospital and Sandwell Hospital sites. One group of staff were required to work as required within:

- Paediatric outpatients at the Birmingham Treatment Centre located at City Hospital
- Medical day unit at the Birmingham Treatment Centre located at City Hospital; opened on a planned basis to accommodate medical day case activity
- Ward D6 at City Hospital: opened on a planned basis to accommodate day surgery activity
- Priory Ground at Sandwell Hospital: opened on a planned basis to accommodate medical and surgical day case activity
- Paediatric outpatients located at Sandwell Hospital

A second group of staff worked as required within:

- Ward D19 located at City Hospital
- Lyndon Ground located at Sandwell Hospital

Inpatient acute paediatrics services were a 24/7 service accepting 7,500 admissions through the paediatric assessment units on both the City and Sandwell sites with inpatient admissions on the Sandwell site into 14 beds (which include the High Dependency Unit) and the six-bedded adolescent facility.

The paediatric service offered the full range of outpatient paediatric specialties delivering 12,000 outpatient attendances annually.

## Summary of this service

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

We rated safe and responsive as requires improvement, effective and caring as good and well-led as inadequate.

- Staffing levels were not sufficient. The service 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
- The service inconsistently managed infection control and the environment was not always suitable to provide the safe care and treatment of children.
- There was a lack of consistency in how the mental capacity of children and young people was assessed and not all decision-making was informed or in line with guidance and legislation.
- The trust did not provide Mental Health Act 1983 (MHA) training to its staff as a separate module.
- The service had not engaged or involved children and young people and their families in the design or delivery of the service.
- Leaders did not always have the experience or knowledge that they needed to carry out their roles.
- The trust did not have a strategy for children and young people services relating to paediatrics or neonates.
- There were low levels of staff satisfaction and high levels of stress and work overload.

# Services for children and young people

- The arrangements for governance and performance management were not fully clear. clear.
- There was inconsistent understanding or management of risks and issues.
- Staff were unaware of what information was used in reporting or performance management.

However,

- The service provided mandatory training in key skills to all staff. There was a structured induction programme which staff spoke highly of.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service provided care and treatment based on national guidance and maintained (?) evidence of its effectiveness.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff responded compassionately when children and young people needed help and they supported them to meet their basic personal needs as and when required.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service 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.
- The service did not control infection risk consistently well. Staff did not ensure that equipment areas were kept clean to prevent the spread of infection.
- The service did not always have suitable premises and equipment and did not consistently look after them well.
- Neonatal unit records were of mixed quality and were not always fully completed.
- The service did not always follow relevant national guidelines around storing medicines.
- Managers investigated incidents however, they were inconsistent in how they shared lessons learned with the whole team and the wider service.
- When things went wrong, staff were inconsistent in their approach to apologise and give patients honest information and suitable support.
- The service did not consistently use safety monitoring results well. Staff did not consistently collect safety information and share it with staff, patients and visitors. Managers did not use this to improve the service.

However,

- The service provided mandatory training in key skills to all staff. There was a structured induction program which staff spoke highly of.
- 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.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.

# Services for children and young people

- People received their medicines as prescribed
- Within paediatrics and BMEC, staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.

## Is the service effective?

**Requires improvement** ● → ←

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

- Staff did not understand how and when to assess whether a patient had the capacity to make decisions about their care. Not all decision-making was informed or in line with guidance and legislation.
- Staff did not 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 capacity to make decisions about their care.
- The service did not make sure staff were competent for their roles. Managers did not consistently appraise staff's work performance and did not hold supervision meetings with them to provide support and monitor the effectiveness of the service.

However,

- The service provided care and treatment based on national guidance and maintained evidence of its effectiveness.
- Staff gave children and young people enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers 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.
- 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.
- The service encouraged patients to manage their own health and national priorities to improve the populations health were supported.
- All staff agreed that development opportunities were good.

## 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.

# Services for children and young people

- Staff provided emotional support to patients to minimise their distress.

However,

- Staff did not always involve those close to patients in decisions about their care and treatment.

## Is the service responsive?

**Good** ● ↑↑

Our rating of responsive improved. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- Staff were responsive to the individual needs of the patient and their families.
- People could access the service when they needed it.
- The service treated concerns and complaints seriously, investigated them.

However,

- The service did not always take account of patients' individual needs.
- Waiting times from treatment were and arrangements to admit, treat and discharge patients were not always in line with good practice.
- Learned lessons from complaints were not routinely shared with all staff.

## Is the service well-led?

**Inadequate** ● ↓

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

- Managers at all levels in the trust did not always have the right skills and abilities to run a service providing high-quality sustainable care. There was little or no attention to succession planning and development of leaders. Staff felt unable to access their leaders.
- The trust did not have a strategy 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.
- Managers across did not promote a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff did not feel respected, valued, supported or appreciated by senior leaders.
- The service did not use a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service did not consistently collect, analyse, manage and use information well to support all its activities, using secure electronic systems with security safeguards.

# Services for children and young people

- The trust did not engage well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

However,

- There was knowledge of improvement methods and the skills to use them at all levels of the organisation. There were organisational systems to support improvement and innovation work.

## Areas for improvement

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

# Sandwell General Hospital

Lyndon  
West Bromwich  
West Midlands  
B71 4HJ  
Tel: 01215531831  
www.swbh.nhs.uk

## Key facts and figures

Sandwell and West Birmingham NHS Trust (SWBH) aspire to be an integrated care organisation. The trust employs around 7,500 people and spends around £430m. The trust is responsible for the care of 530,000 people from across North-West Birmingham and three localities across Sandwell; Wednesbury and West Bromwich, Smethwick, Oldbury, Rowley Regis and Tipton.

There were 218,904 attendances including General Practitioner (GP) streamed patients last year and achieved 83.38% against the four hour standard. The trust admitted over 40,000 patients as emergencies last year which was a significant rise. They deliver 109,000 outpatient appointments and procedures annually as well as 8,000-day case and elective treatments

SWBH provides care from Sandwell General Hospital in West Bromwich. Sandwell General hospital has a total of 383 winter inpatients beds which reduce during the summer months to 355.

Inpatient paediatrics, general surgery, and stroke specialist centre are located on the Sandwell site. The trust has academic departments in cardiology, rheumatology, ophthalmology, and neurology. The community teams deliver care across Sandwell providing integrated services for children in schools, GP practices and at home, they provide both general and specialist home care for adults, nursing homes and hospice locations.

## Summary of services at Sandwell General Hospital

**Requires improvement** ● → ←

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

- Our rating of safe was requires improvement overall. Nursing and medical staff were not always available in sufficient numbers to provide safe care and treatment. Mandatory for some nursing and medical staff did not meet trust targets. Systems for protecting patients from the risk of the spread of infection were not robust. Patients records were not always updated or kept securely.
- Our rating of effective went down to requires improvement overall. Staff did not always understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Not all staff were appraised, staff work performance and supervision meetings were not always held
- Our rating of caring remained as good overall. Staff treated patients with compassion and kindness.

# Summary of findings

- Our rating of responsive improved to good overall. The trust did not always plan and provide services in a way that met the needs of local people. Not all services always took into account the individual needs of patients. People could not always access services when they needed to.
- Our rating of well-led remained as requires improvement overall. Managers did not always have the dedicated time and skills to lead services. There was not effective systems for identifying risks managing and planning to mitigate or reduce them. Processes were not always in place to promote learning and continuous improvement. The IT systems in place were fragile and did not support staff to deliver patient care.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

The trust has the following emergency departments:

1. The City Hospital main emergency department takes adults and children. This includes the Birmingham Midland Eye Centre (BMEC), which is an ophthalmology emergency department
2. The Sandwell General Hospital main emergency department takes adults and children and is a designated trauma unit.

The trust saw 218,904 attendances including General Practitioner (GP) streamed patients last year and achieved 83.38% against the four hour standard. Both main emergency departments have a GP front end pathway provided for the trust from another registered provider Malling Health.

The trust admitted over 40,000 patients as emergencies last year which was a significant rise. They grew ambulatory alternatives by over 300% in the year. Bed based outward flow was to the acute medical units (both sites), paediatric assessment units (both sites), an emergency gynaecology unit (City site) and a surgical assessment unit (Sandwell site).

Mental health urgent care is supported on the City and Sandwell sites by two Mental Health providers.

The inspection was unannounced (the service did not know we were coming) to allow us to observe routine activity. Throughout the inspection we reviewed 10 sets of patient records. We spoke with six patients and three relatives. We spoke with 24 staff, including consultants, nurses, managers and senior nursing staff.

## Summary of this service

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

- The service did not have enough nursing or medical staff with the right qualifications, skills, training and experience to provide the right care and treatment.
- The service did not have suitable premises to delivery consistently safe care to patients.
- The service did not store medication safely.
- The service did not consistently provide care and treatment based on national guidance or routinely update policies and procedures in line with current best practice.
- The service monitored the effectiveness of care and treatment; however, did not always use the findings to improve them in a timely manner.
- The service did not make sure staff were competent for their roles. Managers did not consistently appraise staff's work performance.
- Staff did not always understand their roles and responsibilities in relation to the Mental Health Act 1983 and the Mental Capacity Act 2005. They did not always know how to support patients experiencing mental ill health and those who lacked capacity to make decisions about their care.
- Staff did not consistently treat patients with compassion, kindness and dignity.

# Urgent and emergency services

- The services Friends and Family Test results were on average 14% lower than the national average (March to August 2018).
- The trust did not plan and provide services in a way that met the needs of local people.
- Waiting times from treatment and arrangements to admit, treat and discharge patients were not in line with good practice.
- Managers across the trust did not promote a culture that supported and valued staff.
- The trust did not use a systematic approach to continually improve the quality of its services and safeguard high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

However:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- The service assessed patients pain and prescribed and administered pain relief to patients.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide care.
- Staff involved patients and those close to them in decisions about their care.
- The service treated concerns and complaints seriously, investigating them and learned lessons from the results, which were shared with all staff.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service provided mandatory training in key skills to all staff; however, the service did not ensure everyone completed it.
- The service did not have suitable premises to delivery consistently safe care to patients.
- The service did not have enough nursing staff with the right qualifications, skills, training and experience to provide the right care and treatment.
- The service did not have enough medical staff with the right qualifications, skills, training and experience to provide the right care and treatment.
- Staff did not keep appropriate records of patients' care and treatment. Records were not clear or consistently up-to-date.
- The service did not store medication safely.

However:

- 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.

# Urgent and emergency services

- The service prescribed, gave and recorded medication well.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons with the whole team. When things went wrong, staff apologised.
- The service performed better than the England average for the time from ambulance arrival to first assessment. The trust took an average of four minutes between July 2017 and June 2018, compared to an average of seven minutes nationally.
- The service escalated patients who required specialist review to the appropriate clinicians. The service escalated patients who showed signs of deterioration, such as with a high national early warning score.

## Is the service effective?

**Requires improvement** ● → ←

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

- The service did not consistently provide care and treatment based on national guidance and evidence of its effectiveness. This included the following policies and procedures: children's advanced life support guidance in the resuscitation room.
- The service did not always use audit findings to improve care in a timely manner.
- The service did not make sure staff were competent for their roles. Managers did not consistently appraise staff's work performance.
- The service did not provide a full range of services 24-hours a day, seven days a week. The service closed the children's area overnight (9:30pm to 9am) and did not have access to mental health or domestic violence workers outside of Monday to Friday 9am to 5pm.
- The service had limited assessments and information to identify and support patients with their own health.
- Staff did not always understand their roles and responsibilities in relation to the Mental Health Act 1983 and the Mental Capacity Act 2005. They did not always know how to support patients experiencing mental ill health and those who lacked capacity to make decisions about their care.

However:

- Staff gave patients enough food and drink to meet their needs and improve their health.
- The service assessed patients pain and prescribed and administered pain relief to patients.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide care.

## Is the service caring?

**Requires improvement** ● ↓

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

- Staff did not always treat patients with compassion and kindness.

# Urgent and emergency services

- Staff did not always treat patients with dignity and respect.
- Staff did not always speak to patients during procedures and on one occasion heard referring to a patient using derogatory language.
- Patients were routinely not given nurse call buzzers, leaving them shouting for help.
- Friends and Family Test results for January to June 2018 showed the department scored an average of 14% lower than the national average.

However:

- 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 stayed the same. We rated it as requires improvement because:

- The trust did not plan and provide services in a way that met the needs of local people.
- Children and young people did not have access to specialist staff and facilities 24 hours a day.
- Waiting times from treatment to discharge or admission were longer than the national average, and worse compared to the rest of the trust.

However:

- The service took account of patients' individual needs.

The service treated concerns and complaints seriously, investigating them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

**Requires improvement** ● → ←

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

- The service did not have managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve; however, no workable plans to turn it into action developed with involvement from staff, patients and key groups representing the local community.
- Managers across the service did not promote a culture that supported and valued staff.
- The service did not use a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

# Urgent and emergency services

- The service did not manage and use patients information in a safe and secure way. We found patient information accessible to people who should not have access, including paper and electronic records.
- The service was not consistently committed to improving services by learning from when things go well and when things go wrong, promoting training, research and innovation.

However:

- Local managers did create a sense of common purpose based on shared values amongst staff.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborate 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.

# Medical care (including older people's care)

Requires improvement  

## Key facts and figures

Medical care is delivered on both the Sandwell and City Hospital sites and provides both urgent and planned care. There are total of 383 winter inpatient beds which reduce during the summer months to 355, admitting between 42 and 49 patients a day from assessment units to the main in-patient bed base.

The cardiology service, including the cath lab is situated on the city site and stroke services are situated on the Sandwell site. Respiratory, gastroenterology, clinical haematology and elderly care services are available on both sites.

The Sandwell site benefits from a newly established older persons assessment unit which aims to provide multi-disciplinary comprehensive older persons assessment; this frailty model, tested on a smaller footprint, is in development at scale of 20 beds this year.

The trust works closely with primary care, communities and therapies clinical group to facilitate safe discharges for our patients to either their usual place of residence, community bed base or alternative care facility.

The medicine service have recently put in place a consultant of the week model across all main admitting specialities which has improved continuity of care and aims to contribute to a reduction in length of stay and increased morning discharge rates.

The trust has a ward based clinical team leadership which ensures a robust multi-disciplinary approach to inpatient care and treatment. They deliver 109,000 outpatient appointments and procedures annually as well as 8,000 day case and elective treatments. Both sites have endoscopy units which are accredited by the Joint Advisory Group (JAG).

*(Source: Routine Provider Information Request AC1 - Acute context)*

The trust had 51,255 medical admissions from April 2017 to March 2018. Emergency admissions accounted for 26,363 (51.4%), 1,328 (2.6%) were elective, and the remaining 23,564 (46.0%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 23,480
- Medical oncology: 7,339
- Clinical Haematology: 5,390

*(Source: Hospital Episode Statistics)*

We inspected the medical care services at Sandwell Hospital over three days from the 4 September 2018 to the 6 September 2018. During the inspection we spoke with eleven patients and some of their relatives, reviewed fifteen patient records and spoke to thirty-two staff. We spoke with consultants, service leads, matrons, ward managers, nurses, therapy staff, health care assistants, a discharge facilitator and ward service officers.

## Summary of this service

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

- Leaders did not consistently demonstrate the skills, knowledge and experience needed to carry out their role.

# Medical care (including older people's care)

- We saw that some issues raised on our previous inspection in 2017 had not been resolved.
- Resuscitation trolleys were not tamperproof and the risks around this were not sufficiently mitigated.
- We visited the acute medical unit (AMU) and found there were several mixed sex breaches (bays with male and female patients) where patients were not receiving specialised care, some of these were avoidable.
- The service had not provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service did not always have enough nursing staff with the right qualifications, skills, training and experience to provide the right care and treatment.
- It was not always clear how staff had reached decisions that patients lacked the capacity to make decisions about their care and treatment.
- We were not assured of the effectiveness of the trust infection control practices.
- Systems and processes in place to monitor ongoing risk were not always robust or effective.
- The Friends and Family Test response rate at Sandwell Hospital was worse than the national average.
- The average length of stay was worse than the England average in some areas.
- The time it took the trust to investigate complaints, was not in line with the trusts complaints policy.
- The trust did not always manage and use information well to support all of its activities
- Actions needed to improve were not always recorded in action plans.

However:

- The hospital collected information about patient care and took part in national and local audits.
- Staff were knowledgeable around safeguarding and there were safeguarding policies and procedures in place.
- Staff in the endoscopy department were decontaminating reusable scopes in line with national guidance. The department was Joint Advisory Group (JAG) accredited.
- Processes were in place to assess, audit and respond to patient risk. For example, staff monitored patient's ongoing risk.
- Staff identified and responded appropriately to the changing risks of people who used the service such as deteriorating patients.
- There were systems and processes in place for staff to report incidents. Staff were confident in reporting incidents. There were no recent Never Events.
- The trust took part in local and national audits.
- Most patients were happy with the care staff provided, patients and relatives were provided with emotional support.
- Staff understood patients and involved those close to them; information was available for patients and their relatives.
- Governance structures were in place. Leaders carried out audits to assess performance and shared findings.

Is the service safe?

Requires improvement   

# Medical care (including older people's care)

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

- The service had not provided mandatory training in key skills to all staff and made sure everyone completed it.
- Mandatory training compliance rates, including basic life support had been identified as a concern on our previous inspection in 2017 and remained a concern.
- Control measures to prevent the spread of infection were not effective in all the areas we looked at.
- The service did not always store medication safely.
- Resuscitation trolleys were not tamperproof.
- Staff did not consistently update risk assessments or ensure they were complete.
- The service did not always have enough nursing staff with the right qualifications, skills, training and experience to provide the right care and treatment.
- There were instances when there was no registrar cover. We were not assured the trust had taken sufficient actions to address this.
- Staff did not always keep appropriate records of patients care and treatment. In some instances, they did not keep them securely.
- Root cause analysis investigations (RCAs) were not robustly completed and action plans did not fully address all the issues found.
- Staff we spoke with had limited understanding around duty of candour; however, were aware of the importance of being open and honest.
- The trust did not always manage and use information well to support all of its activities.

## **However,**

- Processes were in place for monitoring and escalating deteriorating patients. Policies referred to sepsis and early warning systems.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Processes were in place to ensure ward areas were secure, waste was disposed of appropriately and equipment was tested for safety.
- Staff on wards were looking at ways in which they could reduce and monitor risks to patient's in areas such as falls and pressure sores.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.
- Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were completed appropriately.
- Processes were in place for if the trust was to have a major incident such as a flooding or a bomb threat.

# Medical care (including older people's care)

## Is the service effective?

**Requires improvement** ● ↓

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

- Leaders did not consistently demonstrate the skills, knowledge and experience needed to carry out their role.
- We saw that some issues raised on our previous inspection in 2017 had not been resolved.
- Resuscitation trolleys were not tamperproof and the risks around this were not sufficiently mitigated.
- We visited the acute medical unit (AMU) and found there were several mixed sex breaches (bays with male and female patients) where patients were not receiving specialised care, some of these were avoidable.
- The service had not provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service did not always have enough nursing staff with the right qualifications, skills, training and experience to provide the right care and treatment.
- It was not always clear how staff had reached decisions that patients lacked the capacity to make decisions about their care and treatment.
- We were not assured of the effectiveness of the trust infection control practices.
- Systems and processes in place to monitor ongoing risk were not always robust or effective.
- The Friends and Family Test response rate at Sandwell Hospital was worse than the national average.
- The average length of stay was worse than the England average in some areas.
- The time it took the trust to investigate complaints, was not in line with the trusts complaints policy.
- Actions needed to improve were not always recorded in action plans.

### However

- The hospital collected information about patient care and took part in national and local audits.
- Staff were knowledgeable around safeguarding and there were safeguarding policies and procedures in place.
- Staff in the endoscopy department were decontaminating reusable scopes in line with national guidance. The department was Joint Advisory Group (JAG) accredited.
- Processes were in place to assess, audit and respond to patient risk. For example, staff monitored patient's ongoing risk.
- Staff identified and responded appropriately to the changing risks of people who used the service such as deteriorating patients.
- There were systems and processes in place for staff to report incidents. Staff were confident in reporting incidents. There were no recent Never Events.
- The trust took part in local and national audits.
- Most patients were happy with the care staff provided, patients and relatives were provided with emotional support.
- Staff understood patients and involved those close to them; information was available for patients and their relatives.

# Medical care (including older people's care)

Governance structures were in place. Leaders carried out audits to assess performance and shared findings.

## Is the service caring?

Good   

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

- Staff respected patient confidentiality by drawing curtains around them when they were supported with personal care.
- Most patients were happy with the care staff provided. Staff recognised the importance of providing person centred care.
- Staff provided emotional support to patients and their relatives to minimise their distress.
- Staff involved patients and involved and those close to them in decisions about their care and treatment.

### However

- Response rates for The Friends and Family Test were low when compared to the national average. However, the trust had implemented an action plan to improve.
- Staff left computers which displayed patient details unlocked when they left the computer.
- Staff on the acute medical unit told us they were unable to spend any quality time with their patients.

## Is the service responsive?

Good   

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

- The service took account of patients' individual needs and staff were responsive to vulnerable patients.
- The trust were completing key pieces of work in an attempt to improve length of stay.
- Data showed that most patients did not move wards during their admission.
- The trust were implementing various initiatives in an attempt to reduce the number of outliers. Leaders felt this had led to improvement.
- Staff began the discharge process as soon as possible; discharge facilitators supported in the process.
- Three specialities were above the England average for admitted RTT (percentage within 18 weeks) these were neurology, rheumatology and thoracic medicine.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

### However

- Average length of stay was worse than the England average in some areas.
- We visited the Acute Medical Unit and found there were several mixed sex (bays with male and female patients). With a rearrangement of beds some of the mixed sex breaches were avoidable.

# Medical care (including older people's care)

- The trust took on average longer than the 30 days to investigate complaints This was not in line with trust policy.

## Is the service well-led?

**Requires improvement** ● ↓

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

- Leaders did not consistently demonstrate the skills, knowledge and experience needed to carry out their role.
- Systems and processes in place to monitor ongoing risk were not always robust or effective.
- Some issues raised at the previous inspection in 2017 had not been resolved.
- There was insufficient oversight of mixed sex bays in the acute medical unit.
- The trust did not consistently learn when things went wrong or take action to improve services when concerns were identified.

### However

- The trust had a set of promises, these were on the trust intranet and formed part of continuing professional development.
- Staff spoke of a supportive culture and invaluable peer support where they were encouraged to give feedback on new projects. Leaders aspired to a culture of challenge.
- Governance structures were in place with regular forums, meetings and quality improvement half days.
- The trust engaged well with patients, staff and the public to plan and manage appropriate services.
- Leaders had ideas of how their department could improve and had taken steps to put ideas into action. There were examples of innovation.
- Staff performance issues were recognised and managed by leaders and leaders recognised and celebrated staff achievements.

## 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.

# Critical care

Outstanding  

## Key facts and figures

Critical care includes areas where patients receive more intensive monitoring and treatment for life-threatening conditions. The Department of Health have defined levels of care dependent on the severity of the patient's condition. The critical care service at Sandwell General Hospital includes care at levels 2 and 3. Patients that require a more detailed observation or intervention that includes an extended post-operative care, receiving support for a single failing organ system and requiring additional respiratory, renal, neurological or dermatological support fall under level 2 care. Patients that require support for multi-organ failure and basic respiratory support, or for advanced respiratory support alone fall under level 3 care.

*(Source: Department of Health Comprehensive Critical Care 2000)*

Sandwell General Hospital has one Critical Care Unit that has 15 physical bed spaces, including two isolation rooms where patients can be treated either as level 2 or level 3 care. There is a separate paediatric bed space solely used to stabilise a critically ill child should the need arise, before transferring the patient to another local hospital with paediatric intensive care facilities.

The service uses a point system that allows them to be flexible on the level of care that they can provide at one time across both of the trust's critical care units. The trust is funded to deliver the equivalent of 15 level 3 beds; this is split between two sites, each site delivering level 2 and 3 care.

From September 2017 to August 2018, the unit had 600 patient admissions of which 9% were elective surgical admissions, 12% were emergency surgical admissions and 79% were non-surgical admissions. There were 499 discharges from the unit in the same reporting period.

The critical care units are supported by a 24-hour a day, 7 days a week outreach team, who review all discharges from critical care and identify deteriorating patients in the ward areas.

It is also supported by a Follow Up Support Service (FUSS) that is commissioned from the Clinical Commissioning Group (CCG). The FUSS team work within the critical care service with long term patients, devising ventilation weaning plans and planning complicated discharges with the multi-disciplinary team. They also provide patients with physical and psychological support after discharge from the critical care unit. They run a patient forum quarterly to offer patients and their relatives support, and to gain patient feedback.

The professional development team support the wider team, co-ordinating training and development for the critical care workforce. They liaise with the trust's education team and local university to support the pre-registration students during their placements on critical care.

The unit provides limited renal dialysis, commissioned on a case by case basis, in the form of continuous veno-venous hemofiltration (CVVH) for patients with acute renal failure as a temporary treatment before transferring the patient to a specialist renal dialysis unit.

The critical care service is pivotal to the trust's wider critical care effort, providing support to outplaced units of risk like the Non-Invasive Ventilation (NIV) unit based on the respiratory ward.

*(Source: Routine Provider Information Request – Acute context tab)*

We inspected critical care services at Sandwell General Hospital on 18 and 19 September 2018 and the inspection was unannounced. Our inspection team consisted of one lead inspector and one specialist critical care nurse advisor.

# Critical care

During our inspection, we visited the critical care unit, spoke with 24 members of staff including two consultants, two junior doctors, 12 nurses, five allied health professionals (AHPs), one health care assistant (HCA), one domestic services and one ward clerk. We reviewed five patient records and spoke with three patients and their relatives.

The unit was last inspected in October 2014 and the service was rated good overall and for all five key questions. There were no 'must' or 'should' improvements identified in the last inspection however, there were a couple of areas for improvement in the report. These were, "The full multi-disciplinary team did not attend all ward rounds," "complaint signposting literature was only available in English," and some comments around communication from, and visibility of the executive team. We found these areas had been resolved and were no longer a concern.

## Summary of this service

Our rating of this service improved. We rated it as outstanding because:

- People were protected from avoidable harm and abuse. Legal requirements and professional standards were met. There was a good track record of safety and staff were proactive in learning lessons to improve their service.
- People who used the service had good outcomes because they received effective care and treatment that met their needs. Multi-disciplinary teams worked well together; there was a truly holistic approach to assessing, planning and delivering care and treatment. Staff were competent to deliver effective care in line with best practice guidance and professional standards.
- Staff ensured patients and those close to them were truly respected and valued as individuals. Where possible, people were empowered to be partners in their care both practically and emotionally. There was a strong, visible person-centred culture and staff were highly motivated and inspired to offer care that was kind and promoted patients' dignity. Staff went the extra mile to ensure patients received care and support that exceeded expectations.
- Staff tailored services to meet the needs of individual people and delivered them in a way that ensured flexibility and continuity of care. Patient's individual needs were central to the delivery and coordination of tailored services. There were innovative approaches to providing integrated person-centred care and to ensure that critical care services were more accessible for all patients that required it. Staff went above and beyond to ensure patients' needs and preferences were met, and to enable patients to remain independent.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders demonstrated high levels of experience, capacity and capability to deliver excellent and sustainable care. They had a deep understanding of issues, challenges and priorities in their service.
- There were high levels of satisfaction across all staff, including those with protected characteristics under the Equality Act. Staff were proud of the service as a place to work and spoke highly of the culture. Team-working and support across the service was exemplary, all staff had a common focus on improving the quality and sustainability of care and patients' experiences.

## Is the service safe?

Good   

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

# Critical care

- The service provided mandatory training in key skills to all staff and had systems to ensure everyone completed it. Staff received up-to-date training in all safety systems, processes and practices. The mandatory training was comprehensive and met the needs of patients and staff.
- Staff understood how to protect patients from abuse and worked well with other agencies to do so. Staff had up-to-date training on how to recognise and report abuse and knew how to apply it. Staff were aware of the potential needs of patients with mental health conditions and there were arrangements to keep patients safe when at risk of self-harm.
- The service had systems to control infection risk well. Staff kept themselves, equipment and the premises visibly clean. They used control measures to prevent the spread of infection and the arrangements for managing waste and clinical specimens, including the segregation, labelling and storing, kept people safe. Senior staff monitored the effectiveness of implementing infection prevention and control policies and procedures, and infection rates on the unit were consistently low.
- The service had suitable premises and equipment that were maintained well. The design, maintenance and use of the facilities and premises kept people safe. All equipment was visibly clean, conformed to relevant safety standards and were regularly serviced. Staff were appropriately trained, competent and familiar with the use of equipment on the unit.
- Staff assessed and responded to patient risk well. There was a proactive approach to anticipating and managing risks to people who use services that was embedded and recognised as the responsibility of all staff.
- The service had enough nursing and medical 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 unit was appropriately staffed to meet Guidelines for the Provision of Intensive Care Services (GPICS) standards. Staff shortages were responded to quickly and adequately.
- Staff kept appropriate records of patients' care and treatment. Records were clear, detailed, up-to-date and available to all staff providing care. Staff could access the information they needed to deliver safe care and treatment in a timely and accessible way.
- Staff followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time. Standardised and electronic processes ensured reduced potential for human error, mistakes with prescriptions and allowed the unit to maintain a clear, logged audit trail.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Senior staff 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.

However:

- There was a lack of isolation areas available for patients that required respiratory isolation and those areas that were available were not suitable for all patient groups.
- The systems in place to ensure evidence of theft or tampering is identified and reported immediately, was not as robust for the paediatric resuscitation trolley as the systems in place for the adult paediatric trolleys.

## Is the service effective?

Good   

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

# Critical care

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- There was a truly holistic approach to assessing, planning and delivering care and treatment to all people who used services. This included addressing clinical needs (including pain relief), mental health, physical health and wellbeing, and nutrition and hydration needs
- Staff gave patients enough food and drink to meet their needs and improve health. They used special feeding and hydration techniques, such as total parenteral nutrition (TPN) and tube feeding when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain. The service met the core standards for pain management services in the UK.
- Managers 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 routinely collected, monitored and reviewed effectiveness of care and treatment through local and national audits, and through other monitoring activities, such as mortality reviews, peer reviews and benchmarking. Outcomes for people who used the service were positive, consistent and met expectations.
- The service ensured staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.
- Multidisciplinary team (MDT) working was exemplary on the unit. Staff of different kinds were committed to working collaboratively to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. The team found efficient ways to deliver more joined-up care to people who used services.
- There was a holistic approach to planning people's discharge, transfer or transition to other services, which was done at the earliest possible stage. When unexpected discharges, transfers and transitions occurred, processes were in place to ensure people were not left at risk.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

## Is the service caring?

**Outstanding**  

Our rating of caring improved. We rated it as outstanding because:

- Staff always cared for patients with compassion. Feedback from patients confirmed that staff always treated them well and with kindness. Relationships between staff, patients and those close to them were strong and staff highly valued these relationships. Staff found innovative ways to interact with patients and those close to them in a respectful and considerate way.
- Staff always provided emotional support to patients to minimise their distress. Staff viewed patients' emotional and social needs as important as their physical needs. They went the extra mile to ensure patients and those close to them had a positive experience at their most vulnerable and provided people with an exceptional service.

# Critical care

- Staff involved patients and those close to them in decisions about their care and treatment. Staff recognised that patients needed access to their advocacy and support networks. They were fully committed to working in partnership with people and ensuring that patients' family members and advocacies were involved in care and treatment plans.
- Staff ensured that patients communication needs were understood and sought best practice accessible ways to communicate with patients with protected equality or other characteristics that made this necessary. They communicated with patients and those close to them in a way that was understood.

## Is the service responsive?

**Good** ● → ←

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

- The critical care service reflected the needs of the population it served and ensured flexibility, choice and continuity of care. The facilities and premises were appropriate for the services that were being delivered.
- Patients' individual needs were central to the delivery and coordination of tailored services. This included patients with protected characteristics under the Equality Act, patients who may be approaching the end of their life and patients who are in vulnerable circumstances or who have complex needs. Where patients' needs and choices were not being met, this was identified and used to inform how the service could be improved.
- Staff took a proactive approach to understanding the needs and preferences of different groups of patients. They delivered care in a way that met individual needs that was accessible and promoted equality. Staff went the extra mile to ensure barriers were removed when people found it hard to use or access services. They were proactive in enabling and promoting patients' independence.
- There were innovative approaches to providing integrated person-centred pathways of care and to increase patients' accessibility to critical care services. Staff ensured that care was delivered in a way that was accessible and promoted equality.
- People could access the service when they needed it. Arrangements to admit, treat and discharge patients were in line with good practice and met professional standards. Admission pathways to critical care were clear and well defined. People had timely access to initial assessment, test results, diagnosis and treatment.
- Staff treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. People who used services were encouraged to be involved in reviews of how the service was delivered. The service could demonstrate where improvements had been made because of learning from feedback and concerns. There were consistently low levels of complaints received for the critical care service.

## Is the service well-led?

**Outstanding** ☆ ↑

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

- The service had leaders at all levels with the right skills and abilities to run a service providing high-quality sustainable care.

# Critical care

- Leaders were compassionate, inclusive and effective at all levels and were visible and approachable. They demonstrated a high level of experience, capacity and capability needed to deliver excellent and sustainable care. They had a deep understanding of the issues, challenges and priorities in their service and identified the actions that were needed to address them.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and patients. There was a clear vision and set of trust wide values that had quality and sustainability as the top priorities.
- The challenges to achieving the strategy were understood and action plans were in place. Staff in all areas knew, understood and supported the vision and strategic goals and how their role helped in achieving them.
- Leaders across the service always promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Leaders had an inspiring shared purpose and motivated staff to succeed. There were high levels of satisfaction across all staff, including those with protected characteristics under the Equality Act. Staff were proud of the service as a place to work and spoke highly of the culture.
- Candour, openness, honesty, transparency and challenges to poor practice were the norm. Staff at all levels were actively encouraged to speak up and raise concerns. Concerns were investigated sensitively and confidentially, and lessons were shared and acted on.
- The critical care service used a systematic approach to continually improve the quality of the service and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. These were regularly reviewed and improved.
- All levels of governance and management functioned effectively and interacted with each other appropriately. There was a clear route of escalation from the ward to the board and staff at all levels understood their roles and accountabilities.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. There was a demonstrated commitment to best practice performance and risk management systems and processes. The service reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. There was a holistic understanding of performance, which sufficiently covered and integrated the views of people with quality, operational and financial information. Staff demonstrated a commitment to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.
- The service engaged well with patients, staff and the public to plan and manage appropriate services, and collaborated with local organisations effectively. A full and diverse range of people's views and concerns were encouraged, heard and acted on to shape the service and culture.
- The service was committed to improving by learning from when things went well and when they went wrong, promoting training, research and innovation. There was a fully embedded and systematic approach to improvement, which made consistent use of recognised improvement methodology. There was a proactive approach to seeking out and embedding new and more sustainable models of care.

# Critical care

## 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.*

# Services for children and young people

Requires improvement   

## Key facts and figures

City Hospital and Sandwell Hospital were visited as part of the inspection process and each location has a separate evidence appendix. Paediatric services were managed by the same leadership team across the hospitals. For this reason, there may be some duplication contained within the two evidence appendices.

This evidence appendix relates to services for children and young people provided at Sandwell Hospital.

During the inspection visit, the inspection team:

- Spoke with nine patients and relative and two patients
- Reviewed 17 patient records;
- Observed staff caring for patients within wards and theatres
- Reviewed trust policies and procedures
- Reviewed performance information and data from, and about the trust;
- Spoke with 30 members of staff including nurses, doctors and members of the multidisciplinary team
- Met with service manager, clinical lead and matron

The paediatric service was last inspected in October 2014 and was rated as requires improvement overall including safe, responsive and well led. It was rated as good for effective and caring.

We looked at the changes the service had made to improve the service during this inspection.

Services for children and younger people at Sandwell Hospital were as follows:

- Ward Lyndon ground: Paediatric assessment unit and adolescent inpatient area consisting of 18 beds
- Ward Lyndon 1: Paediatric inpatient area consisting of 22 beds including 2 high dependency beds
- Priory ground: Paediatric elective surgical day case unit consisting of eight beds located within side room
- Paediatric outpatients

*(Source: Routine Provider Information Request (RPIR) – Sites tab)*

Staff within paediatrics worked at both the City Hospital and Sandwell Hospital sites. One group of staff were required to work as required within:

- Priory Ground at Sandwell Hospital: Open 7.30am to 6pm on Mondays, Tuesdays, Thursdays and Fridays
- Paediatric outpatients located at Sandwell Hospital
- Paediatric outpatients at the Birmingham Treatment Centre located at City Hospital
- Medical day unit at the Birmingham Treatment Centre located at City Hospital
- Ward D6 at City Hospital: Open 7.30am to 8.30pm on Tuesdays, Wednesdays and Thursdays

A second group of staff worked as required within:

# Services for children and young people

- Lyndon Ground located at Sandwell Hospital
- Ward D19 located at City Hospital

A third group of staff primarily worked on Lyndon 1 but could be moved to cover staff shortages.

Acute paediatrics services are a 24/7 service accepting 7,500 admissions through the paediatric assessment units on both the City and Sandwell sites with inpatient admissions on the Sandwell site into 14 beds (which include the High Dependency Unit) and the six-bedded adolescent facility.

The paediatric service offers the full range of outpatient paediatric specialties delivering 12,000 outpatient attendances annually.

*(Source: Routine Provider Information Request (RPIR) – Context acute)*

## Summary of this service

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

- The service 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, in line with the Royal College of Nursing 2013 guidelines.
- All ward managers had to cover clinical shifts in order to fill gaps in the rota.
- Staffing did not meet the Royal Colleges of Nursing guidelines that state that children aged over two years old should have one nurse to four patients. This risk increased when HDU patients were admitted to Lyndon 1.
- Unregistered band 4's were being used in registered staff roles.
- Staff regularly worked over their hours to support their colleagues and often worked without breaks.
- Medical staffing levels did not meet the requirements of the Facing the Future: Standards for Acute General Paediatric Services. The service did not have a consultant paediatrician present and readily available during times of peak activity, seven days a week. Not every child admitted to a paediatric department with an acute medical problem was seen by a consultant paediatrician within 14 hours of admission.
- Arrangements in place to provide annual mandatory training to all members of staff were not effective. The service did not meet the Royal college of Nursing guidelines in relation to staff training in advanced paediatric life support.
- The children and young peoples service could not assure itself of its equipment cleanliness.
- The trust was using 'ligature free' rooms to care for children and adolescents with mental health issues, these rooms contained ligatures.
- There were out of date medicines (including controlled drugs) found during this inspection. Staff on Priory Ground only record fridge temperatures for the days the ward is open putting patients at risk of ineffective medicines.
- Staff do not have the skills or training to competently care for CAMHS patients. At the time of this inspection staff did not receive any training in mental health conditions, learning disability or autism.
- The trust employed 2 play specialists who worked across the sites. They were not available seven days a week.
- During our previous inspection of the service in October 2014 we found there was no formal agreement with the local children and adolescent mental health services.

# Services for children and young people

- Staff were not aware of how they routinely received learning from complaints.
- Leaders did not have protected time to carry out their managerial duties. Leaders told us they were not always supported by their managers.
- There was no children's strategy at the time of our inspection and inadequate support for business planning.
- Staff wellbeing was a concern due to staff shortages. Staff worked excessive hours and when they had physical ailments.
- The trusts risk register was not complete and we could not be assured what actions were being taken to mitigate risks.
- There was no engagement with patients, their families or carers.
- Staff told us they did not feel actively involved in change in the organisation.

## **However:**

- 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.
- Staff followed the trust's infection prevention and control policy and procedures.
- The children and young peoples services were provided in an environment that was suitable for the services provided.
- We saw resus trollies were checked daily. Equipment contained within these trollies was in date and complied with national standards.
- The children's wards recorded and appropriately actioned patient risk levels. The ward had good links with child and adolescent mental health services (CAMHS) to see patients with mental health needs.
- The children's wards routinely used a paediatric early warning score (PEWS) in order to enable the nurses in recognising and responding to signs of deterioration, thereby preventing serious adverse events.
- Individual nursing and medical records were written and managed in a way that kept people safe.
- Incidents were reported by staff working in the service. Staff were more aware of incident investigation processes than they were at our last inspection.
- We saw that staff complied with evidence based practice within their work and completed audits to monitor the quality and efficiency of children and young people services at the trust.
- Treatment was delivered in line with National Institute for Health and Care Excellence (NICE) guidelines for example the trust had guidelines for fluid management, sepsis and asthma.
- Patients nutrition and hydration needs were met on the ward.
- Patients pain levels were recorded and managed appropriately.
- The service monitored, and had low, re-admission rates.
- Necessary staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- The service encourages patients to manage their own health and national priorities to improve the populations health are supported.

# Services for children and young people

- Staff understand and respect the personal, cultural, social and religious needs of people and take these into account in the way they deliver care.
- Patients, their families and carers were given emotional support during their hospital admission.
- Psychological services were involved with supporting children and young people on the wards.
- Staff communicated with people so that they understood their care, treatment and condition and any advice given.
- The environment was designed to meet the needs of the people who used it.
- One parent is permitted to stay overnight with the patient and there are family rooms available on both Lyndon 1 and Lyndon Ground.
- Staff described how they could arrange translation services for patients whose first language was not English. Staff also told us how they could access information leaflets on the intranet in languages other than English if required.
- The service cancelled minimum clinics and surgeries with less than 24 hours notice.
- Complaints were handled in a timely and sensitive manner.
- Ward managers were visible and approachable.
- Ward staff worked effectively as a team and felt supported by their ward managers.
- The service has a clear governance structure for paediatrics.
- The trust held Quality Improvement Half Days where learning was shared.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service 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.
- All ward managers had to cover clinical shifts in order to fill gaps in the rota. This is not in line with the Royal College of Nursing standards for defining staffing levels for children and young people's services 2013, which states that the shift supervisor in each clinical area will be supernumerary to ensure effective management, training and supervision of staff.
- Staffing did not meet the Royal Colleges of Nursing guidelines that state that children aged over two years old should have one nurse to four patients. This risk increased when HDU patients were admitted to Lyndon 1.
- Unqualified band 4's were being used in qualified staff roles. This was raised as a concern during the October 2014 inspection and continued to be the case at this inspection, band 4's are included in qualified staff numbers for Lyndon 1.
- Staff regularly worked over their hours to support their colleagues and often worked without breaks.

# Services for children and young people

- Medical staffing levels did not meet the requirements of the Facing the Future: Standards for Acute General Paediatric Services. The service did not have a consultant paediatrician present and readily available during times of peak activity, seven days a week. This was highlighted as an area of concern during the previous inspection in 2014. Not every child admitted to a paediatric department with an acute medical problem was seen by a consultant paediatrician within 14 hours of admission.
- Arrangements in place to provide annual mandatory training to all members of staff were not effective. The service did not meet the Royal college of Nursing guidelines in relation to staff training in advanced paediatric life support. This had continued to be the case since our last inspection in October 2014.
- The children and young people's service could not assure itself of its equipment cleanliness. Whilst all wards appeared to be clean, they did not use 'I am clean' stickers; these stickers provided the date the equipment was last cleaned. So staff could not be assured which equipment was clean.
- The trust was using 'ligature free' rooms to care for children and adolescents with mental health issues, these rooms contained ligatures. This was also identified at the time of the last inspection.
- The service did not follow best practice when storing medicines.

However:

- 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.
- Staff followed the trust's infection prevention and control policy and procedures.
- The children and young people's services were provided in an environment that was suitable for the services provided.
- On our previous inspection in October 2014 we found resus equipment that was out of date. However, on this inspection we saw the trollies were checked daily. Equipment contained within these trollies was in date and complied with national standards.
- The children's wards recorded and appropriately actioned patient risk levels. The ward had good links with child and adolescent mental health services (CAMHS) to see patients with mental health needs.
- The children's wards routinely used a paediatric early warning score (PEWS) in order to enable the nurses in recognising and responding to signs of deterioration, thereby preventing serious adverse events.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Incidents were reported by staff working in the service. Staff were more aware of incident investigation processes than they were at our last inspection.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.

# Services for children and young people

- Staff gave patients enough food and drink to meet their needs and improve their health. The service had access to five paediatric dieticians to review patients. There was also access to a speech and language team based in the community who could review patients when required.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service monitored, and had low, re-admission rates.
- Acutely unwell patients have their needs, preferences and choices met by staff with the right skills and knowledge.
- 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.
- The service encourages patients to manage their own health and national priorities to improve the populations health are supported.
- Staff understood consent and sought consent from children and their families.

However:

- Staff do not have the skills or training to competently care for CAMHS patients. At the time of this inspection staff did not receive any training in mental health conditions, learning disability or autism. This was also raised as an area of concern during our inspection in October 2014. Staff told us that if a child requires extra observations from staff then this would be delivered by a HCA or nurse on the ward or from elsewhere in the hospital. This could put the child at extra risk by not having someone who is suitably experienced or trained to conduct their observations.
- The trust employed two play specialists who worked across the sites. They were not available seven days a week and staff told us that they were not always available when needed due to the number of different areas they covered.

## Is the service caring?

Good ● → ←

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

- Staff understand and respect the personal, cultural, social and religious needs of people and take these into account in the way they deliver care.
- Patients, their families and carers were given emotional support during their hospital admission. Parents we spoke with told us they felt confident leaving the ward and their child's care with the staff on the ward.
- Psychological services were involved with supporting children and young people on the wards. They were used to support children and young people with long term conditions.
- Staff communicated with people so that they understood their care, treatment and condition and any advice given.

## Is the service responsive?

Good ● ↑

Our rating of responsive improved. We rated it as good because:

# Services for children and young people

- The environment was designed to meet the needs of the people who used it. The wards had single rooms available for teenagers and the ward environment was configured in such a way that adolescents had separate sleeping areas than young children. The children's outpatient department provided a supportive age appropriate environment offering a range of activities for children and young people to access while they waiting for their appointment.
- One parent is permitted to stay overnight with the patient and there are family rooms available on both Lyndon 1 and Lyndon Ground.
- Staff within the children and young people's service were responsive to the individual needs of the patients and their families and carers.
- Staff described how they could arrange translation services for patients whose first language was not English. Staff also told us how they could access information leaflets on the intranet in languages other than English if required.
- The service cancelled minimum clinics and surgeries with less than 24 hours notice.
- Complaints were handled in a timely and sensitive manner.

However:

- During our previous inspection of the service in October 2014 we found there was no formal agreement with the local children and adolescent mental health services. This continued to be the case during this inspection.
- Staff were not aware of how they routinely received learning from complaints.

## Is the service well-led?

**Requires improvement** ● → ←

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

- Leaders did not have protected time to carry out their managerial duties. Leaders told us they were not always supported by their managers.
- There was no children's strategy at the time of our inspection and inadequate support for business planning.
- Staff wellbeing was a concern due to staff shortages. Staff worked excessive hours and told us they worked when they had physical ailments.
- The trusts risk register was not complete and we could not be assured what actions were being taken to mitigate risks.
- There was minimal engagement with patients, their families or carers.
- Staff told us they did not feel actively involved in change in the organisation.

**However:**

- Ward managers were visible and approachable.
- Ward staff worked effectively as a team and felt supported by their ward managers.
- The service has a clear governance structure for paediatrics.
- Ward management were responsible for cascading information upwards to the trust management team and downwards to the clinicians and other staff on the front line.

# Services for children and young people

- The trust held Quality Improvement Half Days where learning was shared.

## Areas for improvement

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

# Community health services

## Background to community health services

The trust provides community health services for adults, community health services for children and young people and community end of life. These services were inspected October 2017.

At this inspection we looked only at community health inpatients services.

## Summary of community health services

**Requires improvement** ● ↑

This inspection looked at community health inpatients services only. We rated this requires improvement which was better than the previous rating of inadequate. See below for details

# Community health inpatient services

Requires improvement  

## Key facts and figures

The trust has reported a provision of 131 adult community beds on six nurse led wards, split across three sites at Rowley Regis Hospital, Leasowes Intermediate Care Centre and the Sheldon block on the City Hospital site. We inspected Rowley Regis Hospital and Leasowes Intermediate Care Centre only.

There are three medically fit for discharge (MFFD) wards which account for 69 inpatient beds. These are located on the McCarthy and Eliza Tinsley wards at Rowley Regis Hospital, as well as D43 in Sheldon block at City Hospital. MFFD wards receive patients transferred from the acute wards that are deemed well enough for discharge but require ongoing nursing care and cannot be discharged to their normal place of residence. Reasons for this might include awaiting a package of care or placement to a residential or nursing home. The majority of these patients do not require therapeutic rehabilitation although maintenance therapy continues. Referrals to these MFFD wards are coordinated by the capacity team in liaison with the senior ward staff.

The trust's 62 intermediate care (IMC) beds are on Henderson ward at Rowley Regis Hospital, Leasowes Intermediate Care Centre and ward D47 in the Sheldon block at City Hospital. These patients no longer require acute medical care but have a continued requirement for intensive rehabilitation. Physiotherapists, occupational therapists and rehabilitation support workers, in liaison with the patient and their family/carers, design rehabilitation programmes based on individual needs. Referrals to IMC beds are conducted through a trusted therapy model with clearly documented rehabilitation goals, accepting patients as a step down from the acute bed base and a step up from the trust's community team, on recognition of specific patient need.

Medical cover on these nurse-led wards is delivered by two local GP practices attending daily. In liaison with the multi-disciplinary team (MDT), they adopt a flexible approach in their attendance and are readily available by phone to respond to any additional issues.

The wider MDT includes social workers and pharmacists available daily and speech and language therapists and dieticians on request. These wards adopt a collective trust approach to consistency of care, reporting safety checks daily through the matron and group director of nursing.

## Summary of this service

Our rating of this service improved. We rated it as requires improvement because:

- 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.
- 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.
- The service mostly controlled infection risk well. Staff generally 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.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.

# Community health inpatient services

- 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.
- 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 provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- 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.
- 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.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.
- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice.
- The service took account of patients' individual needs.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a 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.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

# Community health inpatient services

- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However,

- The service provided mandatory training in key skills to all staff, however not all staff were fully compliant in training the trust deemed essential for safe and efficient service delivery and personal safety.
- Emergency resuscitation trolleys had no security tags on the drawers to alert staff to tampering with the content. Resuscitation trollies were therefor not tamperproof
- Staff did not achieve uniformly high standards in recording and communicating decisions about CPR and that DNACPR forms in line with best practice.
- When monitoring and scoring vital signs nurses did not always take urgent action to review the care of the patient and call for specialist help when necessary.
- Mental capacity assessments completed by staff were not always detailed, compliant with legislation and best practice, or undertaken in a way and at a time that recognised patient's abilities.
- Most but not all staff were up to date with their yearly appraisal.
- Care plans did not describe the care needs in an individualised way.
- Although the service treated concerns and complaints seriously, the time taken to investigate complaints was not in line with trust policy.
- Ward risk registers did not reflect all risks staff identified in the area.

## Is the service safe?

**Requires improvement** ● ▲

Our rating of safe improved. We rated it as requires improvement because:

- The service provided mandatory training in key skills to all staff, however not all staff were fully compliant in training the trust deemed essential for safe and efficient service delivery and personal safety.
- Emergency resuscitation trolleys had no security tags on the drawers to alert staff to tampering with the content. Resuscitation trollies were therefor not tamperproof.
- Staff did not achieve uniformly high standards in recording and communicating decisions about CPR and that DNACPR forms in line with best practice.
- When monitoring and scoring vital signs nurses did not always take urgent action to review the care of the patient and call for specialist help when necessary
- Patients did not always receive 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 with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

# Community health inpatient services

- 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.
- The service generally controlled infection risk well. Staff generally kept themselves, equipment and the premises clean and used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- 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.
- 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.

## Is the service effective?

**Requires improvement** ● ▲

Our rating of effective improved. We rated it as requires improvement because:

- Mental capacity assessments completed by staff were not always detailed, compliant with legislation and best practice, or undertaken in a way and at a time that recognised patient's abilities.
- Not all staff were up to date with their yearly appraisal.
- Care plans did not always describe the patients care needs in an individualised way.

However,

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- 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 to provide support and monitor the effectiveness of the service.
- 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.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

## Is the service caring?

**Good** ● → ←

# Community health inpatient services

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

## Is the service responsive?

Good ● ↑

Our rating of responsive improved. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice.
- The service took account of patients' individual needs.

However,

- Although the service treated concerns and complaints seriously, investigated them and learned lessons from the results, the time taken to investigate complaints was not in line with trust policy.

## Is the service well-led?

Good ● ↑↑

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

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a 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.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

# Community health inpatient services

- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

**However:**

- Ward risk registers did not reflect all risks staff identified in the area.

## 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.

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

#### Regulation

Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

#### Regulated activity

#### Regulation

Nursing care

Personal care

Treatment of disease, disorder or injury

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

#### Regulated activity

#### Regulation

Nursing care

Personal care

Treatment of disease, disorder or injury

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### Regulated activity

#### Regulation

Nursing care

Personal care

Treatment of disease, disorder or injury

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

#### Regulated activity

#### Regulation

Nursing care

Treatment of disease, disorder or injury

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

## Requirement notices

### Regulated activity

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

### Regulated activity

### Regulation

Nursing care

Personal care

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Victoria Watkins, Head of Hospitals Inspection led the inspection. A range of highly experienced specialist advisers supported our inspection of well-led for the trust overall.

The team included one inspection manager, nine inspectors and a range of specialist advisers.

Specialist advisers are experts in their field who we do not directly employ.