

St Helens and Knowsley Teaching Hospitals NHS Trust

Inspection report

Whiston Hospital
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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 at <https://www.cqc.org.uk/provider/RBN/reports>.

Ratings

Overall rating for this trust

Outstanding

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding

Are services responsive?

Good 

Are services well-led?

Outstanding

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

St Helens and Knowsley Teaching Hospitals NHS Trust provides a full range of acute and intermediate healthcare services across three sites at St Helens, Whiston and Newton hospitals. They provide services for children and adults, including inpatient, outpatient, intermediate care, maternity and emergency services.

The Mersey Regional Burns and Plastic Surgery Unit is also located at Whiston Hospital, providing treatment for over four million people across the North West, North Wales and the Isle of Man.

They have 800 beds, 5000 full time equivalent staff and £384 million turnover. The estate is 98 percent private finance initiative. They are the lead employer for 5,500 doctors who do not work for the trust and a major supplier of shared services for other NHS organisations.

St. Helens is one of the 20% most deprived districts/unitary authorities in England and about 25% (8,100) of children live in low income families. Life expectancy for both men and women is lower than the England average.

In Year six, 24.4% of children are classified as obese, worse than the average for England. The rate of alcohol-specific hospital stays among those under 18 is worse than the average for England. This represents 30 stays per year. Levels of teenage pregnancy, GCSE attainment, breastfeeding initiation and smoking at time of delivery are worse than the England average.

The rate of alcohol-related harm, self-harm hospital stays in adults is worse than the average for England. The rate of smoking related deaths is worse than the average for England

Estimated levels of adult excess weight and physical activity are worse than the England average. The rate of hip fractures is worse than average. Rates of sexually transmitted infections and tuberculosis are better than average.

Overall summary

Our rating of this trust improved since our last inspection. We rated it as Outstanding

What this trust does

St Helens and Knowsley teaching Hospitals NHS Trust provides a full range of acute healthcare services from two hospital sites Whiston Hospital and St Helens Hospital.

They also provide community services across the St Helens area and from Newton Community Hospital. From April 2017, NHS St Helens Clinical Commissioning Group awarded the contract to deliver adult community services to St Helens and Knowsley Teaching Hospitals NHS Trust, in partnership with North West Boroughs Partnership NHS Foundation Trust and St Helens rota.

The trust has delivered community phlebotomy, community COPD and sexual health services for more than two years. The Trust began delivering adult continence services in April 2017 and community frailty in December 2017. The delivery of tissue viability, Healthy Hearts and a reconfigured community falls service began in April 2018.

The trust also provides GP services from Marshalls Cross Medical Centre.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

Summary of findings

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.

We inspected three acute core services at the trust. These included urgent and emergency care; surgical care and maternity care. We also inspected the community services provided by the trust as these were additional services since the last inspection in 2015. These included community inpatient services at Newton Community Hospital and specialist community adults' services.

We also inspected the primary medical services

What we found

Overall trust

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

- We rated safe, effective and responsive as good and caring and well-led as outstanding.
- We rated six of the trust's eight services as good, one as outstanding across two sites and one as requiring improvement. In rating the trust, we took into account the current ratings of the five services not inspected this time.
- Whiston Hospital was rated good overall.
- St Helens Hospital was rated outstanding overall.
- Community services were rated as good overall.
- We rated Marshalls Cross Medical Centre as requiring improvement however this service was only acquired by the trust in April 2018 and therefore these ratings are not aggregated in to the overall ratings.
- As the community services had been delivered by the trust for less than two years we have agreed not to aggregate the rating for community into the overall trust rating.
- We have rated well led for the trust as outstanding. There had been significant progress within the maternity services and some upward movement within the ratings although there has been some deterioration in one rating in urgent and emergency care.
- The Trust retained the outstanding ratings for the Whiston and St Helens Hospital outpatient services, which were rated in 2015.
- The trust was rated good for Use of Resources.
- This gives a combined rating of outstanding.

Summary of findings

Are services safe?

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

- The safe domain was rated as good at both hospital sites.
- People were protected from avoidable harm and abuse. When something goes wrong people receive a sincere and timely apology.
- Openness and transparency about safety is encouraged. Staff understand and fulfil their responsibilities to raise concerns and report incidents and near misses.
- Performance shows a good track record and steady improvement in safety. In the majority of cases, when something goes wrong, there is appropriate thorough review, investigation and action.
- There were clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguard them from abuse.
- Staff had received up-to-date training in safety systems.
- Safeguarding vulnerable adults, children and young people was given sufficient priority.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe.
- Risks to people using services were assessed, monitored, managed and responded to appropriately.
- Risks to safety from service developments or changes are planned for and managed appropriately including responding to major incidents.

However;

- Urgent and emergency care services at Whiston Hospital and Marshalls Cross Medical Centre were rated as requires improvement in safe. Although it should be noted that the rating for Marshalls Cross was not aggregated into the trust ratings as the service had only been provided for a few months at the time of the inspection.
- In urgent and emergency care we identified areas for improvement around safeguarding training levels. The median time from arrival to initial assessment was worse than the overall England median over the 12-month period from February 2017 to January 2018. During the inspection however, we saw that the trust had taken measures to reduce this and from March 2018 there was a reduction to less than 15 minutes. The number of Ambulance turnaround times over 30 minutes were higher than the national average and the use of both paper and electronic records caused some concern.
- There were a number of concerns raised at Marshalls Cross Medical Centre however the trust had only been delivering the service for five months at the time of the inspection and actions were being taken.
- There was an area for improvement in the review and investigation of deaths to ensure that all deaths that require investigation are investigated thoroughly. The trust was made aware during the inspection and assured us that they would look at the concern.

Are services effective?

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

- All services apart from the Marshalls Cross Medical Centre were rated as good for effectiveness.
- People had good outcomes because they received effective care and treatment. The outcomes were monitored and used to improve care.
- Care and treatment was planned and delivered in line with current evidence-based guidance and legislation.

Summary of findings

- People had comprehensive assessments of their needs including clinical, mental health, wellbeing and nutrition and hydration. These were regularly reviewed and updated.
- People who were subject to the Mental Health Act had their rights protected.
- The trust engaged in relevant local and national audits and results were used to internally and externally to improve care and treatment.
- Staff were qualified and had the skills they needed to carry out their roles effectively.
- There was timely and meaningful supervision and appraisal for staff. There was a clear and appropriate approach to managing staff when performance was poor or variable.
- Care was delivered by coordinated, multidisciplinary teams and services who worked collaboratively to meet the range and complexity of people's needs including at transition between services and at discharge.
- Consent to care and treatment was gained in line with legislation and guidance.
- Deprivation of Liberty safeguards were used proportionately and appropriately in the best interest of the person.

Are services caring?

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

- Two services that we previously rated as outstanding and were not inspected remained outstanding and the community inpatient service at Newton Hospital was rated outstanding for caring. The other core services we inspected rated caring as good.
- Throughout the inspection we saw that individuals were supported and treated with dignity and respect and were involved as active partners in the planning and delivery of their care.
- People who used the services were continually positive about the way staff treated them. Some people felt that staff went the extra mile and the care exceeded their expectations.
- There was a strong, visible person centred culture, the staff we met were highly motivated and driven. The relationships between people who use the service, their families and staff were highly valued and promoted by leaders.
- Staff respected the totality of peoples' needs and took in to account personal, cultural, social and religious needs when planning and arranging care.
- We saw examples of how staff had been creative to overcome obstacles to delivering care and peoples personal preferences were reflected in how care was delivered.
- Peoples emotional needs were highly valued by staff and embedded in their care and treatment.

Are services responsive?

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

- All care services except for urgent and emergency services were rated as good for being responsive.
- Peoples needs were met through the way services were organised and delivered.
- Services were planned and delivered to meet the needs of local people, including taking in to account the various needs of people based on equality characteristics. Reasonable adjustments were made where required.
- Care was coordinated with other services and providers.

Summary of findings

- Facilities and premises were appropriate and in some areas, were being adjusted for example in the urgent and emergency department.
- The appointments system supported people to get appropriate appointments.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The complaints process was easy to access, and all complaints were taken seriously and dealt with in an open and transparent way. Improvements were made based on the findings from complaints.

Are services well-led?

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

- All the core services were rated good for well-led except one which was rated outstanding across both hospital sites.
- There was clear statement of vision and values driven by quality and safety. There were credible service level strategies.
- Strategic objectives were cascaded through the organisation and staff knew and understood the vision, values and strategic goals. Values were held as underpinning the delivery of the strategies.
- Governance within the organisation functioned effectively with clear structures of accountability which were understood and effective.
- Quality and finance received comparable coverage in corporate meetings including the Board.
- Performance information was accurate, valid and reliable and the integrated performance reports supported effective decision making.
- Risk management processes were comprehensive and identified, monitored and addressed risks which were escalated appropriately.
- Leaders were knowledgeable and understood the risks in their areas. They prioritised safe, high quality care through supportive relationships with staff who felt respected, valued and supported.
- Candour and honesty amongst staff promoted challenge to poor practice and staff wellbeing was promoted.
- Engagement with staff and people who used services was seen and was held in high importance to effective change management.
- Safe innovation was supported and there was a strong focus on learning an improvement.

Marshalls Cross Medical Centre

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

We always inspect the quality of care for six population groups. Our ratings were:

- Older people: requires improvement.
- People with long-term conditions: requires improvement.
- Families, children and young people: requires improvement.
- Working age people (including those recently retired and students): requires improvement.
- People whose circumstances may make them vulnerable: requires improvement.
- People experiencing poor mental health (including people with dementia): requires improvement.

Summary of findings

For more information, see the separate inspection report on this service on our website – www.cqc.org.uk/location/RBN02

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 considered factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

As the community services had been delivered by the trust for less than two years we have agreed not to aggregate the rating for community into the overall trust rating. The trust had delivered services from the general medical practice for less than five months and we agreed not to aggregate these ratings in the trust overall rating.

We have rated well led for the trust as outstanding. There had been significant progress within the maternity services and some upward movement within the ratings; with three requires improvement ratings now rated as good. However, there has also been some deterioration in one rating.

Although the Trust retained the outstanding ratings for the Whiston and St Helens Hospital outpatient services, which were rated in 2015 no other services were rated as outstanding.

NHS Improvement have rated the trusts use of resources as good which gives a combined rating of outstanding.

Outstanding practice

We found examples of outstanding practice which can be seen in the Outstanding practice section of this report.

Areas for improvement

We found areas for improvement including three breaches of legal requirements that the trust must put right. These were all regarding Marshalls Cross Medical Centre which the trust acquired only five months prior to the inspection.

We found 43 things that the trust should action to improve service quality.

Action we have taken

We issued requirement notices to the trust. Our action related to breaches of four legal requirements at Marshalls Cross Medical Centre.

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 surgery at Whiston Hospital within the regional burns unit we observed exceptional work in the regional burns unit, they treated a patient with the largest percentage of burns to survive in the United Kingdom (UK). The unit had developed the most burns care posters in the UK which were displayed at the British Burns Association annual conference.

Summary of findings

In maternity there were eight new-born and infant physical examination trained midwives across the hospital and community team. There was a 'helicopter bleep' holder who was a manager with oversight of the service and who could support staff where needed during weekdays.

The 'Quality bus' took learning and new initiatives to the wards for staff to interact with during their shifts and learning was shared at safety huddles.

The 'Enhanced Recovery Pathway' was in place with each woman having a personal plan to meet their individual needs for caesarean section.

In community services for adults the sexual health services were the only sexual health service in the North West to have a dedicated health improvement team. Trained sexual health improvement practitioners worked proactively with the local community in public houses, clubs and gyms to identify and treat people at risk of sexually transmitted infections.

Psycho-sexual therapists provided specialist emotional support and counselling to patients using sexual health services. The service employed a dedicated therapist for patients who were HIV positive.

Sexual health services used social media to interact with and engage people at risk of syphilis.

Women wanting long acting reversible contraception received a telephone assessment before being offered an appointment for the procedure, which improved patient safety, provided convenient access to services and reduced the amount of time patients spent in clinic.

The community frailty service worked closely with inpatient services and Age UK to ensure the effective transfer of care for frail elderly patients from hospital to community. Age UK support workers provided six weeks support to patients post discharge alongside the community service.

Sexual health services provided specific sexual health screening and clinics for refugee families in partnership with SHAP, a local charity.

The community falls prevention service provided falls awareness sessions in local schools to equip children and young people with the skills to support elderly relatives and prevent falls in the home.

In the community inpatient service staff went above and beyond, in order to ensure patient needs were met, especially when a new patient transferred in and had an issue with a piece of equipment. Staff contacted the manufacturers for advice, but despite reassurance that the patient would be able to manage without the particular piece of equipment for a few days, staff still continued to go to great lengths to obtain the piece of equipment within hours of the patient being admitted.

The community inpatient service was caring for a bariatric patient with a lot of additional needs and the staff were exploring different ways of being able to safely transport the patient to be seen by a specialist nurse outside of the area, in order to aid recovery.

Trust wide there were several areas of outstanding practice including the enduring values which had been in place for a number of years and everyone knew about, supported and we found that people truly worked to them.

The trust was the best in the NHS, Patient Led Assessment of the Care Environment 2017 and 2018. The Trust achieved top marks in the country for areas including; cleanliness, food, privacy and dignity, facilities for patients living with dementia and disabilities, condition, appearance and maintenance of the hospital buildings.

The trust was in the top 100 places to work in the NHS (NHS Employers and Health Service Journal)

The trust was best acute Trust in England (NHS Staff Survey 2017) and has consistently performed well in overall staff engagement since 2015, being placed in the best 20% nationally in 2015, 2016 and 2017 and best in the North West in 2016 and 2017. Staff recommendation of the Trust as a place to work has also been extremely positive, with the Trust in the best 20% nationally in 2015 and 2016, best in the North West in 2016 and best nationally in 2017.

Summary of findings

The trust had Best Patient Experience in the NHS (CHKS Top Hospitals Awards 2015).

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve;

We told the trust that it must take action to bring services into line with four legal requirements at Marshalls Cross Medical Centre. These are reported in the separate report found at www.cqc.org.uk/location/RBN02

Action the trust SHOULD take to improve;

Trust wide

- The trust should have an assurance process for checking that they have access to and can produce for the regulator, information pertaining to the fit and proper person regulation with respect to non-executive directors.

In Urgent and Emergency Care

- The department should work towards the alignment of updated national standards in safeguarding children's training by ensuring all staff who potentially contribute to assessing, planning, intervening or evaluating the needs of a child or young person are trained in safeguarding children level three and ensure compliance levels in safeguarding adults level two in line with its safeguarding adults policy as well as ensuring that training workbooks are completed and returned as per trust policy.
- The department should continue to work towards securing a paediatric emergency medicine consultant for the department.
- The department should continue to provide training and guidance to staff while the new mental health capacity assessment tool is embedded into daily practice
- The department should ensure that all actions identified to improve audit outcomes including Royal College of Emergency Medicine are completed.
- The department should ensure staff know who their freedom to speak up guardian is and how to access them.
- The department should ensure all staff are aware of the location of cleaning equipment including blood spillage kits.
- The department should continue its attempts to achieve key national targets to enable timely care of its patients including arrival to initial assessment times and the Department of Health decision to admit, transfer or discharge target.
- The department should consider what actions could be taken to clarify and monitor the quality and completion of ligature and clinical risk assessments to ensure they are completed as appropriate for all patients requiring them.

In Surgery at Whiston hospital

- Ensure that a full, clear and comprehensive record is kept of all patients care and treatment and that care and treatment is delivered as per trust policies.
- Ensure that there are robust processes in place for checking resuscitation equipment, monitoring compliance and ensuring that all relevant staff are familiar with the process.
- Ensure that all patient information is recorded on their drug charts and that the information is clear.

Summary of findings

- Consider ways to improve the effectiveness of care and treatment, especially with regards to hip fractures, emergency laparotomies, patient outcome measures.
- Consider ways to improve the pain management of patients throughout their care.
- Consider ways to improve the taking and documentation of consent.

In Surgery at St Helens Hospital

- Embed knowledge of sepsis pathways with staff.
- Improve the quality and consistency of de-briefs following surgical procedures.
- Improve compliance with the controlled drugs policy.
- Improve compliance with the uniform policy to reduce the risk of infection.
- Improve compliance rates for adult basic life support training.
- Record pain scores in the pre-operative assessment.
- Consider how to improve awareness of the freedom to speak up guardian.

In Maternity

- The trust must ensure that doctors are trained to level three for safeguarding training
- The trust should ensure that all midwifery staff have appraisals completed.
- The trust should ensure that all clinical waste is disposed of safely.
- The trust should ensure that staff comply to infection control and prevention best practice guidelines.
- The trust should ensure that all women have their medications to take home.
- The trust should ensure that all screens are locked when unattended.
- The trust should consider reviewing the bereavement room environment.

In Community Inpatients

- The service should improve the completion of cleaning schedules is documented and evidenced.
- The service should improve record keeping particularly regarding signatures at each separate entry.
- The service should improve the management of medicines particularly regarding the management and safe administration of controlled drugs in line with the trust policy.
- The service should ensure that improvements be made to lower the incidences of medication errors.
- The service should ensure that all staff members have regular formal supervision and meetings with senior members of staff and that appraisals are completed on time.
- The trust should ensure that the visibility of the Freedom to Speak up Guardian or champions be increased, so that all staff members are aware of who to go to and how to contact them.

In Community services for Adults

- The service should provide all staff with an induction and mandatory training when starting work with the trust.
- The service should have robust systems and processes, that are adhered to by all staff, for the secure storage of confidential patient records when in transit between locations and during home visits.

Summary of findings

- The service should make the blood test history for all patients attending phlebotomy clinics available to phlebotomists.
- The service should monitor the effectiveness of care and treatment and the impact on patient outcomes by all community teams.
- The service should display appropriate signs in clinic rooms in community venues to inform people when they are being used to deliver care and treatment.
- The service should review the impact of providing staff in the emergency department on the waiting time for the community falls prevention service.
- The service should have a lone working policy which protects all staff who work alone and apply it consistently across all community services and teams.

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.

The chief executive officer demonstrated commitment, energy and had been leading the trust since 2003, she clearly expressed uncompromising expectations of her team, and of the quality of care she expected for those the trust served. Leaders demonstrated an inspired shared purpose which resonated with the chief executive officers' vision. There were comprehensive and successful leadership strategies in place that ensured delivery and developed the desired culture. The deeply embedded values, "5 Star Patient Care", were revised annually but always kept the essence of the culture, provided an unwavering basis for delivering high quality sustainable services by dedicated and supported staff.

The strategy and supporting objectives were stretching, challenging and innovative. The strategy was underpinned by the enduring values under the banner of "5 Star Patient Care". The strategic direction was clear and well understood by the operational and clinical leaders. Work was underway to strengthen the enabling strategies in respect of finance, workforce, quality, information management and technology.

The trust was a leading partner in the system approach to improving care for patients in St Helens although work in the other areas was moving with less pace.

Governance and performance management systems were well established and reflected best practice. There was good clarity on the coverage of director portfolios and the organisational accountability arrangements. The role of the board committees was clear, all of which were chaired by a non-executive director. There was also a helpful distinction between executive lead scrutiny functions known as councils as distinct from the assurance role of the board's committees.

There were very high levels of staff satisfaction across all staff groups. Staff were very proud to work for the trust as demonstrated through the NHS staff surveys from the last two years. Engagement with staff groups had been integral to the development of the culture within the trust which was inclusive, listening and responsive. The culture across all functions was focussed on improving quality of care and patient safety and providing positive patient and family experience was at its heart. Staff were encouraged to lead improvements to benefit patients.

Staff were encouraged to raise concerns through a plethora of means which all staff were aware of and accessed including direct questions to the chief executive officer. Although we found that not all staff were aware of the Freedom to speak up Guardians this had been recognised by the trust and was part of the Workforce Race Equality Standards action plan.

Summary of findings

The trust had strong links with partners and the local community with which it clearly identified and with whom it welcomed feedback to improve services.

The trust was demonstrably involved in seeking more sustainable models of care and was an integral member of the system improvement in St Helens. They had also recently taken on the delivery of GP services alongside its acute and community work. This was an innovative way to affect the patient journey and influence the holistic care of people in the community.

Use of resources

There was an assessment of the trusts use of resources which can be found in a separate report at www.cqc.org.uk/provider/RBN/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
Good	Good	Outstanding	Good	Outstanding	Outstanding
Mar 2019	Mar 2019	Mar 2019	Mar 2019	Mar 2019	Mar 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/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Whiston Hospital	Good	Good	Outstanding	Good	Good	Good
	Mar 2019	Mar 2019	Mar 2019	Mar 2019	Mar 2019	Mar 2019
St Helens Hospital	Good	Good	Outstanding	Good	Outstanding	Outstanding
	Mar 2019	Mar 2019	Mar 2019	Mar 2019	Mar 2019	Mar 2019
Overall acute	Good	Good	Outstanding	Good	Outstanding	Outstanding
	Mar 2019	Mar 2019	Mar 2019	Mar 2019	Mar 2019	Mar 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	Good Mar 2019	Good Mar 2019	Outstanding Mar 2019	Good Mar 2019	Outstanding Mar 2019	Outstanding Mar 2019
Community	Good Mar 2019	Good Mar 2019	Outstanding Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Overall trust	Good Mar 2019	Good Mar 2019	Outstanding Mar 2019	Good Mar 2019	Outstanding Mar 2019	Outstanding Mar 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 Whiston Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Mar 2019	Good Mar 2019	Good Mar 2019	Requires improvement Mar 2019	Good Mar 2019	Requires improvement Mar 2019
Medical care (including older people's care)	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015
Surgery	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Critical care	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015
Maternity	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Services for children and young people	Good Aug 2015	Good Aug 2015	Outstanding Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015
End of life care	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015
Outpatients	Good Aug 2015	N/A	Outstanding Aug 2015	Good Aug 2015	Outstanding Aug 2015	Outstanding Aug 2015
Overall*	Good Mar 2019	Good Mar 2019	Outstanding Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 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 St Helens Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015	Good Aug 2015
Surgery	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Outpatients	Good Aug 2015	N/A	Outstanding Aug 2015	Good Aug 2015	Outstanding Aug 2015	Outstanding Aug 2015
Overall*	Good Mar 2019	Good Mar 2019	Outstanding Mar 2019	Good Mar 2019	Outstanding Mar 2019	Outstanding Mar 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	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Community health inpatient services	Good Mar 2019	Good Mar 2019	Outstanding Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Overall*	Good Mar 2019	Good Mar 2019	Outstanding Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 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.

Ratings for primary medical services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Marshalls Cross Medical Centre	Requires improvement Mar 2019	Requires improvement Mar 2019	Good Mar 2019	Good Mar 2019	Requires improvement Mar 2019	Requires improvement Mar 2019

Acute health services

Background to acute health services

St Helens and Knowsley teaching Hospitals NHS Trust provides a full range of acute healthcare services from two hospital sites Whiston Hospital and St Helens Hospital.

The trust provides all eight core services but the urgent and emergency services, critical care, services for children and young people and maternity services are only provided at Whiston Hospital.

The trust also provides the base for the Mersey regional burns and plastic surgery unit at Whiston Hospital.

Summary of acute services

Outstanding

Our rating of these services improved. We rated them as outstanding because:

- The overall rating at Whiston Hospital was good, this was because;
 - We rated safe, effective, responsive and well led as good at the hospital with caring being rated outstanding.
 - Safe and effective were the same good ratings as at the previous inspection in August 2015.
 - Caring remained outstanding as at the previous inspection.
 - The rating in responsive had improved one rating to good from the previous inspection.
 - The rating for well led stayed the same at good.
- The overall rating at St Helens Hospital was outstanding, this was because;
 - Medical care and surgery were rated as good overall.
 - Outpatient services had been rated as outstanding overall at the last inspection although we did not inspect them at this inspection.
 - Safe, effective and responsive were rated as good.
 - Caring and well led were rated as outstanding.
 - Marshalls Cross Medical Practice required improvement in safe, effective and well led but were rated good in caring and responsive. We did not aggregate these ratings due to the short time that the trust had been delivering them.

St Helens Hospital

Marshalls Cross Road
St Helens
Merseyside
WA9 3DA
Tel: 0174426633
www.sthk.nhs.uk

Key facts and figures

St Helens Hospital is the smaller of the acute hospitals at St Helens and Knowsley teaching Hospitals NHS Trust. The hospital provides services for adults.

They provide medical care (including older people's care), surgery and outpatient services. Surgery is provided for elective treatment only.

At this inspection we only inspected surgical services. The ratings from the previous inspection in August 2015 remain.

We also inspected the Marshalls Cross Medical Centre which provides GP services from the St Helens site. However, we agreed not to aggregate the ratings for this service as the trust had only commenced providing these services in April 2018.

We visited the ward and theatre areas. We spoke with 10 members of staff, five patients and carers and reviewed 10 patient records. We also reviewed information regarding the hospital's performance.

Summary of services at St Helens Hospital

Outstanding

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

- Safe, effective and responsive were rated as good.
- Caring and well led were rated as outstanding however it should be noted that we did not inspect the outpatients service at this inspection and the outstanding ratings were awarded at the previous inspection in August 2015.
- The surgery services were rated as good in all domains.
- Marshalls Cross Medical Practice required improvement in safe, effective and well led but were rated good in caring and responsive.

Surgery

Good ●

Key facts and figures

St Helens and Knowsley Trust delivers the surgery core service across two sites; Whiston Hospital and St Helens Hospital. A range of surgical services are undertaken including urology, ophthalmology, ENT, trauma and orthopaedics, gynaecology and general surgery (including breast and colorectal surgery). Whiston Hospital also hosts the Mersey regional burns and plastic surgery unit. There are 221 inpatient beds across nine surgical wards including the surgical assessment unit. There are 12 elective theatres and three emergency theatres.

(Source: Routine Provider Information Request (RPIR) – Context Acute)

St Helens Hospital provides elective surgery. The surgery division is based in the Sanderson Suite and delivers less complex surgery than Whiston Hospital. The Sanderson Suite is a day case unit and patients do not stay overnight; patients are over 18 years of age. There are two surgical beds on the separate Duffy Ward for non-complex patients who require an overnight stay. One to five patients per week could be transferred to the Duffy Ward.

The acuity of patients is low and patients with complex needs are seen at the main Whiston Hospital site.

The Sanderson Suite consisted of six theatres and ward areas. The specialist areas include ophthalmic, gynaecology, plastics, urology, ear, nose and throat, orthopaedics, dental and pain.

The inspection team spent two days at the Sanderson Suite on the 17 and 18 July 2018. The inspection was unannounced. On the first day of inspection the department was undertaking their audit day, therefore there were no patients on the unit in the afternoon.

We visited both the theatre and ward areas.

During the inspection we spoke to five patients who were using the service and left comment cards in the reception area. We spoke with staff including band 5 nurses, the ward manager and matron, members of the theatre team and surgical leads. We reviewed 10 patient records. We observed the WHO checklist being undertaken and reviewed one complaint.

The pre-operative team for both the Whiston and St Helens site are based at St Helens. We spoke to the team leader and observed pre-operative assessments being undertaken.

The department was previously rated as good overall.

Summary of this service

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

- Mandatory training compliance rates were good and above trust target in some areas.
- The service had a good staffing ratio and ensured the correct skill mix was accounted for.
- Staff were competent in their roles and managers encouraged professional development of junior staff.
- Staff had good awareness of the Mental Capacity Act, 2005 and patients were supported to make informed decisions about their care.
- Staff involved patients and their relatives in decisions about care and treatment.
- Patients we spoke to and feedback forms reflected good levels of satisfaction in the service.

Surgery

- Patients felt listened to in the department.
- The department took complaints seriously and learning from complaints was evident.
- The service 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. Services at the hospital were aware of the vision and strategy and how it affected surgery at St Helens.
- The services delivered met the needs of patients well.

Is the service safe?

Good ●

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

- There was adherence to the requirement for at least one member of recovery staff to be trained in advanced or intermediate life support at any given time. Basic life support training had increased at the time of inspection to above the trust target of 85%.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff knew how to recognise and report abuse. The trust had clear policies and procedures available and staff knew how to apply it.
- Staff kept appropriate records of patients' care and treatment. Records were scanned in to the electronic system regularly. Records were clear and legible and available to staff providing care.
- 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 department had very low vacancy rates and many staff had worked there for several years.
- The service planned for emergencies and staff understood their roles if one should happen.

However;

- Staff did not always adhere to the controlled drugs policy where signatures were required. This was highlighted both during the inspection and through the July 2018 trust audit.
- Although there was a 57% compliance rate for sepsis training and staff were not always aware of the sepsis pathway, the trust had recognised this and had established an action plan to address it, despite the low risk of sepsis in the patient group.
- During the observation in theatre, staff did not undertake a de-brief in one case and some staff reported that de-briefs were not consistent. This was known to the trust and actions were in place to improve.
- We observed one staff member wearing theatre attire outside of the theatre area.

Is the service effective?

Good ●

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

Surgery

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff knew how to access guidelines.
- Staff gave patients enough food and drink to meet their needs and improve their health. Staff planned for and adjusted for patients' religious and cultural beliefs, and other nutritional requirements such as gluten free. The trust operated a fasting policy of no solids for six hours and no fluids for two hours, for general anaesthetic patients.
- The service made sure that staff were competent in their roles. Appraisals were held annually and managers met with staff on a weekly basis to support and monitor effectiveness.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Staff could access the electronic records easily and all information was available when needed. Staff could update the records.
- Staff at different levels worked together as a team to benefit patients. Staff across both the ward and theatre worked well together and staff could seek guidance and support across both areas. There were good links with the pre-operative teams and staff on the Sanderson Suite.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff understood what to do if patients lacked mental capacity and supported people to make decisions about their care.
- Although some of the outcomes for patients across the trust, which included St Helen's hospital, were worse than the England average there were some good outcomes for patients at this hospital. For example, the proportion of patients not developing pressure ulcers was 98% and the elective readmission rates were better than the national average.

However:

- The unit did not routinely ask patients about their pain levels or record pain scores in the pre-operative assessment, although there was section for this on the document.

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. Patients reported they felt as though they knew all the staff.
- Staff provided emotional support to patients to minimise their distress. Staff attempted to put patients at ease whilst on the ward and were aware of patients who were anxious.

Is the service responsive?

Good ●

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

- The trust planned and provided services in a way that met the needs of local people.

Surgery

- The service took account of patients' individual needs. Staff could give several examples of adjustments made for individual needs such as learning disabilities or very anxious patients who were on the autistic spectrum.
- People could access the service when they needed it. The service operated over six days and patients reported they were not kept waiting. Delayed discharges were rare.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Complaint numbers were very low and were managed well by a dedicated complaints team.
- From January to December 2017 all patients at St Helens had a lower expected risk of readmission for elective admissions when compared to the England average.

Is the service well-led?

Good ●

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

- The service 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. Staff at the hospital were aware of the trust vision and strategy and how it affected surgery at St Helens.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service 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 service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training and innovation.

Areas for improvement

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

Whiston Hospital

Warrington Road
Prescot
Merseyside
L35 5DR
Tel: 01514261600
www.sthk.nhs.uk

Key facts and figures

Whiston Hospital is the larger of the acute hospitals at St Helens and Knowsley teaching Hospitals NHS Trust. The hospital provides a full range of acute services for children and adults 24 hours a day, seven days a week.

All urgent and emergency care services and maternity services are provided from Whiston Hospital. They also provide medical care (including older people's care), surgery, critical care, services for children and young people, end of life care, diagnostics and outpatient's services.

During our inspection we visited 13 wards and departments and observed community care in maternity. We observed care and treatment in urgent and emergency care, surgery and maternity. We spoke with 147 members of staff and 44 patients and carers. We reviewed over 95 records, including patient records, prescription records, theatre checklists, incidents and complaints.

We also reviewed policies and procedures and staffing rotas and information relating to the hospitals performance.

Summary of services at Whiston Hospital

Good ●

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

- We rated safe, effective, responsive and well led as good at the hospital with caring being rated outstanding.
- Safe and effective were the same good ratings as at the previous inspection in August 2015.
- Caring remained outstanding as at the previous inspection.
- The rating in responsive had improved one rating to good from the previous inspection.
- The rating for well led went down one rating to good.

Urgent and emergency services

Requires improvement ●

Key facts and figures

The emergency department at St Helens and Knowsley Teaching Hospitals NHS Trust was located at Whiston Hospital and sat under the medical care group. The hospital operated a 24-hour accident and emergency department for both adults and children.

Approximately 111,000 people attended the department between April 2017 and March 2018, this represented nearly a 10% rise since 2012.

Whiston accident and emergency department was a designated major trauma unit and the hospital also was the base for the Mersey regional burns and plastic surgery unit.

The department provided services for the St Helens, Knowsley and Halton catchment areas which had suffered high deprivation and lower than national average employment rates.

Approximately 11% of patients attending the accident and emergency department were from outside of the trust catchment area including Liverpool, Wigan and Warrington.

We carried out an unannounced inspection of the department between the 17 and 19 July 2018 and used intelligence that had been gathered since the previous inspection in 2015

At the inspection completed in 2015 the emergency department was judged to require improvement in responsiveness and was good in safe, effective, caring and well led categories.

During our inspection we spoke to 39 members of staff including, registered nurses, domestic housekeepers, healthcare assistants, senior managers, a pharmacy technician, a sepsis nurse, a frailty nurse, the alcohol and substance misuse team and a social service team member. We spoke with 25 patients and three relatives.

We also viewed

- Twenty sets of case notes
- Two twenty-four-hour medical rotas
- One twenty-four-hour nursing rota.
- Several policies and procedures

Summary of this service

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

- The median time from arrival to initial assessment was worse than the overall England median over the 12-month period from February 2017 to January 2018. Data for January 2018 showed that the trusts median time from arrival to initial assessment was 38 minutes compared to the England average of nine minutes. During our inspection however, we had seen that the trust had taken measures to reduce this time and from March 2018 we saw a reduction to less than 15 minutes.
- Staff and managers were unclear of correct timescales or recording method for example paper or electronic when undertaking risk assessments of patients within the observation areas. We found they were therefore not consistently completed.

Urgent and emergency services

- Medics were trained to safeguarding level two in children's safeguarding, ten out of 28 senior nurses/coordinators were trained in safeguarding children level three despite providing team leader support to staff in both the adult and paediatric departments 24 hours a day. The department did not meet its target for some nursing staff trained in safeguarding adult level two.
- Data in March 2018 showed 64% of ambulance journeys had turnaround times over 30 minutes. This was higher than the national average. However, information provided by the trust following our inspection demonstrated the average notification to handover time was 27.28 minutes for March 2018 which equated to 39.4% of patients handing over within 30 minutes. Data submitted to the Royal College of Emergency Medicine showed the department failed in meeting its audit standards. This had been recognised and action plans had been developed to improve patient outcomes.
- The department failed to meet the Department of Health target to admit, transfer or discharge 95% of patients within four hours of arrival. This was a decline since the previous inspection from 93% to less than 75%. Additional data however, provided by the trust following our inspection showed that in April, May and June 2018 a range of 86.6% to 89.3% was seen which was similar to the England average. The most recent data we had for March 2018 shows the trust's monthly median total time in A&E for all patients was 184 minutes compared to the England average of 160 minutes.
- The trust did not identify all risks, for example a ligature risk assessment audit or clear guidance and understanding of clinical risk assessments within the observation area.

However

- The service had enough staff with the right qualifications, skills and experience to provide the right care and treatment
- The department controlled infection risk well. Staff kept themselves, equipment and the premises extremely clean, neat and tidy.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and stored confidentially.
- Medications were stored, prescribed, checked and administered in line with best practice guidance.
- The department had a clear system for reporting incidents which staff understood. Incidents were investigated and a process for sharing lessons learnt to all staff was well embedded.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The trust's urgent and emergency care Friends and Family Test performance was higher than the England average from March 2017 to February 2018.
- Patients were treated with dignity and respect, privacy was maintained and discretion observed.
- The department was responsive to increasing demand and were working hard to improve access and flow.
- 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 had a vision for what it wanted to achieve and workable plans to turn it into action.
- The trust provided mandatory training in key skills to staff and compliance rates within the emergency department workforce met with the trust's target of 85%.

Is the service safe?

Requires improvement ●

Urgent and emergency services

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

- Not all staff were trained to the correct level for safeguarding training as outlined in national guidance. Medical staff were trained to level two in children's safeguarding rather than level three as outlined in the June 2018 national standard. The department did not meet the target compliance level in all areas for safeguarding training.
- The median time from arrival to initial assessment was worse than the overall England median over the 12-month period from February 2017 to January 2018. Data for January 2018 showed that the trusts median time from arrival to initial assessment was 38 minutes compared to the England average of nine minutes. During our inspection however, we had seen that the trust had taken measures to reduce this time and from March 2018 we saw a reduction to less than 15 minutes.
-
- Data in March 2018 showed 64% of ambulance journeys had turnaround times over 30 minutes. This was higher than the national average.
- Staff and managers were unclear of correct timescales or recording method for example paper or electronic when undertaking risk assessments of patients within the observation areas. We found they were therefore not consistently completed.

However

- The department had a clear system for reporting incidents which staff understood. Incidents were investigated and a process for sharing lessons learnt with all staff was well embedded by various methods such as team meetings, clinical simulation, generic emails and noticeboards.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff could recognise types of abuse. There was a clear reporting structure within the department and staff knew where to access help and information should they need it.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and stored confidentially. They provided accurate detail including important information about routine medication, patient allergies and clinical observations.
- Medications were stored, prescribed, checked and administered in line with best practice guidance.

Is the service effective?

Good ●

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

- The department provided care and treatment based on national guidance and evidence of its effectiveness. Trauma, sepsis and stroke management were examples of this.
- Managers appraised the work performance of staff and held supervision meetings with them to provide support and monitor the effectiveness of the service. Regular simulation training was held and development roles within the department had been created.
- Pain was assessed, managed and monitored well within the department.
- A high number of staff within the department had completed mental capacity act training.

Urgent and emergency services

- The department operated 24 hours seven days a week, and had access to specialist services seven days a week including alcohol and substance misuse teams, psychiatric liaison and x-ray and CT scanning.
- Staff gave patients enough food and drink to meet their needs and improve their health. The department planned for specific meal requirements.
- Staff within the department worked effectively with other specialty teams throughout the trust to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care, enable accurate assessment, diagnosis and treatment.
- The department 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.

However,

- Audit outcomes from the Royal College of Emergency Medicine demonstrated multiple areas for improvement which the department had recognised and put action plans in place to help improved standards
- Staff knew how to support patients experiencing mental ill health and those who lacked capacity to make decisions about their care but were unaware of the departments capacity assessment tool and trust guidance.

Is the service caring?

Good ●

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

- The trust's urgent and emergency care Friends and Family Test performance was higher than the England average from March 2017 to February 2018. The most recent data from February 2018 showed the trust performance at 86% compared to the England average of 84.7%. We also saw that people travelled from outside of their catchment area to be seen at this department.
- Patients were treated with dignity and respect, privacy was maintained and discretion observed. In the 2017 Trust staff survey 85% of staff agreed that care of patients was the organisation's top priority. This was above the national average of 76%.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Patients told us that staff were 'great' and that they had been looked after.
- Staff involved patients and those close to them in decisions about their care and treatment. We saw staff interact with patients and their relatives. Staff were thoughtful, polite and professional and informed the patients about their conditions, assessment and treatment before making sure the information was understood. Patients also told us that they were "kept in the loop" in relation to their care.
- Staff provided emotional support to patients to minimise their distress. There was a room for relatives to use if needed as well as support available for the bereaved from the chaplaincy service.
- We saw staff reassuring, supporting and encouraging patients and their carers including an adult male who was in pain which was causing him distress.
- Staff we spoke with understood the impact that a person's care, treatment, or condition could have on their wellbeing and those close to them, both physically and emotionally, we observed an elderly couple who both required assessment, monitoring and observations in the department. As one patient was the main carer for the other, staff facilitated both patients staying together in a cubicle so that they could support one another.

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 department failed to meet the Department of Health target to admit, transfer or discharge 95% of patients within four hours of arrival. We saw a decline in levels since of previous inspection from 93% to less than 75%. However, the department had made significant changes to the bed base and observational areas for example the reallocation of a 31-bed surgical ward to medicine during 2017/18, resulting in 21 additional beds for medical care patients. These changes had not been in place long enough to fully evidence their impact..
- The most recent data we have for March 2018 shows the trust's monthly median total time in A&E for all patients was 184 minutes compared to the England average of 160 minutes.

However

- The department was responsive to increasing demand and were working hard to improve access and flow. The leadership team had a number of work streams in place to so that people could access the service when they needed it.
- Between May 2017 and April 2018 once a patient had been deemed as requiring admission none waited more than twelve hours to be admitted.
- The department took account of patients' individual needs. A 'minors' stream run by two emergency nurse practitioners was available 24 hours a day. This ensured patients with minor injuries were seen quickly and the flow in the department was maximised.
- The department had considered the needs of its local population by including access to mental health practitioners, frailty specialists, alcohol and substance misuse teams, a dementia champion and learning disability nurse as well as general practitioners.

Is the service well-led?

Good ●

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

- Managers within the department promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff spoke very positively about their leaders. They felt supported by their managers and able to approach senior leaders.
- The department engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The department was committed to improving services by learning from when things go well and when they go wrong, promoting training and innovation.
- Performance information was collected and analysed by the department and used to develop and support the services the department offered. This included the collection of data to support national audits and surveys including those by the Royal College of Emergency Medicine, the NHS Friends and Family Test, and interactions with the ambulance service

Urgent and emergency services

- The department observed good practice in relation to information security. Staff locked their computers and did not leave records open and unattended on screen, records were kept confidentially away from public areas.
- The department had a history of thinking innovatively, especially in relation to multidisciplinary team working within the department. Co-locating mental health practitioners, social services, frailty, alcohol and substance misuse teams and physiotherapists meant that patients received specialist care quickly.
- The trust staff survey for 2017 was indicative of strong staff feeling around being a good place to work.
- The 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.

However;

- The department did not always have effective systems in place for identifying risk for example a ligature risk assessment audit or clear guidance and understanding of clinical risk assessments within the observation area.

Outstanding practice

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

- A frailty in reach team played a key role within the department and liaised with social services and community services to bridge any gaps in continuing care. The frailty nurses worked in the area to quickly assess whether a patient could be seen elsewhere or discharged with social and support services.

Areas for improvement

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

Good 

Key facts and figures

The surgical care group at Whiston Hospital carries out a range of general and specialised surgical services, including urology, ophthalmology, ENT, trauma and orthopaedics, gynaecology, general surgery (including breast and colorectal surgery), plastic and reconstructive surgery and burns surgery.

There are 221 inpatient beds across nine surgical wards including the surgical assessment unit. There are 12 elective theatres and three emergency theatres at Whiston Hospital carrying out emergency and elective surgical procedures.

Between December 2016 and November 2017, the trust had 39,339 surgical admissions. Emergency admissions accounted for 8,850 (22.5%), 25,717 (65.4%) were day case, and the remaining 4,772 (12.1%) were elective.

Whiston Hospital had 25,906 surgical admissions from April 2017 to March 2018. Emergency admissions accounted for 10,368 (40%), 9,377 (36.2%) were day case, and the remaining 6,161 (23.8%) were elective.

The Mersey regional burns, plastic and reconstructive surgery unit is at Whiston Hospital and provides treatment for patients across Merseyside, Cheshire, North Wales, the Isle of Man and increasingly from the UK. The unit houses the Mersey regional burn centre, with a catchment area of 4.5 million people and with its inpatient facility it is one of the largest units in the UK.

Vascular surgical services for the patients of St Helens & Knowsley Teaching Hospitals NHS Trust are provided by the Liverpool Vascular & Endovascular Service (LiVES) at Whiston hospital.

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

We carried out an unannounced inspection of the surgical care group between 17 and 19 July 2018. As our inspection was unannounced, staff did not know we were coming. This enabled us to take an accurate snapshot of routine activities and staffing levels. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

During the inspection the inspection team visited a number of wards and departments including:

- Pre-operative assessment clinic
- 3A Plastic Surgery
- 3 Alpha orthopaedics – fractured neck of femurs (previously elective orthopaedics)
- 3B Trauma & Orthopaedics (previously orthopaedics – fractured neck of femurs)
- 3C Medical (previously Trauma & Orthopaedics)
- 3E Elective orthopaedics & gynaecology (previously gynaecology / medical)
- 4A Urology / general surgery
- 4B General surgery / SAU
- 4C General surgery/ colorectal ward
- 4D Regional Burns Unit

Surgery

The surgical care group relocated a number of wards on the 19 April 2018 as part of an initiative to increase the number of medical beds available.

We also visited several theatres and the recovery areas.

The inspection team spoke with nine patients and carers who were using the service and observed care and treatment. Six patients gave us their views on the service via comment cards placed on several surgical wards during the inspection.

We spoke with 48 members of staff including surgical leads, ward managers, medical staff, anaesthetists, theatre staff, nurses, healthcare assistants, dieticians and administrative staff.

We reviewed 10 patient records, four WHO checklists, six incidents and 10 complaint files.

We observed staff interactions with patients, bed meetings, board rounds, handovers, theatre briefings and huddles.

We previously inspected the surgical care group in August 2015. The service was previously rated as good.

Summary of this service

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

- The service controlled infection well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff worked together as a team to benefit patients. There were good examples of multidisciplinary working from admission through to discharge and beyond. Different teams worked closely to deliver safe co-ordinated care and treatment.
- Staff cared for patients with compassion and kindness. Staff ensured that patients and those close to them understood the care they would receive, and helped to minimise their distress.
- 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 prioritised the care and treatment of patients with the most need.
- The service cancelled a lower percentage of operations than the England average.
- The service had managers at all levels with the right skills and abilities to lead the service and provide high-quality sustainable care. The trust scored highly in the 2017 national NHS survey for a number of indicator including; reporting good communication between senior management and staff.
- There were established governance systems in place to continually monitor and improve the quality of its services.
- The service engaged well with patients, staff, the public and local & partner organisations to plan and manage services effectively.

However:

- There was not always a full, clear and comprehensive record kept of all patients care and treatment. Care and treatment was not always delivered as per trust policies.
- Resuscitation equipment checks and monitoring were not always completed appropriately.
- During pre-operative assessment patients did not have a pain management plan put in place and the taking of informed consent was inconsistent.

Surgery

- Services were not always effective when benchmarked against national averages.

Is the service safe?

Good ●

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

- The service provided mandatory training in key skills to all staff and made sure the majority completed it. The overall compliance rate was above the trust's target.
- Staff understood how to protect patients from abuse and worked well with other agencies to do so. The service ensured that the majority of staff completed appropriate safeguarding training on how to recognise and report abuse. Staff knew how to report a safeguarding and were aware of their own responsibilities.
- The service controlled infection well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. There were systems in place to monitor adherence to infection prevention and control. Visitors were encouraged to maintain hand hygiene.
- The service had suitable premises and equipment and was clean, tidy and dust free. Equipment was checked regularly and available for use. There were systems in place for the maintenance, servicing and replacement of equipment.
- The service had systems in place for assessing and responding to patient risk. Patients were routinely assessed and screened as outpatients and on admission to wards and theatres. The World Health Organisation (WHO) Surgical Safety Checklist was in use and we observed the majority of these were completed to the relevant standards.
- The service had sufficient medical and nursing staff to keep patients safe from avoidable harm and abuse and to provide the right care and treatment. Whilst the turnover of nursing staffing was high there were initiatives in place to improve recruitment and retention.
- The service prescribed and gave medicines well. Staff ensured that medicines were stored, and transported appropriately. Controlled drugs were checked regularly and compliance was monitored. Antibiotics were prescribed and reviewed appropriately. However, gaps were identified in the information recorded on patients' drug charts and the information was not always clear.
- The service managed patient safety incidents well. Staff recognised incidents and knew how to report them. Managers investigated incidents and took actions to mitigate risks. The service had developed systems to ensure lessons learned were shared with the team and wider service. The majority of staff were aware of the duty of candour.
- The service planned for emergencies and staff understood their roles if one should happen. Emergency theatres were available and a consultant oversaw emergency theatre lists. Staff knew the correct protocols to follow if a patient suffered major blood loss.

However:

- There was not always a full, clear and comprehensive record kept of all patients care and treatment. Glucose checks were not always documented as performed in the correct time frames. The completion of do not attempt resuscitation orders (DNACPR) was inconsistent. However, the majority of records checked were completed fully, were up-to-date, stored securely and available for all staff providing care.
- Resuscitation equipment checks and monitoring were not always completed appropriately. Not all nursing staff were familiar with resuscitation equipment.

Surgery

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. The majority of policies were up to date and based on the latest guidelines. Staff adhered to policies, knew how to access them and were updated when policies changed.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious and cultural and other preferences. The service worked closely with dieticians for patients with complex nutritional needs.
- The service made sure that most staff were competent in their roles. There were procedures in place for assessing staff competencies, and support to help staff develop their skills, gain experience and progress.
- Staff worked together as a team to benefit patients. There were good examples of multidisciplinary working from admission through to discharge and beyond. Different teams worked closely to deliver safe co-ordinated care and treatment.
- The majority of services were available 24 hours a day and for seven days a week. Patients always had access to services in an emergency.
- There were good examples of health promotion on the wards. Patients had access to information and services promoting exercise, wellbeing and healthier life style choices.
- Staff we spoke with understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff were aware of the correct processes for applying for deprivation of liberty safeguards (DoLS).

However:

- Services were not always effective, especially with regard to outcomes for hip fractures and other patient reported outcome measures. The hospital was a mortality outlier for emergency laparotomies. The service had oversight of these issues and were working on improving patient outcomes and a number of initiatives had recently been put in place to help try and improve standards.
- During pre-operative assessment patients did not have a pain management plan put in place. This was not in line with the protocol in place which formed part of the preoperative check list.
- Staff did not routinely take informed consent during pre-operative assessment. This approach does not follow best practice guidance to sign the consent form at the end of the consent discussion, allowing the patient to take a copy for reference and reflection. On the day of the procedure, check with the patient if anything has changed since the consent discussion.

Is the service caring?

Good ●

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

Surgery

- Staff cared for patients with compassion. Feedback from patients showed that staff treated them well and with kindness. We saw staff providing reassurance to patients and treating them in a manner which maintained their dignity. The friends and family test scores were high for all of the surgical specialities.
- Staff provided emotional support to patients to minimise their distress. We observed staff making patients feel at ease prior to their surgery.
- Staff involved patients and those close to them in decisions about their care and treatment, ensuring that they spoke to patients in a way they could understand. Staff kept patients and those close to them updated and informed throughout their care and treatment.

Is the service responsive?

Good ●

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

- The service planned and provided services in a way that met the needs of local people. Outreach services had been introduced to provide care and treatments to people in community settings. Additional needs pathways were available for patients with learning disabilities.
- The service took account of patients' individual needs including those living with dementia, physical or learning disabilities and communication difficulties. Staff gave us a number of examples of adjustments made for people with individual needs.
- People could access the service when they needed it. Waiting times from treatment were and arrangements to admit, treat and discharge patients were consistently above average. The service prioritised the care and treatment of patients with the most need. Discharge co-ordinators supported complex discharges.
- The service cancelled a lower percentage of operations than the England average.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Improvements in services had been made as a direct result of complaints including the introduction of a dressing and suture clinic.
- There were fewer cases of delayed transfers of care, less than half the national target of below 3.5%.

Is the service well-led?

Outstanding

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

- The service had managers at all levels with the right skills and abilities to lead the service and provide high-quality sustainable care. The trust scored highly in the 2017 national NHS survey for a number of indicator including; reporting good communication between senior management and staff.
- The service had identified key priorities outlining what it wanted to achieve and had strategic plans in place to turn it into action. An education strategy had been developed and implemented in theatres. Staff had embraced the trusts values and embedded them into their work practices.

Surgery

- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There was an open and supportive culture on the wards and in theatres. Staff took pride in their work.
- The service had established governance systems in place to continually monitor and improve the quality of its services. Local and corporate risks registers were in place. Managers and frontline staff were cited on issues affecting performance.
- The service had developed a systematic approach to identify and managing risks. Audits and key performance indicators were used to benchmark against other health care providers. There was a quality and risk facilitator in theatres.
- The service engaged well with patients, staff, the public and local & partner organisations to plan and manage services effectively. Listening events were held with patients. Staff were kept informed and their views gathered.
- The service was committed to improving services by learning from when things go well and when they go wrong. The service was participating in a number of clinical research trials and collaborating with other health care services to improve services.
- There were a number of areas of outstanding practice and development including work in the burns unit including staff having developed a skin cell spray using the patient's own cells, cadaveric skin and donor skin to create an individualised spray to treat their burns. There was a one stop shop on the orthopaedic wards, they had introduced a nutrition specialist nurse to increase patients' access to PICC lines for parental nutrition and the fractured neck of femur specialist nurse was going to the emergency department to do nerve blocks on patients before they were taken to x-ray.

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.

Maternity

Good 

Key facts and figures

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

In-patient maternity services for St Helens and Knowsley Trust are provided at Whiston Hospital. Whiston Hospital provides 24-hour maternity services for people that reside in and around the St Helens and Knowsley areas.

Between January 2017 to December 2017 there were 3,888 births at this trust. Whiston Hospital has a maternity unit that includes a delivery suite with seven high risk rooms (one of which was a dedicated high dependency room), two bereavement rooms and three rooms in the midwifery led unit. There was a 37-bedded women's ward that comprised of 17 antenatal beds and 20 postnatal beds allocated either to bays of four or single rooms.

Outpatient services include the hospital antenatal clinic, a fetal monitoring and assessment unit, with six beds and the sonography area (scanning).

Community antenatal clinics take place at locations throughout the area including St Helens Hospital and G.P. surgeries.

We visited all maternity areas in the hospital, including the obstetric theatre and the community clinic at St Helens.

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

We inspected the hospital as part of an unannounced inspection between 17 and 19 July 2018. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

We reviewed 10 patient records, seven prescription records and other documentation relating to checks carried out in theatre. We spoke with eight patients and two partners as well as observing three patients during community visits, appointments and surgery.

We spoke with 60 members of staff including specialist midwives, students, apprentices, volunteer, doctors of all grades, midwifery support workers, care assistants, pharmacist, ward clerks, domestics, housekeepers and senior managers.

Summary of this service

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

We rated it as good because:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Since the last inspection, managers investigated incidents and shared lessons learned with the whole team at weekly drop in meetings and using the quality bus. When things went wrong, staff shared information with families and signposted to appropriate support.
- The service had enough midwifery and nursing staff to care for women in the service. Midwives provided one to one care during labour and delivery supported by the co-ordinator who was supernumerary. A helicopter bleep supported the whole service and could reassign staff if needed.

Maternity

- Staff involved women and those close to them in decisions about their care and treatment. Staff worked with different departments in the hospital to support women in different circumstances. Staff told us about making special arrangements for the chosen birth partner to attend labour.
- The service planned and provided services in a way that met the needs of local people. Since the last inspection there has been the introduction of a midwifery-led unit which offered more choice for low risk women. Women were offered a choice of birth location and supported by named community midwifery teams.
- The service had managers at all levels with the right skills and abilities to lead the service. Since the last inspection, a new head of midwifery had been recruited as well as other senior midwives with specialist knowledge.
- Since the last inspection, a new Maternity Strategy has been development and implemented. They also followed the strategy of the regional network of trusts. The trust values were displayed and were embedded with staff we spoke with.

However:

- Doctors were trained to level two for safeguarding training rather than level three as per intercollegiate guidance.
- Babies that had been prescribed intravenous antibiotics needed to be escorted to the neonatal unit for the treatment, rather than staying in the maternity unit. This meant there were risks of further infection or possible abduction if a parent was not able to attend.
- Appraisal rates for midwifery staff was on average 68%, despite delivery suite midwifery compliance of 91%. Three midwives had been trained as professional midwifery advocates to support other staff although this had not been implemented fully.
- Not all services were available seven days a week, such as antenatal services, routine sonography or the fetal monitoring assessment unit.
- Women assessed as high risk needed to attend the antenatal clinic at the hospital, rather than their local G.P. This meant women may need to travel a distance to attend.

Is the service safe?

Good ●

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

We rated it as good because:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Since the last inspection, managers investigated incidents and shared lessons learned with the whole team at weekly drop in meetings and using the quality bus. When things went wrong, staff shared information with families and signposted to appropriate support.
- The service used safety monitoring results well. Staff collected safety information and displayed it, along with monthly safety crosses for staff, women and their visitors. The data indicated that there had been no incidences of falls, pressure ulcers, blood clots or infections of methicillin resistant staphylococcus aureus (MRSA) or clostridium difficile (C. diff) in the last 12 months.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. Women we spoke with told us the maternity unit was kept clean. All visitors were encouraged to sanitise hands with visual prompts. Equipment was labelled following cleaning.

Maternity

- The service had suitable premises and equipment and was free from clutter. There were processes in place for daily checks and maintenance of equipment. There were delivery suite rooms for high risk pregnancies as well as rooms in the midwifery – led unit. Pools were available as well as birthing balls if preferred. For homebirths, packs were sent to homes about six weeks prior to the expected date of delivery.
- Staff prescribed, gave, recorded and stored medicines well. Checks of controlled drugs took place three times daily. Pharmacy staff monitored prescriptions and stock levels. Medical gases were piped in the unit and delivered to women for homebirths. Patient group directives were available for vaccinations of flu and pertussis antenatally.
- Staff kept appropriate records of womens’ care and treatment. Records were a combination of paper notes, that were stored securely, and electronic. We found they were clear, up-to-date and available to all staff providing care.
- Midwifery staff understood how to keep women safe and the service worked well with other agencies to do so. Staff completed safeguarding training and were supported by a team of specialists when a concern was raised.
- The service provided mandatory training in key skills to all staff. The trusts target of 85% was achieved for medicine management training, infection prevention level 1 and moving and handling.
- The service had enough midwifery and nursing staff to care for women in the service. Midwives provided one to one care during labour and delivery supported by the co-ordinator who was supernumerary. A helicopter bleep supported the whole service and could reassign staff if needed.
- The service planned for emergencies and staff understood their roles if one should happen. Staff used the modified early obstetric warning score system for monitoring women and the new-born early warning score for monitoring babies. Simulations took place as part of the multidisciplinary skills and drills training and an abduction scenario had taken place to help prepare staff in the event of an emergency.

However:

- Doctors were trained to level two for safeguarding training rather than level three as per intercollegiate guidance.
- The trusts training completion target of 85% was not achieved for midwifery study day one, midwifery study day two or emergency obstetrics skills training.
- Babies that had been prescribed intravenous antibiotics needed to be escorted to the neonatal unit for the treatment, rather than staying in the maternity unit. This meant there were risks of further infection or possible abduction if a parent was not able to attend.
- Emergency equipment for home births was not standardised to ensure that all necessary equipment was included and consistently available.
- The bereavement rooms included clinical equipment seen in other areas of the department.
- We observed that a computer screen was left unlocked when not attended in the nursery on ward 2E.

Is the service effective?

Good ●

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

We rated it as good because:

Maternity

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. A specialist audit and guideline midwife was responsible for monitoring changes in guidelines and standards and ensuring the services policies were accurate.
- Staff offered women food and drink to meet their needs and improve their health. The service made adjustments for women's religious, cultural and other preferences. The service had achieved full level three accreditation status in the UK baby friendly initiative set up by the United Nations Children's Fund (UNICEF).
- The service monitored the effectiveness of care and treatment and used the findings to improve them. Results were compared with other maternity services with the region. For third and fourth degree tears, there were three months when the trust target of four was exceeded. There were seven in July 2017, and five in April and June 2018, although other months were below the target. For post-partum haemorrhages of more than 2000mls, the trust was below their target until there were five in May 2018 and three in June 2018. There was one stillbirth and four neonatal deaths, at the trust, between June 2017 and June 2018. There was an average of 31% of women who were induced, although the service did not have a target for inductions.
- Staff worked together as a team to benefit women and babies. Obstetricians, paediatricians, midwifery staff, other health professionals and support staff all worked effectively to support women and babies.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. We observed staff obtaining verbal consent when providing care and treatment. Staff we spoke with understood their responsibilities for young women and those who may need best interest decisions.

However:

- Appraisal rates for midwifery staff was on average 68%, community midwifery was only 37% whereas delivery suite midwifery compliance was 91%. Three midwives had been trained as professional midwifery advocates to support other staff although this had not been implemented fully.
- Not all services were available seven days a week, such as antenatal services, routine sonography or the fetal monitoring assessment unit.
- For babies born with shoulder dystocia, the service had exceeded the target of two per month for eight months with five in January 2018 and six in June 2018.

Is the service caring?

Good 

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

We rated it as good because:

- Staff cared for women with compassion. Feedback from women confirmed that staff treated them well and with kindness. We witnessed that staff spoke in a calm and caring manner with women, helping to put them at ease. Staff also explained choices for care and treatment clearly so women and their partners could make informed choices.
- Staff upheld women's privacy and dignity at all times.
- Staff provided emotional support to women to minimise their distress. This included input from the bereavement midwife and counselling regarding antenatal screening when required. Some staff we spoke to had a special interest in supporting women with babies requiring extra support.

Maternity

- In the event of a fetal loss or still birth the trust provided a naming and blessing ceremony and if requested by the family the team facilitated a funeral at no cost to the family. The trust provided baby memory boxes with cuddly toys, knitwear, prints of the baby's hand and foot and matching jewellery for parents and baby. The staff had also been trained to take photographs of the parents view of their baby for parents to take home. There were five cuddle cots and two cool cots available for bereaved parents to use. The trust hosted an annual remembrance service and parents were able to write in the book of remembrance displayed in the multi-faith sanctuary. Parents were given the choice of a post-mortem.
- Staff involved women and those close to them in decisions about their care and treatment. Staff worked with different departments in the hospital to support women in different circumstances. Staff told us about making special arrangements for the chosen birth partner to attend labour.
- Performance in the Friends and family test was consistently similar to the national average. They also performed similarly to other trusts in the CQC maternity survey.

Is the service responsive?

Good 

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

We rated it as good because:

- The service planned and provided services in a way that met the needs of local people. Since the last inspection there has been the introduction of a midwifery-led unit which offered more choice for low risk women. Women were offered a choice of birth location and supported by named community midwifery teams.
- The service took account of women's individual needs. The service had specialist midwives to address the needs of the individual including diabetes midwife and screening. There was a disability pathway for women with a learning disability and perinatal mental health midwives to support mental health needs of women. Interpreter services were available for women whose first language was not English and a multi faith team for spiritual support.
- People could access the service when they needed it. Since the last inspection, a triage area was adjacent to the delivery rooms. There were midwives trained to carry out new-born and infant physical examinations (NIPE) prior to discharge.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Staff could give examples of learning from complaints and the trust had introduced processes to ensure learning was shared with staff.

However:

- Women assessed as high risk needed to attend the antenatal clinic at the hospital, rather than their local G.P. This meant women may need to travel a distance to attend.
- .
- Community midwives worked an out of hours on-call system for home births. One midwife from each locality was on-call. If there was a homebirth, the midwife from their locality would attend and request assistance from the midwife in the other locality. This meant if there was another homebirth in the second locality would not have the choice of a homebirth.

Maternity

Is the service well-led?

Good ●

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

We rated it as good because:

- The service had managers at all levels with the right skills and abilities to lead the service. Since the last inspection, a new head of midwifery had been recruited as well as other senior midwives with specialist knowledge.
- Since the last inspection, a new Maternity Strategy had been developed and implemented. They also followed the strategy of the regional network of trusts. The trust values were displayed and were embedded with staff we spoke with.
- Senior doctors and midwives across the service promoted a positive culture that supported and valued staff. There was an open culture that encouraged the reporting of incidents and since the last inspection shared lessons with staff.
- The service had governance processes in place to monitor and help improve quality of maternity care and treatment.
- Since the last inspection the service had reviewed the risk system. The maternity risk register was monitored by the risk midwife to ensure effective systems in place to mitigate risks.
- The service engaged well with staff, women and the public about maternity care. Feedback was requested about the service as well as maternity voices meetings and a dedicated social media site. Staff received bulletins, attended team meetings and monthly maternity star awards were available.
- The service was committed to improving services by learning from when things go well and when they go wrong. The service was proud of the new midwifery-led unit but also gave examples of learning following incidents or complaints to improve the service.

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.

Community health services

Background to community health services

St Helens and Knowsley teaching Hospitals NHS Trust hold the contract to deliver adult community services in St Helens, in partnership with North West Boroughs Partnership NHS Foundation Trust and St Helens Rota. From April 2017 the trust has been the lead provider for the contract with community nursing services and therapies sub-contracted to North West Boroughs Partnership NHS Foundation Trust and St Helens Rota.

The trust provides some specialist community services under individual contracts or service level agreements.

The trust also provides community inpatient services from Newton Community Hospital.

Summary of community health services

Good ●

We have not rated these services before. We rated them as good because:

- Community services for adults were rated as good overall and good in all the domains.
- Community inpatient services were rated as good overall. They were rated good in safe, effective, responsive and well led and outstanding in caring.
- The trust had only been delivering the services since April 2017 but we saw services that were well embedded.

Community health services for adults

Good 

Key facts and figures

St Helens and Knowsley Teaching Hospitals NHS Trust hold the contract to deliver adult community services in St Helens, in partnership with North West Boroughs Partnership NHS Foundation Trust and St Helens Rota. From April 2017 the trust has been the lead provider for the contract with community nursing services and therapies sub-contracted to North West Boroughs Partnership NHS Foundation Trust and St Helens Rota.

The trust provides some specialist community services under individual contracts or service level agreements. The community services provided are:

- Community phlebotomy
- Tissue viability nursing
- Community falls team
- Sexual health services
- Adult continence team
- Healthy Hearts team
- Community chronic obstructive pulmonary disease (COPD) team
- Community frailty service

The trust has provided services through Healthy Hearts team and tissue viability nurses since April 2018. District nursing and community matron services are provided by North West Boroughs Partnership NHS Foundation Trust. We recently inspected these services as part of our inspection of community services for adults at North West Boroughs Partnership NHS Foundation Trust.

We plan our inspection based on everything we know about services including whether they appear to be getting better or worse. We have not previously inspected community services for adults at this trust.

We inspected community services for adults as part of an unannounced inspection between 17 and 19 July 2018. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected all five key questions.

Our ratings for this service have not contributed to the overall rating for this trust as some services have only been delivered since April 2018 and are still in development.

During the inspection we visited the community phlebotomy service, community falls team, sexual health services, adult continence team, the Healthy Hearts team, the community COPD team and the community frailty service. We visited clinics at St Helens Hospital, Fingerpost Health Centre, Whiston Hospital and Lowe House Healthcare Resource Centre.

We spoke to 30 staff including senior managers, team leaders and administration staff as well as registered nurses, phlebotomists, allied health professionals and doctors. We also spoke to seven patients and relatives.

We observed care and treatment in clinics and on home visits and looked at 19 patient care records as well as service performance data.

Community health services for adults

Summary of this service

We did not previously rate this service. We rated it as good because:

- The trust took responsibility for delivering the services provided by the Healthy Hearts team, chronic obstructive pulmonary disease team and tissue viability nursing in April 2018. We were impressed by how quickly these services had integrated into the trust. They were performing well and staff told us they felt valued by the trust.
- We saw community based services worked closely with inpatient services to provide integrated pathways for patients and coordinated care and treatment for patients moving out of hospital and into community services.
- Overall, staff told us they felt positive about their work and we saw they worked in cohesive teams that delivered person-centred care and treatment.
- We saw strong local leadership of community teams at line management and senior management level.
- We saw several examples of outstanding practice and excellent examples of services working with the public and local agencies in innovative ways that supported the care and treatment of vulnerable patients.
- The service had some characteristics that, when teams are embedded into the trust, could be defined as outstanding.

However,

- Each team or service worked as part of the division it aligned to professionally such as surgery or care of older persons. There was no identity, vision or strategy for community services as a whole.
- We saw that policies and guidelines for staff working alone in the community and secure storage of patient records were not applied consistently across all the teams within community services for adults.

Is the service safe?

Good ●

We have not previously rated this service. We rated it as good because:

- The service provided mandatory training in key skills to staff and compliance rates were high in most teams.
- Staff understood their role in recognising and preventing potential abuse. The service had systems in place to ensure that patients were appropriately protected. Staff in sexual health services, the community frailty service and community chronic obstructive pulmonary disease team were trained in level three safeguarding adults and children.
- The service controlled infection risk well and used control measures to prevent risk of infection. Staff used personal protective equipment and alcohol hand gel before carrying out care and treatment on home visits.
- The service assessed, monitored and managed risks to patients effectively. We saw that staff carried out person centred risk assessments that were proportionate and regularly reviewed.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. We saw teams had a mix of staff from different professional backgrounds and specialisms including nurses, therapists, doctors and healthcare assistants.

Community health services for adults

- Staff could access the information they needed to assess, plan and deliver care and treatment. Staff shared appropriate information with those involved in the care of patients such the local authority and local GPs in a manner that met patients' needs. We saw staff explained to patients that appropriate information would be shared and gave patients copies of assessments.
- Staff managed the prescribing of medicines and aids consistently and safely through patient group directives (PGDs) which stated who could supply and administer specific medicines without a doctor.
- Staff collected safety information appropriate to their service and shared it with staff and key stakeholders. The service used information to improve the service.
- The service had arrangements to make sure when something went wrong there was appropriate reporting, review and investigation that involved all relevant parties. Staff gave us examples of incidents they had reported and lessons learnt from these.

However,

- The Healthy Hearts team had received no induction or mandatory training since moving to the trust in April 2018.
- We observed patient records were not stored securely during and travelling between home visits. This meant that confidential information about patients could be accessed by people who were not authorised to see it.
- The limited access to computers for staff in the community phlebotomy service meant they could not access details of patients' previous blood tests on the electronic record system meaning that some tests were repeated unnecessarily causing inconvenience and distress to patients.

Is the service effective?

Good ●

We have not previously rated this service. We rated it as good because:

- Patients' care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice, legislation and technologies.
- During home visits we saw staff carried out comprehensive assessments and formulated plans to meet patients' individual needs. Staff clearly identified expected outcomes with patients and used aids and equipment to support the patients' goals.
- The service identified staff's learning needs and provided role specific training to meet their needs. Staff were supported to maintain and further develop their skills and experience and their competency to undertake their role was monitored.
- Staff of different kinds worked together as a team to benefit patients. Staff in inpatient and community teams worked together to coordinate patients' care and treatment when patients were discharged from hospital. Patients could access services easily through a single point of referral.
- Staff made sure they provided patients with support and information and referred them to appropriate services in order that they could live healthier lives. Staff were proactive in supporting people to live healthier lives through providing health improvement education in community settings such as health centres, care homes, schools and colleges.
- Staff supported patients to make decisions and obtained consent to care and treatment in line with legislation and guidance.

However,

Community health services for adults

- Some teams did not have embedded systems for monitoring patient outcomes as they were newly formed and had not yet had the opportunity to implement systems.

Is the service caring?

Good ●

We have not previously rated this service. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients and relatives confirmed that staff treated them respectfully and with kindness.
- Staff showed compassion and sensitivity when discussing difficult or personal issues with patients and their relatives.
- We saw that during home visits staff were respectful of patients and their environment.
- Staff showed an awareness of the emotional impact of conditions and treatment on patients and provided support to minimise their distress.
- Patients using sexual health services could access appropriate, specialist emotional support from trained psychology staff.
- Staff involved patients and those close to them in decisions about their care and treatment. During home visits we saw staff communicated with patients in ways that met their needs, especially patients with additional needs such as dyslexia.

However,

- Some clinic rooms did not have signs to tell people they were in use. This meant that people who should not be there could enter the room during the delivery of care and treatment to patients.

Is the service responsive?

Good ●

We have not previously rated this service. We rated it as good because:

- The service planned and provided services in a way that met the needs of local people. There were innovative approaches to providing person-centred services and staff worked with other agencies and providers to meet the needs of people, particularly people with multiple and complex needs.
- Patients' needs and preferences were considered and acted on to ensure that services were delivered in a way that met their needs.
- The service worked with other services and agencies to provide services for vulnerable groups. For example, patients with dementia and their carers attended 'Singing for the Brain' sessions facilitated by the Alzheimer's Society.
- The service accessed interpreters for people who did not speak English and did not allow relatives or friends to interpret for patients to maintain confidentiality.
- Patients could access the service when they needed it. Waiting times were minimal and managed in a manner that met patients' needs. Staff contacted patients directly to make appointments at a time and venue to suit them.
- Staff were aware of how to support patients to make a complaint or raise a concern. All complaints were taken seriously and treated compassionately.

Community health services for adults

- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services. We saw effective collaboration with partner organisations. Teams worked with the local community in different locations to engage people and promote the work of the service.
- There was a positive focus on learning and improvement for all staff. Staff told us they were supported to develop their professional skills and encouraged to share good practice.

However,

- Patients had to wait for four weeks for a falls assessment from the community falls prevention service. Though this was within the key performance indicator agreed with commissioners it had increased from two weeks in April 2018.

Is the service well-led?

Good ●

We have not previously rated this service. We rated it as good because:

- Leaders at every level were visible and approachable. Leaders were knowledgeable about the issues and priorities for the quality and sustainability of services.
- Staff in teams that had recently joined the trust told us they felt connected to the trust and found senior leadership welcoming and supportive.
- Individual services had a vision and strategy for their teams that was aligned to the vision and strategy for the care group they were affiliated to.
- The service developed strategies for delivering effective care and treatment that met the needs of local people in collaboration with staff, patients and other key stakeholders.
- There was a positive culture across the service that supported and valued staff creating a sense of common purpose based on shared values. Staff told us morale was good and described the culture as open and positive.
- We saw cooperative, supportive relationships between staff of different grades and disciplines.
- All teams we inspected had a clear governance structure and defined lines of accountability from front line staff to board.
- Information was used in reporting, performance management and delivering quality care. Data or notifications were consistently submitted to external organisations as required.
- The service was transparent and collaborative with all relevant stakeholders. It actively engaged with local groups, organisations and the public.

However,

- The service did not have a consistent approach to protect the safety of staff who work alone in the community. Each team implemented its own lone working protocol and not all staff had mobile phones or lone worker panic alert alarms.
- There was not a secure and consistent system for staff to manage confidential information and records about patients whilst working in the community or visiting patients at home.

Outstanding practice

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

Community health services for adults

Areas for improvement

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

Community health inpatient services

Good 

Key facts and figures

Newton Community Hospital was originally part of Bridgewater Community Healthcare NHS Foundation Trust but moved to St Helens and Knowsley Hospitals NHS Trust in April 2017. Community inpatients is comprised of an intermediate care unit of 30 beds at Newton Community Hospital, with a similar intermediate care ward called Duffy Suite at St. Helens Hospital. The focus of the inspection was on the unit at Newton Community Hospital, although the Duffy Suite was also visited by us during the inspection.

Intermediate care services provide support by a multidisciplinary team of people. The unit at Newton Community Hospital provides this care in a community setting with nursing, medical, therapy and social care interventions available for patients. The unit acts as a 'step up' unit for people needing extra care and support to prevent them being admitted to the acute hospital, but also acts as a 'step down' unit for patients who have received treatment in hospital but need further recovery and rehabilitation prior to returning to their own homes, or alternative care setting.

The unit at Newton Community Hospital accepts patients from the St Helens area and the Duffy Suite mainly took patients from Halton and Knowsley in addition to also accepting some patients from the St Helens area. Patients are assessed via a single point of access called the Integrated Access St Helens (IASH) team and if patients have more acute needs, they are admitted to Duffy Suite, which has a medical officer on site 24hours, whereas the unit at Newton Community Hospital is nurse led with partnership working with two General Practitioners within the community. The unit accepts patients from the age of 18 years and above and now offers a seven-day therapy service.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected all five key questions.

During inspection, we spoke to 22 members of staff including senior managers, matrons, nurses, medical staff, therapists, health care assistants, students, housekeepers and domestics. We also spoke to 10 patients and five partners/family members/carers.

We observed care and treatment and looked at 13 patient care records and 10 prescription charts as well as service performance data.

This was the first time this service had been inspected since moving across to St Helens and Knowsley Teaching Hospitals NHS Trust.

Summary of this service

We did not previously rate this service. We rated it as good because:

- The service controlled infection risk well. The areas we visited were exceptionally clean and tidy.
- All relevant staff, teams and services were involved in the assessing, planning and delivering of patients' care and treatment and there was excellent multi-disciplinary working to ensure holistic and effective patient care and evidence of close partnership working with community services and other outside areas.
- Accurate and up-to-date information about the effectiveness of care and treatment was shared internally and externally. Positive changes had been implemented based on findings from previous Intermediate Care Audits, to improve patient outcomes and patients had access to seven-day therapy services.

Community health inpatient services

- Staff responded compassionately when patients or their relatives needed help. Support was always given by caring staff, in order to meet the needs of the patients and their families.
- Staff ensured that patients and those close to them were partners in decisions about their care and treatment, including decision making processes.
- We saw examples of outstanding care and staff going to great lengths to ensure the needs of the patients were met.
- The service planned and provided services in a way that met the needs of local people, often admitting patients on the same day when they were able. The service provided a 24-hour service for intermediate care delivered to the local population.

However:

- There were no robust records of cleaning schedules being completed.
- There were some gaps in effective documentation, as we saw evidence of signatures that were missed in three out of the 13 records we examined.
- There were 46 medication errors in the last 12 months, which included issues with the doses of medication given.

Is the service safe?

Good ●

We did not previously rate this service. We rated it as good because:

- The service provided mandatory training in key skills to all staff and most staff had completed this. The service was working hard to try and ensure all staff members were up to date with training, following the move over to the trust last year.
- Staff understood their role in recognising and preventing potential abuse. There were systems in place to ensure that patients were appropriately protected and staff had training on how to recognise and report abuse and 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. All the areas we visited were exceptionally clean and tidy.
- Although staff did not receive any formal training in the management of patients showing aggressive behaviours, staff knew how to manage aggressive patients' and prior to transferring trust, all staff had been compliant with conflict resolution training and the team also had the additional support of the on-site security porter when needing to deal with difficult situations.
- The service had suitable premises and equipment and looked after them well. The service made the most of the premises available to them and all areas were bright and welcoming.
- Risks to patients were assessed, planned for and managed effectively and staff understood how to seek support from senior staff when the risks to patients changed.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe. Any staff shortages were responded to quickly and adequately.
- Staff kept detailed records of patient's care and treatment and the records were completed and managed appropriately.

Community health inpatient services

- Staff understood their role in reporting safety incidents and all incidents were appropriately recognised, recorded, monitored and investigated, to maintain the safety of patients. Managers investigated incidents quickly, and shared lessons learned and changes in practice with staff.
- The service monitored safety using information from a range of sources. The information was monitored over a period of time, in order to feed into service improvement.

However:

- Evidence of the cleaning schedule being completed was not thoroughly recorded.
- There was evidence of missed signatures in three of the 13 patients records we looked at.
- We were told that there had been 46 medication errors in the last year. However, the trust had addressed this issue and had action plans in place.

Is the service effective?

Good ●

We did not previously rate this service. We rated it as good because:

- Patients care and treatment was planned, delivered and monitored in line with current evidence-based guidance, standards, best practice, legislation and technologies.
- Staff ensured that they gave patients enough food and drink to meet their needs and improve their health.
- Staff gave pain relief to patients when required. There was an effective process to ensure patients' pain relief needs were met and pain was well managed by the service.
- Accurate and up-to-date information about the effectiveness of care and treatment was shared internally and externally. The information was used to improve outcomes for patients.
- Staff members were supported to deliver effective care and treatment through, recruitment, training and development. There was a clear approach for supporting staff and managers appraised staff member's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- All relevant staff, teams and services were involved in the assessing, planning and delivering patients' care and treatment and all staff worked well together in order to meet the range and complexity of patients' needs.
- The hospital delivered a full inpatient service for patients receiving intermediate care.
- The health and well-being of patients was promoted and there was information available to assist with this.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Patients were supported to make decisions and, where appropriate, their mental capacity was assessed, recorded and acted on in line with relevant legislation.

However:

- Although supervision was performed for nursing staff it lacked any formal process.

Community health inpatient services

Is the service caring?

Outstanding

We did not previously rate this service. We rated it as outstanding because:

- Staff responded compassionately when patients or their relatives needed help. Support was always given by caring staff, in order to meet the needs of the patients and their families and feedback from people who used the service was continually positive about the way staff treated people. We observed sensitivity being shown during conversations about patient progress and patient needs and fears.
- There was a strong person-centred culture and staff were motivated to provide comprehensive holistic support to patients and relatives, taking into account and accommodating their emotional, mental, physical and social needs.
- Staff took time to assess patients' mental health needs and intuitively knew if they were feeling down or not themselves. Mental health needs were supported by a mental health nurse who worked 3 days per week and reviewed patients within 24 hrs of referral, there were also 2 dual qualified (RMN/RGN) nurses on the ward who support patients if the mental health practitioner was not on site. Monthly "minds matters" sessions were also in place delivered by an outside agency
- Staff provided emotional support to patients to minimise their distress. Staff showed an awareness of the emotional impact of conditions on patients and took account of this during assessments. Staff went the extra mile in their care and support of patients and we saw examples where toiletries were provided for someone who had none and how staff diligently worked to secure the right specialist equipment for another patient.
- Therapeutic activities were planned for patients. There was a structured Cognitive Stimulation Therapy session every two weeks and patients who would benefit from this therapy are invited to participate. One to one Cognitive Stimulation Therapy was also available should the patient benefit from this.
- We observed how staff ensured that patients and those close to them were partners in decisions about their care and treatment at all stages throughout their rehabilitation. Staff communicated with patients during assessments in a way that patients could understand. All the relatives and carers, we spoke to, spoke highly of the care their loved one had received and reported that had felt fully involved in all aspects of care and had also had their opinions considered. Every patient and family were offered a multidisciplinary team personal care planning meeting within the first week of being admitted to adopt a shared decision making model, other teams around the trusts were adopting this concept.

Is the service responsive?

Good

We did not previously rate this service. We rated it as good because:

- The service planned and provided services in a way that met the needs of local people.
- Reasonable adjustments were made and actioned to remove barriers where patients may find it hard to use or access services.
- Patients could access the right care at the right time. Waiting times were minimal and managed in a manner that met patients' needs. Patients would often be admitted within 24 hours of referral.

Community health inpatient services

- Information was easily available to assist patients to give feedback about their experiences, including how to raise any concerns or issues. All complaints were monitored and addressed in a timely manner. All concerns and complaints were investigated and lessons learned from the results were shared with all staff.

Is the service well-led?

Good ●

We did not previously rate this service. We rated it as good because:

- Leaders had the experience, capacity, capability and integrity to make sure that a quality service was delivered and risks to performance were addressed.
- The service 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 promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff described the culture within the service as open and positive, with leaders being easily accessible and supportive.
- The board and other levels of governance in the organisation functioned effectively. The intermediate care unit linked into a clearly defined, understood and effective governance structure and processes.
- The service had a comprehensive process to identify, understand, monitor and address risks. Risks were monitored and reviewed to maintain a high quality of care to patients and were fully understood by staff.
- Information systems supported quality patient care and treatment. Information was shared widely in the organisation promoting improvements. Information was kept securely and maintained the confidentiality of patients.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. In relation to community inpatients, the trust had engaged well to meet the needs and requirements of their service users.

However;

- Not all staff we spoke to were aware of who or how to contact the 'Freedom to Speak Up' Guardian, or champion.

Outstanding practice

We found examples of outstanding practice in the 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.

Our inspection team

Nicholas Smith, Head of Hospital North led this inspection. An executive reviewer, Helen Greator, Chief Executive, Kent and Medway NHS and Social Care Partnership Trust, supported our inspection of well-led for the trust overall.

The team included an inspection manager, a pharmacy inspector, eight inspectors, three assistant inspectors and 10 specialist advisers.

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