

# The Dudley Group NHS Foundation Trust

## Inspection report

Trust Headquarters, Russells Hall Hospital  
Pensnett Road  
Dudley  
West Midlands  
DY1 2HQ  
Tel: 01384456111  
www.dudleygroup.nhs.uk

Date of inspection visit: 15 Jan to 16 Feb 2019  
Date of publication: 12/07/2019

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

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

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

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?	<b>Inadequate</b> 
Are services effective?	<b>Good</b> 
Are services caring?	<b>Good</b> 
Are services responsive?	<b>Requires improvement</b> 
Are services well-led?	<b>Requires improvement</b> 
Are resources used productively?	<b>Requires improvement</b> 

# Summary of findings

## Combined quality and resource rating

Requires improvement 

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

## Background to the trust

The Dudley Group NHS Foundation Trust operates acute hospital services from three hospital sites:

- Russells Hall hospital
- Corbett Outpatient Centre.
- Guest Outpatient Centre.

In addition, the trust provides community services in a range of community facilities to the populations of Dudley, parts of Sandwell borough and some communities in South Staffordshire and Wyre Forest.

The trust serves a population of around 450,000 covering these boroughs with services commissioned by Dudley Clinical Commissioning Group.

The trust has 629 core inpatient beds, 21 escalation beds and 152 day case beds.

## Overall summary

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



## What this trust does

The trust runs services at Russells Hall Hospital, Corbett Hospital and the Guest Hospital.

Russells Hall Hospital provides urgent care, medical care, surgery, children and young people services, maternity services, outpatients, diagnostics, end of life and critical care services.

Outpatient services are also provided at the Corbett and Guest hospitals. Corbett hospital provides day case treatment alongside a range of outpatient services which include radiology, pharmacy, gynaecology, physiotherapy, rehabilitation and a wheelchair supply and maintenance service. Guest hospital is a satellite hospital which offers additional outpatient facilities.

The Trust also provides community services for adults (including sexual health) and End of Life Care. There are no community services for inpatients or children and young people. The community services provide clinical care to patients who are acutely, chronically or terminally ill in their own homes or from GP practices or health centres. The services are multidisciplinary and include nursing staff and allied health professionals. The Dudley Group was the first trust in the area to be awarded Foundation Trust status in 2008.

We inspected services at Russells Hall Hospital, Corbett Hospital and the Guest Hospital.

# Summary of findings

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

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

Between 15 January and 4 February 2019, we inspected eight core services at Russells Hall Hospital including, urgent and emergency services, outpatients, diagnostics, surgery, end of life care, critical care, children and young peoples' services and maternity. We also inspected outpatients and diagnostics Imaging at the Guest hospital which is reported under Russells hall. We inspected outpatients, diagnostic imaging and surgery at the Corbett Outpatient Centre. End of life care within the community was also inspected.

We carried out the well led review from 13 February to 15 February 2019.

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

## What we found

### Overall trust

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

- Corbett Hospital was rated as inadequate overall, and in one service safe and well-led were rated as inadequate.
- Russells Hall Hospital was rated requires improvement overall, in two services, safe was rated as inadequate and one service as inadequate for well led.
- Community services were rated good as overall.

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

### Are services safe?

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

- Diagnostics at Corbett and Russells Hall hospital and urgent and emergency safe domain were rated as inadequate.
- Surgery at Russells Hall and Corbett, maternity, children and young people and outpatient department at Russells Hall and Corbett safe domain were rated as requires improvement.
- Critical care unit and end of life care at Russells Hall and the community safe domain were rated as good.

# Summary of findings

## Are services effective?

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

- Surgery at Russells Hall and Corbett, critical care unit, maternity, children and young people, end of life care at Russells Hall Hospital and Community Effective domain were rated as good.
- Urgent and emergency care effective domain were rated as requires improvement.

## Are services caring?

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

- End of Life Care in the community and surgery at Russells Hall Hospital caring domain were rated as Outstanding.
- Urgent and Emergency Care, critical care unit, maternity, children and young People, end of Life Care at Russells Hall Hospital, outpatient department at Russells Hall hospital and Corbett, diagnostics imaging at Corbett and surgery caring domain were rated as good.
- Diagnostics Imaging at Russells Hall and Guest were rated as requires improvement.

## Are services responsive?

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

- Children and young people, urgent and emergency care, critical care unit and diagnostic imaging at Russells Hall responsive domain were rated as requires improvement.
- Surgery at Russells Hall and Corbett, maternity, end of life care at Russells Hall Hospital and community, outpatient department at Russells Hall and Corbett, diagnostics imaging at Corbett responsive domain were rated as good.

## Are services well-led?

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

- Diagnostics Imaging at Russells Hall and Corbett Well Led domain were rated as inadequate.
- Urgent and emergency care, maternity, children and young people, outpatient department at Russells Hall and Corbett Well Led domain were rated as requires improvement.
- Surgery at Russells Hall and Corbett, critical care unit, end of life care at Russells Hall and community Well Led domain were rated as good.

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in end of life care services at both community and acute, surgery at Corbett and Russell's Hall hospital, diagnostics at Corbett, children and young persons at Russell's hall hospital and outpatients department at Russell's Hall.

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

# Summary of findings

## Areas for improvement

We found areas for improvement including **54** breaches of legal requirements that the trust must put right. We found **51** things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

## Action we have taken

We issued requirement notices to the trust. Our action related to breaches of legal requirements at a trust-wide level and in urgent and emergency care, diagnostics, surgery, children and young persons.

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

### In surgery at Russells Hall and The Guest Hospital:

- At the same time as our inspection; the service had initiated a new pre-operative assessment pathway to better meet the needs of elective patients. This involved including an anaesthetist, and other colleagues where required, as part of the pre-assessment consultation. Therefore, the patient could experience a 'one stop' appointment which enabled less journeys to the trust, and more time between first consultation and surgery to enable health optimisation. The aims including increasing theatre productivity, reducing on the day cancellations and improving the patient experience.
- Wellbeing workers provided specific support to older patients with dementia, or other cognitive functioning related needs. This included paying games on a one to one basis, reading with patients, enabling use of a specialist individual television which showed and played films and music from early decades to promote positive memories. We saw in some bays where all patients were elderly; a communal television was set up to show films, and a CD player played familiar songs.
- We saw staff sourced books for patients that were tailored to personal interests.
- A surgical ambulatory assessment unit had been set up as part of the surgical assessment unit to aid patient flow and patient experience. These enabled patients referred for acute symptoms requiring urgent triage and surgical assessment who could sit to attend for their pre- assessments without being admitted. Following triage and assessments, patients, where appropriate, could return home until their operation the following day rather than be admitted overnight prior to surgery if required. This initiative supported a better access of inpatient beds for patients who required them; and enabled a quicker turnaround time for patients.
- During our inspection, we were provided with evidence of numerous research projects that staff had completed or were working on. For example, medical staff at the trust were involved in developing and implementing national guidelines for pain management such as for patients undergoing lower limb amputation, as published in the British Journal of Pain, April 2018. The orthopaedic team had also undertaken a number of research articles aimed at improving patient care and outcomes.

# Summary of findings

- Other innovative practice was the 'golden patient' initiative. This involved ensuring selected patients were ready for 8am on the morning of the theatre lists; therefore, could be in theatre ready for their procedure to begin at the time of the theatre team brief. The aim was to improve the average start time of theatre lists; enabling a more efficient service.
- The 'hospital to home' service, based on Ward C6, was available to urology patients (both surgical and medical) with the purpose of reducing hospital length of stay; to prevent re-admissions, to help recovery following surgery and improve the patient experience.

## **In surgery at The Corbett Outpatients Centre:**

- The whole surgery department did six weekly audit afternoons where there were no lists and staff across both hospital sites would meet at Russells Hall Hospital. Staff would be informed about new practice that was being implemented during team meetings at the afternoons.
- The ward sister was developing a world health organisation (WHO) checklist that was tailored specifically for ophthalmology patients. Not all of the current standardised WHO checklist is relevant to ophthalmology patients so this checklist will remove some elements but add in some additional elements. The head of ophthalmology had approved this document and it was awaiting final approval by the documentation team.
- The ward sister developed a steroid injection pathway in order to get more details and have more interaction with patients who received this treatment. Prior to the introduction of this, patients were seen only by consultants.

## **In Services for Children and Young People at Russells Hall:**

- Ward C2 had introduced a non-medication-based pain relief for children and young people to use when having blood taken. The 'bumble bee' used thermal, non-medicated technology to reduce pain during procedures without the use of conventional oral or topical pain relief.
- The service had worked with Scouts to start the countries first in hospital Scout group. This encouraged young people to participate in social activities whilst in hospital. We found this was particularly beneficial to those young people who had prolonged stays in hospital.

## **In Outpatients at Russells Hall and The Guest Hospital:**

- The outpatients department had specialist multi-disciplinary pain clinic which included psychologist support.

## **In End of Life Care at Russells Hall Hospital:**

- Leaders and all members of the SPCT had worked hard to promote the needs of people receiving end of life and palliative care and their families. The development of EOLC eLearning courses, drop in sessions and palliative care champions had instilled in all staff the desire to provide the best possible care to patients and their families.
- Staff were empowered to find innovative ways to meet people's individual needs and wishes. Staff understood the importance of continuing to show compassionate care and respect after a person died and the importance of this to relatives. Staff had found imaginative ways to do this.

## **In End of Life Care in the Community:**

- The service was fully integrated with key stakeholders; internally and externally. They worked together to achieve a common set of good quality standards. The specialist staff worked jointly with local authority staff, GP practices and residential care homes to help put patients at the centre of everything they did.
- The palliative care support team were established following an initiative piloted originally by an occupational therapist in the team. This was supported by the leadership team in its inception. The service was fully embedded and valued by people who used the service and other key staff.

# Summary of findings

- Training initiatives were on a continuous programme for all people involved in end of life services; internal and external stakeholders. All staff were involved in facilitating the education and training programme and feedback from trainees was positive. We were told by staff that because of the continued education and joint working, an improved service had been developed. Staff were proud of their achievements and passionate about the service being a learning and improving one.
- The team were consistently reflective. Reflective practice was facilitated by peers and a psychologist. This meant that staff took an objective look at practice to improve the quality and performance at work. Staff explored their strengths and weaknesses from reflection, enabling an enhancement in the development of areas that needed to be improved.
- The trust were working towards Gold Standard Framework Accreditation. They had completed one year of a two-year process. All staff were on board with the process and understood the benefits, learning and improvements that could be achieved.

## In Diagnostic Imaging services at The Corbett Outpatients Centre:

- The trust had met an increase in people developing osteoporosis (with an aging population). Dual Energy X-ray Absorptiometry (DEXA) scanning measures the density of peoples' bones. The trust had won a Gold standard award for diagnosing osteoporosis and other related conditions.

## Areas for improvement

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

We told the trust that it must take action to bring services into line with legal requirements. This action related to services: Urgent and emergency care at Russells Hall Hospital, surgery at Russells Hall and Guest Hospital, surgery at The Corbett Outpatients Centre, Children and Young People at Russells Hall, Outpatients at Russells Hall and The Guest Hospital, Outpatients at The Corbett Outpatients Centre, Diagnostic Imaging services at Russells Hall and The Guest Hospital and Diagnostic Imaging services at The Corbett Outpatients Centre.

### In urgent and emergency care at Russells Hall Hospital:

- The trust **must** ensure that there are robust escalation and full capacity protocols in place aimed at avoiding a crowded emergency department and that they are followed in times of high demand.
- The trust **must** ensure that all patients in the emergency department are subject to the same safety checks.
- The trust **must** ensure that ambulance crews are able to handover the care of their patients as soon as they arrive at the emergency department.
- The trust **must** ensure that all staff within the emergency department complete mandatory training and additional training for their role as per trust policy.
- The trust **must** ensure that all staff in the emergency department are trained in and to the appropriate levels of safeguarding for adults and children.
- The trust **must** ensure that patients being cared for on corridors are appropriately supervised at all times.
- The trust **must** ensure that all required patients presenting to the emergency department receive a robust clinical assessment in line with national guidelines and standards within 15 minutes of arrival.
- The trust **must** ensure that patients with deteriorating conditions are effectively identified and treated within the emergency department.



# Summary of findings

- The trust **must** ensure the appropriate storage, checking and administration of medicines at all times within the emergency department.
- The trust **must** ensure that all staff within the emergency department understand their responsibilities in supervising mental health patients and have the skills, training and competency to do so.
- The trust **must** ensure that risks within the emergency department appropriately identified and managed.
- The trust **must** ensure that specialist clinical expertise is secured to ensure expertise across the emergency department. The clinicians should provide the oversight of care provision, ensuring all patients receive care from senior clinicians that is safe, effective, timely and in line with best practice.
- The trust **must** ensure that there is enough staff within the emergency department with the right qualification, skills, training and experience to keep people safe and to provide the right care and treatment.

## **In surgery at The Corbett Outpatients Centre:**

- The trust **must** ensure that it follows through with plans to train all recovery staff in Advanced Life Support training in line with guidance.

## **In Services for Children and Young People at Russells Hall:**

- The provider **must** ensure that the premises used by the service are safe for their intended purpose, including ensuring the premises are safe for patients admitted with a mental health condition.
- The provider **must** ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced nursing staff available to provide care to children and young people.
- The provider **must** review the counting of trainee nurse associates within the registered staff numbers on the neonatal unit.
- The provider **must** ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced medical staff available to provide care to children and young people.
- The provider **must** ensure that suitable transitional pathways from children's services to adult services are in place to meet the needs and reflect the personal preferences of young people.
- The provider **must** ensure that care is planned and delivered in a way that meets the individual needs of all children, young people and those close to them, including those children and young people with a mental health condition. (Regulation 9(1)).
- The provider **must** ensure that systems are in place to make sure all complaints are investigated without delay and learning from complaints shared across the service.
- The provider **must** have systems and processes in place to monitor progress against plans, including a vision and strategy, to improve the quality and safety of services.
- The provider **must** ensure it has systems and processes in place to collect, analyse and use information to improve quality and safety across the service.

## **In Outpatients at Russells Hall and The Guest Hospital:**

- The trust **must** ensure staff follow infection control procedures at all times.
- The trust **must** ensure local rules in ophthalmology are kept up to date and regularly reviewed.



# Summary of findings

- The trust **must** ensure clear plans are in place around deteriorating patients including the use of the sepsis screening tool.
- The trust **must** ensure robust systems are in place around missing/patient notes, to include effectively monitoring the amounts and developing robust plans of action.
- The trust **must** ensure all risks are reviewed on the departmental risk register and that action is taken to move risks on.
- The trust **must** ensure they review the suitability of premises outpatients and the ophthalmology department and review patient flow through the departments.

## **In Outpatients at The Corbett Outpatients Centre:**

- The trust **must** ensure clear plans are in place around deteriorating patients; to include a review of the availability of resuscitation equipment, the storage of anaphylaxis kits, cascading learning from the revised cardiac arrest procedure and assessing the risk of clinical support workers working in clinics without the direct supervision of a registered nurse.
- The trust **must** ensure systems are in place to improve the accessibility of patient notes, to include effectively monitoring the volume of missing notes and developing clear plans of action to reduce the use of temporary notes.
- The trust **must** ensure Improve the storage of patient notes within the department in relation to confidentiality and information governance requirements and health and safety.
- The trust **must** ensure all risks are mitigated and reviewed on the departmental risk registers and that action is taken to move risks on.
- The trust **must** ensure risks to patients in urology are effectively managed in relation to the use of trolleys with no sides for patients undergoing invasive procedures.
- The trust **must** ensure they review the suitability of the outpatient premises in relation to patient flow through the department.

## **In Diagnostic Imaging services at Russells Hall and The Guest Hospital:**

- The trust **must** ensure they improve mandatory staff training compliance
- The trust **must** ensure they improve the uptake of safeguarding staff training
- The trust **must** ensure they put in place a protocol for managing a deteriorating adult or child including training staff in paediatric life support
- The trust **must** ensure they improve resuscitation adults staff training compliance
- The trust **must** ensure they put in place an effective system for measuring the safety of imaging services
- The trust **must** ensure they put in place a system of medical supervision of inpatients waiting on corridors for Imaging appointments.
- The trust **must** ensure inpatients and ED patients waiting for imaging appointment's on corridors are kept sufficiently warm
- The trust **must** ensure inpatients and ED patients waiting for imaging appointment's on corridors are able to be modestly covered
- The trust **must** ensure they put in place guidelines for pain assessment in children

# Summary of findings

- The trust **must** ensure they take effective steps to meet the diagnostic standard and to catch up with paediatrics anesthetic, colonoscopy and cardiac waiting lists.
- The trust **must** ensure they review and improve the Imaging services measures of quality and patient outcomes
- The trust **must** ensure they put in place an effective management and governance structure in imaging services and monitor its performance
- The trust **must** ensure confidential patient information is protected from casual view and hearing in imaging services.

## **In Diagnostic Imaging services at The Corbett Outpatients Centre:**

- The trust **must** ensure they rreview and improve the diagnostic imaging services measures of quality and patient outcomes.
- The trust **must** ensure they put in place an effective management and governance structure in diagnostic imaging services and monitor its performance.
- The trust **must** ensure they improve mandatory staff training compliance.
- The trust **must** ensure they put in place a protocol for managing a deteriorating adult or child including training staff in paediatric life support.
- The trust **must** ensure they improve resuscitation for adults' staff training compliance.
- The trust **must** ensure they put in place an effective system for measuring the safety of diagnostic imaging services.

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

We told the trust it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services. This action related to services: Urgent and emergency care at Russells Hall Hospital, Maternity service at Russells Hall, End of Life care acute and community, surgery at Russells Hall and Guest Hospital, surgery at The Corbett Outpatients Centre, Children and Young People at Russells Hall, Outpatients at Russells Hall and The Guest Hospital, Outpatients at The Corbett Outpatients Centre, Diagnostic Imaging services at Russells Hall and The Guest Hospital and Diagnostic Imaging services at The Corbett Outpatients Centre.

## **For the overall trust:**

### **In urgent and emergency care at Russells Hall Hospital:**

- The trust **should** ensure that at night, senior doctors in the emergency department have sufficient time to treat children as well as patients in the resuscitation room.
- The trust **should** ensure that infection control policies and practice are implemented and followed throughout the emergency department.
- The trust **should** ensure that patients' privacy is respected in the waiting and reception areas of the emergency department.
- The trust **should** ensure effective monitoring and audit of treatment and interventions used for mental health patients within the emergency department.
- The trust **should** ensure that leaflets are information are available in other languages than English within the emergency department.
- The trust **should** ensure that paediatric staff are alerted to unwell children on their way to the department.

# Summary of findings

## In surgery at Russells Hall Hospital:

- The trust **should** ensure medical are up to date with mandatory training; including mental health and safeguarding training.
- The trust **should** ensure substance managed under Control of Substances Hazardous to Health (COSHH) regulations are stored safely.
- The trust **should** ensure patients attending the surgical ambulatory assessment unit are triaged within trust targets; and this is formally monitored.
- The trust **should** ensure records are updated with 24-hour venous thromboembolism (VTE) assessment outcomes.
- The trust **should** ensure all staff have access to learning following never events and serious incidents.
- The trust **should** ensure staff follow a standardised approach to reducing unnecessary fasting prior to surgery. Enable a way for this to be audited consistently by local managers.
- The trust **should** ensure staff are trained in autism and where necessary access materials to support awareness and to aid individualised treatment and care.

## In surgery at The Corbett Outpatients Centre:

- The trust **should** ensure that it follows through with plans to replace all the wooden cabinets with metal cabinets which are used to store flammable liquids in line with guidance.
- The trust **should** ensure that it carries out observational audits of the World Health Organisation (WHO) checklist.
- The trust **should** ensure that all staff at Corbett Hospital are aware of the major incident plan and that there is a copy of the plan on the unit.

## In Maternity at Russells Hall Hospital:

- The trust **should** ensure all staff maintain to complete documentation around CTG monitoring, including 'fresh eyes' to ensure its consistent throughout the service.
- The trust **should** ensure all records are kept up to date and completed accurately.
- The trust **should** ensure all staff adhere to Infection Prevention and control policy.
- The service **should** ensure complaints are managed in line with the trusts complaints policy.
- The trust **should** ensure the clinical audit programme for maternity services is fully embedded within the service.
- The service **should** ensure governance arrangements within maternity should ensure they have a full overview of the service.

## In Critical Care at Russells Hall Hospital:

- The service **should** ensure hand hygiene audits are large enough sample to provide assurance.
- The service **should** ensure venous thromboembolism (VTE) assessments are completed on all patients.
- The service **should** ensure SHDU has a resuscitation trolley based on the unit.
- The service **should** ensure it meets the Guidelines for the Provision of Intensive Care Services (GPICS) for dietician's staff.
- The service **should** ensure medical staff mental health law meets the trusts target.

# Summary of findings

- The service **should** ensure it complies NICE requirements QS158 for rehabilitation after critical care illness for adults.
- The service **should** ensure complaints are managed in line with the trusts complaints policy.
- The service **should** ensure patients are discharged in less than eight hours.

## **In Services for Children and Young People at Russells Hall:**

- The trust **should** ensure that children, young people and their families are involved in making decisions about care.
- The trust **should** review how it obtains feedback from children, young people and those close to them to improve and shape services.

## **In Diagnostic Imaging services at Russells Hall and The Guest Hospital**

- The trust **should** ensure they increase the numbers/availability of radiographers competent to interpret and clinically report on diagnostic images as recommended by the CQC July 2018 national report on reducing wait times for imaging results.
- The trust **should** ensure they make available information to patients and visitors on safeguarding children and vulnerable adults from abuse
- The trust **should** ensure they provide drinking water for patients with imaging services areas.
- The trust **should** ensure they make staff aware of guidelines in place for use of pain score for patients with dementia.
- The trust **should** ensure they encourage use of the telephone interpreter service over the use of staff and relatives.

## **In Outpatients at Russells Hall and The Guest Hospital:**

- The trust **should** ensure that risk assessments are completed around only being one resuscitation trolley in the outpatients' department and be certain all staff know who will fetch the trolley in an emergency and that scenario training is completed to include reception staff.
- The trust **should** ensure notes are legible and do not contain loose pages.
- The trust **should** ensure relevant staff can access all medications easily in the ophthalmology department.
- The trust **should** ensure learning from morbidity and mortality meetings are shared to aid learning.
- The trust **should** ensure they consider a programme of audit around compliance in areas such as national institute for health and care excellence (NICE) guidelines and consent.
- The trust **should** ensure they continue to reduce outstanding follow up appointments.
- The trust **should** ensure annual refresher training for patient group directives (PGD's).
- The trust **should** ensure they consider ways of improving communication with the rapid access team.
- The trust **should** ensure they review storage space in the department and complete risk assessments in relation to staff handling the records.

## **In Outpatients at The Corbett Outpatients Centre:**

- The trust **should** ensure all risks are recorded on the departmental risk register.
- The trust **should** ensure they continue to reduce outstanding follow up appointments.
- The trust **should** ensure review processes for staff engagement and involvement in decisions affecting their roles.

# Summary of findings

## In End of Life Care at Russells Hall Hospital:

- The trust **should** ensure they have enough suitable qualified staff to ensure compliance with recommendations from national bodies such as The Association of Palliative Medicine for Great Britain and Ireland and the National Council for Palliative Care.
- The trust **should** ensure they continue its efforts to provide a seven-day service.

## In End of Life Care in the community:

- The trust **should** ensure they have enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

## Is this organisation well-led?

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

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

- Not all trust leaders had the right skills and abilities to run a service providing high-quality sustainable care.
- We heard inconsistent views of trust culture from staff of all levels. Whilst some feedback remained negative, outlining the continuation of feelings of fear and intimidation, we also heard of staff and patients being proud of trust association and the positive approach of colleagues.
- Governance efficiencies were inconsistent across divisions and flow to board. Whilst this had been acknowledged with a review underway, the arrangements in place at the time of inspection posed a risk from ongoing gaps in scrutiny. We saw examples of reactive approaches to managing risk.
- The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. However, the detail of controls and assurance of mitigations at board level were not always evident.

However:

- The newly refreshed strategy presented a clear two-year plan for the organisation, though needed to remain dynamic to the uncertainties faced by the trust in the wider system.
- The trust collected, analysed, managed and used information to support its activities, using secure electronic systems with security safeguards. The trust recognised where further improvement was needed to ensure accurate and reliable data sources.
- The trust engaged with patients, staff, the public and local organisations to plan and manage services. There had been a focus on increasing engagement with staff over the past 12 months however, some staff still felt they were not listened to.
- The trust was committed to improving services and learning from when things went well and when they went wrong. Training, research and innovation was actively promoted.

# Summary of findings

## Use of resources

A use of resources inspection was undertaken by NHS Improvement on the 14th January 2019 with the ratings aggregated into our overall rating of this provider. This has also been published on our website.

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Inadequate ↓ May 2019	Good ↑ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 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.



## Ratings for Russells Hall Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↔ May 2019	Requires improvement ↔ May 2019	Good ↑ May 2019	Requires improvement ↔ May 2019	Requires improvement ↑ May 2019	Requires improvement ↑ May 2019
Medical care (including older people's care)	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018
Surgery	Requires improvement ↓ May 2019	Good ↔ May 2019	Outstanding ↑ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
Critical care	Good ↑ May 2019	Good ↑ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Good ↑ May 2019	Good ↑ May 2019
Maternity	Requires improvement ↓ May 2019	Good ↑ May 2019	Good ↔ May 2019	Good ↔ May 2019	Requires improvement ↓ May 2019	Requires improvement ↓ May 2019
Services for children and young people	Requires improvement ↔ May 2019	Good ↑ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019
End of life care	Good ↑ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
Outpatients	Requires improvement ↓ May 2019	N/A	Good ↔ May 2019	Good ↑ May 2019	Requires improvement ↓ May 2019	Requires improvement ↓ May 2019
Diagnostic imaging	Inadequate May 2019	N/A	Requires improvement May 2019	Requires improvement May 2019	Inadequate May 2019	Inadequate May 2019
<b>Overall*</b>	Inadequate ↓ May 2019	Good ↑ May 2019	Good ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 2019	Requires improvement ↔ May 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 Corbett Outpatients Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019
Outpatients	Requires improvement May 2019	N/A	Good May 2019	Good May 2019	Requires improvement May 2019	Requires improvement May 2019
Diagnostic imaging	Inadequate May 2019	N/A	Good May 2019	Good May 2019	Inadequate May 2019	Inadequate May 2019
<b>Overall*</b>	Inadequate May 2019	Good May 2019	Good May 2019	Good May 2019	Inadequate May 2019	Inadequate May 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 Apr 2018	Good Apr 2018	Good Apr 2018	Requires improvement Apr 2018	Good Apr 2018	Good Apr 2018
Community end of life care	Good May 2019	Good May 2019	Outstanding May 2019	Good May 2019	Good May 2019	Good May 2019
<b>Overall*</b>	Good ↔ May 2019	Good ↔ May 2019	Outstanding ↑ May 2019	Requires improvement ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019

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

# Acute health services

## Background to acute health services

The trust provides a range of acute services across The Russells Hall Hospital, The Guest Hospital and The Corbett Outpatient Centre. Services delivered at The Guest hospital are reported within the Russells Hall location report.

Services we inspected at The Russells Hall and The Guest Hospital included:

- Outpatients
- Diagnostic Imaging
- Urgent and Emergency Care
- Surgery
- End of Life Care
- Critical Care
- Services for Children and Young People
- Maternity

Further services provided at The Russells Hall and The Guest Hospital we did not inspect include:

- Medical care
- Gynaecology

We inspected all acute services provided by The Corbett Outpatient Centre which included:

- Surgery
- Diagnostic Imaging
- Outpatients

## Summary of acute services

**Inadequate** ● ↓

Our overall rating for acute services provided by the trust across the Russells Hall Hospital and Corbett Outpatient Centre went down. The summary of acute services can be found in the main report summary.

# Russells Hall Hospital

Pensnett Road  
Dudley  
West Midlands  
DY1 2HQ  
Tel: 01384456111  
www.dgoh.nhs.uk

## Key facts and figures

Russells Hall Hospital is in the heart of the Black Country, it covers a population of around 450,000 people in mainly urban areas. Russells Hall Hospital is part of The Dudley Group NHS Foundation Trust.

Core services provided at Russells Hall Hospital include urgent care, medical care, surgery, children and young people, maternity, outpatients, diagnostics, end of life and critical care. The trust has approximately 669 inpatient beds, 31 escalation beds 152 day case beds. The trust employs around 4,147 whole time equivalent (WTE) staff. This includes 482 medical staff, 1,225 nursing staff and 2,440 other staff.

## Summary of services at Russells Hall Hospital

**Requires improvement** ● → ←

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

- Our rating of safe was Inadequate overall. Risks within the emergency department were not always identified and escalated appropriately. We were not assured that all patients allocated to wait on the corridor were safe. Although we did see improvements around sepsis care and treatment we could not be assured that sepsis documentation and treatment was completed in line with best practice and the designated timeframes. The diagnostics service did not have enough allied health staff with the right qualifications, skills, training and experience to provide the right care and treatment. Allied health professionals made up the largest group of staff required for imaging services. The numbers of reporting radiographers available could not meet the reporting demands of the service. The diagnostics service was not up to date with the most recent ionising radiation regulations. Staff we spoke with did not realise this. The trust took immediate steps to put this right.
- Our rating of effective was good overall. The service provided care and treatment based on national guidance and evidence of its effectiveness. The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and monitor the effectiveness of the service. Staff assessed and monitored patients regularly to see if they were in pain. Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Our rating of caring was good overall. Staff provided emotional support to patients to minimise their distress. Staff involved patients and those close to them in decisions about their care and treatment. Staff cared for patients with compassion however, patient dignity was sometimes compromised.

# Summary of findings

- Our rating of responsive was requires improvement overall. People could not always access services when they needed. The service treated concerns and complaints seriously however, complaints were not always responded to within appropriate time frames or learning effectively shared.
- Our rating of well led was requires improvement overall. Not all managers had the right skills and abilities to run services providing high-quality sustainable care. Departments did not always have effective systems for identifying risks.

# Urgent and emergency services

Requires improvement  

## Key facts and figures

The emergency department at Russells Hall Hospital is a consultant led department, with a separate paediatric unit, both of which provide care 24 hours a day, seven days a week. The trust also runs an Ambulatory Emergency Care (AEC) from the same site. Consultant cover is provided across the department 16 hours a day, seven days a week. There is a nurse led minor injuries service in addition to the Urgent Care Centre (UCC). The onsite UCC is run by a separate provider.

The AEC provides same day emergency care to patients in a hospital setting. Patients are assessed, diagnosed, treated and can go home the same day, without being admitted overnight. It is a consultant led service supported by nursing, diagnostic and community teams and is the first point of contact for most medical patients.

The emergency department is divided into different treatment areas including paediatrics, major and minor injuries, resuscitation, ambulance assessment area and the ambulatory emergency care unit.

A streaming nurse is located at the entrance to the emergency department and directs patients to either the emergency department or the onsite Urgent Care Centre, which is ran by a separate provider.

The emergency department was last fully inspected in December 2017 and was rated inadequate overall. Further responsive inspections in relation to specific concerns were conducted in January, March, June and August 2018, these inspections were not rated.

The trust currently has conditions on its registration concerning triage, management of the deteriorating patient, staffing and clinical oversight.

We visited the emergency department on the 15, 16, 30 January and 4 February 2019. We spoke with approximately 24 staff members, including matrons, consultants, doctors, nurses, health care assistants and administration staff. We reviewed 28 set of patient records and observed the care being given to patients.

## Summary of this service

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

- The service provided mandatory training in key skills to all staff however they did not make sure that everyone completed it. The trust's mandatory training target was met by nurses for five of the ten modules while doctors only reached compliance for one.
- Staff we spoke to understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse. Weekly data provided by the trust showed that paediatric liaison forms and multi-agency referral forms were not always completed where appropriate so we were not assured that safeguarding knowledge was applied correctly at all times and they knew how to apply it. Staff we spoke with could demonstrate the safeguarding principles and knew who to escalate their concerns to.
- Not all environments within the department were suitable for their use. At the time of inspection ligature points remained across the department.
- Risks were not always identified and escalated appropriately. We were not assured all patients allocated to wait on the corridor were safe.

# Urgent and emergency services

- The trust currently has a condition on its registration for the treatment of disease, disorder and injury to ensure that an effective system is in place to robustly clinically assess all patients who present to the emergency department in line with relevant clinical guidelines within 15 minutes of arrival. We found that patients were triaged using a clinically recognised model and staff were confident with the triage process. However, not all patients were triaged within 15 minutes of their arrival at the emergency department.
- The trust currently has a condition on its registration for the treatment of disease, disorder and injury to ensure there is an effective system to identify, escalate and manage patients who may present with sepsis or a deteriorating medical condition in line with the relevant national clinical guidelines, which applies to all areas of the emergency department. During our inspection we found that repeat patient observations were more compliant with being performed within set time frames and were escalated to senior staff within the department. We saw that the trust, emergency department leaders and staff had worked hard on their sepsis recognition and treatment throughout the year. Although we did see improvements around sepsis care and treatment we could not be assured that sepsis documentation and treatment was completed in line with best practice and the designated timeframes.
- The trust currently has a condition on its registration for the treatment of disease, disorder and injury to ensure there are sufficient numbers of suitably qualified skilled, competent and experienced clinical staff at all times to meet the needs of patients within all areas of the Emergency Department, including any area where patients are waiting to be seen. We found the service did not always have enough staff with the right qualifications, skills, training and experience to keep people safe and to provide the right care and treatment.
- The trust currently has a condition on its registration for the treatment of disease, disorder and injury to ensure that specialist clinical expertise is secured to ensure expertise across the emergency department. We saw that working relationships and communication across the specialist departments had improved however, some patients still experienced long waits for speciality review.
- The service did not always follow best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents however, these investigations were not always completed in a timely manner.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. However, this guidance was not always consistently followed in relation to sepsis management.
- Managers monitored the effectiveness of care and treatment however, results were not always used to improve patient care. The department had failed to meet any of the national standards in the 2016/17 Royal College of Emergency Medicine (RCEM) audits.
- Most staff were competent for their roles. However, mandatory training compliance was low and some staff did not have full understanding of key areas of their role.
- Staff cared for patients with compassion however, patient dignity was sometimes compromised.
- People could not always access the service when they needed it. Waiting times for treatment and arrangements to admit, treat and discharge were not in line with best practice. Key documentation for the running of an emergency department was difficult to locate and not updated to reflect the current model of the department.
- The service treated concerns and complaints seriously however, complaints were not always responded to within appropriate time frames or learning effectively shared.
- The services approach to continually improving and monitoring the service it provided was not always robust. Key documents for the running of an emergency department were not accessible or not up to date.
- The department did not always have effective systems for identifying risks.



# Urgent and emergency services

However:

- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other.
- Both the emergency department and paediatric emergency department provided care for the local population 24 hours a day, seven days per week.
- Staff provided emotional support to patients to minimise their distress.
- The trust planned and provided services in a way that met the needs of local people. However, limited information was available to those whose first language was not English.
- Managers of the department had the right skills and abilities to run the service.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers promoted a positive culture that supported and valued staff. Most staff we spoke with were happy working in the department. However, some staff felt there was a lack of trust wide ownership to the problems faced by the emergency department.
- The department was committed to improving its services.

## Is the service safe?

**Inadequate** ● → ←

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

- The service provided mandatory training in key skills to all staff however they did not make sure that everyone completed it. The trust's mandatory training target was met by nurses for five of the ten modules while doctors only reached compliance on one.
- Staff we spoke to understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse. Weekly data provided by the trust showed that paediatric liaison forms and multi-agency referral forms were not always completed where appropriate so we were not assured that safeguarding knowledge was applied correctly at all times and they knew how to apply it. Staff we spoke with could demonstrate the safeguarding principles and knew who to escalate their concerns to.
- The service controlled infection risk. Staff kept themselves and equipment clean, most areas visited during the inspection were clean and tidy. Control measures were in place to prevent the spread of infection however, these were not always followed.
- Not all environments within the department were suitable for their use. At the time of inspection ligature points remained across the department.
- Risks were not always identified and escalated appropriately. We were not assured that all patients allocated to wait on the corridor were safe.

# Urgent and emergency services

- The trust currently has a condition on its registration for the treatment of disease, disorder and injury to ensure that an effective system is in place to robustly clinically assess all patients who present to the emergency department in line with relevant clinical guidelines within 15 minutes of arrival. We found that patients were triaged using a clinically recognised model and staff were confident with the triage process. However, not all patients were triaged within 15 minutes of their arrival at the emergency department.
- The trust currently has a condition on its registration for the treatment of disease, disorder and injury to ensure there is an effective system to identify, escalate and manage patients who may present with sepsis or a deteriorating medical condition in line with the relevant national clinical guidelines, which applies to all areas of the emergency department. During our inspection we found that repeat patient observations were more compliant with being performed within set time frames and were escalated to senior staff within the department. We saw that the trust, emergency department leaders and staff had worked hard on their sepsis recognition and treatment throughout the year. Although we did see improvements around sepsis care and treatment we could not be assured that sepsis documentation and treatment was completed in line with best practice and the designated timeframes.
- The trust currently has a condition on its registration for the treatment of disease, disorder and injury to ensure there are sufficient numbers of suitably qualified skilled, competent and experienced clinical staff at all times to meet the needs of patients within all areas of the Emergency Department, including any area where patients are waiting to be seen. We found the service did not always have enough staff with the right qualifications, skills, training and experience to keep people safe and to provide the right care and treatment.
- The trust currently has a condition on its registration for the treatment of disease, disorder and injury to ensure that specialist clinical expertise is secured to ensure expertise across the emergency department. We saw that working relationships and communication across the specialist departments had improved however, some patients still experienced long waits for speciality review.
- Staff kept records of patients' care and treatment. However, these could sometimes be difficult to navigate.
- The service did not always follow best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents however, these investigations were not always completed in a timely manner.

However,

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

## Is the service effective?

**Requires improvement** ● → ←

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. However, this guidance was not always consistently followed in relation to sepsis management.
- Managers monitored the effectiveness of care and treatment however, results were not always used to improve patient care. The department had failed to meet any of the national standards in the 2016/2017 Royal College of Emergency Medicine (RCEM) audits.
- Most staff were competent for their roles. However, mandatory training compliance was low and some staff did not have full understanding of key areas of their role.

# Urgent and emergency services

However:

- Staff gave patients enough food and drink to meet their needs.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other.
- Both the emergency department and paediatric emergency department provided care for the local population 24 hours a day, seven days per week.
- Health promotion materials were available and staff knew which services to signpost patients to.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. . However, the service did not monitor or audit the treatment or interventions that mental health patients received while in the emergency department.

## Is the service caring?

**Good**  

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

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

However:

- Staff cared for patients with compassion however, patient dignity was sometimes compromised.

## Is the service responsive?

**Requires improvement**   

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

- People could not always access the service when they needed it. Waiting times for treatment and arrangements to admit, treat and discharge were not in line with best practice. Key documentation for the running of an emergency department was difficult to locate and not updated to reflect the current model of the department.
- The service treated concerns and complaints seriously however, complaints were not always responded to within appropriate time frames or learning effectively shared.
- From October 2017 to September 2018 the trust consistently failed to meet the Department of Health's standard for emergency department's that 95% of patients should be admitted, transferred or discharged within four hours of arrival at the emergency department.

# Urgent and emergency services

- From October 2017 to September 2018 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was worse than the England average apart from in October 2017 and November 2017.
- Over the 12 months from October 2017 to September 2018, 10 patients waited more than 12 hours from the decision to admit until being admitted.

However:

- The trust planned and provided services in a way that met the needs of local people. However, limited information was available to those whose first language was not English.
- The service took account of patients' individual needs.

## Is the service well-led?

**Requires improvement**  

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

- The services approach to continually improving and monitoring the service it provided was not always robust. Key documents for the running of an emergency department were not accessible or not up to date.
- The department did not always have effective systems for identifying risks.

However:

- Managers of the department had the right skills and abilities to run the service.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers promoted a positive culture that supported and valued staff. Most staff we spoke with were happy working in the department. However, some staff felt there was a lack of trust wide ownership to the problems faced by the emergency department.
- The department collected, analysed, managed and used information to support all its activities.
- Since our last full inspection leaders in the department had improved their engagement with staff. The service also engaged with patients, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The department was committed to improving its services.

## Areas for improvement

We found 19 areas for improvement in this service. Please see the areas for improvement section above.

# Surgery

Good   

## Key facts and figures

The surgery core service at Russells Hall Hospital has 214 surgical inpatient beds across eight wards. These comprised Ward B2 (trauma and orthopaedics; and hip fracture), Ward B1 (elective orthopaedics), Ward B3 (vascular and general surgery ward), B4 (general and colorectal ward), Ward B5 (general surgery and gynaecology), West C6 (Urology and general surgery) and a Surgical Assessment Unit, located on B5.

At the time of our inspection; 12 beds on Ward B4 were allocated specifically to medical outliers to cover winter pressures.

The trust's theatre suite comprises 10 main operating theatres, including one dedicated emergency theatre and one dedicated trauma theatre, four-day case theatres on the Russells Hall Hospital Site, and a dedicated day surgery unit on the Russells Hall Hospital site.

A surgical ambulatory assessment unit had been set up as part of the surgical assessment unit. These enabled patients referred for acute symptoms requiring urgent triage and surgical assessment who could sit to attend for their pre- assessments without being admitted. Following triage and assessments, patients, where appropriate, could return home until their operation the following day rather than be admitted overnight before surgery if required. The aim of this service was to achieve a 12-hour turnaround time from patient arrival to returning home. Referrals were received for this service from GPs, urgent care centres, accident and emergency department and community nursing. For certain specialities, such as vascular surgery, referrals could be received from other West Midlands hospitals. There was scope for patients who required a longer assessment period with four beds allocated for up to 48 hours per patient.

On the vascular ward (B3), two surgical high dependency beds were located (SHDU) to support patients who needed level two care (more care than on a general surgical ward). This was staffed by one nurse to two patients. Each bed was located within a separate side room.

The trust also has a specialist operating theatre in the x-ray department where certain vascular operations are performed.

The main surgical specialities provided are: general surgery, vascular surgery; orthopaedics and trauma; gynaecology; urology; plastic surgery; ear, nose and throat surgery; and maxillofacial surgery.

The trust also provides paediatric surgery in general surgery, trauma and orthopaedics, ear, nose and throat, oral and maxillofacial surgery, plastics, ophthalmology and orthodontics.

The trust had 33,662 surgical admissions from June 2017 to May 2018. Emergency admissions accounted for 9,366 (27.8%), 20,496 (60.9%) were day case, and the remaining 3,800 (11.3%) were elective.

During our inspection, we spoke with 55 members of staff. This number included consultants, medical staff, nurses with a range of seniority, therapy staff, clinical support workers, wellbeing workers, ward clerks, and other staff outside of the surgical division but who supported the work such as nurses within the mental health team and pharmacy staff.

We spoke with 10 patients and three relatives; and observed a number of staff and patient interactions.

Additionally, we checked a total of 26 patient records, which included medicine charts, nurse records and medical notes.

# Surgery

We visited every ward at Russells Hall Hospital and visited the operating theatres. We also spoke with the Hospital at Home team who worked with urology patients within the community and in the hospital.

## Summary of this service

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

- The service had planned for enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Due to an increase in the whole time equivalent allocation of nursing staff numbers in 2018 following a staffing review; some wards were not fully recruited to at the time of inspection. However, shifts were staffed safely and recruitment was active.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. We noted within the risk register specific to surgery services provided in October 2018; that not all surgery staff were adhering to NICE guidelines which meant patients may not receive evidence based care. As a result, an action had been set to monitor this through monthly clinical governance meetings.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff consistently cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The service took account of patients' individual needs. Staff could book face to face interpretations for patients who did not speak English to a level to be able to give informed consent to treatment and care. All wards had link nurses who had received additional training and support to work with patients with specific needs. A trust wide mental health team was available to support patients.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit and treat patients were in line with good practice.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

# Surgery

However, we also found:

- The service provided mandatory training in key skills to all staff. Following the inspection, the trust provided evidence that nursing staff compliance to mandatory training was satisfactory; however medical staff compliance was below the trust target.
- Within theatres, we saw that flammable substances under Control of Substances Hazardous to Health (COSHH) were stored in a locked cupboard. However, all substances were located together and within a wooden cupboard which could pose as a fire risk. We raised this during inspection and the trust responded by saying the wooden cupboards would be replaced by fire-proof ones. The trust later told us they had chosen to remove the cupboards entirely to reduce the risk of fire.
- Where patients were referred with acute conditions to the new surgical ambulatory assessment unit, contained within the surgical assessment unit, a target was to triage them within 30 minutes. We spoke to staff about this. At the time of our inspection; whilst times were written on a patient whiteboard of initial observations and full nurse triages undertaken; there was no formal way to monitor or record this. Therefore, there may have been a risk that some patients were not being seen within the target time slot.
- Staff completed initial assessments for venous thromboembolism (VTE) however we noted in patient records that staff did not always record if this was reviewed after 24 hours post admission. We discussed this with ward staff who told us they encouraged medical staff to complete and record the reviews. We saw that staff undertook preventative measures, such as using compression stockings during surgical procedures, where indicated.
- Sharing of learning following never events had not reached all ward staff.
- Data provided from the trust before our inspection showed that most surgery patients were fasting too long before their surgery. Other concerns identified were patients not having food and fluid within recommended timescales after surgery. However, it was found that no patients reviewed received food inappropriately. A re-audit was scheduled for April 2019 to assess compliance with action plans.
- In surgery the 90% target was not met for the mental health law training module for which medical staff at Russells Hall Hospital were eligible. We requested a more up to date overview of mental health training compliance post inspection. We found that medical staff compliance had dropped further to 40.6%.
- Staff told us that patients were not discharged from longer stay wards after 8.30pm, and ward or bed moves were avoided after 10pm where possible. However, data from the trust showed that from October 2017 to September 2018; 1,899 bed moves happened between 10pm and 8am. The wards with the highest number of night moves were B4 (general surgery and colorectal surgery; 616 moves) and B3 (vascular and general surgery ward; 539 moves). However, we did note that the data showed a reduction in moves per month from June to September 2018 which was more positive.
- Surgical wards were housing medical outliers. On Ward B4, 12 beds were allocated to medical patients over the winter period. This meant that surgical patients were not always able to access the ward most relevant to their specialist needs. For example, we saw trauma and orthopaedic patients located on the urology ward. Despite this, staff worked well to ensure surgical and medical outliers were cared for safely and effectively.
- We noted within the trust risk register submitted in October 2018 that patients with autism may have a compromised experience due to a lack of staff training and awareness. Plans to reduce the impact of this were in place. Conversely; the trust reported in their pre-inspection information that staff were up to date with most recent mandatory training figures which included autism awareness



# Surgery

## Is the service safe?

**Requires improvement** ● ↓

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

- The service provided mandatory training in key skills to all staff. Following the inspection, the trust provided evidence that nursing staff compliance to mandatory training was satisfactory; however medical staff compliance was below the trust target.
- Within theatres, we saw that flammable substances under Control of Substances Hazardous to Health (COSHH) were stored in a locked cupboard. However, all substances were located together and within a wooden cupboard which could pose as a fire risk. The use of wooden storage cupboards did not comply with COSHH storage requirements. The Approved Code of Practice L138 (2013) for COSHH provide general guidance and details of the performance requirements for fire resisting cupboards and bins. It is important to recognise that these do not specify an absolute test or standard for the cupboard or bin itself, rather they relate to nominal construction principles. Namely: that the materials used to form the sides, top, bottom, door(s) and lid are capable of providing the required fire resistance (i.e. 30 minutes integrity) and reaction to fire (i.e. minimal risk); that the joints between the sides, top and bottom of cupboards and bins should be free from openings or gaps; that the lid / doors should be close fitting against the frame of the bin/cupboard, such that there is a nominal overlap between the frame and lid/doors in their closed position; that the supports and fastenings should be of a material with a melting point greater than 750°C. These criteria represent the minimum performance requirements for compliance with the current legislation. We raised this during inspection and the trust responded by saying the wooden cupboards would be replaced by fire-proof ones. The trust later told us they had chosen to remove the cupboards entirely to reduce the risk of fire.
- Due to an increase in the whole time equivalent allocation of nursing staff numbers in 2018 following a staffing review; some wards were understaffed at the time of inspection. However, shifts were staffed safely and recruitment was active.
- Where patients were referred with acute conditions to the new surgical ambulatory assessment unit, contained within the surgical assessment unit, a target was to triage them within 30 minutes. We spoke to staff about this. At the time of our inspection; whilst times were written on a patient whiteboard of initial observations and full nurse triages undertaken; there was no formal way to monitor or record this. Therefore, there may have been a risk that some patients were not being seen within the target time slot.
- Staff completed initial assessments for venous thromboembolism (VTE) however we noted in patient records that staff did not always record if this was reviewed after 24 hours post admission. We discussed this with ward staff who told us they encouraged medical staff to complete and record the reviews. We saw that staff undertook preventative measures, such as using compression stockings during surgical procedures, where indicated.
- A trust audit showed that compliance against targets for sepsis screening of eligible patients and administering antibiotics where required within 60 minutes was not met from September 2018 to January 2019.
- Sharing of learning following never events had not reached all ward staff.

However, we also saw evidence of good practice:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.

# Surgery

- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- All clinical staff within theatres were trained to a minimum of intermediate life support (ILS). All anaesthetists were trained in acute life support (ALS); however, were not always in the recovery areas as per the Association of Anaesthetists of Great Britain and Ireland (AAGBI). The trust provided a risk assessment reporting that an ALS trained anaesthetist was always available within the operating theatre areas if not in recovery. Following the inspection; the trust provided further information from the AAGBI which clarified that having a 'floating' ALS trained anaesthetist within five minutes of recovery areas was acceptable if all other recovery staff are trained to a minimum of ILS. Therefore, the trust met this requirement.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and some of the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. We noted within the risk register specific to surgery services provided in October 2018; that not all surgery staff were adhering to NICE guidelines which meant patients may not receive evidence based care. As a result, an action had been set to monitor this through monthly clinical governance meetings.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain. A specialist pain team provided targeted support.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.

# Surgery

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Surgical services were provided seven days per week, every day of the year.
- Staff worked to promote the health of patients both before and after procedures, to optimise patient outcomes.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However, we also found:

- Data provided from the trust before our inspection showed that most surgery patients were fasting too long before their surgery. Other concerns identified were patients not having food and fluid within recommended timescales after surgery. However, it was found that no patients reviewed received food inappropriately. A re-audit was scheduled for April 2019 to assess compliance with action plans.
- In surgery the 90% target was not met for the mental health law training module for which medical staff at Russells Hall Hospital were eligible. We requested a more up to date overview of mental health training compliance post inspection. We found that medical staff compliance had dropped further to 40.6%.

## Is the service caring?

**Outstanding**  

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

- Staff consistently cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- We saw staff were highly motivated and inspired to offer care that was kind and promoted dignity. Relationships between people who use the service, those close to them and staff were strong, caring, respectful and supportive. Staff told us of the importance of caring for patients compassionately. We saw genuine and empathic interactions between staff and patients.
- Patients told us that staff provided an excellent level of patient care. They told us that staff regularly checked on their care and wellbeing and that staff respected privacy and dignity. Patients spoke of kindness and compassion when describing the ward staff and reported they felt safe.
- Staff provided emotional support to patients to minimise their distress. The trust employed wellbeing workers who worked closely with patients; particularly patients with additional needs such as advanced dementia, learning disabilities, and impaired cognitive functioning.
- The wellbeing workers provided specific support which included playing games on a one to one basis, reading with patients, enabling use of a specialist individual television which showed and played films and music from early decades to promote positive memories.

# Surgery

- Ward managers offered coaching and training to staff who reported feeling anxious about supporting emotionally distressed patients; this enabled all staff to actively identify patients who needed emotional support; and to provide any practical or psychological involvement available.
- We observed staff to demonstrate a person-centred approach to patients; ensuring that patients' wellbeing and emotional needs were looked after in addition to their physical health needs. Staff sought to understand patients and to provide them with practical care specific to the patients' interests. For example, we saw staff source and provide books which were linked to individual patient interests.
- We saw that patients had free access to their family, friends and community. Although visiting hours were in place; these were extended and all staff told us they supported visiting out of these hours where it was beneficial to the patient. In addition, we were given examples of where patients' pets had been brought in and permitted access to provide emotional comfort and support.
- Staff involved patients and those close to them in decisions about their care and treatment. We saw this behaviour displayed by all staff including consultants; who prioritised speaking with patients and keeping them up to date with progress and information. We saw that staff worked over and above requirements in order to ensure patients care and treatment was at the forefront; and that patients had confidence in staff. We saw staff worked together to improve and provide care; and a collaborative approach was observed.

## 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. From the Monday of the week of our inspection visit; the trust had made changes to the pre-operative assessment pathway to better meet the needs of elective patients.
- The service took account of patients' individual needs. Staff could book face to face interpretations for patients who did not speak English to a level to be able to give informed consent to treatment and care. All wards had link nurses who had received additional training and support to work with patients with specific needs. A trust wide mental health team was available to support patients.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit and treat patients were in line with good practice.
- A surgical ambulatory assessment unit had been set up as part of the surgical assessment unit to aid patient flow and patient experience.
- A trust 'hospital to home' service was available to urology patients (both surgical and medical) with the purpose of reducing hospital length of stay; to prevent re-admissions, to help recovery and improve the patient experience.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Whilst the time to respond to complaints had been over the trust target, we saw actions had been set to address this.

However, we also saw:

- Staff told us that patients were not discharged from longer stay wards after 8.30pm, and ward or bed moves were avoided after 10pm where possible. However, data from the trust showed that from October 2017 to September 2018;

# Surgery

1,899 bed moves happened between 10pm and 8am. The wards with the highest number of night moves were B4 (general surgery and colorectal surgery; 616 moves) and B3 (vascular and general surgery ward; 539 moves). However, we did note that the data showed a reduction in moves per month from June to September 2018 which was more positive.

- Surgical wards were housing medical outliers. On Ward B4, 12 beds were allocated to medical patients over the winter period. This meant that surgical patients were not always able to access the ward most relevant to their specialist needs. For example, we saw trauma and orthopaedic patients located on the urology ward. Despite this, staff worked well to ensure surgical and medical outliers were cared for safely and effectively.
- We noted within the trust risk register submitted in October 2018 that patients with autism may have a compromised experience due to a lack of staff training and awareness. Plans to reduce the impact of this were in place; however, no dates of progress were set. Conversely; the trust reported in their pre-inspection information that staff were up to date with most recent mandatory training figures which included autism awareness.

## Is the service well-led?

Good   

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

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- 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 went well and when they went wrong, promoting training, research and innovation.

## Outstanding practice

We found seven areas of outstanding practice in the service. Please see the Outstanding Practice section above.

## Areas for improvement

We found seven areas of improvement in the service. Please see the areas for improvement section above.

# Critical care

Good  

## Key facts and figures

The Dudley Group NHS Foundation Trust had 41 critical care beds as of July 2018. These consisted of 23 adult critical care beds (52.6%) and 18 neonatal critical care beds (47.4%). A comparison of this breakdown by bed type to the overall England breakdown by bed type can be seen below.

### Breakdown of critical care beds by type, The Dudley Group NHS Foundation Trust and England.

#### This trust England

(Source: NHS England)

The Dudley Group NHS Foundation Trust has 23 adult critical care beds which consists of high dependency (level 2) and intensive care (level 3) beds.

At Russells Hall Hospital, critical care services are delivered across three units: Intensive care unit (ICU) with seven level 3 beds with the capacity to increase to nine, the surgical high dependency unit (SHDU) with eight level 2 beds, and the medical high dependency unit (MHDU) with eight level 2 beds with capacity to increase to 10 beds. The ICU and SHDU are located on the first floor, east wing and the MHDU is located on the second floor, west wing of the hospital.

The ICU and SHDU was part of the Surgery, Women and Children's division and came under the Theatres, Anaesthetics, Critical Care and Pain (TACP) directorate.

The MHDU was part of the Medicine and Integrated Care division and came under the gastroenterology, GI unit, Respiratory, Renal, Endocrine and MHDU directorate.

The trust is part of the West Midlands Critical Care Network.

The trust provides critical care outreach services 24 hours a day, seven days a week to support the management of unwell patients outside of the critical care unit. The unit also supports a rehabilitation programme for patients post ICU, but this is minimal and a business case is in development to expand this.

There was a total of 227 admissions to the service during the period April to June 2018.

During the inspection we visited the ICU, SHDU and the MHDU. We spoke with 16 staff including health care assistants, doctors, nurses, allied health professionals and ancillary staff. We also spoke with the leadership team. We spoke with seven patients and relatives. We reviewed 13 patient records and 10 medication administration records. We attended three handovers, this included a doctors' handover and two nurse's handovers from day to night staff. We made observations and looked at documentary information accessible within the department and provided by the trust.

## Summary of this service

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

# Critical care

- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Intensive Care National Audit Research Centre (ICNARC) data from quarter 1 April to June 2018 report showed the risk adjusted mortality rate was 1.41 for the ITU and SHDU, and for the MHDU 1.48, which was within the expected range.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The critical care service planned and provided services in a way that met the needs of local people.
- The service took account of patient's individual needs.
- Managers at all levels in the critical care service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision and strategy for the critical care services reflected the trusts vision and strategy to provide the best possible patient experience and workable plans to turn it into action.
- Managers across the critical care service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The critical care service used a systematic approach to continually improve the quality of its services.
- The critical care service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The critical care service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.



# Critical care

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

However:

- The service controlled infection risk well and staff kept themselves, equipment and the premises clean. However, monthly hand hygiene audits did not include a large enough sample to provide assurance.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. But not all patients had venous thromboembolism (VTE) assessments.
- The service had suitable premises and equipment and looked after them well. But the SHDU did not have a resuscitation trolley based on the unit.
- Staff gave patients enough food and drink to meet their needs and improve their health. However, the service did not have a dedicated dietitian and was not meeting the Guidelines for the Provision of Intensive Care Services (GPICS) for dietician's staff.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care, but compliance for mental health law training for medical staff was below the trust target of 90%.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. However, complaints were not managed in line with the trusts complaints policy
- People could access the service when they needed it. However, patients discharged on the MHDU were delayed more than eight hours, this was worse than other similar units.
- The service had effective systems for identifying risks, planning to eliminate or reduce them. However, the service risk register did not clearly document the date of entry for risks or when they had last been reviewed.

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

However:



# Critical care

- The service controlled infection risk well and staff kept themselves, equipment and the premises clean. However, monthly hand hygiene audits did not include a large enough sample to provide assurance.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. But not all patients had venous thromboembolism (VTE) assessments.
- The service had suitable premises and equipment and looked after them well. But the SHDU did not have a resuscitation trolley based on the unit.

## Is the service effective?

Good ● ↑

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Intensive Care National Audit Research Centre (ICNARC) data from quarter 1 April to June 2018 report showed the risk adjusted mortality rate was 1.41 for the ITU and SHDU, and for the MHDU 1.48, which was within the expected range.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

However:

- Staff gave patients enough food and drink to meet their needs and improve their health. However, the service did not have a dedicated dietitian and was not meeting the Guidelines for the Provision of Intensive Care Services (GPICS) for dietician's staff.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care, but compliance for mental health law training for medical staff was below the trust target of 90%.

## Is the service caring?

Good ● → ←

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

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

# Critical care

## Is the service responsive?

**Requires improvement** ● → ←

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

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. However, complaints were not managed in line with the trusts complaints policy.
- People could access the service when they needed it. However, patients discharged on the MHDU were delayed more than 8 hours, this was worse than other similar units.

However:

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patient's individual needs.

## Is the service well-led?

**Good** ● ↑

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

- Managers at all levels in the critical care service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision and strategy for the critical care services reflected the trusts vision and strategy to provide the best possible patient experience and workable plans to turn it into action.
- Managers across the critical care service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The critical care service used a systematic approach to continually improve the quality of its services.
- The critical care service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The critical care service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The critical care service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- The service had effective systems for identifying risks, planning to eliminate or reduce them. However, the service risk register did not clearly document the date of entry for risks or when they had last been reviewed

Areas for improvement

We found eight areas for improvement in this service. Please see the areas for improvement section above.



# Maternity

Requires improvement  

## Key facts and figures

The Dudley Group NHS Foundation Trust has 49 maternity beds. Inpatient services include delivery suite midwifery led unit, maternity triage, antenatal and postnatal ward with maternity theatres.

The trust provides a full maternity service incorporating community services, antenatal services, midwife and obstetric-led delivery services and postnatal care. Facilities include a dedicated midwifery led unit, delivery suite, day assessment unit, two dedicated obstetric operating theatres and a women's outpatients department. Antenatal clinics include joint diabetic/obstetric clinic and joint haematology/obstetric clinic.

The trust is part of the Staffordshire, Shropshire & Black Country Newborn and Maternity Network. The trust is also actively part of the Black Country and West Birmingham Local Maternity System delivering the Maternity Transformation Programme.

From July 2017 to June 2018 there were 4,109 deliveries at the trust.

During our inspection, we spoke with 18 members of staff including maternity service leaders, matrons, midwives and administrative staff. We also spoke with nine women and two partners and reviewed information displayed on huddle boards and noticeboards located in the maternity department.

We last inspected the maternity department at Russells Hall Hospital in 2017. For that inspection we rated the maternity as 'Good'

We inspected the maternity service to determine if it was Safe, Effective, Caring, Responsive and Well led.

## Summary of this service

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

- The trust target for mandatory training compliance was not all met for midwives or medical staff in some subjects. However, the service had action plans in place, these were monitored regularly, and the trust had set a high percentage target of 90%. Lowest compliance rate was fire at 78% and Infection Prevention and Control at 60.6%.
- Staff understood how to protect women from abuse and the service worked well with other agencies to do so. All nursing staff had received the required level of safeguarding training, only some medical staff had completed safeguarding children level 3 course this was due to only three eligible staff not having completed the training.
- The service sometimes controlled infection risk well. Staff kept themselves, equipment and the premises clean. They sometimes used control measures to prevent the spread of infection.
- The service employed nursing and medical staff with the right qualifications and skills to keep people safe from avoidable harm and abuse and to provide the right care and treatment. However, we reviewed staffing rotas that showed on regular basis the unit was short on most days.
- Staff sometimes completed and updated risk assessments for each patient.
- Staff did not always keep detailed records of women's care and treatment. Records were not always clear, and up-to-date.
- Managers did not always accurately reflect the audit data to ensure staff followed national guidance.

# Maternity

- Not all complaints were dealt with in a timely manner.
- The governance arrangements within maternity, were sometimes clear and sometimes operated effectively and staff sometimes understood their roles and accountabilities.
- The service had a system in place for identifying risks, planning to eliminate and reduce risks and the ability to cope with expected and unexpected challenges within maternity services. However, managers did not always accurately reflect the response to concerns raised.

However:

- The service had suitable premises and equipment and looked after them well.
- The service followed best practice when prescribing, giving, recording and storing medicines. Women received the right medication at the right dose at the right time.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results. Staff collected safety information and shared it with staff, women and visitors. Managers used this to improve the service.
- Staff gave women enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for women's' religious, cultural and other preferences.
- Staff assessed and monitored women regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Managers appraised staff's work performance and held informal supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit women. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff cared for women with compassion. Feedback from women confirmed that staff treated them well and with kindness.
- Staff provided emotional support to women to minimise their distress. Staff involved women and those close to them in decisions about their care and treatment.
- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it.
- Staff understood how and when to assess whether a women had the capacity to make decisions about their care. They followed the trust policy and procedures when a woman could not give consent.
- Some staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support women experiencing mental ill health and those who lacked the capacity to make decisions about their care.

# Maternity

## Is the service safe?

**Requires improvement** ● ↓

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

- The trust target for mandatory training compliance was not all met for nursing or medical staff in some subjects. However, the service had action plans in place, these were monitored regularly, and the trust had set a high percentage target of 90%. Lowest compliance rate was fire at 78% and Infection Prevention and Control at 60.6%.
- Staff understood how to protect women from abuse and the service worked well with other agencies to do so. All nursing staff had received the required level of safeguarding training, only some medical staff had completed safeguarding children level 3, this was due to only three eligible staff not having completed the training.
- The service-controlled infection risks within the department. Staff kept equipment and premises visibly clean. However, staff sometimes used appropriate control measures to prevent the spread of infections.
- The service employed midwifery and medical staff with the right qualifications and skills to keep people safe from avoidable harm and to provide the right care and treatment. However, we reviewed staffing rotas that showed on regular basis the unit was short on most days. When we revisited the unit unannounced we found the department staffing levels had improved.
- Some records around risk assessment, cardiotocography (CTG) monitoring and 'fresh eyes' lacked key information, staff did not always keep up to date records of patients' care and treatment. However, we raised our concerns with senior managers and we re-visited the unit unannounced and found concerns had been rectified.

However:

- The service had suitable premises and equipment and these were well maintained, there was adequate availability of emergency and specialist equipment for women.
- The service had systems in place to recognise and respond to deteriorating women' needs and clinical risks. Observations of women were recorded using the Modified Early Obstetric Warning Score (MEOWS) system, staff demonstrated good understanding of how and when to escalate when a woman deteriorates.
- The service prescribed and stored medicines in line with local and national guidelines. Documentation around medications was consistent, documents and temperatures for the storage of medicines was recorded appropriately.
- Staff recognised incidents and reported them when they felt it was appropriate. Managers investigated incidents and shared lessons learned with the team and the wider service. However, during our inspection we were informed that stakeholders were currently investigating into six Root Cause Analysis, once completed the trust will share the outcome with CQC.

## Is the service effective?

**Good** ● ↑

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

- Staff monitored women's nutrition and hydration needs, women had access to dieticians and breast-feeding specialist midwife.

# Maternity

- Staff had the skills, knowledge, and experience to deliver safe care and treatment. Staff were appraised annually.
- Staff assessed and managed pain on an individual basis and regularly monitored throughout women's care.
- The multidisciplinary team worked well together to support women holistically; doctors, nurses and other healthcare professionals supported one another to provide good care.
- Health promotion materials were available throughout maternity services at the trust and staff knew which services to signpost women to.

However:

- The service did not always monitor the effectiveness of care and treatment and used the findings to improve them. The audits results were variable with actions plans in place to address areas that required improvements. However, trust carried out monthly audits and random audits to monitor effectiveness of care and treatment.
- The service used current evidence-based guidance however, management did not always have oversight to ensure quality standards to inform the delivery of care and treatment were always followed.
- Staff awareness of consent, the Mental Capacity Act (MCA) and deprivation of liberty safeguards (DoLS) was variable throughout the maternity service. This was also reflected in the low compliance rate within mandatory training for both medical and nursing staff where it was just below trust target.

## Is the service caring?

Good ● → ←

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

- Staff cared for women and babies with compassion and respect. Women's feedback and those close to them throughout our inspection was positive. Staff treated parents and babies with dignity, respect and empathy.
- Women emotional and social needs were considered as important as their physical wellbeing.
- Women had access to the breastfeeding specialist midwife, bereavement service, chaplaincy service, patient's advice and liaison service (PALS), psychiatric services, social workers, safeguarding services, and smoking support, alcohol / drug liaison service.
- Women who used the service and those close to them were active in their care and treatment.

## Is the service responsive?

Good ● → ←

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

- Women's needs, and their preferences were considered and acted upon to ensure services were delivered and accessible in timely manner. The service planned and delivered services to meet the needs of people using the service.
- Staff had access to interpreters to aid communication with their women. Women's needs were considered when delivering and coordinating services, including those who were vulnerable and had complex needs.
- Access to care was managed to take account of high risk women. Women had access to the right care at the right time.

# Maternity

However:

- Women's concerns, and complaints were investigated, lessons were learned from complaints and shared with all staff. However, not all complaints were dealt with in a timely manner.

## Is the service well-led?

**Requires improvement** ● ↓

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

- The governance arrangements within maternity, were sometimes clear and sometimes operated effectively and staff sometimes understood their roles and accountabilities.
- The service had a system in place for identifying risks, planning to eliminate and reduce risks and the ability to cope with expected and unexpected challenges within maternity services. However, we saw lack of oversight of the service from senior managers when concerns were raised during our inspection.

However:

- Managers of all levels within maternity services had the right skills and abilities to run a service providing quality and sustainable care.
- The service had a vision of what it wanted to achieve and plans to turn it to action. Not all staff were able to recite trust values but staff we spoke with were able to demonstrate the values within their role.
- Managers across the maternity department promoted a positive culture that supported and valued their staff with shared values on patient care and improving the quality of care within the trust and their own department.
- Management collected, analysed, managed, and used information to support the maternity activities using secure systems with security to safeguard all processes in use.
- Staff engaged well with women, staff, and the public and local organisations to plan and manage appropriate services and collaborated with partners' organisations effectively.
- Maternity department was committed in improving services by learning from things that have gone well and when things go wrong, promoting training, research, and innovation.

## Areas for improvement

We found six areas for improvement in this service. Please see the areas for improvement section above.



# Services for children and young people

Requires improvement   

## Key facts and figures

The trust provides a full paediatric service with a dedicated paediatric assessment unit for the management of emergency referrals and a dedicated children's ward for emergency and elective admissions and a dedicated children's outpatient clinic.

The service had 30 inpatient beds for children and young people.

Inpatient surgical care includes elective and emergency surgery for children over two years of age across the following specialties:

- Ear nose and throat
- Trauma and orthopaedics
- General surgery
- Oral and maxillofacial surgery
- Plastics
- Ophthalmology
- Orthodontics.

The trust has a level 2 neonatal unit comprising 18 cots made up of three intensive care, two high dependency and 13 special care cots. The neonatal unit also supports a four-bedded area on the maternity unit for babies requiring transitional care. Within neonatal care, there are three levels of care: level one is intensive care, level two is high dependency care and level three is special care.

The trust provides a children's phlebotomy service as a walk-in service and for booked appointments from 8am to 5pm, Monday to Friday.

The trust is part of the Staffordshire, Shropshire & Black Country Newborn and Maternity Network.

*(Source: Routine Trust Provider Information Request (RPIR) – Sites and context acute tabs)*

### Spells and appointments

The trust had 4,247 spells from July 2017 to June 2018.

Emergency spells accounted for 87% (3,685 spells), 10% (404 spells) were day case spells, and the remaining 4% (158 spells) were elective.

Percentage of spells in children's services by type of appointment and site, from July 2017 to June 2018, The Dudley Group NHS Foundation Trust.

### Total number of children's spells by Site, The Dudley Group NHS Foundation Trust.

Site name	Total spells
Russells Hall Hospital	4,247
England total	1,123,489

# Services for children and young people

(Source: Hospital Episode statistics)

The inspection of children and young people's services at Russell's Hall Hospital was unannounced. We visited and reviewed information about the following clinical areas during the visit:

- Ward C2, children's ward
- Neonatal unit
- Children's outpatient clinic
- Fracture clinic
- Operating theatres

During the onsite visit, we spoke with five children, young people and their families, and reviewed 11 patient records for children and young people. We spoke with staff from different professions and grades, including healthcare assistants, registered nurses, doctors and senior managers.

## Summary of this service

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

- The service did not always have suitable premises and equipment. However, the service was quick to act where concerns were raised.
- The service did not have enough nursing staff, with the right mix of qualifications and skills, to keep patients safe and provide the right care and treatment.
- The service did not have enough medical staff, with the right mix of qualifications and skills, to keep patients safe and provide the right care and treatment.
- The service did not always make sure staff were competent for the roles they were undertaking. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff did not consistently involve children, young people and those close to them in decisions about their care and treatment.
- The trust did not plan and provide services in a way that met the needs of all children, young people and families.
- The service did not consistently take account of the individual needs of children, young people and those close to them.
- The service did not investigate concerns and complaints in a timely manner or share lessons learnt with all staff.
- The service did not have a transition pathway or policy in place to support young people transitioning from children's service to adult services. This had not improved from the last inspection of the service.
- Managers at all levels in the service did not have the right skills and abilities to run a service providing high-quality sustainable care.
- The service did not have a robust vision for what it wanted to achieve, and could not demonstrate workable plans to turn it into action, developed together with staff, patients and key groups representing the local community.
- The service had some systems for identifying risks, planning to reduce them, and coping with both the expected and unexpected. However, these were not always effective in reducing risks in a timely manner.

# Services for children and young people

- The service did not always collect, analyse, manage and use information well to support all its activities. However, the service did use secure electronic systems with security safeguards.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risks well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily accessible to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team; however, not always with the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service monitored safety through an evidence-based safety thermometer and reported trends to improve the safety of care.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave children and young people enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff worked well together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide care.
- Staff supported children and young people to manage their own health and care needs, and assessed children and young people on admission for opportunities to improve their overall health.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff cared for children, young people and those close to them with compassion. Feedback confirmed that staff treated children and young people well and with kindness.
- Staff provided emotional support to children, young people and those close to them to minimise their distress.

# Services for children and young people

- The service had developed innovative ways of meeting the needs of children and young people. We found staff had engaged with other organisations to bring services into the hospital setting.
- Children and young people could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were mostly in line with good practice.
- 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 engaged well with children, young people and families, staff, the public and local organisations to plan and manage appropriate services.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service did not always have suitable premises and equipment. However, the service was quick to act where concerns were raised.
- The service did not always ensure that the premises kept children and young people with a mental health condition safe. The service had not undertaken risk assessment in relation to providing care to children and young people with a mental health condition.
- The service did not have enough nursing staff, with the right mix of qualifications and skills, to keep patients safe and provide the right care and treatment.
- The service did not have enough medical staff, with the right mix of qualifications and skills, to keep patients safe and provide the right care and treatment.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risks well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily accessible to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.

# Services for children and young people

- The service managed incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team; however, not always with the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service monitored safety through an evidence-based safety thermometer and reported trends to improve the safety of care.

## Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave children and young people enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff worked well together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide care.
- Staff supported children and young people to manage their own health and care needs, and assessed children and young people on admission for opportunities to improve their overall health.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However:

- The service did not always make sure staff were competent for the roles they were undertaking. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.

## Is the service caring?

Good   

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

- Staff cared for children, young people and those close to them with compassion. Feedback confirmed that staff treated children and young people well and with kindness.
- Staff provided emotional support to children, young people and those close to them to minimise their distress.

However:

# Services for children and young people

- Staff did not consistently involve children, young people and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** ● → ←

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

- The trust did not plan and provide services in a way that met the needs of all children, young people and families.
- The service did not consistently take account of the individual needs of children, young people and those close to them.
- The service did not investigate concerns and complaints in a timely manner or share lessons learnt with all staff.
- The service did not have a transition pathway or policy in place to support young people transitioning from children's service to adult services. This had not improved from the last inspection of the service.

However:

- The service had developed innovative ways of meeting the needs of children and young people. We found staff had engaged with other organisations to bring services into the hospital setting.
- Children and young people could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were mostly in line with good practice.

## Is the service well-led?

**Requires improvement** ● → ←

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

- Managers at all levels in the service did not have the right skills and abilities to run a service providing high-quality sustainable care.
- The service did not have a robust vision for what it wanted to achieve, and could not demonstrate workable plans to turn it into action, developed together with staff, patients and key groups representing the local community.
- The service had some systems for identifying risks, planning to reduce them, and coping with both the expected and unexpected. However, these were not always effective in reducing risks in a timely manner.
- The service did not always collect, analyse, manage and use information well to support all its activities. However, the service did use secure electronic systems with security safeguards.

However:

- 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.

# Services for children and young people

- The service engaged well with children, young people and families, staff, the public and local organisations to plan and manage appropriate services.

## Outstanding practice

We found two areas of outstanding practice in this service. Please see the outstanding practice section above.

## Areas for improvement

We found 11 areas for improvement in this service. Please see the areas for improvement section above.

# End of life care

Good   

## Key facts and figures

The trust provides end of life care at Russells Hall Hospital. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

The trust had 1,784 deaths from August 2017 to July 2018.

(Source: Hospital Episode Statistics)

End of life care (EOLC) at the hospital is provided by a specialist palliative care team (SPCT), led by dedicated palliative care consultants. Advice, guidance and education and treatment is provided by this team to support patients with complex pain management needs. Palliative care patients also receive support from a variety of other services in the hospital such as clinical psychology, occupational therapy and physiotherapy.

The SPCT support EOLC throughout the trust, targeting the areas of most need. The team raises awareness, provides education and training and patient assessments. The team includes an EOLC trainer/facilitator and specialist nurses providing face-to-face visits with attention to safe and appropriate discharge. The team is aiming to provide a seven-day service in 2019. Palliative care champions attend in-house training to enable them to share knowledge throughout the trust.

The team are also active members of the Dudley Economy Strategy group, West Midlands Palliative Care Physicians meeting, the Palliative and End of Life Care Expert Advisory Group West Midlands Network and the Black Country STP end of life care working group.

The trust provides a bereavement service which is an office based service providing practical help, advice and support for death registration. The service works alongside the mortuary services, helping to facilitate efficient death certification and HM Coroners cases. The service also arranges viewings and can on rare occasions arrange funerals for people without families.

The trust provides a chaplaincy service which aims to help facilitate the spiritual care of patients and their visitors, and to meet any religious needs. The chaplaincy service consists of chaplains from various faiths and helps with the spiritual care of patients and visitors. A chaplain is available during working hours, Monday to Friday 8 am to 6 pm.

We undertook an unannounced inspection of the end of life care service from 23 January to 24 January 2018. We visited eight areas, including a stroke ward, coronary care unit, emergency department, mortuary, bereavement office and the hospital's chapel. We spoke with one patient and two people's relatives. We also spoke with 23 staff including the deputy chief nurse, clinical lead, medical and nursing staff, allied health professionals, the palliative care team, portering staff, mortuary staff and bereavement and chaplaincy staff. We attended the End of Life Working Group meeting. We reviewed six sets of patient care records, six prescription charts, six Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms and information including policies, procedures and audits.

## Summary of this service

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

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.



# End of life care

- The trust had suitable premises and equipment which were well maintained.
- The service provided care and treatment based on national guidance. Where the organisation did not meet clinical indicators, there were actions in place to improve.
- Staff in the SPCT monitored their response times, preferred place of death and preferred place of care and audited this data.
- Staff treated patients with compassion, dignity and respect. Feedback from patients and relatives confirmed that staff treated them well and with kindness. Staff were keen to ease patients and relatives' distress as much as possible. Staff had introduced activity boxes as a distraction for children who became upset while visiting a loved one.
- Staff involved patients and those close to them in decisions about their care and treatment. The service had open visiting hours, enabling relatives and carers to stay overnight.
- Staff supported people to engage in activities which they knew were important to them such as visits from their favourite pets, arranging weddings and the renewal of marriage vows.
- Staff provided emotional support for patients and their relatives to minimise their distress. The trust gave patients and carers information on what to expect following the death of a loved one, and sign posted families to relevant information and support, including counselling services.
- The trust planned and provided services in a way that met the needs of local people.
- The service treated concerns and complaints seriously. Complaints relating to end of life care were reviewed by the SPCT and discussed at the end of life steering group meeting. Staff were aware of themes in complaints around end of life care and could identify areas of learning.
- The end of life care service had a strong person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. We found strong caring, respectful and supportive relationships between people who used the service, those close to them and staff.

However:

- The nurse staffing for the specialist palliative care team (SPCT) was not in line with national guidance.
- The consultant staffing for the SPCT was not in line with national guidance.
- The SPCT did not offer a seven-day service

## Is the service safe?

Good  

Our rating of safe improved. We rated safe as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.

# End of life care

- The service was taking effective action to ensure there were enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- The service was taking effective action to ensure there were enough medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff used national early warning scores (NEWS) and sepsis screening tools to identify early if a patient was experiencing or at risk of deteriorating health.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- The nurse staffing for the specialist palliative care team (SPCT) was not in line with national guidance.
- The consultant staffing for the SPCT was not in line with national guidance.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service was operating five days a week but plans were in place to ensure a seven-day service.
- Patients were supported to live healthier lives.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

# End of life care

- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

## Is the service caring?

Good ● → ←

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

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

Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

Good ● → ←

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

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

However:

- The SPCT did not offer a seven-day service

## Is the service well-led?

Good ● → ←

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

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- 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.

# End of life care

- 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 went well and when they went wrong, promoting training, research and innovation.

## Outstanding practice

We found two areas of outstanding practice in this service. Please see the outstanding section above.

## Areas for improvement

We found two areas for improvement in this service. Please see areas for improvement section above.

# Outpatients

Requires improvement  

## Key facts and figures

The trust provides a range of outpatient services across three hospital sites:

- Russells Hall Hospital
- Corbett Outpatient Centre
- Guest Outpatient Centre

The outpatient department sees 500,000 outpatients each year. This includes both adult and paediatric outpatient's appointments.

In addition, services are offered in community sites across the region, more recently expanding into the Wyre Forest area.

## Summary of this service

We rated it as requires improvement because:

- Staff did not always use control measures to prevent the spread of infection.
- Risks to people were not always adequately assessed and were not always managed safely.
- Records were not always available to all staff providing care.
- In the ophthalmology department local rules and risk assessments were out of date and this had not been identified by leaders.
- There were issues with the tracking of patient notes which were transported between the department and centre file where records were being stored. This had not yet been resolved.
- There were examples of ineffective governance systems in some areas such as risk registers and audits.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff kept themselves, equipment and the premises clean.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- People could access the service when they needed it. Most waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice, action plans were for those that were not.

# Outpatients

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

## Is the service safe?

**Requires improvement**  

We rated it as requires improvement because:

- The service provided mandatory training in key skills. However, they did not always ensure everyone had completed every course.
- Staff did not always use control measures to prevent the spread of infection.
- Risks to people such as deterioration of patients and sepsis were not always adequately assessed and were not always managed safely.
- Records were not always available to all staff providing care. However, records reviewed were found to be appropriate and up to date.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff kept themselves, equipment and the premises clean.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learnt with the whole team and wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?



We do not rate effective in outpatient services.

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- There was enough food and drink to meet patients' needs and improve their health.
- The service provided specialist pain services to assess patients pain and provide ongoing support.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

# Outpatients

- The department held weekend clinics to meet patient demand and were working towards seven-day working.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trusts policy and procedures when a patient could not give consent.

However:

- There was still a large number of outstanding follow up appointments in ophthalmology

## Is the service caring?

**Good** ● → ←

We rated it as good because:

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

## Is the service responsive?

**Good** ● ↑

We rated it as good because:

- The service took account of patients' individual needs.
- People could access the service when they needed it. Most waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice, action plans were in place for those that were not.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared those with staff.

However:

- The service did not always plan services that took account of patient's individual needs. The environment was not suitable for the number of patients seen. Leaders recognised the need to review patient flow through the department.

## Is the service well-led?

**Requires improvement** ● ↓

We rated it as requires improvement because:

- There were examples of ineffective governance systems in some areas such as risk registers and audits.
- Risk registers showed limited movement.

# Outpatients

- In the ophthalmology department local rules and risk assessments were out of date, this had not been identified by leaders.
- There were issues with the tracking of patient notes which were transported between the department and centre file where records were being stored.
- The service did not always collect, analyse, manage and use information as well as it could to support all its activities.
- Some areas were not audited or not audited effectively.

However:

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the service promoted a positive culture that supported and valued staff, created a sense of common purpose based on shared values.
- The organisation had the processes to manage current and future performance and there was a system in place to identify, understand, monitor and manage current and future risks.
- 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, research and innovation.

## Outstanding practice

We found one area of outstanding practice in this service. Please see the outstanding practice section above.

## Areas for improvement

We found 15 areas for improvement in this service. Please see the areas for improvement section above.



# Diagnostic imaging

## Inadequate

We previously inspected diagnostics jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

## Key facts and figures

Diagnostic imaging is provided through a range of services on the three sites within the Trust:

### Corbett Out-patient Centre

- Plain film – two X-ray rooms.
- Ultrasound imaging – one ultrasound room. The service provides musculo-skeletal to include both diagnostic and therapeutic, general, gynae and small parts scans.
- DEXA imaging – one DEXA room.

Opening hours for all services are 8am to 5.30pm Monday to Friday.

### Guest Out-patient Centre

- Plain film – one X-ray room. Opening hours are 8.30am to 5pm Monday to Friday.
- Ultrasound imaging - One ultrasound room. The service provides general, gynae and small parts scans. Opening hours are 8.30am to 5pm Monday to Friday.
- CT - One 64 slice CT scanner. Opening hours are 8am to 4pm Monday to Friday
- MRI - One 1.5 MRI scanner. Opening hours are 8am to 8pm Monday to Friday as well as ad hoc sessions on Saturday between 8.30am and 4.30pm as required.

### Russells Hall Hospital

- Plain film – four X-ray rooms within the main imaging department with a further two dedicated x-ray rooms located within the emergency department. Provision of plain film x-ray is 24 hours a day seven days a week spread across the two areas as appropriate.
- Ultrasound - four ultrasound rooms within the main Imaging department with a satellite unit on the surgical assessment unit, through which emergency, inpatients and outpatients are scanned. The service provides musculo-skeletal, general, gynae and small parts scans. There are also two ultrasound machines within the vascular lab and five ultrasound machines within obstetrics. Opening hours are from 8.30am to 5pm Monday to Friday, with an on call service outside of these hours. Adhoc lists can be provided during evenings and weekends according to waiting list / demand.
- CT - two CT scanners, one 128 slice and one 64 slice, located within the main Imaging department. The service is moving towards having one dedicated machine for emergency and inpatients to improve patient flow and contribute towards reduced length of stay. Opening hours are from 8am to 8pm Monday to Friday, 8.30am to 4.30pm Saturday and Sunday with an on call service available outside of these hours.
- MRI - two scanners at the front of the hospital near the emergency department providing scans for emergency, inpatients and outpatients. MRI provision is currently 8am to 8pm seven days a week with no on call provision outside of these hours.

# Diagnostic imaging

- Fluoroscopy - two fluoroscopy rooms within the main imaging department, in addition to six mobile image intensifiers supporting theatres. Opening hours are 9am to 5pm Monday to Friday with image intensifiers used on an as and when required basis.
- Interventional - one interventional theatre within the main Imaging department which is the Black Country hub for vascular patients. Opening hours are 8am to 5pm Monday to Friday, with an on call service outside of these hours. Case mix consists of both vascular and non-vascular patients and is also a hub for non-vascular patients across the Black Country on a rota basis.
- Nuclear Medicine - two nuclear medicine scanners, one of which has SPECT CT capability, within the main department. Opening hours are 9am to 5pm Monday to Friday. There is no on call service provided.
- Breast Imaging (symptomatic and screening) - two dedicated mammography X-ray rooms and one dedicated breast ultrasound room within the main department. Opening hours 8:30am to 5pm Monday to Friday, 8.30am to 1pm on Saturday. Three mobile screening vans operate from 8.30am to 4.30pm Monday to Friday. This is provided by Dudley Group NHSFT with a SLA with a neighbouring trust; the service provides screening for the Dudley, Wolverhampton and South West Staffordshire population.
- Medical Illustration

## Summary of this service

We previously inspected diagnostics jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

We rated it as inadequate because:

- People were not safe or at high risk of avoidable harm. Some regulations were not met.
- People were at risk of not receiving effective care or treatment. There was risk of lack of consistency in the effectiveness of the care, treatment and support that people received. Some regulations were not met.
- There were times when people did not feel well supported or cared for and their dignity was not maintained. The service was not always caring. Some regulations were not met.
- Services did not always meet people's needs. Some regulations were not met.
- The delivery of high quality care was not assured by the leadership, governance or culture. Some regulations were not met.

## Is the service safe?

**Inadequate** ●

We previously inspected diagnostics jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

We rated it as inadequate because:

# Diagnostic imaging

- The service provided mandatory training in key skills to all staff but did not make sure everyone completed it. The service set completion targets in line with other trusts nationally but medical, nursing and allied professional staff did not meet all of these.
- The premises at Russells Hall Hospital were not large or spacious enough to deal with current patient demand for imaging services. Installation of new equipment had further compromised the internal layout in one area.
- The service was not up to date with the most recent ionising radiation regulations. Staff we spoke with did not realise this. The trust took immediate steps to put this right.
- The service did not monitor and manage the general safety of patients. Staff checked the suitability of the imaging procedures against the patient's needs, but the wellbeing of inpatients was not monitored and managed while they attended and waited. The trust took immediate steps to improve this.
- There was no system in place to assess and monitor the condition of inpatients or emergency department patients as they attended Imaging services.
- There was no protocol in place to manage a deteriorating child or adult patient. The trust took immediate steps to improve this.
- There was no credible plan to monitor the safety outcomes for patients on the long waiting lists.
- The service did not have enough allied health staff with the right qualifications, skills, training and experience to provide the right care and treatment. Allied health professionals made up the largest group of staff required for imaging services. The numbers of reporting radiographers available could not meet the reporting demands of the service.
- Staffing resources were not used effectively to ensure examinations are reported in an appropriate timeframe
- The service did not use safety monitoring results. Staff did not collect safety information and share it with staff, patients and visitors. Managers could not use safety monitoring results to improve the service.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable equipment, recently invested in two new scanners at Russells Hall Hospital and a refurbished outpatient centre at the Guest Hospital. Equipment was well looked after.
- Resuscitation trolleys were checked and maintained.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.

## Is the service effective?

We inspect but do not currently rate Effectiveness for outpatient services

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff reviewed imaging discrepancies and adverse events to improve outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.

# Diagnostic imaging

- There was evidence of advanced practice within the radiology service as there were ten radiographers that could interpret and clinically report on images.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However:

- Although the service provided care and treatment based on national guidance and evidence of its effectiveness it was not always up to date
- Three out of the five Standard Operating Procedures (SOP) for Radiology had not been signed off by the trust.
- The Ionising Radiation (Medical Exposure) Regulations 2017 replaced the 2000 regulations (including amendments made in 2006 and 2011) and these had not been put into operation in the service
- Managers did not monitor the effectiveness of care and treatment to use the findings to improve them. They did not compare local results with those of other services to learn from them.
- Staff were not aware of trust guidelines for pain in children although the Imaging service at Russells Hall Hospital treated children. Staff were not aware of tools available to assess pain in adults who could not communicate verbally.

## Is the service caring?

**Requires improvement** ●

We previously inspected diagnostics jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- Some institutionalised systems had a negative impact on the most vulnerable patient's dignity and privacy. The trust took immediate steps to improve this.
- Sub waiting areas were cramped. Men and women and children sat together whether in outdoor clothes or in hospital gowns.
- Inpatients with complex needs and living with dementia did not receive emotional support.

However:

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

## Is the service responsive?

**Requires improvement** ●

# Diagnostic imaging

We previously inspected diagnostics jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- Shortage of staff with the appropriate qualifications and some poor systems of communication was a challenge.
- People could not always access the service when they needed it. Waiting times from referral to diagnostic testing were not all in line with good practice and there was no credible plan to catch up some long waiting lists.
- The service took account of individual needs of some patients but those inpatients living with dementia were not well supported.
- Although the service treated concerns and complaints seriously, investigated them and learned lessons from the results, these were not always shared with all staff.

However:

- The service planned and provided services in a way that met the needs of local people. The Imaging service had expanded including new outpatient facilities at the Guest Hospital.
- Inpatient x ray was reported within 24 hours.
- On site waiting was efficiently managed.
- The department provided an out-of-hours service for patients with an urgent need who could not wait until opening hours. Staff provided a 24 hour on call service.
- Plain film, theatres and mobile X- ray were covered by a 24/7 rostered shift. There was a second on call service available to support during the night if the department becomes busy to ensure timely access to imaging.

## Is the service well-led?

**Inadequate** ●

We previously inspected diagnostics jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

We rated it as inadequate because

- Managers at all levels in the service did not have the right skills and abilities to run Imaging services and provide high-quality sustainable care. Local leaders were not aware of all the risks and challenges in the service. Managers and clinical leads did not have oversight of the overall quality of the service provided. There was no effective line of sight from the Board to the Imaging department.
- The service had a vision for what it wanted to achieve in imaging services but workable plans to turn it into action were not clearly communicated or developed with involvement from staff, patients, and key groups representing the local community.
- Managers did not consistently promote a positive culture that supported and valued staff in Imaging services, creating a sense of common purpose based on shared values.
- The service did not use a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish in imaging services.

# Diagnostic imaging

- The service did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected in imaging services. These were very recently introduced at the time of our inspection and it was too soon for us to make a judgement about them.
- The service did not always collect, analyse, manage and use information well to support all its activities, using secure electronic systems with security safeguards.
- The service was not committed to improving Imaging services by strategic learning from when things went well and when they went wrong, promoting training, research and innovation.

## Areas for improvement

We found 18 areas for improvement in this service. Please see areas for improvement section above.

# Corbett Hospital

Vicarage Road  
Stourbridge  
West Midlands  
DY8 4HZ  
Tel: 01384566111  
www.dgoh.nhs.uk

## Key facts and figures

The Dudley Group NHS Foundation Trust is a combined acute and community trust based in the borough of Dudley in the West Midlands. The Dudley Group currently serve a population of around 450,000 people from three hospital sites at Russells Hall Hospital, Guest Outpatient Centre in Dudley and Corbett Outpatient Centre in Stourbridge.

Corbett hospital provides day case treatment alongside a range of outpatient services which include radiology, pharmacy, gynaecology, women's, physiotherapy, rehabilitation and a wheelchair service.

## Summary of services at Corbett Hospital

### Inadequate

We rated it them as inadequate because:

- Our rating of safe was inadequate overall. Risks to patients using the diagnostic imaging services were not routinely assessed, including risks to the deteriorating patient. There was no processes in place for learning from incidents and when things went wrong and staff were working with out of date regulations. Staff in the theatre recovery area did not have the appropriate level of life support training in line with Association of Anaesthetists of Great Britain and Ireland (AAGBI) guidance. The outpatient's department did not consistently have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and provide the right care and treatment. Records were not always available to all staff providing care. Records were not stored safely or securely within the department.
- Our rating of effective was good overall. The services provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance
- Our rating of caring was good overall. Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Our rating of responsive was good overall. The services planned and provided services in a way that met the needs of most local people. Services took account of patient's individual needs and they could access services when they needed them.
- Our rating of well led was inadequate overall. Diagnostic services were not managed appropriately, leaders did not understand the challenges to the quality and sustainability of the service and had little oversight or understanding of the significant issues in the service. Not all risks in the outpatient's department were fully recognised or mitigated.

# Surgery

Good 

## Key facts and figures

Surgery is provided at Corbett Hospital, it is for people of all ages. It is a day case surgery unit with no overnight beds. It has one operating theatre with one recovery area. From the 1 January to 31 December 2018 they saw 5,505 patients.

We inspected the whole core service as part of the routine comprehensive inspection cycle.

Whilst on inspection we spoke with 22 people including; five patients, eight nurses, two consultants, two clinical support workers, a radiographer, a matron, the director of operations, the chief of surgery and the chief nurse.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

## Summary of this service

We rated it as good because:

- Staff kept patients safe from harm. Staff had a good understanding of safeguarding, assessed and understood patient risks and managed patient safety incidents well and learnt lessons from incidents.
- Staff maintained a safe and clean environment. The premises and equipment were suitable and well maintained. Staff kept themselves, equipment and the unit clean at all times.
- Staffing levels were appropriate and staff were well trained. Nursing and medical staffing levels and skill mix were always appropriate on the unit and staff had completed mandatory training.
- Staff were competent in their roles and worked well together as a team. Managers regularly appraised staff and provided them with lots of opportunities to learn and develop. Staff on the unit worked well together.
- The trust ensured staff followed best practice and guidance. Trust systems ensured staff were always aware of new guidance. Staff always followed best practice around patient capacity and consent.
- Staff cared for patients with kindness and compassion. The unit had consistently high scores on the friends and family test. All patients told us staff treated them with kindness, understanding and compassion at all times. Staff always provided emotional support.
- Staff were responsive to patient's individual needs. Staff could access all the specialist teams that could be required and respected patients cultural, religious and personal preferences at all times.
- Staff learned lessons from patient feedback and complaints. The unit actively sought as much patient feedback as possible. Staff took all patient feedback and complaints seriously and made changes to the service as a result.
- Leaders at the service supported staff and created a positive culture for staff. All leaders and staff at the service spoke of a good morale and working environment. All staff members felt well supported by leaders within the service.
- The trust had good governance systems in place and responded well to risk. Staff were all aware of their roles and responsibilities within the governance system and staff could explain what the risks in the service were.

However:



# Surgery

- Staff in the recovery area did not have the appropriate level of life support training in line with Association of Anaesthetists of Great Britain and Ireland (AAGBI) guidance.
- Some flammable liquids were incorrectly stored in wooden cupboards.
- There was no major incident plan on the day case unit and most staff were not aware of the plan.

## Is the service safe?

**Requires improvement** ●

We rated it as requires improvement because:

- Staff in the recovery area did not have the appropriate level of life support training in line with Association of Anaesthetists of Great Britain and Ireland (AAGBI) guidance.
- Some flammable liquids were incorrectly stored in wooden cupboards.

However, we found the following areas of good practice;

- The service provided mandatory training in key skills to all staff and made sure most staff completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service mostly had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were up-to-date and stored securely. Records were not always easily available and often in poor condition.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

**Good** ●

We rated it as good because:

# Surgery

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff promoted good health in patients.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

## Is the service caring?

**Good** ●

We rated it as good because:

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

## Is the service responsive?

**Good** ●

We rated it as good because:

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

# Surgery

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

**Good** ●

We rated it as good because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the 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 improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service 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 went well and when they went wrong, promoting training, research and innovation.

However:

- There was no Major Incident Plan on the day case unit and most staff were not aware of the plan.

## Outstanding practice

We found three areas of outstanding practice in this service. Please see the outstanding practice section above.

## Areas for improvement

We found four areas for improvement in this service. Please see the areas for improvement section above.

# Outpatients

Requires improvement 

## Key facts and figures

The trust provides a range of outpatient services across three hospital sites:

- Russell's Hall Hospital
- Corbett Outpatient Centre
- Guest Outpatient Centre

The trust had 566,801 first and follow up outpatient appointments from July 2017 to June 2018.

Of these, 8,652 appointments were held at Corbett Outpatient Centre.

As part of our unannounced inspection we visited the main outpatients' department; urology and gynaecology outpatients; physiotherapy; the trauma and orthopaedic clinic; phlebotomy (taking blood for testing); the dermatology clinic; and, medicine and surgery clinics.

The service provided both consultant and nurse led outpatient clinics across a range of specialities. Outpatient clinics were held between 8am and 6pm. Speciality clinics included but were not limited to: rheumatology, dermatology, trauma and orthopaedics, urology, gynaecology and surgery.

During our inspection we spoke with eleven patients. We spoke with 27 members of staff including nurses, clinical support workers, nurse specialists, volunteers, reception staff, medical records staff, medical staff including consultants and registrars, physiotherapists, outpatient leads and managers, and divisional leads and managers. We reviewed three patient records and three complaint records. We reviewed performance information about the department and the trust.

## Summary of this service

We had not previously inspected this core service and as such we were unable to compare it to previous ratings.

We rated this service as requires improvement because:

- The environment was not suitable for the number of patients seen. Leaders recognised the need to review patient flow through the department.
- Risks to people such as deterioration of patients and sepsis were not always adequately assessed and were not always managed safely.
- The service did not consistently have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and provide the right care and treatment.
- Records were not always available to all staff providing care. Records were not stored safely or securely within the department.
- The service did not always plan services that took account of patient's individual needs. The facilities and premises were not appropriate for the services delivered.
- The service did not always take account of patients' individual needs. Waiting areas were limited for patients in wheelchairs and there was no bariatric equipment, including chairs in the waiting area.

# Outpatients

- Complaints were not closed in line with the trust's complaints policy timescales.
- The organisation had the processes to manage current and future performance and there was a system in place to identify, understand, monitor and manage current and future risks. However, not all risks were fully recognised and mitigated. The outpatient services had the leadership capacity and capability to deliver high-quality, sustainable care.
- The service did not always collect, analyse, manage and use information as well as it could to support all its activities.

However:

- The overall mandatory training compliance rate for qualified nursing staff was above the trust target.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Standards of cleanliness across the department were generally maintained, with systems to prevent healthcare associated infections. Staff kept the environment, premises and equipment clean.
- The service followed best practice when prescribing, giving, recording and storing medicines, with the exception of a treatment room within the general outpatient department that did not have a working lock.
- Lessons were learned and improvements made when things went wrong. Staff understood their responsibilities to raise concerns, record safety incidents and report them internally and externally.
- The service provided care and treatment based on national guidance.
- People's nutrition and hydration needs were identified, monitored and met.
- People's pain was assessed and managed.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- The department took part in health promotion. Patients were supported to live healthier lives and were referred to other support services where appropriate.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trusts policy and procedures when a patient could not give consent.
- People were treated with compassion, kindness, dignity and respect, when receiving care. Feedback from people who used the service, those who were close to them and stakeholders was positive about the way staff treated people.
- People were given appropriate and timely support and information to cope emotionally with their care, treatment or condition. Staff communicated well with patients so they understood their care, treatment and condition.
- Staff routinely involved people who use services and those close to them in planning and making shared decisions about their care and treatment.
- People could access the service when they needed it. Most waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice, action plans were in place for those that were not.

# Outpatients

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared those with staff.
- Leaders had the skills, knowledge, experience and integrity needed and there were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership.
- There was a clear vision and set of values, with quality and sustainability as the top priorities.
- Managers across the service promoted a positive culture that supported and valued staff, created a sense of common purpose based on shared values.
- There were clear structures, processes and systems of accountability. Staff at all levels were clear about their roles and what they were accountable for and to whom.
- 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, research and innovation.

## Is the service safe?

**Requires improvement** ●

We had not previously inspected this core service and as such we were unable to compare it to previous ratings.

We rated safe as requires improvement because:

- The environment was not suitable for the number of patients seen. Leaders recognised the need to review patient flow through the department.
- Risks to people such as deterioration of patients and sepsis were not always adequately assessed and were not always managed safely.
- The service did not consistently have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and provide the right care and treatment.
- Records were not always available to all staff providing care. Records were not stored safely or securely within the department.

However:

- The overall mandatory training compliance rate for qualified nursing staff was above the trust target.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Standards of cleanliness across the department were generally maintained, with systems to prevent healthcare associated infections. Staff kept the environment, premises and equipment clean.
- The service followed best practice when prescribing, giving, recording and storing medicines, with the exception of a treatment room within the general outpatient department that did not have a working lock.
- Lessons were learned and improvements made when things went wrong. Staff understood their responsibilities to raise concerns, record safety incidents and report them internally and externally.

# Outpatients

## Is the service effective?

We do not rate outpatients service for effective. Our findings are as follows:

- The service provided care and treatment based on national guidance.
- People's nutrition and hydration needs were identified, monitored and met.
- People's pain was assessed and managed.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- The department took part in health promotion. Patients were supported to live healthier lives and were referred to other support services where appropriate.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trusts policy and procedures when a patient could not give consent.

## Is the service caring?

**Good** ●

We had not previously inspected this core service and as such we were unable to compare it to previous ratings.

We rated caring as good because:

- People were treated with compassion, kindness, dignity and respect, when receiving care. Feedback from people who used the service, those who were close to them and stakeholders was positive about the way staff treated people.
- People were given appropriate and timely support and information to cope emotionally with their care, treatment or condition. Staff communicated well with patients so they understood their care, treatment and condition.
- Staff routinely involved people who use services and those close to them in planning and making shared decisions about their care and treatment.

## Is the service responsive?

**Good** ●

We had not previously inspected this core service and as such we were unable to compare it to previous ratings.

We rated responsive as good because:

- The service took account of patients' individual needs.

# Outpatients

- People could access the service when they needed it. Most waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice, action plans were in place for those that were not.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared those with staff.

However;

- The trust did not always plan services that took account of patient's individual needs. The facilities and premises were not appropriate for the services delivered.
- Waiting areas were limited for patients in wheelchairs and there was no bariatric equipment, including chairs in the waiting area.
- Complaints were not closed in line with the trust's complaints policy timescales.

## Is the service well-led?

**Requires improvement** ●

We had not previously inspected this core service and as such we were unable to compare it to previous ratings.

We rated well-led as requires improvement because:

- Not all risks were fully recognised and mitigated.
- There were issues with the tracking of patient notes which were transported between the department and centre file where records were being stored. This had not yet been resolved.
- The service did not always collect, analyse, manage and use information as well as it could to support all its activities.
- Some areas were not audited or audited effectively and quality dashboards were not yet in use within the department.

However:

- Leaders had the skills, knowledge, experience and integrity needed and there were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership.
- There was a clear vision and set of values, with quality and sustainability as the top priorities.
- Managers across the service promoted a positive culture that supported and valued staff, created a sense of common purpose based on shared values.
- There were clear structures, processes and systems of accountability. Staff at all levels were clear about their roles and what they were accountable for and to whom.
- 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, research and innovation.



# Outpatients

## Areas for improvement

We found nine areas for improvement in this service. Please see the areas for improvement section above.

# Diagnostic imaging

**Inadequate** ●

## Key facts and figures

Diagnostic imaging is provided through a range of services on the three sites within the Trust:

Corbett Out-patient Centre

- Plain film – two x-ray rooms.
- Ultrasound imaging – one ultrasound room. The service provides musculo-skeletal to include both diagnostic and therapeutic, general, gynaecology and small parts scan.
- DEXA imaging – one DEXA room.

Opening hours for all services are 8am to 5.30pm Monday to Friday.

## Summary of this service

### Corbett Out-patient Centre

This service had not previously been inspected so we could not compare our new ratings with previous ratings.

We spoke with nine staff members at the hospital this included three radiographers (one senior), a receptionist, a radiographer assistant (aide), two volunteers; the outpatients lead nurse and the outpatients matron. We also spoke with four senior managers.

We looked at five patient records and spoke with eight patients.

The week following the inspection the trust sent us action plans of how they were planning to make improvements in each of the areas we have identified as unsafe and/or requiring improvement. Some of the action was addressed at the time of the inspection for example the procedure for resuscitation and care of the deteriorating patient and the updates of protocols and IR(ME)R regulations.

We rated Diagnostic Imaging at Corbett hospital as inadequate because:

- Risks to patients were not routinely assessed including risks to the deteriorating patient.
- Medical emergencies were not responded to appropriately with staff confused about the process.
- There were no track records on safety and no processes in place for learning from incidents when things went wrong.
- Outcomes for patients were not routinely measured against national standards to ensure the best possible outcomes.
- Staff were working with out of date regulations and protocols and were unsure of updates to regulations.
- Staff were not up to date with mandatory training and trust targets were not met.
- Staff competencies were not checked and continual professional development was not routinely taking place.
- Complaints were not always managed in accordance with the trust's complaint policy.
- The service was not managed appropriately. Leaders did not understand the challenges to quality and sustainability of the service.

# Diagnostic imaging

- The leadership team lacked leadership skills and had little oversight and understanding of the significant issues in the service.
- There were no robust systems in place for learning, continuous improvement and innovation.

## However:

- People were safeguarded from abuse.
- The environment and equipment used was clean and well maintained.
- Staff teams worked well together and with other health care professionals.
- Staff understood the relevant consent and decision making requirements of legislation and guidance in relation to the Mental Health Act 2005.
- Staff were caring and treated people with compassion, kindness, dignity and respect.
- The service was responsive to the needs of the local community and took account of individual needs.
- People could access x-rays and scans in a timely way.
- Staff received annual appraisals.

## Is the service safe?

**Inadequate** ●

Safe had not previously been inspected so we could not compare our new ratings with previous ratings

We rated it as inadequate because:

- The service provided mandatory training in key skills to staff but had failed to meet their target for allied health professionals and medical staff in diagnostic imaging.
- There was a lack of staff awareness of the protocol for resuscitation and/or deterioration of the patient. During the course of the inspection the trust introduced a protocol for resuscitation and care of the deteriorating patient. This included holding three scenarios.
- We could not be assured that staff had sufficient and up to date knowledge of the regulations and protocols they were working to. IR(ME)R Regulations and protocols were out of date and some of the staff we spoke to were unaware of how the regulation had changed in 2017.
- Staff knew how to report incidents on the hospitals electronic incident reporting system but did not routinely receive feedback nor learning from incidents they had raised so learning did not routinely take place.
- The service did not always plan for emergencies nor did staff understand their roles if one should happen.
- The service had not recognised risks to patients and there were no up to date risk assessments in place in respect of diagnostics imaging.
- There were no Dashboards in place to monitor key areas of performance and quality and safety.
- Staff did not know what was on their risk register or how to add to raise awareness of risk.
- There was a major incident plan in place but staff were unsure what this contained.

# Diagnostic imaging

- The diagnostic imaging department did not use a safety thermometer to measure safe care and treatment in the diagnostics imaging department.

## However

- The service had suitable premises, equipment and environment.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff received training on how to recognise and report abuse and they knew how to apply it.
- The diagnostic imaging department staff controlled infection risk well.
- Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment.

## Is the service effective?

We do not rate Effective

**Effective** was not rated.

- The trust did not routinely monitor the effectiveness of care and treatment in order to use the findings to improve them. They did not compare local results with those of other services to learn from them.
- The trust did not provide care and treatment based on national guidance. Managers did not check to make sure staff followed guidance. Guidance for diagnostic imaging was out of date
- The trust could not demonstrate that staff were competent for their roles. Staff were not supported to complete continual professional development (CPD) training and staff competency checks were not carried out.

## However

- GPs based in the local community audited the DEXA scans carried out at Corbett diagnostic imaging. The results of which were used to make improvements.
- Staff of different kinds worked together as a team to benefit patients. Doctors, consultants, radiographers, radiologists, aides, reception staff and volunteers worked together and supported each other to provide good care.
- The diagnostic imaging service at Corbett hospital was provided Monday to Friday from 8:30am to 5pm.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could update.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

## Is the service caring?

**Good** ●

This service had not previously been inspected so we could not compare our new ratings with previous ratings

# Diagnostic imaging

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 treated patients with dignity and respect.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff explained to patients about the procedures and made sure patients understood and consent to treatment was obtained.
- Staff provided emotional support to patients to minimise their distress. Staff reassured patients who were anxious or worried. Staff provided support to meet patient's individual needs including patients with any special needs.

## Is the service responsive?

**Good** ●

We rated it as good because:

- At Corbett hospital diagnostic imaging the trust planned and provided services in a way that met the needs of local people.
- The trust had met an increase in people developing osteoporosis (with an aging population). Dual Energy X-ray Absorptiometry (DEXA) scanning measures the density of peoples' bones. The trust had won a Gold standard award for diagnosing osteoporosis and other related conditions.
- The trust took account of patients' individual needs and supported patients attending the diagnostic imaging department who had special needs.
- At Corbett hospital diagnostic imaging waiting times and arrangements to treat and discharge patients were in line with national good practice.
- Patients waited an average of one month for a DEXA scan and the trust was below the national waiting times for general diagnostic imaging.

### However:

- The service treated concerns and complaints seriously but did not always investigate them in a timely manner. Lessons learned from complaints were not routinely shared with all staff.
- The trust had an action plan in place to improve management of complaints.

## Is the service well-led?

**Inadequate** ●

We rated it as inadequate because:

- There was insufficient managerial oversight and leadership presence at Corbett hospital to ensure high quality sustainable care.
- The service had a vision and strategy for what it wanted to achieve with diagnostic imaging and workable plans to turn it into action. However staff did not feel they had been involved with the development of this and there was no evidence of the involvement of patients, and key groups representing the local community.

# Diagnostic imaging

- Managers did not promote a positive culture that supported and valued staff. There was no sense of common purpose based on shared values.
- The service did not use a systematic approach to continually improving the quality of its services and the systems in place (to ensure that high standards of care were safeguarded) were ineffective.
- There was limited evidence that excellence in clinical care would flourish within diagnostic imaging at Corbett hospital.
- Governance systems were new and were not fully embedded.
- The service did not have effective systems for identifying risks within diagnostics at Corbett hospital. For example, staff could not articulate what was on the departmental risk register and did not know how to add any newly identified risks.
- Performance was not measured for example there were no audits of patient outcomes.
- The service used secure electronic systems with security safeguards but did not routinely collect, analyse, manage nor use information to support diagnostic imaging activities.
- The service did not always engage effectively with patients, staff, and the public and local organisations to plan and manage appropriate services.
- There was poor attendance at staff meetings and staff said this was due to the times that meetings were scheduled which did not fit in with staff working rotas.
- In diagnostic imaging the trust did not demonstrate a strong commitment to improving services by learning from when things went well and when they went wrong. There was little evidence of training, research and innovation.

## However:

- The trust had recently appointed a head of governance and the trust and staff were confident that this would help improve governance, risk management and quality measurement in diagnostic imaging services.

## Outstanding practice

We found one area of outstanding practice in this service. Please see the outstanding practice section above.

## Areas for improvement

We found six areas for improvement in this service. Please see the areas for improvement section above.

# Community health services

## Background to community health services

The trust provides two community services across a range of site within the black country and wider area.

During this inspection we inspected:

- Community end of life care

Further community services that we did not inspect:

- Community health services for adults.

## Summary of community health services

**Good** ● → ←

Our overall rating of community health services remained the same. The summary of community services appears in the overall summary of this report.

# Community end of life care

Good 

## Key facts and figures

End of life care (EoLC) at the trust is provided by a specialist inpatient and community palliative care service, led by dedicated palliative care consultants. Advice, guidance, education and treatment is provided by the service to support patients with complex pain management needs. The trust works in partnership with the Macmillan service based at Mary Stevens Hospice, which is a GP led service.

The specialist community palliative care team were made up of two consultants and a lead nurse. There were eight qualified nurses. Seven of the nurses were band 7 and one a band 6. There was a band 6 vacancy. This meant that all registered nurses were qualified to a senior level. There were two occupational therapists and a part time physiotherapist and psychologist. The palliative care support team were made up of a band 6 team leader who supervised a team of eight clinical support workers.

The team provides specialist advice alongside the patient's own medical team or GP whether that be in hospital or at home. The team continuously provides educational opportunities to the generalist workforce aiming to up-skill colleagues and ensure patients' needs are met whatever stage of their illness.

The team work with the local hospices. The team are also active members of the local economy strategy group, local palliative care physicians' meetings, a palliative and end of life care expert advisory group, a specialist network and a local sustainability and transformation plan for end of life.

The team aims to provide specialist palliative care to adult patients and their families in all care settings, the patient's own home, hospital, care homes and hospice, working closely with other health and social care professionals to help patients and their families cope with adjusting to living with a life limiting illness.

During our inspection, we spoke with 18 members of staff. This number included a consultant, nurses with a range of seniority, including the lead nurse for the team, occupational therapy staff, specialist support workers, administrative staff, and other staff outside of the service who supported the work such as district nurses and specialist heart failure nurses.

We spoke with two patients and five relatives and obtained their views; and observed the staff and patient interactions.

Additionally, we checked a total of eight patient records, which included medicine charts, nurse records and Do Not Attempt Cardiopulmonary resuscitation.

We visited the service two community Hubs, a community venue, a residential care home and carried out observations of home visits.

## Summary of this service

We have not inspected this core service and as such we were unable to compare it to previous ratings.

We rated end of life care as good because:

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

- The leadership team had planned for enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.



# Community end of life care

- Staff were provided with mandatory training in key skills. Compliance was good, and education, training, learning, reflection and learning was promoted, supported and embedded.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. An improved electronic recording system with a view to becoming paperless meant that there were ongoing improvements in record accessibility.
- The team provided care and treatment based on national guidance and evidence of its effectiveness. Managers monitored and checked practice to make sure staff followed guidance. Staff consulted and adhered to NICE guidelines which meant patients received evidence-based care.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff of different disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Joint working and collaboration with external stakeholders was fully embedded in the work carried out to support patients and their families.
- The team consistently cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff provided emotional support to patients to minimise their distress. There were a range of supportive services available to patients and their families while using services and following bereavement.
- The team involved patients and those close to them in decisions about their care and treatment.
- The team took account of patients' individual needs. Interpreters were accessible for patients who did not speak English. There were champions who had received additional training to ensure good quality care across the board. Patients, the carers and staff could access mental health teams and a psychologist for support.
- People could access the service when they needed it. Staff responded to referrals to treatment promptly and in line with good practice. There were 7-day a week, 24 hour a day services available and accessible specialist support out of hours.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However, we also found:

- Despite support to recruit a locum consultant, the service did not have enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

## Is the service safe?

**Good** ●

We had not previously inspected this core service and as such we were unable to compare it to previous ratings.

# Community end of life care

We rated safe as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Updates were completed, there were systems in place to set reminders. There was mandatory end of life training and mental health mandatory training to improve knowledge in working with people with mental health conditions, learning disabilities, autism and dementia.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff received safeguarding adults and children training. They worked closely with safeguarding teams and other professionals who helped safeguard people.
- The service controlled infection risk well by providing training and having checking systems in place. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well. The equipment was within date and safe to use.
- Staff focused on risk for each patient. They kept clear records and asked for support when necessary.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The team followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff followed policy. They recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- The service did not always have enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

## Is the service effective?

**Good** 

We had not previously inspected this core service and as such we were unable to compare it to previous ratings.

We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain. Staff worked with medical staff and were innovative when assessing the individual needs of patients and how to best manage their pain. Staff were flexible and introduced medicines that helped with pain management that would not normally be used in the community.

# Community end of life care

- The service monitored the effectiveness of care and treatment and used the findings to support improvements. They worked alongside the local health economy and compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Leadership and management appraised staff performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. In addition, staff were regularly reflective and worked alongside their peers and facilitated reflective practice sessions with psychology to look after their own wellbeing and help them provide effective care to the people they worked with.
- Staff of different disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. It was an integrated service with a collaborative approach.
- People could access a seven day service, including out of hours services were available to ensure a round the clock service was available to meet the needs of those who used the service.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

## Is the service caring?

**Outstanding** 

We had not previously inspected this core service and as such we were unable to compare it to previous ratings.

We rated caring as outstanding because:

- Staff consistently cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We saw this demonstrated in all interactions and staff from other services who worked alongside the specialist team fed back positively about the compassion and care patients and their families received.
- Patients told us that staff provided an excellent level of patient care. They told us that staff regularly checked on their care and wellbeing and that staff respected privacy and dignity. Patients spoke of kindness and compassion when describing staff and reported they felt cared for.
- Staff provided emotional support to patients to minimise their distress. The trust employed a psychologist who worked closely with patients and their loved ones. Support continued for those who needed it following end of life episodes of care. Specialist care co-ordination was facilitated by specialist services for those patients with additional needs such as advanced dementia, learning disabilities, and impaired cognitive functioning. Staff were also trained to provide care for those patients with additional needs.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Good** 

# Community end of life care

We had not previously inspected this core service and as such we were unable to compare it to previous ratings.

We rated responsive as good because:

- The service planned and provided services in a way that met the needs of local people. The teams were separated in to five locality hubs which meant they were accessible and worked in line with other professionals to provide a local service.
- The service took account of patients' individual needs. Interpreters were available for patients who did not speak English. There were champions who had received additional training and support to work with patients and educate staff in the specific needs of patients and their families at the end of life.
- People's preferred place of care was prioritised and specific needs explored and delivered if possible. Specific spiritual, cultural and religious needs were addressed. When requested, a referral to the hospital chaplaincy team or to a patient's own religious leader was supported.
- People could access the service when they needed it 24 hours a day, seven days a week. Waiting times from referral to treatment were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

**Good** ●

We had not previously inspected this core service and as such we were unable to compare it to previous ratings.

We rated well-led as good because:

- Managers and leadership staff at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The leadership team 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 and leadership staff 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.
- Staff collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The team engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The team were committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

# Community end of life care

## Outstanding practice

We found five examples of outstanding practice in this service. Please see the outstanding practice section above.

## Areas for improvement

We found one area for improvement in the service. Please see the areas for improvement section above.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

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

#### Regulation

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

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Diagnostic and screening procedures

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

#### Regulated activity

Diagnostic and screening procedures

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

#### Regulated activity

Diagnostic and screening procedures

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

#### Regulated activity

#### Regulation

This section is primarily information for the provider

## Requirement notices

Diagnostic and screening procedures

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

### Regulated activity

### Regulation

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

### Regulated activity

### Regulation

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

The inspection was led by Victoria Watkins, Head of Hospital Inspection and Katherine Williams, Inspection Manager.

The team for the core services and unannounced inspections included 12 inspectors, a mental health inspector, a pharmacist inspector, an assistant inspector, an inspection planner and 15 specialist advisors.

The team for the well led review included a Deputy Chief Inspector, a Head of Hospital Inspection, an executive reviewer, two specialist advisors, two inspectors and an assistant inspector.

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.