Wye Valley NHS Trust

Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Wye Valley NHS Trust was established on 1 April 2011. The trust provides community services and hospital care (acute and community) to the population of Herefordshire. It also provides urgent and elective care to people in Powys Mid Wales. There are 18 locations registered with the Care Quality Commission (CQC); we visited Hereford County Hospital, Hillside Centre and Leominster, Ross on Wye and Bromyard community hospitals as part of this inspection.

We carried out a comprehensive inspection because Wye Valley NHS Trust had been flagged as high risk on CQC's Intelligent Monitoring system (which looks at a wide range of data, including patient and staff surveys, hospital performance information, and the views of the public and local partner organisations). The announced inspections took place on 3, 4, 5, June with an unannounced inspection on 19 June 2014.

Overall, we found that services at Wye Valley NHS Trust were inadequate, with particular concerns about services in A&E and medical care. We rated it as 'good' for providing services that were caring, but A&E services were falling short of the level of care that would be expected. Improvement is required for the trust to provide effective care, and it was rated as inadequate for safety, for being responsive to patient needs and for being well-led.

Our key findings were as follows:

- Across the trust the majority of staff in both acute and community teams were caring and compassionate. But in A&E we found that patients' personal needs were not always met and they had limited access to fluids and food.
- Privacy and dignity was maintained in most areas, but there were areas, such as in A&E and outpatients, where a lack of space or adequate sound proofing was preventing privacy at all times.
- Overall, the trust was clean and well maintained across both acute and community locations.
- Incident reporting was inconsistent. Not all staff were confident to report incidents. Some groups of staff did not have access to the electronic reporting system. Some explained that they would tell the nurse in charge and it would be up to them to decide whether to report it or not. There was a lack of feedback following incidents. This was seen across many service areas.
- There were examples of poor systems for the management of medicines. These were not consistently in line with the trust's policy, with examples of poor storage and administration.
- Forms for "do not attempt cardiopulmonary resuscitation" (DNA CPR) were not completed in line with the trust's policy.
- The trust had a higher than expected mortality rate for the demography of the patients admitted as measured by the Hospital Standardised Mortality Ratio.
- The trust needed to confirm the future of stroke services. There was no appropriate access to specialist staff, inadequate escalation to stroke consultants and a low number of people receiving thrombolysis therapy.
- Staff needed access to training to ensure that they have the correct competencies, skills and expertise to effectively care for and treat patients.
- Mandatory training for staff was not up to date, with particular shortfalls in safeguarding of vulnerable adults and children and in the Mental Capacity Act. The trust recognised this and was taking action to address.
- There were some examples of patients not having sufficient access to adequate nutrition and hydration.
- There were shortfalls across the trust in medical, nursing and midwifery staffing, which affected day-to-day care. It was also preventing the development of seven-day services in some areas, for example, in endoscopy and stroke care.
- There were significant issues with the flow of patients into, through and out of the trust, with high bed occupancy rates, sometimes rising to over 100%. The trust was failing to meet the four-hour target for patients attending A&E to be admitted, discharged or transferred. There were instances when patients remained on a trolley in A&E for over 12 hours. The trust was not able to accommodate medical patients in medical beds, and was having to use beds on the surgical wards, the surgical day unit, the clinical assessment unit and the discharge lounge. This

Summary of findings

resulted in delays in reviewing patients, elective operations being cancelled and difficulty finding beds for patients who needed to be admitted from outpatients. Due to the capacity issues, additional beds had been opened in one of the community hospitals, but it was difficult to access additional staff.
- Equipment was not always accessible or appropriately stored.
- Staff in children and young people's services in both the acute and community settings felt they were not integrated with other services in the trust.
- There were areas throughout the trust where risks were not escalated and therefore not effectively acted on. There was poor correlation between the risks discussed by staff and the trust's risk register.
- Audits were being undertaken, but in some areas there was a lack of evaluation of the effectiveness of care (outpatients and end of life care in the community).
- In some areas nursing staff were undertaking responsibilities beyond their grade and level of experience.
- Clinical supervision was not well developed.
- Staff in community teams felt vulnerable when working on-call, particularly at night, and sometimes having long distances to travel with poor mobile signals.

We saw several areas of outstanding practice including:

- Dedicated and committed staff going the extra mile for their patients.
- Virtual wards, hospital at home and complex discharge coordinators, which had been established to prevent patients from needing to come into hospital and to promote timely and effective discharges.
- There were excellent preoperative assessments, which included a public health element.
- Community services for children were recognised to be good in all five key questions that we assessed.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Ensure that all environments support the privacy and dignity of patients.
- Ensure that all patients have access and support if required to appropriate foods and fluids.
- Ensure that all staff have access to report incidents, feel confident to do so, receive feedback that lessons are learned and where appropriate, that learning is disseminated across the trust.
- Ensure that reviews of patients are undertaken in a timely manner and that patients do not get lost in the system.
- Ensure that action is taken to improve the flow of patients into, through and from the trust.
- Ensure that improvements are made to discharge planning and arrangements, so that people are able to leave hospital when they are ready. Work must continue with partners to ensure that discharge arrangements have patients at the heart of the process.
- Ensure that risks are recorded, escalated and acted on.
- Improve end of life care in both the hospital and the community.
- Ensure that medicines are managed in line with the trust's medication policy.
- Ensure that forms for recording "do not attempt cardiopulmonary resuscitation" are completed in line with trust policy.
- Continue to improve mortality rates.
- Confirm the future of stroke services, ensuring that there is appropriate access to care both now and in the future.
- Ensure that staff receive both mandatory training and training to ensure they have the correct competencies, skills and expertise to effectively care for patients.
- Ensure that staff are undertaking responsibilities within their grade and level of experience.
- Ensure that the effectiveness of care is audited and findings acted upon.
- Review the support for staff on call at night who may be travelling and unable to access help and advice if required.
- Develop clinical supervision.
- Ensure that equipment is available and appropriately maintained and stored.

Please refer to the separate reports for locations and community services for details of areas where the trust SHOULD make improvements.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Wye Valley NHS Trust

Wye Valley NHS Trust provides community services and hospital care (acute and community) to a population of just over 180,000 people in Herefordshire. It also provides urgent and elective care to a population of more than 40,000 people in Powys, Mid Wales. The catchment area is characterised by its rural nature and remoteness, with more than 80% of people using the service living five miles or more from Hereford city or a market town.

Wye Valley NHS Trust was formed in April 2011 by the merger of acute, community health and adult social services in Herefordshire. In September 2013 adult social services became the responsibility of Herefordshire Council.

There are 18 locations registered with CQC. As part of our inspection we visited the acute site at Hereford County Hospital, all three community hospitals at Leominster, Ross on Wye and Bromyard as well as Hillside Intermediate Care Unit.

The trust has a total of just under 300 beds, with 198 at the county hospital and 98 community beds. The trust is not a foundation trust.

The trust reported a surplus of £294,000 on a turnover of £175million. It employs around 2,700 staff.

The 2010 indices of deprivation showed that Herefordshire, was the 157th most deprived local authority, out of 326 local authorities (with the first being the most deprived). Between 2007 and 2010 the deprivation score for Herefordshire increased, meaning that the level of deprivation worsened. Census data shows that Herefordshire has an increasing population and a lower than England average proportion of Black and minority ethnic residents. It has an older population than the England average.

Life expectancy is 4.8 years lower for men and 4.1 years lower for women in the most deprived areas of the County of Herefordshire than in the least deprived areas.

We inspected acute and community services across the trust. We carried out a comprehensive inspection because Wye Valley NHS Trust had been flagged as high risk on CQC's intelligent monitoring system. The trust was also subject to a rapid response review by NHS England in the Autumn of 2013.

The announced inspection took place on 3, 4 and 5 June with an unannounced inspection on 19 June 2014.

Our inspection team

Our inspection team was led by:

Inspection Lead: Tim Cooper, Head of Hospital Inspection, CQC

Chair: Andrea Gordon, Deputy Chief Inspector, CQC

The team included CQC inspectors and a variety of specialists: medical director and director of nursing; consultants and junior doctors; a midwife; senior and junior nurses; a student nurse; a school nurse; health visitor and former executive director; practice nurse; specialist palliative care nurse; community nurses; occupational therapist; sexual health nurse specialist; district nurse manager and three experts by experience.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Summary of findings

Prior to the announced inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group, the Trust Development Authority, NHS England, the General Medical Council, the Nursing and Midwifery Council, Royal Colleges and the local Healthwatch.

We held a listening events in Hereford at which six people attended to share their views about the trust. As some people were unable to attend the listening events, they shared their experiences via email or telephone.

We held focus groups and drop-in sessions with a range of staff in the hospitals and clinics, including nurses and midwives, junior doctors, consultants, physiotherapists, occupational therapists, administrative staff and porters. It is noted that porters are employed by an external company. We also spoke with staff individually as requested.

We talked with patients and staff from across the hospitals, including ward areas, outpatient services and clinics. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment. We spoke to staff and patients in the community services, undertook home visit to patients receiving care in their own home and telephoned people who were receiving services in their own home for feedback. We interviewed the chairman and the chief executive, met with a number of executive and non-executive directors.

What people who use the trust's services say

In the NHS Friends and Family Test, the trust performed above the England average from January to March 2014, although fell below in December 2013. The number of responses has been consistent throughout January to March 2014. The performance in accident and emergency (A&E) mirrored this.

In CQC's Adult Inpatient Survey, 2013, the trust performed about the same as other trust's for nine of the 10 areas covered by the questions. Compared to the results from 2012, the trust's performance has significantly decreased on seven questions and showed improvement for two questions. It improved in the areas of patients being asked for views on the quality of care and being given information on how to complain. The areas that declined included, providing patients with information about their condition or treatment, privacy when being examined or treated, feeling that there was a long wait for a bed on a ward, sharing the same sleeping areas and bathroom facilities with patients of the opposite sex, having enough help to eat and being given enough notice about being discharged.

The Cancer Patient Experience Survey is designed to monitor people's experience of cancer care. The trust performed better than other trusts in 20 of the 69 questions asked in the 2012/13 survey. It did well in areas such as staff listening to patients, getting understandable answers to important questions and having confidence and trust in doctors. The trust performed worse than other trusts in 11 of the questions. These areas included giving patients easy to understand written information about tests and side effects, being told about free prescriptions and feeling they were told sensitively they had cancer.

In the CQC Survey of Women's Experiences of Maternity Services 2013, the trust performed in line with other trusts. When compared with the 2010 results, the trust showed an upward trend on three of the questions: 'Were you spoken to in a way you could understand?' 'Were you given the information or explanations you needed?' and 'Were you treated with kindness and understanding?'

There were 101 reviews on the NHS Choices website for Hereford County Hospital. The star ratings gave the hospital an overall score of 3.5 stars out of 5. Positive comments included: "Care is second to none", "Staff are competent, caring and professional at all times", "Timely diagnosis of problems and excellent paramedics". There were some negative comments, with themes such as communications, attitude of staff, lack of hygiene controls, and a substandard service. There were also reviews for the three community hospitals, Ross on Wye and Leominster were rated as four stars overall and Bromyard as five stars.

Summary of findings

The team also received feedback from the listening events and from patients during and after the inspection.

We received 20 comments cards. Themes from these included staff were mostly caring and supportive. There were some comments that care for elderly people was delayed, for example waiting for the toilet and pain relief. People also commented on how busy the staff were.

Facts and data about this trust

Overall, Wye Valley NHS Trust has approximately 300 beds and employs around 2,700 staff who provide acute and community services to the people of Herefordshire and Powys in Mid Wales, a combined total of approximately 220,000 residents.

In 2012/13:

- In community services, the trust had 1,647 day cases, 14,843 new outpatient attendances and 52,015 follow-up attendances.
- In the acute hospital, there were 14,273 day cases, 67,441 new outpatient attendances and 149,682 follow-up attendances. There were 5,791 attendances at the minor injuries units and 48,118 attendances to A&E.

The trust had a financial surplus in 2012/2013 of £294,000 on a turnover of £175 million. This includes financial support of £9.5 million, which was made available to the trust following agreements reached within the local health economy.

Between October and December 2013, bed occupancy for the trust was 94.5%. This was well above the level of 85% at which it is generally accepted that bed occupancy can start to affect the quality of care provided to patients and the orderly running of the hospital.

There had been a number of recent changes at board level. The chair and chief executive of the trust both started on 2 June 2014, the day before the inspection. The chief operating officer had been in post since May 2013, the human resources director since January 2014 and the medical director was an interim post at the time of the inspection.

CQC inspection history

The trust has been inspected six times since registration, across three of its locations. The most recent inspection was at Hereford County Hospital in October 2013.

Hereford Hospital was inspected four times between April 2011 and October 2013. At the most recent inspection, it was found to be non-compliant for all four of the outcomes inspected. These were: respecting and involving people; care and welfare of people using services; supporting workers and assessing and monitoring the quality of service provision. We took enforcement action as a result of our concerns on this last outcome, and have since found them compliant.

Leominster Community Hospital was inspected once in July 2012. It was compliant with all six outcomes that were inspected. The Hillside location was inspected once in June 2011. It was found compliant with the single outcome that was inspected.

The trust had also had a Rapid Response Review from NHS England in Autumn 2013.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? For specific information please refer to the individual reports for Hereford County Hospital, community health services for adults, community health inpatient services, community services for children, young people and families and community end of life care. Overall, we rated safety of services in the trust as inadequate. The team made judgements about safety across 12 services areas. Of those, one was judged to be good, nine required improvement and two were inadequate. This meant that people were not always protected from avoidable harm. Not all staff felt confident to report incidents and some groups of staff did not have access to the electronic reporting system. This was evident in many of the areas we visited in the trust. There was a lack of feedback following incidents and there were missed opportunities to share learning. Staffing levels were not always sufficient to provide safe care (especially in A&E and critical care), and staff mandatory training was not up to date. Although staff told us when received the quality of the mandatory training was good. Staff who were on call out-of-hours in the community felt vulnerable and unsafe when responding to calls. There were example of poor medicines management relating to storage and administration. There were shortcomings in documentation for example 'do not attempt cardio-pulmonary resuscitation' forms were not completed in line with trust policy. The quality of care and the escalation of patients on the stroke pathway were unsafe. There was a potential risk of providing a sub-optimal stroke service and harm to patient safety because the trust did not have hyperacute stroke facilities that were required due to the large geographical area the trust served, or staff with relevant competencies to support patients eligible for thrombolysis treatment. In the rehabilitation unit competencies for staff on care for patients following a stroke were not formalised and staff learned from experience. Overall the trust was clean.	**Inadequate** 

Summary of findings

Are services at this trust effective?

Requires improvement

For specific information please refer to the individual reports for Hereford County Hospital, community health services for adults, community health inpatient services, community services for children, young people and families and community end of life care.

Overall we rated effectiveness of services in the trust as requires improvement. The team made judgements about safety across 10 services areas. Of those, two were judged to be good, and eight required improvement.

Multidisciplinary working was in place across all areas inspected.

The trust had a higher than expected mortality rates for the demography of the patients admitted as measured by the Hospital Standardised Mortality Ratios. Access to specialist staff was not always available and stroke services required review. Staff also needed access to training to ensure that they have the correct competencies, skills and expertise to effectively care for and treat patients.

There were some examples of patients not having access to adequate nutrition and hydration, this was particularly evident in A&E and in outpatients.

Audits were being undertaken however in some areas there was a lack of evaluation of the effectiveness of care.

Are services at this trust caring?

Good

For specific information please refer to the individual reports for Hereford County Hospital, community health services for adults, community health inpatient services, community services for children, young people and families and community end of life care.

Overall we rated caring of services in the trust as good.

Of the 12 areas inspected, 11 were good with just one requiring improvement; this was in the A&E department. The areas for improvement related to checking patients' personal needs were addressed and ensuring that patients' privacy and dignity were maintained at all times.

Care was mainly kind and compassionate. Patients told us that they were involved in planning their care and we saw staff responded to patients changing needs with speed and sensitivity. Staff from all services were committed to providing good quality care and many staff went the extra mile to ensure patients received the right care at the right time. This was reflected in the comments made by patients and their relatives.

Summary of findings

Are services at this trust responsive?

Inadequate

For specific information please refer to the individual reports for Hereford County Hospital, community health services for adults, community health inpatient services, community services for children, young people and families and community end of life care.

Overall we rated the responsiveness of services at the trust as inadequate. Of the 12 areas inspected, two were inadequate, six required improvement and four were good.

There were high levels of bed occupancy and poor patient flow in the trust. A significant number of medical patients were cared for by using beds on the surgical wards, day surgery unit, clinical assessment unit and discharge lounge. Some of these areas were not appropriate for inpatient care and medical review of patients was not taking place regularly.

The trust regularly performed lower than the England average for national targets, such as patients being discharged, admitted or transferred within four hours, spending more than 12 hours in A&E after the decision to be admitted to hospital, high numbers of elective procedures cancelled and the number of patients being rebooked within 28 days was being breached. We saw many of the patients who were waiting long periods in A&E remained on trolleys, not placed on beds as would be expected.

The capacity of the critical care unit meant that patients did not always receive timely care and may have prolonged stays in other wards or departments.

Patients' care pathways were adversely affected by the limited availability of beds. This meant that where outpatients needed to be admitted there were delays in starting treatments. The trust was struggling to meet the demand for outpatient appointments, so overbooking of clinics was commonplace, causing delays for patients. The impact of this was not being monitored.

There was a lack of information for patients and visitors in languages or formats other than written English.

There were good examples of services being organised to meet people's needs particularly for people with a learning disability.

In community adult services and community services for children and young people, we found that effective systems were in place to ensure that patients received the care and treatment they needed despite some capacity issues with individual teams.

Summary of findings

Are services at this trust well-led?

Inadequate

For specific information please refer to the individual reports for Hereford County Hospital, community health services for adults, community health inpatient services, community services for children, young people and families and community end of life care.

Overall we rated the trust as inadequate for being well-led. Of the 12 areas inspected, one was judged as inadequate for being well-led, eight as requires improvement and three as good. We saw themes being repeated through areas that we considered to be endemic issues within the trust wide culture. This demonstrated that while the leadership at service level needed to be improved, the trust had failed to deal with the underlying themes that had caused the problems to occur. We therefore rated this as inadequate for the trust as a whole.

Overall, there was limited reporting of incidents. In almost all of the services we inspected, people told us they did not report some incidents because they lacked feedback and the process had little credibility. Individually, in each service this gives cause for concern; but failure to deal with this issue across the organisation we saw has highly unsatisfactory. The organisation failed to ensure it was able to learn from incidents and near misses and failed to protect patients from these incidents happening again.

We saw a failure to address and resolve challenges with external organisations. Specifically, patients from Wales were delayed further in discharge because the trust had not reached an agreement with Welsh authorities on assessing patients in England. Additionally, the trust had failed to reach an agreement with the Welsh ambulance service to notify the A&E team when a patient was en-route. These issues were increasing the pressure felt by services.

The vision and values of the trust were not well known by the staff, who had little ownership or understanding of these.

The board assurance framework had been reviewed in March 2014, it was too early to assess the impact of this but it was noted that there were inconsistencies in performance data in different reports. Trust wide governance systems were not strongly established and there was local variance, a lack of adherence to, and knowledge of policies and procedures. There was inconsistency between the risks and issues described by staff and those reported to the board with safety and performance concerns not being effectively escalated and acted on.

There was a limited approach to obtaining the views of people who use services or of staff. The management of complaints was

improving, but there remained a lack of ownership by staff of complaints. A defensive attitude remained, with a lack of the willingness to apologise. This was not conducive to an environment of learning from complaints.

The executive team recognised that staff went the extra mile to deliver care but that this was not sustainable in the medium or long term.

Vision and strategy for this trust

- There was a vision for the trust in place with specific values and objectives. The vision was to: "To improve the health and well-being of the people we serve in Herefordshire and the surrounding areas." Its mission was to; "To provide a quality of care we would want for ourselves, our families and friends." It simplified this as: "Right care, right place, right time…every time."
- The values that guide the trust are summarised as the five "P"s: people first, passion for excellence, personal responsibility, pride in our team and promoting thriving communities.
- Knowledge about the vision and values from staff was mixed, with many having little ownership and understanding of these.
- The future of the acute stroke services was uncertain. The trust needed to treat significantly more patients for the service to be financially viable. However amalgamating services would be difficult due to the wide geographical area served by the acute hospital.
- A quality and safety improvement strategy had been approved by the board in March 2014. It was based on the five key questions used by CQC: are services safe, effective, caring, responsive and well-led?
- A workforce strategy had been approved by the board at the March 2014 meeting subject to a couple of amendments.
- There were examples, for instance in end of life care, where the services in the acute hospital were good but in the community it was acknowledged that there had not been a clear focus on end of life care due to changes in staffing.

Governance, risk management and quality measurement

- The board assurance framework had been reviewed in March 2014 it was too early to assess the impact of this.
- Trust wide governance systems were not strongly established and there was local variance and a lack of adherence to, and knowledge of policies and procedures.
- Safety and performance concerns were not effectively escalated and acted on.

Summary of findings

- There were differences in figures for key performance issues and the discrepancies were not explained. This lead to concerns that the trust may not have a grasp on all the key issues.
- The information we were told was on the risk register did not appear on the data provided by the trust. This meant there was a disparity of information which could result in lack of actions.
- While risks were acknowledged and entered into the trust risk register, staff who raised the issues felt they were not addressed or responded to. Staff were frustrated by having to complete business case reports for funding issues, which they felt did not justify the effort and expense involved and saw these as "delaying tactics".

Leadership of trust

- The chair and chief executive were new to the trust having started in their posts the day before the inspection.
- Local management was mostly good, staff knew who their managers were and felt supported and valued. Staff felt managers were visible and approachable
- Not all staff received formal one to one supervisions.
- Competent but under-qualified staff ran clinics or services above their level of responsibility with little or no direct supervision.

Culture within the trust

- The executive team were not visible and what little had been seen of them did not involve interaction with staff about their work or issues.
- Staff in community services referred to themselves as the "poor relations", perceiving that acute services received more funding and were thought of as more important by board members.
- Due to the fairly small size of the trust many staff knew each other. This had haboured a culture in which staff spoke of not wanting to upset each other, recognising that staff at all levels were under great pressure. This led to staff not having the vital discussions about improving safety and responsiveness.
- In the 2013 NHS staff survey the trust's performance was rated as worse or tending towards worse than expected in 18 of the key 28 findings. Areas that staff felt that the trust did not perform well in included: staff feeling satisfied with the quality of work and patient care they are able to deliver; number of staff appraised in the last 12 months; communication between senior management and staff and fairness and effectiveness of incident reporting procedures.

Summary of findings

Public and staff engagement

- Staff engaged well with patients but regular and structured patient feedback was not service specific or fully incorporated into service design and delivery.
- There was a limited approach to obtaining the views of people who use service or staff.
- There had been challenges with the management of complaints. In a 12 month period, 18 had been referred onto the ombudsmen, of these eight had been referred in one month, appreciating that these may be from differing time periods.
- There was concern that some staff felt that to say sorry was an admission of guilt, a defensive approach to complaints was not conducive to a learning environment.
- In May 2013 a revised complaints process had been introduced. A report to the quality committee in November 2013 identified ongoing concerns relating to a lack of action plans in response to complaints and a continuing lack of ownership of complaints. These issues had still not been resolved at the time of the inspection.

Innovation, improvement and sustainability

- Senior managers encouraged innovation and improvements and we saw this in practice in some community services. However generally staff felt challenged to deliver struggling to balance demand and capacity.
- Clear statements from executives that they recognise that staff go the extra mile to deliver care, but that is not sustainable in the medium or long term.

Overview of ratings

Our ratings for Hereford Hospital

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

Our ratings for Community services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health inpatient services	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Community services for adults	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good
Comunity health services for end of life care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Overview of ratings

Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Wye Valley NHS Trust

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

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both Urgent and emergency services and Outpatients and diagnostic imaging.

Outstanding practice and areas for improvement

Outstanding practice

We saw several areas of outstanding practice, including:

- Dedicated and committed staff going the extra mile for their patients.
- Virtual wards, hospital at home and complex discharge coordinators, which had been established to prevent patients from needing to come into hospital and to promote timely and effective discharges.
- Excellent preoperative assessments, which included a public health element.
- A midwifery academy, which had been developed to aid recruitment and promote retention among new and existing midwifery staff. When new midwives (including midwives recruited at band 6) join the trust, they spend eight weeks in the academy. This was classroom-based teaching, education and development sessions run by specialists and midwives working in other areas. Any existing midwife could also attend individual sessions if they wanted.

Areas for improvement

Action the trust MUST take to improve

- Ensure that all environments support the privacy and dignity of patients.
- Ensure that all patients have access and support if required to appropriate foods and fluids.
- Ensure that all staff have access to report incidents, feel confident to do so, and receive feedback, and that lessons are learned and, where appropriate, disseminated across the trust.
- Ensure that action is taken to improve the flow of patients into, through and from the trust.
- Ensure that reviews of patients are undertaken in a timely manner and that patients do not get lost in the system.
- Ensure that improvements are made to discharge planning and arrangements, so that people are able to leave hospital when they are ready. Work must continue with partners to ensure that discharge arrangements have patients at the heart of the process.
- Ensure that risks are recorded, escalated and acted on.
- Improve end of life care in both the hospital and the community.
- Ensure that medicines are managed in line with the trust's medication policy.
- Ensure that forms for recording "do not attempt cardiopulmonary resuscitation" are completed in line with trust policy.
- Continue to improve mortality rates.
- Confirm the future of stroke services, ensuring that there is appropriate access to care both now and in the future.
- Ensure that staff receive both mandatory training and training to ensure they have the correct competencies, skills and expertise to effectively care for patients.
- Ensure that staff are undertaking responsibilities within their grade and level of experience.
- Ensure that the effectiveness of care is audited and findings acted upon.
- Review the support for staff on call at night who may be travelling and unable to access help and advice if required.
- Develop clinical supervision.
- Ensure that equipment is available and appropriately maintained and stored.

Please refer to the location and community service reports for details of areas where the trust SHOULD make improvements.