

Heart of England NHS Foundation Trust

Solihull Hospital


Quality Report

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to 21 October 2016
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This report describes our judgement of the quality of care at this hospital. 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

Urgent and emergency services	Good 
Medical care (including older people's care)	Good 
Surgery	Good 
Outpatients and diagnostic imaging	Good 

Summary of findings

Letter from the Chief Inspector of Hospitals

The trust had undergone significant changes in senior and executive management due to the trust not meeting nationally identified targets. We used the intelligence we held about the hospital to identify that we needed to undertake a responsive inspection of the Emergency department (named a Minors injuries unit (MIU)), Medicine, Surgery, and Outpatients and diagnostic imaging.

The inspection took place with an unannounced inspection on 06 September 2016 and on that day we gave the trust short notice of our return on 18 to 21 October 2016.

We did not inspect Maternity and Gynaecology, the trust had commissioned an independent review which was taking place at the same time. We thought it would be excessive to have two inspection teams putting undue pressure on the staff on the units. We also did not inspect Children and young people and end of life services.

We have not aggregated the rating for the hospital, but for the core services only. We did not inspect all the core services or the same core services as previously. You can see the rating comparison of services in the provider report.

- Incident management was good within the hospital. Staff understood their responsibility to raise concerns. Systems were in place to learn when things went wrong. Staff also demonstrated a working knowledge of duty of candour.
- Safeguarding training was good and staff gave good examples of when they would raise a concern.
- Within the MIU patients received assessments of their needs which was reviewed and acted on appropriately.
- Staff adhered to infection prevention practice and the site was visibly clean.
- Staff treated patients with kindness and compassion, retaining their dignity. We noted that interactions with many staff groups and patients were good.
- Stroke patients and patients on the elderly care wards told us and we saw staff went the extra mile to meet their needs.
- The discharge process was effective with multidisciplinary input aiding that.
- We saw teamwork was strong on the surgical wards, although there was some tension between ward and theatre staff.
- Within the outpatients department we saw that notes were readily available and records were completed appropriately.
- Multidisciplinary working was well embedded in the outpatients department.
- Clinics were available outside of the cores service hours, to meet patient needs.
- Staff felt supported by their local leaders.

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

- MIU and the trust needed to ensure the local population understood the scope of the department, to minimise the risk of people presenting with conditions the hospital was not equipped to deal with
- MIU had some environment issues relating security of children attending having easy access to the front door. In addition, reception staff were not aware of actions to take when patients symptoms meant they needed immediate medical intervention.
- Within both medicine and surgery, staffing presented problems for the hospital. However, bank and agency staff were used where needed.
- Some staff within medicine shared concerns about the status of Solihull hospital compared to the two larger acute sites.
- Within surgery, medicines management practice needed to improve. Two staff did not always check controlled drugs as per the trust policy; we saw this in the ophthalmology department.

Summary of findings

- Within the outpatients department notes security and confidentiality was an issue.
- We saw waiting times for clinic appointments at times too long for patients. Staff said part of the reason was overbooking of clinics.

In addition the trust should:

Medicine

- The trust should ensure staffing is in line with safer staffing guidelines.

Outpatients (Ophthalmology)

- Controlled medications should be managed according to the trust policy.

MIU

- Ensure the public in the area understand the remit and kind of service on offer via the MIU.

Please note the MUST's and SHOULD's can be found at the end of the report.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Urgent and emergency services

Rating

Good



Why have we given this rating?

We rated this service as good because:

- There were clearly defined and embedded systems to keep people safe.
- Staff were aware of their responsibilities to report incidents and had received feedback on these incidents. Learning from incidents had taken place. Improvements to safety were made and the resulting changes monitored.
- Patients had comprehensive assessments of their needs and were appropriately monitored. With the exception of reception staff, clinical staff demonstrated a very good understanding of the early identification of patients whose condition might deteriorate.
- Staff adhered to infection prevention and control practices, safe management of medicines and the secure management of patient records.
- Staff knew how to assess and respond to patient risks, including safeguarding.
- Staff had access to up to date guidance and protocols. Staff were supported through clinical supervision and they were aware of the consultant lead for the MIU.
- We saw a high standard of care and treatment delivered by competent, caring and compassionate staff.
- We particularly noted the social interactions, kindness and professional demeanour of a healthcare support worker working in the department. She took time to introduce herself, explain what was happening, what would happen next, and left “response time” for the patient or family to reply or to ask questions. This was in line with the Trust values of “Caring/Honest/Accountable and Supportive”.
- Feedback from patients, relatives and carers was mainly positive.
- Complaints were responded to and investigated in a timely manner.
- There was evidence of comprehensive learning from complaints and incidents, and this was widely disseminated in an internal newsletter.

Summary of findings

- Despite a local management-sharing arrangement, both managers had worked together to ensure departmental staff felt suitably informed and supported.
- Staff we spoke with were happy to work for the service, and felt enabled and valued by their local managers.

However:

- There was a lack of clarity in the local population around the scope of the department, and as a result it was not possible to ensure patients did not self-present with potentially life threatening illness, which would be more suitably treated elsewhere.
- We had concerns that reception staff were not fully aware of procedures for dealing with patients presenting with specific symptoms. In particular, patients who required rapid referral to the appropriate staff, for initial assessment and treatment.
- The location of the children's waiting area and ease of access to the front door increased the safety and security risks for children attending the service.
- The location of the area where patients give personal detail information at the reception desk meant that patients providing personal details and discussing their condition could be overheard by others.

Medical care (including older people's care)

Good



We rated this service as good because:

- We observed care to be good, especially on the stroke and elderly care wards and patients told us that the staff went the extra mile to look after them
- Staff could tell us about the duty of candour procedures and spoke about the importance of addressing issues in an open and transparent way
- The culture overall was a positive one with patient care a high priority for staff and they were proud to talk about the hospital
- Staff understood the incident reporting system and there was a good culture of reporting incidents
- We saw examples of staff treating patients with dignity and compassion, particularly those with dementia
- We saw good discharge process with a multi-disciplinary team involved in the process

Summary of findings

- There was a positive vision for the hospital, particularly around elderly care

However:

- Staffing was inconsistent across Solihull hospital. Some wards had actual staffing the same as planned levels, but others were short staffed and relied on bank or agency
- Some staff members said that Solihull hospital seemed less important to the board than the other sites.

Surgery

Good



We rated this service good overall;

- Procedures and systems were available to help keep patients safe. There was an open and honest culture, and the trust told people who used the service when something went wrong.
- Teamwork was strong on the surgical wards, but some staff told us communication between theatre and ward staff was lacking and required strengthening to ensure the service ran effectively and efficiently.
- Patient areas were visibly clean and equipment was checked to make sure it was safe for use; including the resuscitation trolley was checked regularly.
- Patient care and treatment was delivered in line with current evidence based guidance, standards, best practice and legislation.

However:

- Medication management required further input to ensure medicines were stored and checked effectively.
- Venous thromboembolism (VTE) assessment was inconsistent with uncertainty of who was responsible for carrying these out.
- During the unannounced visit, we saw that Ward 15 had issues with shortages of staff, which caused some delays in theatres. When we arrived for the announced inspection, staffing had improved.

Outpatients and diagnostic imaging

Good



Solihull Hospital

Detailed findings

Services we looked at

Urgent and emergency services; Medical care (including older people's care); Surgery; Outpatients and diagnostic imaging;

Detailed findings

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Background to Solihull Hospital

- There are 212 beds at this hospital at the time of our inspection.
- This trust is a Foundation Trust, this means they have the freedom to decide locally how to meet their obligations. They are accountable to local people, who can become members and governors. Also they are authorised and monitored by an independent regulators for NHS Improvement.
- At the time of the inspection the trust was starting the process to seek approval to merge with University Hospitals Birmingham Foundation Trust.
- The Hospital is based in the South East just outside of the city of Birmingham. We used the intelligence we held about the hospital to identify that we needed to inspect of the Emergency department (called the minor injuries unit (MIU) at this site), Medicine, Surgery, Critical care and Outpatients and diagnostic imaging. In relation to Critical Care we inspected this service as it had been rated good previously and wanted to see if it had improved further.
- We have inspected because we needed to be assured that the trust was on an improvement trajectory. Intelligence from the trust and nationally available reports along with information from the public, helped us to identify the services for which we had concerns.

Our inspection team

Our inspection team was led by:

Head of Hospital Inspections: Tim Cooper, Care Quality Commission

Inspection Manager: Donna Sammons, Care Quality Commission

The inspection team also consisted of 12 Acute Inspectors, 2 Medicines Inspectors and 2 Assistant Inspectors. We were also assisted by 21 specialist advisors.

Detailed findings

How we carried out this inspection

Heart of England NHS Foundation Trust (the trust) was inspected previously in December 2014 as part of an unannounced responsive inspection. The trust was in breach with regulators NHS Improvement,

and we had received intelligence which warranted our response and so we arranged an inspection. The inspection took place between 08 and 11 December 2014 and focussed on A&E, Medicine, Surgery, Maternity and Outpatients Departments on all three sites. The trust was rated as requiring improvement in December 2014.

Due to further undertakings by NHS Improvement in which an interim management team was appointed at the trust and in addition to intelligence gathered by the CQC, we undertook an unannounced inspection on 06 September 2016 which formed part of, and informed a short noticed focussed inspection which took place between 18 and 21 October 2016. The inspection covered medical care, surgery, urgent and emergency services and outpatient and diagnostic imaging services across the trust. We also inspected community services for adults, the Birmingham Chest Clinic, Castle Vale Renal Unit and Runcorn Road Renal unit.

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?

Before our inspection we reviewed a range of information we held about the trust and asked other organisations to share what they knew. These included Clinical Commissioning Groups, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges and the local Healthwatch.

As part of our inspection, we held focus groups and drop-in sessions with a range of staff in the trust including nurses, trainee doctors, consultants, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters. We also spoke with staff individually as requested.

We talked with patients and staff from ward areas and outpatients services. 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 would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at the trust.

Facts and data about Solihull Hospital

Facts and data about Solihull Hospital

The health of people in Birmingham and Solihull is worse than the England average. Deprivation is higher than average and about 29% (72,000) children live in poverty. Life expectancy for both men and women is lower than the England average.

The health of people in Solihull is better than the England average. Deprivation is lower than the England average and about 16% (6,000) children live in poverty. Life expectancy for both men and women is higher than the England average.

The trust's main CCG (Clinical Commissioning Group) is Birmingham Cross City for the acute hospital NHS Solihull for community services.

This trust has four main locations:

- Solihull Hospital
- Heartlands Hospital
- Good Hope Hospital
- The Birmingham Chest Clinic

Activity and patient throughput:

Detailed findings

For the 2015/16 year the trust had:

- 223,189 A&E attendances.
- 232,073 inpatient admissions.
- 2,482,230 outpatient appointments
- 60,525 surgical bed days.

The trust employed 9,120 staff.

Of this there were 3,057 nurses, 1,002 medical staff and 580 allied health professionals

The trust had a budgeted establishment of 10, 322 staff.

The financial position 2015/16

- Income £682.9m
- Underlying Deficit of £65.6m

- The trust predicts that it will have a surplus of £19,000 in 2016/17.

In addition to standard specialties at the trust, they also provide the following Specialist services at the Birmingham Chest Clinic:

- Allergy Services
- Chest X-Ray Service
- General Lung Disease
- Rapid Access for Suspected Lung Cancer
- Occupational Lung Disease
- Tuberculosis (TB)

Our ratings for this hospital





Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Good	Good	Good	Good
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Requires improvement	Good
Outpatients and diagnostic imaging	Good	Good	Good	Good	Requires improvement	Good
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Notes

We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients & Diagnostic Imaging.

Urgent and emergency services

Safe	Good	
Effective	Good	
Caring	Good	
Responsive	Good	
Well-led	Good	
Overall	Good	

Information about the service

Solihull Hospital is part of the Heart of England NHS Foundation Trust (HEFT), which is based in and around the city of Birmingham. Until 2014, an emergency department was located here, but this has recently undergone re-configuration to become classified as a walk-in Minor Injuries Unit (MIU), which is open 24 hours a day and seven days a week.

Medical and specialist nurse practitioner staff are on-site at all times, and anaesthetic staff are available on-site for paediatric emergencies. Ambulances do not bring emergency cases here, but to one of the other hospitals within the trust where they offer fully-functioning and commissioned Emergency Departments.

Patients with major trauma requirements, or very sick children, are appropriately diverted to the Emergency Departments by the ambulance service.

The Solihull MIU is intended to treat adults and children for minor injuries and illnesses, such as lacerations and suspected broken bones.

However, although the department does not accept direct ambulance transfers, the variety, scope and complexity of some patients self-presenting during the inspection suggests that this unit functions as an urgent care centre, rather than as a simple MIU. The local population may not have fully understood the difference in the facility now being offered, as some continue to present with clinically complex issues including head injuries, drug overdoses and chest pain. The trust should continue to provide the local population with further

robust clarity around the scope of the department, to ensure patients do not self-present with potentially life threatening illness, which would be more suitably-treated elsewhere.

This inspection took place as part of a larger Trust wide inspection, on 19 October 2016, and was undertaken by one member of the Commission staff and a specialist advisor.

During this inspection, we spoke with approximately 35 people, including patients, relatives and staff, and reviewed 9 sets of patient records and other care documents.

We also reviewed information from a wide variety of sources, before, during and after the inspection.

The MIU September 2015- August 2016 42,167 patients, and report a year-on- year rise in recent attendances.

Urgent and emergency services

Summary of findings

We rated this service as good because:

- There were clearly defined and embedded systems to keep people safe.
- Staff were aware of their responsibilities to report incidents and had received feedback on these incidents. Learning from incidents had taken place. Improvements to safety were made and the resulting changes monitored.
- Patients had comprehensive assessments of their needs and were appropriately monitored. With the exception of reception staff, clinical staff demonstrated a very good understanding of the early identification of patients whose condition might deteriorate.
- Staff adhered to infection prevention and control practices, safe management of medicines and the secure management of patient records.
- Staff knew how to assess and respond to patient risks, including safeguarding.
- Staff had access to up to date guidance and protocols. Staff were supported through clinical supervision and they were aware of the consultant lead for the MIU.
- We saw a high standard of care and treatment delivered by competent, caring and compassionate staff.
- We particularly noted the social interactions, kindness and professional demeanour of a healthcare support worker working in the department. She took time to introduce herself, explain what was happening, what would happen next, and left “response time” for the patient or family to reply or to ask questions. This was in line with the Trust values of “Caring/Honest/Accountable and Supportive.”
- Feedback from patients, relatives and carers was mainly positive.
- Complaints were responded to and investigated in a timely manner.
- There was evidence of comprehensive learning from complaints and incidents, and this was widely disseminated in an internal newsletter.

- Despite a local management-sharing arrangement, both managers had worked together to ensure departmental staff felt suitably informed and supported.
- Staff we spoke with were happy to work for the service, and felt enabled and valued by their local managers.

However:

- We had concerns that some reception staff were not fully aware of procedures for dealing with patients presenting with specific symptoms. In particular, patients who required rapid referral to the appropriate staff, for initial assessment and treatment.
- The location of the children’s waiting area and ease of access to the front door increased the safety and security risks for children attending the service.
- The location of the area where patients give personal detail information at the reception desk meant that patients providing personal details and discussing their condition could be overheard by others.

Urgent and emergency services

Are urgent and emergency services safe?

Good



By safe, we mean people are protected from abuse and avoidable harm.

We rated safe as good because:

- There were robust policies and procedures to promote safety, cleanliness, training, incident reporting and complaints management.
- There was evidence of comprehensive learning from clinical incidents, and this was widely disseminated in an internal newsletter.
- Knowledge of safeguarding principles and protocols, and the duty of candour, were well-understood.
- Staffing levels and skill mix were sufficient to meet or exceed patient needs.

However:

- We observed one patient presenting to the reception was not referred or flagged for immediate triage when presenting symptoms which suggested this was necessary.
- The location of the children's waiting area and ease of access to the front door increased the safety and security risks for children attending the service.
- The location of the area where patients give personal detail information at the reception desk meant that patients providing personal details and discussing their condition could be overheard by others.

Incidents

- There were robust policies and procedures to promote incident reporting and its further management.
- There was evidence of comprehensive learning from clinical incidents, and this was widely disseminated in an internal newsletter.
- The trust reported no never events for the MIU in the pre-inspection reporting period between December 2015 and September 2016. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

- Duty of Candour: From April 2015, NHS providers were required to comply with the Duty of Candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. Staff we spoke with had a comprehensive understanding of the requirements, but were not able to give us a recent example, due to this not being invoked within the department.

Cleanliness, infection control and hygiene

- The department was clean and uncluttered, and regular cleaning was undertaken by contracted staff working to an agreed schedule.
- We observed that, other than one occasion, staff washed their hands before, after, and in between contact with each patient.
- There was appropriate personal protective equipment available for staff to use such as gloves and disposable aprons, and staff used these as required.
- There were sufficient supplies of hand gel for staff, patients and visitors to use, and posters advised and encouraged the use of these.
- Clinical waste was managed safely. Sharps bins we saw were managed appropriately and labelled correctly.
- Children's toys were clean and suitable for the clinical environment.

Environment and equipment

- The department had an ambulance entrance for the adjacent Medical Admissions Unit, a reception area, sufficient appropriate seating, nine assessment and treatment cubicles, a minor operations theatre and a plastering room. It also had a separate children's waiting room, however, this was not well-located and children attending could be seen by adult patients in the other adjacent waiting area. Children could only access the area by walking through the main waiting area where adults may be unwell or behaving in an inappropriate manner. We noted one child run through the adult

Urgent and emergency services

waiting area and onto the ambulance apron outside before his parent could catch up with him. The automatic doors were not weight-responsive, so he was able to run outside when unsupervised.

- The reception desk afforded little privacy or dignity to patients giving personal details in front of a waiting area; this meant private and personal details could be overheard.
- There was a three-bedded resuscitation room accessible through swipe-access doors. One of these beds was designated as a paediatric-specific resuscitation area, and was equipped with age and stage appropriate equipment.
- Daily checks were made of the resuscitation room, beds and equipment. These checks were made by the acute medical unit staff, as it was these staff that attended any resuscitation procedure, in order to free up the MIU staff to continue to see their minor injury attendees.
- A departmental safety checklist was completed daily. This looked at the availability, cleanliness and condition of the cardiac arrest trolley, medications, medication fridge, controlled drugs, diabetic equipment, and IT equipment. If any item was missing, non-functioning or expired, it was escalated and replaced immediately, prior to sign off.
- Disposable equipment was stored appropriately and was found to be in date and suitable for use.
- Electronic testing took place as scheduled and carried date stickers for governance compliance.
- There were security staff on site, and the external doors were locked at 22:00. Patients could then access the department by use of an external buzzer. All staff had received conflict resolution training.

Medicines

- Controlled drugs were stored securely and appropriately within the resuscitation room. A review of the controlled drugs register found that medicines administered had been correctly completed and reconciled with the stock level. These checks were performed by staff from the acute medical assessment unit, but have been reported on here as relevant to the MIU report.
- Minimum and maximum temperature recordings of medicine refrigerators were carried out daily. They were within the expected range.
- Medicines stored in the department were spot checked and found to be in-date and stored securely.

- Patient allergies were recorded on all medicine charts we reviewed.

Records

- Data supplied by the trust stated that 99% of staff had completed information governance training. This was above the trust target of 85%.
- Records we reviewed were complete, mainly legible, signed and dated, and were available to staff that needed access to them.
- Some records were paper, and were filed; others were electronic and were password-protected.
- Risk assessments such as venous thrombo-embolism checks, vital signs recordings and physiological measurements such as electrocardiograms were stored, with easy access by staff

Safeguarding

- The department had achieved the trust wide safeguarding target (85%) of training appropriate staff to either level 2 or 3, dependent upon their role and responsibilities. Emergency Nurse Practitioners (ENPs) and the attending medical staff were trained to Level 3 for safeguarding of vulnerable adults and children.
- Staff had access to up to date trust wide policies via the intranet, and were fully cognisant of these. They were also supported by local safeguarding leads who they could refer to for advice and support.
- Female genital mutilation, and “radicalisation” posters were displayed on the unit and waiting room walls, and staff were aware of these specific responsibilities.
- There were also a variety of local area safeguarding documents on display, for example “Right service, right time” guidance for practitioners, published by Birmingham city council.
- A safeguarding conference across all three hospital sites was planned for November 2016; staff were aware of this, and were able to book places on it.
- When children booked into the department, their names were checked against a local safeguarding register.

Mandatory training

- The trust had a programme of mandatory training in place. This included corporate issues such as

Urgent and emergency services

information governance, and clinical training such as infection control and medicines management. The trust target for mandatory training was 85%, and the department had achieved this.

- Staff attended a wide variety of mandatory training, and records were available to demonstrate their attendance. Electronic reminders were sent to senior staff to ensure staff were encouraged and enabled to attend. Clinical and non-clinical staff attended specific subjects relevant to their roles and responsibilities, and all staff were given a comprehensive induction on joining the trust.

Assessing and responding to patient risk

- Patients arriving in the reception area had an initial verbal assessment to log their details onto the records system. At this point, some presenting symptoms may escalate the patients risk so that they were seen and triaged more quickly by an emergency nurse practitioner (ENP).
- Paediatric patients were usually directed straight through to the paediatric waiting area to await assessment.
- Patients were asked if they required painkillers on their arrival, and note made of the last time they had taken any prior to arrival.
- There were specific, clearly delineated patient pathways for specific presenting illnesses such as head injury, chest pain and suspected stroke. These patients did sometimes present to the MIU which emphasises that the local population appear to view it as a subsidiary and fully functioning emergency department (ED), despite the name change to MIU.
- Patients had observations recorded, and the department used national Modified Early Warning (MEWS) scores to continually update and inform the potential risk of a patient deteriorating.
- The National Early Warning System (MEWS) is a scoring system which enables staff to recognise and respond to an acute escalation of recordable observations which may indicate the onset of acute illness. Staff we spoke with understood the scoring system, the escalation actions to take at specific trigger points, and were able to discuss the red flag system for highlighting the potential onset of sepsis. The paediatric equivalent (PEWS) was also used.
- Where high MEWS/PEWS scores indicated the possibility of sepsis, a clear protocol denoted exactly the actions to be taken within a tight timeframe. Reminder checklists

were by every bedside in the Resuscitation area, and staff referred to these as the “FABULOS” records. This acronym indicated the specific actions to be taken if this emergency situation was suspected.

Nursing staffing

- The MIU was staffed by ENPs and healthcare assistants (HCA's)
- On an early shift, there were 2-3 ENP's plus a HCA with extended skills. At 11:00 another ENP came on duty. The late shift started at 13:30 and had 2-3 ENP's and a HCA. A twilight nurse worked from 13:30-midnight or 15:30-03:00. On night duty, there was one ENP and one HCA.
- At the time of inspection there was one Registered Sick Children's Nurse employed with one vacancy available for the role. Staff were not aware as to whether the vacant post would be recruited to.
- During handovers, and at shift changes, patients' needs were addressed by a circulating healthcare assistant.
- Internal bank staff were used to address any shift vacancies: these were staff who usually worked within the MIU but were working extra hours. Agency nurses were not used in the department.
- There were sufficient nursing staff to care for patients and also to release staff for regular training.

Medical staffing

- There were General Practitioners in the department all day until 22:00: these doctors had additional training relevant to the needs of the department.
- Consultant cover was provided by one of the other Emergency Departments on a rotational basis.
- The middle grade doctor on duty from 20:00-08:00 was sometimes a locum; where this was the case, the same agency was used to ensure that the doctor on duty was sufficiently skilled and trained to provide an appropriate level of service.
- All medical staff had Advanced Life Support training, and Paediatric Immediate Life support training.
- At the time of inspection medical staff had not completed advanced paediatric life support training (APLS) which meant they called for anaesthetic support in the event of a paediatric emergency.
- Within the footprint of the MIU was an out of hours GP service which was open from 7-10pm. This did not work as part of the MIU, although there are GP's within the same working area.

Urgent and emergency services

Major incident awareness and training

- The MIU is the receiving unit in the event of a major accident in Solihull. It would also be the transfer unit for reception of patients in the event of a major incident at one of the larger hospitals within the trust.
- There was a major incident cupboard, which contained all equipment and paperwork to support staff in that event, and staff were updated with appropriate scenario type training.

Are urgent and emergency services effective?

(for example, treatment is effective)

Good



We rated effective as good because:

- Care provided in the MIU was based on national best practice guidelines. Clinical audit was being undertaken in conjunction with the Emergency Departments within the trust, and there was participation in national audit.
- Staff had access to specialist training and competency based assessments.
- Staff had access to up to date guidance and protocols.
- Staff were supported through clinical supervision and they were aware of the consultant lead for the MIU.
- Once triaged, there were effective arrangements for ensuring patients received timely pain relief, and appropriate review of its efficacy.
- Staff had timely access to patient information.
- Staff had understanding of the Mental Capacity Act 2005, and its application to their area of work. Formal and informal consent was obtained, along with evidence of best interest decision making processes taking place.

Evidence-based care and treatment

- Care and treatment was delivered in line with National Institute of Health and Care Excellence (NICE) quality standards. The Modified Early Warning System (MEWS) was used to record observations and provide the appropriate and timely level of response required. This was in line with NICE Guidance on the acutely ill adults in hospital: “recognising and responding to deterioration”.

- Red flag sepsis posters were noted throughout the department, and at the bedsides in the Resuscitation area. These were displayed next to information about NEWS and MEWS scores, and with specific “deteriorating patient pathways” posters.
- Where stroke was suspected, this gave rise to a medical referral to the onsite medical team and assessment for follow up and potentially transfer, dependent upon the treatment pathway

Pain relief

- Patients were asked by reception staff if they required, or had taken, any painkillers.
- Once triaged, there were effective arrangements for ensuring patients received timely pain relief. There was clear evidence that the effectiveness of this was checked and recorded in patient notes.
- Whilst in MIU, a standardised pain assessment tool was used to assess patients pain requirements .

Nutrition and hydration

- Patients had ready access to drinking water during their brief stay in the MIU.

Patient outcomes

- The MIU participated in some national audit programmes as part of the trust audit submission. For example, the Royal College of Emergency Medicine audits of VTE risk in lower limb immobilisation in a plaster cast, the vital signs audit in children and the “Style” follow up audit of paracetamol overdose.
- However, the trust did not provide any analysis of the results by site and there was no separate action plan for the MIU.
- The trust provided some documentation, which demonstrated improvements required as a result of audit activity. They were not identified by site.
- Local Quality Improvement Projects from the 2015/2016 Quality Champion Programme included:
 - Improving patients pain management in the Emergency Department
 - Improving recognition of Sepsis in ED
 - Improve TB diagnosis in patients presenting through ED & AMU
- Unplanned seven-day re-attendance rate from October 2015- September 2016 6.8%, which was the same as the other two acute sites.

Urgent and emergency services

- Average time for initial assessment was audited and demonstrated improvement over time. The documents from the trust showed that 2016/ 2017 was 22 minutes which was a year on year improvement from 2013/ 2014 at 31 minutes.
- Average time for patients to be seen by a clinician from November 2015 – October 2016 was 69 minutes.

Competent staff

- Staff had access to specialist role-specific training and competency based assessments. All staff had training in basic life support (adults) and Paediatric Immediate Life Support. We were told the reason ENP staff (other than the ENP lead who is ALS competent) did not have ALS training was because adults patients requiring resuscitation were cared for by the medical assessment unit nurses, within the resuscitation room. Medical staff had not completed advanced paediatric life support at the time of the inspection and would call for anaesthetist support in the rare event it was needed.
- Staff told us there were development opportunities within and across the trust, and competency frameworks were in place to improve and assess clinical skills. There was access to local ENP courses with all staff encouraged to attend for career progression. Nursing staff also were offered minor illness as well as minor injury qualifications. Many ENP's were also specialist nurse prescribers.
- The department had strong links with a local university providing ENP training; this was of five months duration, followed by a period of supervised practice
- Some of the departmental ENP's were released from duty to teach on the ENP course, and all new staff spent time undergoing lengthy and structured supervised practice.
- Nursing staff underwent regular clinical and management supervision. All staff had undertaken annual appraisal.
- Where and when required, nursing staff were supported to construct new evidence portfolios for their professional re-validation period.

Multidisciplinary working

- Staff in MIU told us there were effective systems and excellent relationships between multidisciplinary teams.

- A wide range of professionals including physiotherapists, occupational therapists and pharmacists worked within the adjacent AMU, and would visit a patient in MIU if requested or required.
- Physiotherapists and occupational therapists were part of a team that attended MIU to assess patients with a view to preventing unnecessary hospital admission.

Seven-day services

- The department was open and staffed 24 hours a day, seven days a week.
- An ED Consultant was available, either on site or on call from another ED 24 hours a day.
- Departmental medical staff were available seven days a week 24 hours a day.
- Patients presenting with mental health requirements were assessed and reviewed by a rapid assessment team. This team was on site between the hours of 8-8 and were on-call overnight.
- A pharmacist was on site between Monday and Friday. The hospital pharmacy was open seven days, and there was an on call pharmacist if required.

Access to information

- Staff had timely access to patient information. Computer terminals gave password protected access to patient results, including blood results, radiography results and electronic prescribing records.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training was part of the trusts mandatory staff training requirement.
- We observed verbal consent was always requested and obtained prior to any care or treatment interventions.
- Staff were able to discuss the legal requirements of the Mental Capacity Act 2005 and the deprivation of liberty safeguards (DOLS).
- There was evidence of best interest decision making processes taking place.

Urgent and emergency services

Are urgent and emergency services caring?

Good 

We rated caring as good because:

- We saw a high standard of care and treatment delivered by competent, caring and compassionate staff.
- We particularly noted the social interactions, kindness and professional demeanour of a healthcare support worker working in the department. She took time to introduce herself, explain what was happening, what would happen next, and left “response time” for the patient or family to reply or to ask questions. This was in line with the Trust values of “Caring/Honest/Accountable and Supportive”
- Staff were polite and helpful, asking open ended questions to encourage a flow of information intended to reassure.

Compassionate care

- We saw a high standard of care and treatment delivered by competent, helpful, caring and compassionate staff.
- Staff, although busy, took time to comfort and reassure children, anxious adults and worried parents, family and friends.
- Friends and Family test results: The Friends and Family Emergency Questionnaire 2016 cards were given to patients in the MIU, and were also available throughout the department. These asked for specific comments around the experience they had had, what could make it better, and “Did you have confidence in the doctors and nurses examining and treating you?.” Patients told us they completed these, and we observed this.

Understanding and involvement of patients and those close to them

- Patients and relatives we spoke with confirmed they had been given treatment options, and time to discuss these and come to agreement about the best way forward.
- Patients told us they had been able to voice their own opinions, and felt they had been listened to.

Emotional support

- We heard staff support patients and their families by providing personalised and helpful conversations. This included pertinent information such as: did the patient understand the new medications, did they know what side effects to look out for at home.
- All staff conversations we heard ensured that patients were enabled to ask questions, and were reassured they could phone the department with further queries once they were home.
- We particularly noted the social interactions, kindness and professional demeanour of a healthcare assistant working in the department. She took time to introduce herself, explain what was happening, what would happen next, and left “response time” for the patient or family to reply or to ask questions. This was in line with the Trust values of “Caring/Honest/Accountable and Supportive”

Are urgent and emergency services responsive to people’s needs? (for example, to feedback?)

Good 

We rated responsive as good because:

- Staff were aware and responsive to the needs and requirements of patients presenting with complex and specific needs, particularly those with learning difficulty, dementia or challenging behaviour. Patients with higher needs were usually prioritised and seen as soon as possible.
- The department undertook a monthly patient survey and results were provided to staff. This included comments, congratulations and complaints (of which there were very few).
- A translation/interpreter service was available on the Solihull Hospital site, and this was accessible to staff and patients in MIU when necessary.
- Complaints were investigated and responded to in a timely manner.

However:

Urgent and emergency services

- There was a lack of clarity in the local population around the scope of the department, and as a result it was not possible to ensure patients did not self-present with potentially life threatening illness, which would be more suitably treated elsewhere.
- Patient flow sometimes provided some challenge within a relatively small department because of the complexity of some of the patients.

Service planning and delivery to meet the needs of local people

- Solihull MIU provides a local facility for patients to attend a 24 hour service with minor illness or injury.
- There was local parking and it was on local bus routes to facilitate the general public to attend.
- We noted the hospital signage near the site is a red sign which indicates there was a fully functioning ED on site. This has caused some local confusion.
- The trust had an active volunteer service to support patients in the unit.

Meeting people's individual needs

- There are translation services available at the Solihull hospital.
- Patients with higher or more specialised or complex needs, such as those with learning disabilities, or dementia, were described as “flagged quickly and seen as soon as possible”.
- There was a mental health study day scheduled for late October, to which staff were encouraged to attend.

Access and flow

- There were clear and highly specific patient access pathways for a variety of presenting conditions, such as atraumatic chest pain, overdose, headache, falls, and abdominal pain.
- There were decision pathways for patients attending who may require referral to the AMU; this could be for, for example, acute onset of chest pain, clinical presentation of stroke or other condition requiring further monitoring or inpatient admission.
- Anyone presenting to MIU with a medical condition was directed to AMU next door, and were always accepted there if they had a GP referral letter.
- Patient flow could provide some challenge within a relatively small department because of the complexity of some of the patients. For example, if patients

required x ray or plastering of a broken limb, the geography of the department meant that the some patients might have to wait for treatment while they had their care needs addressed.

- Some four-hour breaches occurred. Records from the trust demonstrated that from October 2015 to September 2016 the breaches averaged 48 per month. The highest number was 73 (Jan 2016) and the lowest was 23 (July 2016). This was a very low proportion of overall attendances.
- There were no 12 hour trolley breaches at this site for the same time period.
- The trust's performance data did not include any measurement of the number of patients who left the department without being seen.

Learning from complaints and concerns

- Complaints were responded to and investigated in a timely manner.
- Although there were very few complaints, there was evidence of a trust wide and departmental strategy of comprehensive learning from complaints and incidents, and this was widely disseminated in a comprehensive internal newsletter.

Are urgent and emergency services well-led?

Good



We rated well-led as good because:

- Staff clearly articulated the vision and culture of their department, and that of their trust.
- They described the values, what they meant in everyday practice, and how the departmental aim was to provide an excellent and safe minor injuries service 24 hours a day to its local community.
- Despite a local management-sharing arrangement, both managers had worked together to ensure departmental staff felt suitably informed and supported.
- Staff we spoke with were happy to work for the service, and felt enabled and valued by their local managers.

Leadership of service

- There were two managers for this MIU; one of them was the Medical Matron who also covered the adjoining

Urgent and emergency services

acute medical unit. She commenced in this post in May 2016 as part of the local restructuring, and carried the managerial responsibilities for the unit. The other clinical lead/manager was the lead ENP who was responsible for the clinical management of ENP's throughout the trust.

- There was clarity around the distinct roles and differing responsibilities, and the two managers worked closely together to provide stability during the period of re-structuring.
- However, the previous management structure enabled the department to obtain feedback through the hospital feedback system and they felt part of the wider hospital, however since the move to the divisional structure, it was felt there was a lack of focus on the MIU.

Vision and strategy for this service

- Staff clearly articulated the vision and culture of their department, and that of their trust.
- The staff fully recognised the challenges the local population had experienced before the re organisation which saw the department now established as a minor injuries unit.
- The departmental vision was to provide an excellent and safe minor injuries service 24 hours a day to its local community.

Governance, risk management and quality measurement

- Managers told us they provided information for the overarching ED monthly divisional reports: these provide detail of divisional performance across a variety of parameters including safety, patient feedback and complaint strategy.
- We reviewed a copy of a performance report and saw there was some consideration of issues within the MIU but the main focus was on the A&E departments in the other hospitals in the trust.

- Risks were identified and the monthly divisional report also clearly identified any ongoing tasks from the risk register to ensure they were reviewed.
- The performance of MIU was cascaded to staff through meetings and emails.
- The quality of ED and MIU performance was regularly monitored by the use of audit activity.

Culture within the service

- Despite a complex local management-sharing arrangement, both managers had worked together to ensure departmental staff felt suitably informed and supported throughout a period of significant change.
- They described the values and what they meant in everyday practice.
- Staff we spoke with were happy to work for the service, and felt empowered and valued by their local managers.

Public engagement

- Feedback was sought from all patients being treated within the department on their perception of the care and treatment they had received.
- Within the department, there were multiple copies of a free trust newspaper with health articles of local interest.


Staff engagement

- Communication was cascaded from the other ED management teams to the LIU leads and through to the MIU staff.
- Action form information was available also through team meetings, email accounts and internal newsletters.

Innovation, improvement and sustainability

- "RISKY BUSINESS" is an internal newsletter from one of the ED consultants; this was seen as a worthwhile, hugely supportive learning tool for staff. It describes good practice, learning from less good episodes of care, and thank you's to staff for the work they perform.

Medical care (including older people's care)

Safe	Good	
Effective	Good	
Caring	Good	
Responsive	Good	
Well-led	Good	
Overall	Good	

Information about the service

We carried out an unannounced visit at Solihull Hospital on 6 September 2016 and then visited as part of our announced Heart of England Foundation Trust inspection on 19th October 2016.

The trust was divided into 5 divisions across three sites, Solihull, Heartlands and Good Hope hospitals.

Medical services were governed predominantly within division four. There are 801 Medical inpatient beds and six day-case beds, located across 32 wards across division four. This included seven wards across the Solihull site.

During the visit, we considered the full environment including the facilities available to patients and staff along with staffing levels to provide a safe service.

We looked at the seven wards that provided medical care across the Solihull site.

We spoke with six family members, 11 patients, and 22 members of staff at different grades, as well as observing the daily routines of the hospital.

We received comments from people who contacted us to tell us about their experience, and we reviewed performance information about the trust.

Summary of findings

We rated this service as good because:

- We observed care to be good, especially on the stroke and elderly care wards and patients told us that the staff went the extra mile to look after them.
- Staff could tell us about the duty of candour procedures and spoke about the importance of addressing issues in an open and transparent way.
- The culture overall was a positive one with patient care a high priority for staff and they are proud to talk about the hospital.
- Staff understood the incident reporting system and there was a good culture of reporting incidents.
- We saw examples of staff treating patients with dignity and compassion, particularly those with dementia.
- We saw good discharge process with a multi-disciplinary team involved in the process.
- There was a positive vision for the hospital, particularly around elderly care.

However:

- Staffing was inconsistent across Solihull hospital. Some wards had actual staffing the same as planned levels, but others were short staffed and relied on bank or agency.

Medical care (including older people's care)

- Some staff members said that Solihull hospital seemed less important to the board than Heartlands or Good Hope.

Are medical care services safe?

Good



We rated safe as good because:

- Staff understood the incident reporting system and there was a good culture of reporting incidents
- There were no never events reported in this service between January and October 2016
- We saw that staff were using hand gel on entering and leaving the ward areas and they washed their hands before and after ward rounds and before dealing with patients
- Patient documentation was clearly written, concise and appropriately signed and dated
- Inspectors observed three separate JONAH board meetings to discuss patients. They were well attended and included every discipline involved with patient care. These were excellent meetings where all aspects of patient care were discussed including a discharge plan

Incidents

- All incidents were reported on an electronic system and staff confidently demonstrated the process for reporting.
- Staff understood the incident reporting system and there was a good culture of reporting incidents. They could provide us with examples of when they had reported incidents and understood what constituted an incident.
- We saw a demonstration of the electronic reporting system, it showed an incident that had been completed and then how lessons learned can be fed back to staff. The nurse in charge had good knowledge of the process.
- Staff used staff meetings and safety huddles to share any learning from incidents and identify any issues. These were also shared in staff rooms and on notice boards.
- There were no never events reported in this service between January and October 2016. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how

Medical care (including older people's care)

to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

- Staff could tell us about the duty of candour procedures and spoke about the importance of addressing issues in an open and transparent way. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- We saw an example of how duty of candour had been applied to a recent incident and how it was recorded.
- Between 1st August 2015 and 31st July 2016 Heart of England NHS Foundation Trust reported no incidents which were classified as never events for medical care. During the same period, there were 71 serious incidents (SI's) reported in medical care.
- Data from the Patient Safety Thermometer showed that the trust reported a prevalence rate for Medicine of 132 pressure ulcers, 41 falls with harm and 35 catheter urinary tract infections between July 2015 and August 2016
- We saw minutes from staff meetings where lessons from incidents were discussed. Staff received feedback on incidents and lessons learned at the team meetings and displayed on a safety matters bulletin.
- The service held quarterly mortality and morbidity meetings which were well attended by senior medical staff. Minutes from the meeting held in May 2015 showed that the staff discussed cases.

Safety thermometer

- The NHS Safety Thermometer is a national improvement tool for measuring, monitoring and analysing patient harm and harm free care. It looks at risks such as falls, venous thrombolysis (blood clots), pressure ulcers and catheter related urinary tract infections.
- Not all areas displayed the safety thermometer and on some that were displayed, the data was out of date by three months showing, July data.

Cleanliness, infection control and hygiene

- We saw that staff were using hand gel on entering and leaving the ward areas and they washed their hands before and after ward rounds and before dealing with patients.
- Infection prevention and control (IPC) audits had been completed regularly and were displayed or available for staff to see.
- Staff used side rooms as isolation areas for patients that had been identified as an increased infection control risk, for example, patients with methicillin-resistant staphylococcus aureus (MRSA).
- We saw on two occasions that staff had entered a side room without aprons or washing their hands.
- All wards had antibacterial gel dispensers at the entrances and appropriate signs, regarding hand washing for staff and visitors.
- Wards used stickers to inform colleagues that equipment or furniture had been cleaned and was ready for use, but we found two that had not been fully completed.
- Personal protective equipment (PPE) such as aprons and gloves were readily available and in use where appropriate.
- Information supplied to us by the trust showed that compliance with infection prevention and control training for nursing staff was over 90%, which was above the trust target of 85% but for medical and dentistry staff the level was above 80% but below the 85% target.

Environment and equipment

- Resuscitation equipment that we saw had been checked daily and was in a clean state with labels up to date.
- Staff told us they were able to access equipment such as pressure relieving mattresses both in and out of hours, without difficulty. We saw sharps bins and other waste receptacles correctly used and removed when full.
- We saw cleaning schedules displayed with signatures and dates showing that they were complied with.

Medicines

- The medication management system was electronic and the process was easy to follow by staff. There was an issue for some agency staff not being able to access the system.
- Medicines requiring cool storage were appropriately stored in fridges. Daily temperature checklists were completed on the wards we visited.

Medical care (including older people's care)

- We observed staff administering medicines safely and they checked against the medicines administration record to identify the patient.
- The pharmacy department was open seven days a week with clinical pharmacists and technicians working on the wards during the week (Monday to Friday).
- An out of hour's cupboard containing medicines that may be required in an emergency was provided and medicines or advice could be obtained through the on-call pharmacist service.
- Pharmacist support was available on all of the wards we visited. They checked patient medication daily and assisted in medication reviews.
- We saw that controlled drugs were appropriately stored with access restricted to authorised staff and accurate records were maintained. Staff performed daily balance checks in line with the trust policy.
- There was a system in place to ensure that doses of drugs were not missed or delayed. The nurse in charge carried an electronic bleep that activated if any of these medicines had not been given.

Records

- Patient documentation was clearly written, concise and appropriately signed and dated. Some notes were stored electronically and managed appropriately.
- In some areas agency staff could not access the electronic nursing notes.
- It was not possible for all agency or bank nurses to use the electronic system. This meant that some nurses were relied on to assist others in recording information for patients.
- Information governance training was included as part of the trust's mandatory training programme and the trust compliance target was 85%. Information supplied by the trust showed this service was overall 90% compliant with nursing staff at 99%.
- We saw on ward 19 that some patient notes were left on the nurse's station amongst several other documents. This area was untidy and there was a potential for confusion when locating notes or patient information.

Safeguarding

- Staff that we spoke with had knowledge of safeguarding procedures and how to escalate issues.
- Staff had access to safeguarding policies online and they could demonstrate how to access and use them.

- Safeguarding training was included in induction training for all temporary staff before commencing work on the wards and as part of the mandatory training programme for regular staff.
- Safeguarding training for adults and children was set at 85% compliance for both level one and level two. The actual training for nursing staff in level one was 98% and 96.5% in level two. Level three children's safeguarding training was 100% compliant for nursing staff.
- There was a named lead for safeguarding for both adults and children. Staff told us that they were easily accessible for information and support.

Mandatory training

- Staff told us that they had completed mandatory training and they demonstrated good knowledge of the process. We saw that the ward manager had records of staff training.
- Some wards had the training matrix displayed and mandatory training dates were planned for staff to attend.
- The trust target for mandatory training compliance was 85%. Data provided by the trust showed that overall training compliance in this service was consistently over 90%.
- Nursing staff across the trust achieved over 85% compliance in all areas of mandatory training with the exception of waste management at 80% and blood transfusion (obtaining) at 60%.
- Out of the 19 mandatory training modules for nursing and midwifery staff, seven modules were higher than the 85% target at 100% completion.

Assessing and responding to patient risk

- We observed a consultant led ward round that was multi-disciplinary and allowed everyone to ask questions and share information.
- Inspectors observed three separate JONAH board meetings to discuss patients. They were well attended and included every discipline involved with patient care. These were excellent meetings where all aspects of patient care were discussed including a discharge plan.
- Staff carried out risk assessments upon admission to identify patients at risk of harm and developed care plans to ensure they received the right level of care. The risk assessments included falls, use of bed rails, pressure ulcer and nutrition using malnutrition universal screening tool (MUST).

Medical care (including older people's care)

- The trust had adopted a modified early warning assessment tool (MEWS). This was in use across the service. We looked at four charts and found they had been completed fully and staff were able to explain the process.
- Staffing was inconsistent across Solihull hospital. Some wards had actual staffing the same as planned levels, but others were short of staff and relied on bank or agency.

Nursing staffing

- Solihull hospital had 158.54 whole time equivalent (WTE) staff in post against 182.95 (WTE) at August 2016.
- Staffing levels varied between wards and one ward only had 10 whole time equivalent staff in post against the 20 planned.
- On one ward there had been a bay closed due to low staffing levels.
- All seven wards at Solihull hospital displayed the planned and actual staffing levels for all to see.
- Information supplied to us by the trust showed that the planned number of qualified nurses on both day and night duty was less than 100% in August 2015. At the time of inspection, these levels had improved and the trust had actively sought to fill vacancies across all three-hospital sites.
- We saw good hand overs on several wards that used new documentation to share patient information. Ward manager had designed the safety huddle brief to be easier for staff to follow and share patient information.
- Ward 20A had staffing levels clearly displayed and had the correct levels along with the right skill mix.

Medical staffing

- The trust as a whole reported a vacancy rate of 15.6% across all medical care. Solihull hospital had 8 WTE staff in post against a planned level of 8 WTE.
- The sickness rates amongst medical staff were recorded as 0.45% across the medical services in the whole of the trust.
- There were sufficient numbers of medical staff available on the wards we visited. Staff told us that there was consultant cover every day and at the weekends.
- Consultant led ward rounds were available every day, including the weekend.

Major incident awareness and training

- Senior staff members had a good knowledge of major incident contingencies and told us that they had received awareness training.
- We saw a trust wide major incident plan in place, to guide staff of all levels and this was available in several areas.

Are medical care services effective?

Good



We rated effective as good because:

- Length of stay was lower than the England average in most specialties.
- Staff were involved in several multi-disciplinary meetings to discuss the care for patients. We saw regular electronic patient board (JONAH board) meetings that included medics, nurses and therapists.
- We saw verbal consent obtained by staff before attending to patient needs and good communication between nurses and patients
- The daily ward rounds were consultant led and occurred seven days a week.
- National audits undertaken demonstrated that the trust performed better than the England average, for three of the five reported here.

However:

- There was national outcome audits undertaken, however some staff were not sufficiently sighted on the results to drive improvements.

Evidence-based care and treatment

- Staff could talk about and demonstrate local policies and they were available both in folders and on the intranet.
- Clinical policies and procedures were based on best practice guidance and in line with recommendations from national bodies including the National Institute for Health and Care Excellence (NICE).
- The Modified Early Warning System (MEWS) was used on the wards we visited. This system records observations and helps staff gauge level of care required for individual patients.

Pain relief

Medical care (including older people's care)

- We saw evidence of a robust pain management policy and pain scores were monitored and responded to well. Patients told us that they could get pain relief upon request.
- Patients told us that they were asked about their pain regularly. Staff supported them and pain was managed on an individual basis.
- Patients were able to describe their pain using a scale of one to ten to help communicate to nurses and determine the level and pain relief required.

Nutrition and hydration

- One patient told us that they could only eat soup and that staff had purchased a specific brand to suit his needs.
- We observed meal times on wards 8, 19 and 20A and saw that there was a varied menu available to patients. Patients told us that the food was good.
- We saw hot and cold drinks offered to patients regularly. They were available on patient request.
- Nurses were trained to complete swallowing assessments for patients on the stroke rehabilitation ward.
- Protected meal times were used to allow patients time to eat without being disturbed by either staff or visitors.

Patient outcomes

- We noted that staff were not sufficiently sighted on patient outcomes. This meant they did not have all the information to drive improvements or to know if their interventions were successful.
- The Sentinel Stroke National Audit programme (SSNAP) is a programme of work that aims to improve the quality of stroke care by auditing stroke services against evidence-based standards. The Trust as a whole achieved a grade C on a scale of A to E, where A is the best result. This is equivalent to the national average.
- Minutes from the divisional performance review in September 2016, indicated that aspects of care with the lowest levels of performance in the SSNAP for the hospital in relation to the standards were improving. For example, percentage of days as an inpatient when physiotherapy, occupational therapy or speech and language therapy was received. This indicated the trust was monitoring their performance and taking steps to improve.
- In the national Heart Failure Audit (2015) the hospital scored better than the England and Wales average for all

four aspects of in-hospital care. The results were better than the England and Wales average for four of the seven standards relating to discharge and worse than the England and Wales average for two standards relating to discharge, the lowest score related to number of patients with a referral to cardiology for follow-up.

- The hospital scored better than the England average in the Myocardial Ischemia National Audit Project (MINAP) 2013/2014.
- Between 1st March 2015 and the 29th February 2016 medical patients at Solihull hospital had a higher expected risk of readmission for non-elective admissions in rheumatology and general medicine and elective admissions in cardiology.
- The average length of stay for medical services overall at Solihull hospital was lower than the England average for elective and non-elective admissions. The specialties in which length of stay was higher than the England average were rheumatology and cardiology.

Competent staff

- Staff told us that they had received their appraisals. The ward manager documented this in a folder and displayed dates of completion on notice boards.
- There was a preceptorship programme in place to support junior nursing staff.
- There was an induction pack for student nurses and new nurses working on the ward. The induction pack included information on topics such as health and safety, professional values, communication and infection control.

Multidisciplinary working

- Staff were involved in several multi-disciplinary meetings to discuss the care for patients. We saw regular electronic patient board (JONAH board) meetings that included medics, nurses and therapists.
- Discharge procedures were robust and included the staff involved with the patients care as an in-patient.
- On some wards, there was a difficulty in arranging a timely discharge, particularly when a social care input was required. Multi-disciplinary team meetings, involving a discharge coordinator, were held daily to improve this.
- We saw a good relationship between consultant, nurse and patient and communication between them was appropriate and clear.

Medical care (including older people's care)

- Staff were proud of the multi-disciplinary team (MDT) working. One doctor said that all staff were supportive and communication was good.

Seven-day services

- The daily ward rounds were consultant led and occurred seven days a week. We observed several ward rounds and they were well organised and included staff that were involved in the patients care.
- Pharmacists covered the wards between Monday and Friday. The pharmacy was open over seven days and there was an on call pharmacist for support and information.

Access to information

- Staff had access to the information they needed to deliver effective care and treatment to patients. There was good access to test results, risk assessment and nursing records, although one member of staff told us that the electronic systems were in need of updating.
- There were computers available on the wards we visited that gave access to patient and trust information. Policies, protocols and procedures were kept on the trust's intranet to allow staff to access to them when required.
- Information about the ward and staff issues were displayed clearly in the manager's office. Staff could see key performance indicators, Mandatory training levels, staff sickness levels and appraisal information.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff had a good understanding of deprivation of liberty standards (DoLS) and mental capacity act (MCA) when asked. They were able to show documentation regarding patients that this effected.
- Information about the Mental Capacity Act (2005) and deprivation of liberty standards (DoLS) was available to staff within the ward areas.
- We saw verbal consent obtained by staff before attending to patient needs and good communication between nurses and patients.

Are medical care services caring?

Good



We rated caring as good because:

- We observed care to be good, especially on the stroke and elderly care wards.
- Patients told us that the staff went the extra mile to look after them.
- Families told us that they were happy to leave their loved ones in the care of staff at Solihull and that it was known locally to be a good hospital.
- We saw examples of staff treating patients with dignity and compassion, particularly those with dementia.

Compassionate care

- We saw a nurse caring for an elderly patient with compassion and understanding of their individual needs. The communication was very good and they talked whilst the nurse helped the patient to wash.
- Patients told us that the care they had received was very good and made comments like "The staff are lovely" and the treatment was "Second to none".
- Overall, for the trust, the Friends and Family Test response rate for medical care was 36%, which is higher than the national average.
- Patients we spoke to were very happy with the care they had received and they had felt involved with their care and treatment.
- We spoke to family members that praised the staff for being caring and supportive of the patient and relatives.
- We saw many cards and letters thanking staff for their care and support. They mentioned the good care, respect and kindness shown by the staff and were displayed for all staff and visitors to see.

Understanding and involvement of patients and those close to them

- Patients said that they were involved in their care and were aware of the discharge plans in place. Two patients could explain elements of their care plan when asked.
- Patients said that they felt safe on the wards and said staff had given them information about the ward area on admission.

Medical care (including older people's care)

- Family members said that staff kept them informed about their relatives and patients told us that they had received good information about their care and treatment.
- We saw notice boards for patients and carers displaying information about different support and care available from partner agencies and charities.

Emotional support

- Care on ward 8 was consistently good. We saw examples of staff treating patients with dignity and compassion, particularly those with dementia.
- We saw two nurses, on different wards talking in a calm manner and demonstrating good communication skills with distressed patients
- Chaplaincy services were available for patients and relatives, if required and there was a multi-faith prayer room at the hospital.

Are medical care services responsive?

Good 

We rated responsive as good because:

- We saw good discharge process with a multi-disciplinary team involved in the process
- Staff confirmed they knew how to access translation services and interpreters to support patients whose first language was not English
- We observed family members being encouraged to get involved with a patients care and having the opportunity to discuss the needs of the patient with staff

However:

- Staff told us that delays sometimes occurred in discharging patients due to take home medications, but the main issues were around obtaining packages of care with local services.

Service planning and delivery to meet the needs of local people

- Some patients told us that they had to be transferred to either Heartlands or Good Hope hospitals during their stay and that they were not sure of the reasons.
- Patients were transferred to Solihull hospital from Heartlands or Good Hope for specific stroke rehabilitation.

- The trust told us that approximately one in four patients admitted to the trust were diabetics. The directorate were therefore taking a collaborative approach with all acute services to improving inpatient diabetic care. A business case was being prepared for this and they were working with the Solihull Primary Care Service. They told us a pilot project was starting to show improvements in HbA1c (a factor which indicates good control of the person's diabetes) as well as access to hard to reach groups.

Access and flow

- We saw good discharge process with a multi-disciplinary team involved in the process. Links to GP's and social services were good especially on the stroke rehabilitation ward (ward 8).
- Daily multi-disciplinary team discharge meetings took place on every ward. Staff used electronic patient board (JONAH board) for early identification of patients ready for discharge.
- We saw one patient awaiting a transfer to another trust, but due to discharge difficulties, was waiting in an acute hospital bed, meaning that the bed could not be used for another patient.
- Staff told us that delays sometimes occurred in discharging patients due to take home medications, but the main issues were around obtaining packages of care with local services.
- Between July 2015 and June 2016 the trust's referral to treatment time (RTT) for admitted pathways for Medical services has been worse than the England overall performance. The latest figures for July 2016 showed 92.1% of this group of patients were treated within 18 weeks.

Meeting people's individual needs

- We observed family members being encouraged to get involved with a patients care and having the opportunity to discuss the needs of the patient with staff.
- Staff talked to patients and families in a way that they could understand the situation without the use of confusing terms or jargon.
- Staff noted specific cultural and religious beliefs in patient notes and nurses were aware of each patient's needs.
- Dementia specialist nurses visited the elderly care wards daily and access to them at other times was good.

Medical care (including older people's care)

- The chapel and multi-faith area was accessible to all patients and was visibly clean and well equipped to meet the needs of all people.
- There was an outside area available, which enabled patients to sit outside and take part in activities, like gardening or outside games.
- Staff were responsive to an individual's needs when soya milk was required as a preference to that supplied. The request was acted upon quickly and changes to the patient's notes made to reflect this.
- Staff confirmed they knew how to access translation services and interpreters to support patients whose first language was not English.

Learning from complaints and concerns

- The trust recorded complaints electronically on the trust-wide system. The ward managers and matrons were responsible for investigating complaints in their areas.
- Between August 2015 and September 2016 there were 333 complaints about medical care at the Heart of England NHS Foundation Trust. The Heart of England NHS Foundation Trust took an average of 99 days to investigate and close complaints;
- Learning from complaints was communicated to staff by the ward manager verbally and often through team meetings. Staff told us that they were informed of all local concerns and would receive trust wide information at ward meetings.
- We saw information shared with staff through a 'lesson of the month' circular, which was displayed at ward level.

Are medical care services well-led?

Good



We rated well-led as good because:

- Staff told us that ward managers were supportive
- The culture amongst all staff was positive
- There was a positive vision for the hospital, particularly around elderly care
- We saw evidence of fundraising and participation in local events that was raising the profile of Solihull hospital

However:

- Some staff members said that Solihull hospital seemed less important to the board than Heartlands or Good Hope
- Staffing was inconsistent across the medical wards at Solihull hospital.

Leadership of service

- Staff told us that they were not aware of who some of the senior managers were and due to several changes around divisional structure; they were not even sure of which division they worked in.
- Staff told us that the ward managers were approachable and supportive. This was particularly evident on wards 8 and 20A where both ward managers were relatively new to the post.
- We were told that managers above matron level were not as visible as staff expected them to be. Staff made comments that Solihull hospital did not seem as important as Heartlands or Good Hope.

Vision and strategy for this service

- Managers spoke enthusiastically about the development of elderly care across the hospital. On wards 20A and 20B, we saw a particular focus on care for the elderly.
- Staff told us that the plans for the hospital were not clear and sometimes they felt as though they were separate at Solihull, from the rest of the trust.

Governance, risk management and quality measurement

- The trust introduced five main divisions across all sites to allow a focussed approach to care. Medical care was covered within divisions 3 and 4 and senior managers were given performance reports for each division, on a monthly basis.
- The divisional reporting structure was in its infancy and needed time to become embedded. The minutes of the initial divisional board meeting indicated that quality and performance issues were discussed along with actions to improve. Agenda items included complaints, length of stay, mortality and the cost improvement programme. These meetings were due to take place on a three monthly basis. We saw that weekly divisional management team meetings had been initiated.

Medical care (including older people's care)

- We saw audit results, incident feedback and general performance data displayed for all to see. Some wards also displayed staff training and appraisal rates within the ward manager's office and staff room, to inform staff.
- Staff knew that there was a risk register and managers were able to tell us what the key risks were for their area of responsibility.
- Senior staff were able to tell us how their ward performed and how the information was shared with others, through the safety thermometer and audit results. However, some staff were not as clear about this process as the manager.

Culture within the service

- The culture overall was a positive one with patient care a high priority for staff and they were proud to talk about the hospital.
- There was also some uncertainty about the future of Solihull hospital displayed by a minority.

- There seems to be a culture that is open and honest and staff display a good attitude towards the duty of candour process and being open and honest with patients.
- Staff told us they felt confident to report incidents and would raise concerns to their line manager.







Public engagement

- We saw evidence of fundraising and participation in local events that raised the profile of Solihull hospital. There had been media interest in several fundraising events for the elderly care wards.

Innovation, improvement and sustainability

- In some areas there were several fund raising events advertised, either on-going or historical events that had been set up by staff members and were specific to a ward. Local media had reported the success of the events and seemed to have a good relationship with Solihull hospital.

Surgery

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

Information about the service

The surgical services division provides 60 in-patient beds across two surgical wards. Inpatient services include general surgical with specialties; upper gastrointestinal, colorectal, urology, breast and orthopaedics. Patients are cared for during outpatient consultation sessions, in the pre-operative assessment unit, day surgery and inpatient wards.

There are four operating theatres for surgical services and a recovery area. Three theatres have laminar flow and are designated for orthopaedic operations.

Solihull hospital carried out 14,868 surgical procedures between Apr 2015 and March 2016.

During the inspection, we looked at surgical wards, operating theatres, recovery, surgical admissions unit and the day case unit.

We spoke with seven patients and 10 staff, including junior and senior nurses, doctors, consultants, managers and pharmacy staff.

We looked at nine patient records, including medical and nursing records, and patient observation charts. We also observed staff providing patient care.

We reviewed performance information from, and about, the trust. We also received comments from people who contacted us about their experiences. We reviewed the arrangements in place to support the delivery of elective surgery, including the environment.

We carried out an unannounced visit on 6 September 2016 and announced visit on 19 October 2016.

Surgery

Summary of findings

We rated this service good overall;

- Procedures and systems were available to help keep patients safe. There was an open and honest culture, and the trust told people who used the service when something went wrong.
- Teamwork was strong on the surgical wards, but some staff told us communication between theatre and ward staff was lacking and required strengthening to ensure the service ran effectively and efficiently.
- The service was responsive to patient's individual needs and staff provided care and support in a kind and compassionate manner.
- Patient areas were visibly clean and equipment was checked to make sure it was safe for use; including the resuscitation trolley was checked regularly.
- Patient care and treatment was delivered in line with current evidence based guidance, standards, best practice and legislation.

However:

- Medication management required further input to ensure medicines were stored and checked effectively.
- Venous thromboembolism (VTE) assessment was inconsistent with uncertainty of who was responsible for carrying these out.
- During the unannounced visit, we saw that Ward 15 had issues with shortages of staff, which caused some delays in theatres. When we arrived for the announced inspection, staffing had improved.

Are surgery services safe?

Good



We rated surgical services as good because:

- Staff from all areas of the surgical services division reported incidents using the hospital's online system.
- Clinical areas were visibly clean, and staff followed infection prevention and control guidelines.
- Resuscitation trolleys were checked in line with the trust's policy and records were up to date.
- There were systems in place for monitoring staffing and patient dependency levels. Staff used an escalation procedure to highlight when staffing levels were adversely affecting patient safety. This information was used to inform decisions about current and future staffing requirements.

However:

- Staffing was not always in line with safer staffing guidelines.
- We saw the inappropriate transfer of a patient from Heartlands hospital during our inspection
- There was confusion around venous thromboembolism (VTE) assessments
- We found intravenous fluids which were past their expiry date, stored in clinical areas and the temperature of the refrigerators used to store medicines was recorded as being above the acceptable limits. This meant there was the risk of medicines and intravenous fluids being used when their condition had deteriorated.

Incidents

- Staff report incidents by using an online reporting system. Data provided by the trust showed that the surgical services division had reported 289 incidents from September 2015 to September 2016.
- There was one never event in this service from April 2015 to October 2016 relating to a wrong site block. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

Surgery

- Each directorate reviewed mortality and morbidity at their monthly clinical governance meeting and bi-monthly clinical audit meetings. Minutes of these directorate meetings were made available to inspectors. Senior clinicians across all the surgical directorates reported that these meetings were used to support learning and the minutes of the meetings supported this view.
- Staff we spoke with were aware of the duty of candour legislation and the importance of being open and transparent with patients and families when mistakes were made.
- During our inspection, we saw an example of a poor transfer on to an orthopaedic ward, of a patient with a blocked colostomy from Heartlands Hospital. This patient was transferred without agreement of nurses and no allocated consultant, the Ortho-geriatrician raised this as an incident under an inappropriate transfer, he was also attempting to get a consultant to accept this patient.
- In accordance with the Serious Incident Framework 2015, the Surgery directorate reported 14 serious incidents (SIs) between August 2015 and July 2016. Of these, the most common type of incident reported was infection control incident meeting SI criteria, which accounts for 29% of all incidents reported.

Safety thermometer

- The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harm and harm free care. It provides a monthly snapshot of four avoidable harms; pressure ulcers, falls, urinary tract infections in patients with a catheter, and blood clots or venous thromboembolism (VTE).
- Trust wide Data from the Patient Safety Thermometer showed that there were 82 pressure ulcers, 10 falls with harm and 16 catheter urinary tract infections (C UTIs) reported between August 2015 and August 2016. The prevalence rate (number of patients per 100 surveyed) reduced from September 2015 to August 2016 for pressure ulcers, falls and C.UTIs.
- Patient safety thermometer data were displayed on all the wards, we visited, for patients, relatives and staff to view. However, the data that was on display was only up to July 2016.
- Nurses on the wards said doctors were responsible for completing the VTE risk assessment and they did not routinely check if this assessment was carried out.

- We asked if the nurses could show us the VTE risk assessment form. They explained this was done electronically, three nurses were unable to show us where to find this assessment, and we saw two examples of patient medication records and saw that anti-coagulants had been prescribed. We raised this with a junior doctor and they said it was not done routinely for day cases in surgery, however data we received from the Trust state 98% of VTE assessment was carried out on day case patients.
- Surgical services performed well in most aspects of infection control, which included hand hygiene audits of 100% against the trust wide target of 95%. The environment received a score of 100%. VTE percentage of completion for each ward from October 2015 to September 2016 the grand total for ward 14 day case was 93% and wards 15 orthopaedic elective surgery ward was at 98%.
- Surgical services screened all patients planning to attend the trust for surgery for Meticillin-Resistant Staphylococcus Aureus (MRSA). This was carried out as part of the pre-operative assessment process.

Cleanliness, infection control and hygiene

- All clinical and non-clinical areas were visibly clean. Containers we saw for the disposal of sharps (needles) were clearly labelled and were filled to appropriate levels.
- We observed good hand hygiene from nurses and doctors during our inspection. Staff were seen to wash hands and apply hand gel at regular intervals.
- Appropriate signage regarding hand washing was visible at the entrance to the ward and other departments and was in line with national guidance.
- Staff were seen to adhere to the National Institute for Health and Care Excellence (NICE) guidance CG74 of Surgical Site Infections, Prevention and Treatment which recommends staff wearing non-sterile theatre wear should keep their movements in and out of the operating area to a minimum.
- Dirty utility areas were tidy and waste was segregated correctly in line with the trust's waste management policy. Stickers were used to identify when equipment had been cleaned and was ready for use. We saw that cleaning of commode audits were at 100%.

Environment and equipment

Surgery

- We saw and staff told us that theatre had issues around storage. We saw one storage room had mixture of inappropriate storage; for example, oxygen cylinders were mixed in with washing detergents, drinking water bottles and empty sharps bins. We raised our concerns with a member of staff in theatres and they told us they had a plan to manage their storage issues this included building a wall to increase storage space but required a cost approval to enable this plan to go ahead.
- We did not see any signage for the red line stop for unauthorised access to theatre area; this is to inform people not to access without authorisation.
- All areas we visited were visibly clean and well maintained at the time of our inspection, the corridor was free of clutter and all exits were accessible.
- Equipment in the operating theatres was well maintained, and the recovery room was well equipped.
- The cardiac arrest trolleys between two surgery wards were different; this included some of the equipment. We raised this with the head nurse and we were told that a new trolley was being considered and that the case was currently being checked by the resuscitation department.
- All medicines were stored safely in locked cupboards and only accessible to appropriate staff however the room used for preparation of drugs was small and cramped and did not have enough space to work safely at busy periods of time.
- Intravenous fluids were appropriately stored but we found nine infusion bags that were out of date.
- Medicines requiring cold storage were kept within the refrigerator. The refrigerator was monitored but the maximum temperature had been recorded outside of the recommended range since July 2016 without any evidence of action being taken.
- The temperatures of the treatment room was not being recorded therefore the staff could not ensure that medicines were being stored within the recommended conditions.
- Liquid medicines did not have a date of opening therefore staff would not be able to tell when these medicines expired and should no longer be used.
- Emergency medicines were available and were being checked daily.
- Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were monitored appropriately.
- Discharge letters containing details about medicines were verified by a pharmacist and two nurses checked the medicines before giving to patients when they were discharged.

Medicines

- Medication prescriptions were prescribed and accessed electronically, we spoke with five staff members who all said they would like it if agency staff had access to the system as this was time consuming when working with agency staff
- Medicines were either brought in from home or supplied by the pharmacy department. The pharmacy department was open seven days a week with clinical pharmacists and technicians working at ward level during the week. An out of hours cupboard containing medicines that may be required in an emergency was provided and medicines or advice could be obtained through the on-call pharmacist service.
- During the week a clinical pharmacist monitored the prescribing of medicines and visited the wards daily and was readily available for advice about medicines.
- Medicines were mainly prescribed and administration was recorded through an electronic system.
- There was a system in place to ensure that doses of antibiotics or drugs for Parkinson's disease were not missed or delayed. This involved the nurse in charge holding an electronic bleep which would be activated if any of these medicines had not been given.

Records

- Patient nursing care and medical records were in paper format. We reviewed 10 patient records which included medical notes and nursing records.
- Medical records were kept in trolleys which were located in the ward areas next to the nurses station.
- Data supplied by the trust stated that 99% of staff had completed information governance training above the trust target of 85%.
- We saw standardised nursing documentation at the end of each bed, observations were recorded clearly and demonstrated that patients were being reviewed and audited by senior staff on a regular basis.
- Handover of patients' were recorded electronically, all staff involved within the patient care had access. However, this remained to be an issue around agency staff as they had no electronic access.

Surgery

- Patients' notes were detailed and contained appropriate information, they were documented and managed in a way to keep patients safe.
- The paper format of the surgical pathway was clear and legible. We saw that staff had recorded the World Health Organisation (WHO) checklist electronically; this is a WHO surgical safety checklist for use in any operating theatre environment. It is a tool for the relevant clinical teams to improve the safety of surgery by reducing deaths and complications.
- Staff experienced some issues with the electronic recording of the WHO checklist as there were connectivity issues in some clinical areas and therefore the checklist was recorded on paper in some instances. This led to confusion among staff due to both formats being used.

Safeguarding

- The trust set a mandatory target of 85% for completion of mandatory safeguarding training.
- Nursing staff had a training completion rate of 99% and 98% for safeguarding children and adults' level 1 and 2. Safeguarding children level 3 had a training completion rate of 94%. Completion rates for safeguarding training modules exceeded the trust target of 85%.
- The Trust had a named lead for safeguarding for both adults and children. Staff had access to safeguarding policies online.
- Staff we spoke with demonstrated an understanding of safeguarding procedures and their reporting process, and were able to give us examples of situations which would trigger a safeguarding referral.
- All staff we spoke with said they had a safeguarding lead 'the go to person' available if and when they needed support and guidance.

Mandatory training

- The trust had a programme of mandatory training in place. This included corporate training for subjects such as information governance and clinical issues such as medicines management. The trust had its own target for mandatory training of 85%.
- Nursing staff had a training completion rate of 100% for seven of the 20 modules. Six modules had a completion

rate of between 88% and 99%. Seven modules had a training completion rate below the trust target of 85%. Modules with the lowest completion rates of 76% were blood transfusion obtaining and waste management.

- The senior nursing staff in the division reported that the trust made provision for staff to attend mandatory training

Assessing and responding to patient risk

- Staff in the operating theatres used a document based on the WHO surgical safety check list. This was a process recommended by the National Patient Safety Agency for every patient undergoing a surgical procedure. The process involves five safety checks before, during and after surgery to avoid errors. This ensured each stage of the patient journey, from ward through to anaesthetic procedures, operating room and recovery, was managed safely.
- We found the checking procedures in the operating theatre to be in line with the WHO five steps to safer surgery process.
- Information provided by the trust indicated there was 99.5% compliance in completing the WHO checklist.
- The national Modified Early Warning Score (MEWS) was designed to enable staff to recognise and respond to acute illness. For example; septicaemia and acute clinical deterioration, and to trigger a clinical response proportionate to the severity of deterioration. We reviewed 10 patient observation charts across the surgical service and all patient observations were recorded on MEWS charts and the score was calculated. The MEWS escalation protocol was available for staff to consult; this ensured the correct escalation process was followed.
- Risk assessments were carried out enabling appropriate care to be provided to help keep patients safe. Documentation was available to assess patients for the risk of falls, nutritional requirements and their skin condition. Recognised risk assessment tools were used these included the one for assessment of pressure areas.

Nursing staffing

- The orthopaedic ward was under staffed during our unannounced visit, the orthopaedic ward had two

Surgery

supernumerary health care assistants who were providing one to one care, with three qualified staff. Staff told us the ward used to have six qualified on a 33 bedded ward. The band 6 nurse who was running the ward was also counted in the numbers as a clinical member of staff.

- The day case ward was fully staffed and staff were often moved to help other wards in the hospital.
- However, during our announced visit surgical services were fully staffed.
- Data we received from the trust showed Solihull Hospital had 0.9 less whole time equivalent staff (WTE) in post than what was budgeted for.
- As from September 2016, the Heart of England NHS Foundation Trust reported a vacancy rate of 10% in surgical care. Surgery management (nursing staff only) were overstaffed by 32%, trauma and orthopaedics and theatres had a vacancy rate of 16% and general surgery reported a vacancy rate of 20%.
- The number of qualified nurses and unqualified nursing staff were prominently displayed in public areas. The numbers of qualified staff displayed included the shift co-ordinator, who should be supernumerary to staff numbers. On one ward the shift co-ordinator was supernumerary to staff numbers and on other ward they were not supernumerary. On one ward in particular, where the shift co-ordinator was not supernumerary we observed a lack of coordination as she had her own patient she had to care for.
- Between October 2015 and September 2016 the Heart of England NHS Foundation Trust reported a bank and agency usage rate of 18 % in surgical care, in Solihull hospital had an average use of 14% and 13%.

Surgical staffing

- Consultants were available via an on-call system 24 hours a day and had no planned surgery commitments when they were on-call.
- There were sufficient numbers of medical staff within surgical services. Staff told us that there was consultant cover every day and at the weekends. Out of hours cover was provided on a shift system for junior doctors and by bleep for higher grade doctors.

- Between April 2015 and March 2016 the Heart of England NHS Foundation Trust reported a sickness rate of 4 % in surgical care; urology reported the highest sickness rate of 7% while general surgery reported a sickness rate of 5%.
- Between October 2015 and September 2016 the Heart of England NHS Foundation Trust reported a bank and locum usage rate of 8 % in surgery; trauma & orthopaedics and urology reported the highest average bank and locum staff use of 21% and 17%.
- Solihull hospital had recently employed an Ortho geriatrician on ward 15 three days week, this was to manage the mortality and morbidity within elderly care in orthopaedic services
- Trust data showed that the proportions of registrars were 27% and was lower than the England average of 35% , while the proportions of middle career doctors were at 20% and higher than the England average of 10%.

Major incident awareness and training

- There was a trust wide major incident plan in place to guide staff of all levels and in all locations as to what actions they needed to take in the event of a major incident being declared.
- Staff demonstrated a good understanding of their personal responsibility and the actions they would take in the event of a major incident. Senior staff understood the role their own clinical area had to play in a major incident.

Are surgery services effective?

Good



We rated effective as good because :

- There was planned and completed local and national audit activity, key findings were shared and actions taken to improve patient care.
- The enhanced recovery pathway was used to help improve patient outcomes
- There was an on site dementia service and delirium outreach team support
- Link nurses for Mental Capacity Act and Deprivation of Liberty Safeguards support

Surgery

- An ortho-geriatrician worked closely with consultants and nurses in managing the mortality and morbidity rates within elderly care

Evidence-based care and treatment

- Staff had access to evidence based clinical guidelines and policies on the trust intranet.
- Care and treatment was delivered in line with National Institute of Health and Care Excellence (NICE) quality standards. The Modified Early Warning System (MEWS) was used on the surgical wards to record observations and triage the level of response required. This was in line with NICE Guidance on the acutely ill adults in hospital: recognising and responding to deterioration.
- Patient's individual assessments were recorded on admission including Malnutrition Universal Screening Tool (MUST) and falls risk assessment.
- Care pathways were in place to ensure that best practice was followed, for example, management of sepsis
- Hip fractures were not managed at Solihull hospital.
- A recognised communication tool was used to provide structure to the communication process when patients were transferred and care handed over. The Situation, Background, Assessment and Recommendation (SBAR) tool is recommended by NHS innovation and Improvement for use in a variety of situations including patient transfer.

Pain relief

- A pain assessment tool had been used to assess patients 'pain level we saw this in patients records.
- On the wards we observed staff responding promptly to patients who were uncomfortable or who had pain, patients also said their pain was well managed by staff.
- Staff explained part of the enhanced recovery pathway was to improve outcomes for patients. Part of this pathway was to remove physical stress caused by post-operative pain. Effective pain management was a priority both pre and post operatively. The enhanced recovery pathway was used for more complex surgery for example planned bowel surgery. A key aspect of the enhanced recovery pathway was the patient's involvement in their care.
- Patients' pain requirements were assessed pre-operatively for elective patients. A pain management plan of care was discussed with the

patient and shared with teams if needed for attention during and after surgery. Pain relief was administered in the recovery area during the immediate post-operative period.

Nutrition and hydration

- Meal orders were based on patients own choice. Diet choices included gluten free and vegetarian options.
- 100% compliance with nutritional assessments and fluid balance chart compliance.

Patient outcomes

- The information the trust provided about their participation in national audits to assess the outcomes and effectiveness of care did not contain any information specific to Solihull hospital. The trust confirmed they did not carry out emergency laparotomies or surgery for fractured hips, therefore participation in these audits was not applicable.
- The trust participated the National Bowel Cancer Audit (2015) however, the results were only available at trust level rather than being provided for each hospital. The trust fell within the expected range for 90 day post-operative mortality rate at 4.8% and for the risk adjusted two year mortality rate at 20.9%. The risk adjusted unplanned re-admission rate was also within the expected range.
- In the 2015 National Vascular Registry (NVR) audit the trust achieved a risk adjusted post-operative in-hospital mortality rate of 0.9% for abdominal aortic aneurysms which was within the expected range and was an improvement on the 2014 rate of 2%. Hospital level data was not available.
- Actions plans had been developed to identify and address issues identified in the national audits with responsibilities and timescales allocated.
- Between March 2015 and February 2016, patients at Solihull Hospital had a lower than expected risk of readmission for non-elective admissions, with the exception of breast surgery, and a higher than expected risk for elective admissions.
- The elective specialty trauma and orthopedics has the largest relative risk of readmission.
- Theatre utilisation at Solihull Hospital averaged 89% in June, 87% in July and 84% in August 2016.

Competent staff

Surgery

- We saw where role specific training had been completed by a member of staff working within the surgical services division.
- Staff spoke of development opportunities within the trust, and competency frameworks were in place to improve and assess clinical skills.
- Between April 2016 and September 2016, 85 % of staff within surgery had received an appraisal which was in line with the trust target of 85 %.
- There was a well-developed preceptorship programme in place to support newly qualified nursing staff.

Multidisciplinary working

- Nursing and medical documentation were combined with the multidisciplinary team (MDT) patient assessment and progress documentation.
- There were systems for effective daily communications between multidisciplinary teams across surgical services. Staff handovers took place twice daily on all wards, at shift changeover times. In addition to staff handovers, each ward had a multidisciplinary safety huddle each morning.
- We observed a wide range of professionals working on surgical wards, including physiotherapists, occupational therapists and pharmacists. Access to members of the multidisciplinary team was by referral and ward staff understood the processes for requesting referrals.

Seven-day services

- Consultants were available on call 24 hours a day
- Resident Medical Officer (RMO) was available seven days a week 24 hours a day
- Elective surgery was carried out Monday to Friday. However, some elective surgeries were carried out on Saturdays as part of a waiting list initiative
- Pharmacists covered the wards between Monday and Friday. The pharmacy was open over seven days and there was an on call pharmacist if required.

Access to information

- Staff were able to demonstrate how they accessed information on the trust's electronic system including the current bed occupancy levels. There were computer terminals throughout the ward areas to access patient information including test results, diagnostics and electronic medicine administration records.

- Access to the trust's information technology systems was restricted by passwords, agency staff were not given access on a shift by shift basis and this caused problems amongst the permanent staff, especially around the electronic prescription.
- All members of the MDT had access to patient records which were available within the ward area.
- The theatre department used an electronic system to capture information about patient scheduling and theatre utilisation.
- We saw examples of where letters had been sent to GPs on patient discharge, which were comprehensive.
- We saw patient records were easy to follow and contained relevant information; they contained detailed admission information and discharge summaries.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Senior leaders confirmed that Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training were included as part of staffs' annual training.
- Several staff we spoke with recalled having mental health awareness training.
- Consent to surgical procedures was obtained during the pre-admission and admission procedures. The consent form was a standard form outlining the risks and benefits of the procedure. The consent form was appropriately signed in all records that we reviewed.
- There were no consent audits registered on the audit database during 2015/16. The 2016/2017 consent audit was currently underway at the data collection stage.
- Staff we spoke with understood the legal requirements of the Mental Capacity Act 2005 and the deprivation of liberty safeguards (DoLS). Link nurses were available for support when concerned with MCA/DoLS.
- Staff understood how to access support from the trust wide safeguarding team if there were any issues with mental capacity assessments.

Are surgery services caring?

Good



We rated caring as good because:

- Staff were observed providing compassionate and caring treatment to patients across all specialities

Surgery

- Staff were comforting and reassuring and listened to how patients were feeling.
- Patients and relatives felt involved in their care and that staff would discuss treatment options with them.
- Patients and relatives told us that staff were very caring and treated them with respect.

Compassionate care

- We observed staff delivering compassionate and caring treatment to patients across all specialties. Theatres and recovery staff were kind and reassuring to patients while they were waiting to go into theatre and when they were in the recovery area. Ward staff interacted with patients in a respectful and caring manner.
- The Friends and Family Test (FFT) is an NHS tool that enables patients to give feedback on their experience of NHS care. For wards 14 and 15 between May and September 2016, the percentage of patients recommending the trust ranged from 94% to 99%.
- One patient said “it’s brilliant here, I can’t fault it, food is good and staff keep me informed”
- Another patient said “I feel I am in safe hands here”

Understanding and involvement of patients and those close to them

- We observed staff providing reassurance and comfort to patients from the pre-operative and post-operative phase of treatment.
- Staff were comforting and reassuring and listened to how patients were feeling. We observed staff delivering care on wards and noted that they listened to patients and treated them with kindness and consideration
- Patients who had come in for elective procedures felt well prepared for their procedures through the pre-admission processes.
- Patients reported having discussions with medical staff who set out the different treatment options open to them

Emotional support

- One of the surgical wards had an open visiting times, this enabled patients to have the emotional support they required by their loved ones
- One patient said “this is the best hospital I’ve been in, I will not go to another hospital”

Are surgery services responsive?

Good



We rated responsive as good because:

- Interpreter service available face to face on Solihull site
- The trust undertook a monthly patient survey and results were provided at ward level. It also monitored complaints by ward.
- There were good pre-admission and admission procedures for elective surgical patients
- Bariatric equipment was available if required

Service planning and delivery to meet the needs of local people

- Surgical services recognised that there was an increase in the numbers of people with dementia being admitted for orthopaedic surgery. They had recently recruited an ortho-geriatrician in order to meet this changing demand.
- The trust provided a wide range of general and specialised surgical services to both the local and regional population, the main service being in orthopaedic.

Access and flow

- There were good pre-admission and admission procedures for elective surgical patients. All elective admissions were admitted to an admissions ward, on the morning of surgery.
- The trust’s target to meet 18 week referral to treatment (RTTs) was above England average. In trauma and orthopaedics the trust achieved 71% above England average of 70%. Urology achieved 83% above England average of 82% and general surgery achieved 73% below the England average of 78%.
- There were no cancelled operations for Solihull that were not operated within 28 days
- The average length of stay for surgical elective patients at the Solihull hospital was 3.0 days, compared to 3.3 days for the England average. For surgical non-elective patients, the average length of stay was 4.5 days, compared to 5.1 for the England average.

Meeting people’s individual needs

Surgery

- A considerable amount of information was available on the trust website and procedure specific information was sent to elective patients prior to admission.
- Staff were observed adapting how they delivered care to patients, depending upon their needs. One example of this was that during mealtimes we observed staff assisting a patient who was unable to feed herself
- The trust had a Dementia and Delirium Outreach Team (DDot) this service offered support to both clinicians and patients.
- Solihull hospital had a face to face on site interpreter service available in the hours of 9am-5pm with out of hours service available via the interpreter phone line.
- Bariatric equipment was available if the hospital required additional equipment for individual patients
- The lack of data and information specific to Solihull hospital about patient outcomes, surgical site infection rates and referral to treatment times, meant variances and issues relevant to the hospital may not have been identified by the trust team.
- There was limited evidence of the engagement of patients and the public in improving and developing services.
- Staff said they felt out of the loop and communication at times were poor
- Staff told us that the 'new' vision and values were not discussed at ward level

Learning from complaints and concerns

- The trust undertook a monthly patient survey and results were provided at ward level.
- Between September 2015 and August 2016 there were 322 complaints about surgical care services. The heart of England NHS Foundation Trust took an average of 134 days to investigate and close complaints, this is not in line with their complaints policy, which states complaints should be investigated and closed within 30 days .
- The majority of complaints (54%) were in relation to clinical care and a further 15% related to communication and information problems.
- In August 2016 there were 70 complaints still open. 12 were received in April, 12 in May, 17 in June, 12 in July and 17 in August 2016. The 53 complaints received from April to July 2016 will once again not meet the target as set out in the complaints policy.

Are surgery services well-led?

Requires improvement



We rated well-led as requires improvement because:

- Improved management and governance processes had been put into place but needed further development.

However:

- Staff spoke passionately about their commitment to deliver safe patient centred services.
- High staff morale was evident throughout the service, apart from very small pockets of low morale, related to specific reasons.
- Divisional leadership monitored performance against some key quality indicators including quality, safety and activity.

Leadership of service

- A divisional structure was put into place approximately six months prior to the inspection with one division being devoted to surgical services. Theatres, including anaesthetics, were managed within the clinical support services division. Each division was led by a divisional director with support from a head of operations, head nurse and finance manager.
- There was very little awareness amongst senior clinical nurses in terms of the priorities for the trust and surgical services in the future. Matrons and ward managers were not involved in discussions about future plans for the surgical division and were not unaware of any discussions to shape the future of surgical services.
- Staff on the wards spoke very highly about local leadership and their support.

Vision and strategy for this service

- Throughout surgical services, staff demonstrated that they had a clear understanding of the trust's mission and championed the values which the trust expressed.

Surgery

- When we spoke with staff they were aware of the six 'C's', but the new vision and values that was recently implemented by the trust, staff felt they were not involved and felt 'out of the loop'

Governance, risk management and quality measurement

- The surgical division was subdivided into three groups of specialties. All the groups reported to the divisional quality and safety committee. We reviewed the minutes of a quality and safety committee meetings and saw there was representation from the full range of directorates and managerial groups. Each directorate provided an update of the governance issues for their directorate at the meeting and these were discussed. Directorate clinical governance and audit meetings were held on one site and staff from other sites were expected to attend the meetings to enable information to be shared between sites.
- Managers produced monthly divisional reports for the trust board, which communicated divisional performance across a wide variety of areas. This report also clearly identified any risks which arose from difficulties meeting performance targets.
- The performance of surgical services was cascaded downwards to ward and theatre staff through meetings and the use of performance dashboard.
- The quality of surgical services was regularly monitored by the use of audit. However there was no site specific information on patient outcomes from surgery or surgical site infection rates. In addition referral to treatment times were only available at trust level. This meant the trust did not have the information to assess factors specific to the hospital and any differences between the hospital sites.

Culture within the service

- Most staff we spoke with reported a high level of morale. Even staff on wards that were experiencing difficulties were positive and felt supported by senior management and clinical leaders.

- Staff repeatedly commented that they felt respected and listened to by the nursing leaders. They reported that they felt confident raising a matter of concern with senior nurses and that their concerns would be responded appropriately.
- Staff reported good access to professional training. The trust developed creative training packages which enabled staff to access individualised training programmes relating to particular skills they wished to acquire. A good example of this, we spoke with two band six nurses who were in the process to complete a leadership and management training course to enable them to develop in their role.

Public engagement

- Patients' views about the service were routinely sought out for every admission and procedure.
- The trust carried out a friends and family test. The Friends and Family Test is an NHS wide initiative providing people with the opportunity to feedback to a trust about the care and treatment they received.







Staff engagement

- Communication was disseminated from their line managers, from team meetings and during huddles.
- Staff received regular updates via their work email and newsletters.
- However, some staff felt the trust leadership as a whole lacked communication with Solihull hospital, some felt isolated and were the last to know when changes occur

Innovation, improvement and sustainability

- The urology service implemented a one stop haematuria clinic and a nurse consultant led urology assessment unit. This was to ensure patients' had continuity of staff and gave the ward bed spaces for patients who required an admission bed.
- Recently employed an Ortho geriatrician on ward 15, three days week. This was to manage the mortality and morbidity within elderly care in orthopaedic services.
- The service provided us with a list of improvement projects which they had committed to for the current financial year. These included a band 5 development programme and developing a nurse led pre-assessment service

Outpatients and diagnostic imaging

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

Information about the service

The outpatient department was located at the entrance of Solihull Hospital. Diagnostic departments were close to the outpatient department. There was a paediatric outpatients separate to the main outpatients which was not inspected at this time.

From April 2015 to March 2016 there were 297,422 outpatient appointments at Solihull Hospital. The highest attendance rates at Solihull Hospital were for Dermatology (14%), Therapies (12%), Orthopaedics (11%) and Ophthalmology (11%).

During the inspection we visited a number of outpatient clinics and treatment areas. We spoke with 16 patients, carers and family members about their experience of the departments. We spoke with 40 members of staff regarding their work and the hospital. We reviewed documentation in relation to the general running of services, maintenance of equipment and buildings. We saw data provided by the trust and reviewed the performance of the departments. We reviewed eight patient records.

Summary of findings

We rated this service as good because:

- Staff were encouraged to report incidents of all kinds and all staff we spoke with were aware of how to do so.
- Staff demonstrated good knowledge and understanding of safeguarding and were able to give recent examples of how they had followed protocols.
- The departments were clean and logs showed that they were regularly cleaned and checked.
- Medicines were stored appropriately and checks of controlled drugs completed daily.
- Patient records were clear, legible, up to date and available for clinics.
- We saw evidence of strong multidisciplinary working across departments, divisions and grades of staff.
- Policies and protocols were available to staff and based upon national guidance.
- We saw effective pain relief used for patients receiving treatment.
- We saw that staff provided compassionate care for patients and respected the privacy and dignity of those attending the departments. Patients and their family members or carers were fully involved in planning and choosing their care and treatment.

Outpatients and diagnostic imaging

- Patients gave positive feedback about the staff as being supportive and caring.
- The breast clinic offered a 'one stop' service which patients could access quickly and receive results and treatment if possible on the same day.
- Clinics ran during the evenings and weekends which gave patients choice of appointments and was working to reduce waiting times.
- Staff displayed the trust values and understood what these were.
- We saw and staff described that in most areas of the departments there was strong leadership in place and senior managers felt well supported by the executive team also.

However:

- Patient records were left out on open trolleys which meant they were accessible and visible for other patients to see so did not ensure confidentiality was being maintained.
- Improvements were needed in the documentation of controlled drugs in the ophthalmology department and we found a piece of equipment in the same department was three months overdue for servicing. This machine was still in use and therefore could be unsafe for patients.
- Staff told us that clinics were often overbooked, appointments were often not long enough for patients and so clinics would over run and be held later that arranged. This impacted upon patients waiting times and staff had concerns that appointments may seem rushed.
- The controlled drugs documentation in the ophthalmology department indicated that use of these was not always witnessed and/or signed out appropriately.

Are outpatient and diagnostic imaging services safe?

Good



We rated safe as good because:

- Staff were encouraged to report incidents of all kinds and all staff we spoke with were aware of how to do so.
- Staff demonstrated good knowledge and understanding of safeguarding and were able to give recent examples of how they had followed protocols.
- The departments were clean and logs showed that they were regularly cleaned and checked.
- Medicines were stored appropriately and checks of controlled drugs completed daily.
- Patient records were clear, legible, up to date and available for clinics.
- Staff had received training to manage emergency incidents, fire drills were held regularly and they told us they felt prepared for this.

However:

- Patient records were left out on open trolleys which meant they were accessible and visible for other patients to see so did not ensure confidentiality was being maintained.
- We identified concerns in relation to safety in the ophthalmology department. This included lack of planned maintenance of a piece of equipment, a medicines issue and some consultant staff not complying with the bare below the elbows policy to reduce the risk of infection.
-

Incidents

Outpatients

- Incident reporting and management policies were in place.
- The trust had an electronic incident reporting system. Staff we spoke with showed good understanding of when to report incidents and could give examples of when they had done so.
- Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never

Outpatients and diagnostic imaging

event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event. Between August 2015 and July 2016 the trust reported no incidents which were classified as Never Events for outpatients or diagnostic imaging.

- The outpatients department reported one serious incident between August 2015 and July 2016. This was classified as a slip/trips and falls incident. A full root cause analysis had taken place following the incident. The trust had developed and carried out an action plan embedding the learning from the incident to prevent future occurrences.
- Between September 2015 and September 2016 the outpatient department reported 206 other incidents. Of these, 167 were classified as no harm, 29 as low harm, eight as moderate harm and two as severe harm.
- One incident occurred in ophthalmology, which was reported once as the serious incident described above and twice as serious harm incidents. This may be due to more than one staff member being present at the time of the incident and reporting. This department also had reported the most incidents classified as moderate harm with three being reported during the time period.
- Staff told us they were made aware of trust wide incidents through team meetings and bulletins received through emails.

Diagnostic Imaging

- The imaging department had reported a total of 70 incidents between September 2015 and September 2016. Of those reported, 56 were classified as being of no harm, 13 as being low harm and one of moderate harm. These included referral errors and radiation errors. We saw investigation reports that demonstrated these incidents had been reported appropriately, full investigations completed and lessons learnt.
- NHS trusts are required to report any unnecessary exposure of radiation to patients under the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). Radiation incidents were reported to the Care Quality Commission. Staff we spoke to within the diagnostic imaging department were clear about when to report radiation incidents and had done so when necessary. They told us that there had been improvements in the timeliness of incident reporting and now feel that this is done well.

- Staff told us that incidents were presented at monthly governance meetings and that timely feedback was received from these in order for lessons to be learnt from incidents. Staff told us that incidents and learning was discussed during staff meetings. We saw minutes of meetings and found that there was limited information about incidents recorded.
- We saw that local rules according to the Ionising Radiations Regulations 1999 (IRR99) were available and within review dates. IRR99 are a statutory instrument, which form the main legal requirements for the use and control of ionising radiation in the United Kingdom.
- The Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R) procedures were in place with all recent documentation available.

Duty of Candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- During interviews, staff across the departments described their obligations under duty of candour and were aware of when they would be required to act upon this.

Cleanliness, infection control and hygiene

Outpatients

- Staff we spoke with were aware of the trust policy on infection control and how to access this through the trust intranet.
- Hand washing facilities and hand cleansing gel were readily available in clinical areas. We saw staff using appropriate hand washing techniques as well as using personal protective equipment such as gloves whilst delivering care.
- Most of the staff we saw were 'bare below the elbows' whilst delivering care; however there were two consultants in the ophthalmology department who were not. The consultants were running clinics and we did not gain evidence for whether they were examining patients.
- The trust told us that the main outpatient department and clinics do not carry out hand hygiene audits due to

Outpatients and diagnostic imaging

the audit tool used not being appropriate for the environment. They also told us that there has been occasional use of the five moments audit but that this did not reflect practice due to unsuitability of the tool.

- The areas visited during inspection were visibly clean and tidy. We saw cleaning schedule checklists that were up to date at the time of the inspection.
- We saw that the use of sharps bins were in place, they were dated and staff were aware of the protocols for their use.
- Staff told us that the department was routinely cleaned daily during the evenings after clinics had finished. We spoke with members of the cleaning services team who informed us that they would also be on call to attend to any spillages or additional cleaning that was required during the day.

Diagnostic Imaging

- We saw that the radiology department appeared clean and that 'I am clean' stickers were used to display when cleaning had taken place. We saw cleaning schedules throughout the department that demonstrated regular cleaning.
- Staff were all 'bare below the elbows' and displayed good hand hygiene by washing hands frequently, between patients, and also using hand cleansing gels.

Environment and equipment

Outpatients

- We saw that staff checked emergency resuscitation equipment was daily and documented as complete and ready for use.
- Resuscitation trolleys were secured with tags and labels to ensure the contents were within expiry dates. The trolleys were easily accessible.
- We saw that Portable Appliance Testing (PAT) had been completed for all necessary equipment which was labelled to demonstrate this appropriately.
- We saw that the majority of equipment seen during the inspection was appropriately checked, cleaned and well maintained. However, we were informed that a piece of laser equipment in the ophthalmology department was overdue servicing and that there were no plans in place for this maintenance to take place. The machine was still in use and the Sister told us that the service had not taken place due to the department being too busy and understaffed to organise this. After the inspection we

were informed that the laser machine was overdue for service but this was due to the company not being able to give dates to come out. We were told that the machine was safe to use at all times.

- We saw that clinical waste was managed appropriately.

Diagnostic Imaging

- We saw that there were details of installation and servicing of radiology equipment was included on an asset register.
- All equipment within the radiology department was checked yearly by the medical physics team and we saw reports of these checks.
- A quality assurance programme was in place and all equipment was within tolerance levels. In each room of the department we saw folders with all reports from services and history of the unit function that demonstrated the equipment was in good working order and well maintained.

Medicines

Outpatients

- The inspection team checked drugs cabinets in outpatient departments and clinics. We found that medicines were stored appropriately and that medicines were within expiry dates.
- Staff checked refrigerator temperatures daily and we saw documentation of this.
- The key for the controlled drugs cupboard was kept in a safe. In the main outpatient department we saw that a log was in place to record the use and checks of these medicines and that this was complete and up to date.
- We checked the controlled drugs cupboard within the ophthalmology department and found that the storage was appropriate. However, the log book for use and checks of these drugs was incomplete, not all entries had been signed or witnessed.
- Staff told us there had never been an issue with stock of medicines as far as they were aware.
- We saw that prescription pads were stored securely. Doctors provided patients with written and signed prescriptions.

Diagnostic Imaging

Outpatients and diagnostic imaging

- We saw that contrast media (substance used during radiography procedures for structures or fluids within the body to be more visible) was stored appropriately and was within expiry dates.
- We saw evidence that the department conducted yearly Dose Reference Level (DRLs) audits and were regularly below the national average. This demonstrated good use of radiation i.e. using as low dose as possible to achieve a diagnostic image.

Records

Outpatients

- We reviewed eight patient's medical records in the main outpatient department and outpatient clinics.
- Medical records were stored behind the reception area and then taken with patients to the appropriate clinic waiting area. There were no secure cabinets or areas for records which were just placed upside down on shelving in the waiting areas, often unattended. In some areas the records were not placed upside down and it would have been easy for other patients to view confidential patient information. In the ophthalmology department patient records were kept on an open trolley, unattended, outside cubicle rooms.
- Records included completed risk assessments, treatment plans and consent forms. The records reviewed were legible, accurate and up to date.
- Patient records were readily available in outpatient clinics. Data provided by the trust showed that from September 2015 to August 2016 the average availability of patient records was 99.8% across the trust outpatients departments. Staff told us that if a patient attended and their records were unavailable they would create a temporary file and include patient labels, an outcome form, their latest clinical letter and continuation sheets for written notes. Patient information was also available electronically which could be accessed by the clinician for the full history if required, we saw this being used in the ophthalmology department.

Diagnostic Imaging

- The radiology department used an electronic system for patient records and staff told us that this worked effectively.

- The trust used a Picture Archiving Communication System (PACS) throughout the hospital so that images taken in the x-ray department could be viewed in all areas by clinicians. This was an electronic system that used password protection for secure access.

Safeguarding

Outpatients

- The trust set a mandatory target of 85% for completion of mandatory safeguarding training. At September 2016, 100% of outpatients staff had completed this training 1 and 2 for both adults and children to the required level.
- The hospital had safeguarding policies and procedures available to staff on the intranet.
- Staff we spoke with were able to demonstrate their awareness and of safeguarding policies and procedures and demonstrated good understanding of these by giving examples of times they had been followed.

Diagnostic Imaging

- Within the radiology department 100% of staff had completed mandatory safeguarding training.
- All staff we spoke with had a good understanding of their responsibilities in regards to safeguarding and were aware of who the lead for safeguarding was.

Mandatory training

- The trust set a mandatory target of 85% for completion of mandatory training. The training included e-learning and face to face sessions and consisted of 17 modules. The training completion rate across the trust for the outpatients department was 96%. The average training completion rates across the trust for the diagnostic imaging departments were 99%.
- We spoke with the manager of the volunteers service who informed us that all volunteers had an induction training which was mandatory and included data protection and confidentiality, safeguarding and an overview of the hospital policies and procedures.

Assessing and responding to patient risk

Outpatients

- Staff we spoke with were aware of emergency procedures to follow in the event that a patient was unwell in the department.

Outpatients and diagnostic imaging

- The outpatient department had fully equipped resuscitation trolleys that were regularly checked by staff.
- Staff told us that due to a patient suffering harm as a result of waiting for an ophthalmology appointment they had put a process in place for risks to be assessed through reception staff asking patients set questions over the telephone when booking appointments. If a patient responded in a way that may indicate they could be at risk, an appointment was booked in a quicker timescale.

Diagnostic Imaging

- The radiation protection advisor (RPA) was provided by a local trust and they conducted audits annually. We saw these reports which demonstrated that the department was adhering to protocols and guidelines to mitigate risks.
- We saw evidence that all new equipment and procedures were risk assessed and input was given from the medical physics service and radiation protection advisor.
- The interventional radiology checklist adopted from the World Health Organisation (WHO) surgical checklist was used within interventional radiography. We saw this in practice and saw completed documentation. Audits from September 2015 to August 2016 showed that across the trust compliance was 98%.
- We saw posters on display in the department warning of radiation risks and hazards. Signs informed patients and staff where they may be at risk of radiation exposure.

Nursing staffing

- Between October 2015 and September 2016 the department's Bank/agency usage was 8%.
- Between October 2015 and September 2016, sickness levels for the outpatients department were 3.25%. This was lower than the trust average of 5%.
- Staff we spoke with in the ophthalmology department told us that the staffing levels were very low. At the time of the inspection there was one whole time equivalent (WTE) Band 6 staff member in post along with 4.20 WTE Band 5 staff members and 1.64 WTE Band 2 staff. The Sister informed us that due to staffing levels the routine work was done to ensure patients were seen however, tasks such as booking equipment in for servicing were not prioritised

Diagnostic Imaging

- There was a band 8a manager for the department who met weekly with the clinical manager who worked across all three hospitals.
- Band 5 staff rotated between the hospitals.
- Between October 2015 and September 2016, sickness levels for the diagnostic imaging department were 8.04%. This was higher than the trust average of 5%. There were four vacancies for radiologist posts at the time of the inspection and agency staff were being used. This was on the department risk register.

Medical staffing

- As of September 2016, the Heart of England NHS foundation trust reported a vacancy rate of 4% in outpatients; senior medical staff reported the highest vacancy rate of 18%.
- Between April 2015 and March 2016, the Heart of England NHS foundation Trust reported a sickness rate of 1% in outpatients; junior medical staff had reported a sickness rate of 0% and senior medical staff reported a rate of 2%.
- As of September 2016, the trust reported a staff turnover rate of 14% in outpatients, only data for senior medical staff was available.
- Between October 2015 and September 2016, the trust reported a bank and locum usage rate of 11% in outpatients; this rate was higher than the trust wide bank and locum usage rate of 8%.
- We spoke with a Senior Registrar who told us that medical staffing levels in the clinics were sufficient.

Major incident awareness and training

- Staff were given information about major incident plans as part of their mandatory training. Staff told us that this helped them feel more prepared for any possible events that they may be required to act in accordance with trust policies. Staff we spoke to showed good understanding of their role and the protocol for major incidents.
- Fire alarm testing took place weekly and we saw this during the inspection.

Are outpatient and diagnostic imaging services effective?

Outpatients and diagnostic imaging

Good



The department was inspected but not rated for effective.

- We saw evidence of strong multidisciplinary working across departments, divisions and grades of staff.
- Policies and protocols were based upon national guidance and reviewed and updated appropriately.
- The World Health Organisation (WHO) safety checklist was used and practice seemed to be embedded.
- We saw effective pain relief used for patients having treatment.
- Staff told us they had effective access to information that enabled them to provide care and treatment to patients.
- Staff from the outpatients department were to attend the Royal College of Nursing conference the month after the inspection to present findings from reviews of practice.

Evidence-based care and treatment

- In the outpatients and diagnostic imaging departments we saw that policies and guidelines were available through the intranet. We saw that staff were able to access computers to view these.
- We saw that policies were based upon NICE guidelines. Staff told us they worked with NICE guidelines, were able to give examples and had regular updates of any changes.
- We saw that policies and protocols used within the radiology department were based upon national guidance, written by advanced practitioners and approved by radiologists. These were updated when necessary and in accordance to national guidance and reviewed annually.
- The interventional radiology checklist adopted from the World Health Organisation (WHO) surgical checklist was used within interventional radiography. We saw this in practice and completed documentation.
- Clinical staff we spoke with had a good understanding of Ionising Radiation (Medical Exposure) Regulations 2000 relevant to their area.
- Local Diagnostic Reference Levels had been established and were reviewed by the medical physics service twice yearly.

- Staff from the outpatient department attended clinical nurse specialist focus groups set up with each cancer site where discussions included evidence based practice, guidelines and improvements for patients.

Pain relief

- Staff told us and we saw from patient records that appropriate pain relief was administered when necessary. We observed a patient undergo a procedure where local anaesthetic was used appropriately.

Patient outcomes

Outpatients

- Staff from the outpatients department were to attend the Royal College of Nurses conference the month after the inspection to present findings from reviews of practice.

Diagnostic Imaging

- At the time of the inspection the hospital was not participating in the Imaging Services Accreditation Scheme (ISAS). The radiology management team told us they were working towards achieving this. ISAS is a patient-focused assessment and accreditation programme designed to help diagnostic imaging services ensure that their patients consistently receive high quality services delivered by competent staff in safe environments.
- An audit had been completed to consider the impact of fast track breast clinics on the radiology department. This took place during February 2015. The outcome of this indicated that the fast track clinics were not being used to their full capacity which was impacting on staff time and equipment use. Therefore the number of clinics were reduced from eight to six at Solihull hospital. Other improvements were put into place including the appointment letter containing information about the amount time the patient would be expected to attend (3/4 hours).
- Documents supplied by the trust demonstrated that audit activity in relation to the increase in fast track clinics, identified that the last clinic appointment (radiology breast fast track clinic) needed to be earlier. Also patients needed to be informed that they could be in the department for three to four hours. This had been implemented in 2015.

Competent staff

Outpatients and diagnostic imaging

Outpatients

- There were formal processes in place to ensure staff had received training and an annual appraisal.
- Data provided showed that between April and September 2016, across the trust 92% of staff within the outpatients department had received their appraisal. This was better than the trust target of 85%.
- We spoke with staff about the appraisal process and they informed us that this was useful and a chance to put forward ideas and opportunities for personal development.
- Staff we spoke with told us that they were supported with personal development and that there were opportunities to access training and learning from peers. Some staff working in the Healthcare Assistant role informed us that they felt that essential training was fully supported however if they requested additional training funding would often be refused. Managers told us that there were approved funding requests for training that they felt would be directly beneficial to the staff member's role.
- Staff told us that they were supported through the revalidation process and one staff nurse explained how this worked and gave examples of work she had completed in readiness to submit.

Diagnostic Imaging

- Within the radiology department, 87% of staff had received their appraisal. This was better than the trust target of 85% however staff told us they felt up to date and that the appraisal process was valuable and supportive.
- Advanced Practitioners worked within the department and specialised in a number of areas. We saw that all training records were completed and in place accordingly for these practitioners to conduct the work competently. All of the advanced practitioners were part of a peer review group who audited work to ensure continuity of high standards.
- Radiologists supported radiographers in advanced practice and appeared to have good working relationships.
- We saw a comprehensive induction pack for new members of staff and agency workers in the radiology department. This appeared to be very robust and contained all of the information a staff member would require for working in the department.

- All staff were assessed as being competent and confident prior to being able to use equipment on their own. We saw evidence of this during the inspection.

Multidisciplinary working

- The outpatients and diagnostic imaging departments supported multiple speciality clinics. All staff we spoke with told us that the staff within the hospital and across the trust worked effectively together and that there was good communication.
- Multi-disciplinary team meetings were conducted weekly via video link. Staff told us this worked well and they felt everyone's opinions and contributions were valued. Patient's always received outcomes from these meetings the following day.
- We spoke with patients who told us about their experience of being transferred between services and they gave positive feedback about the way different departments worked together. One patient told us she had found the transfer from the breast clinic to the imaging department and back very reassuring and it was convenient for them to work so closely together to deliver a 'one stop' service with results being available so quickly.
- Radiology staff were invited to attend forums with GPs bimonthly which was used towards their Continuous Professional Development (CPD).

Seven-day services

- Some outpatient clinics had extended working days up to 8pm and also at weekends.
- In the radiology department the CT scanning was available Monday to Friday 8am to 6pm, occasionally this was also in use at weekends to help with waiting times. MRI scanning was available seven days per week 8am to 8pm. Ultrasound scanning was available 8am to 6pm during weekdays and was also open at weekends when necessary.
- A GP open access service to all areas within the imaging department was available seven days per week 8am to 7:30pm.
- A radiographer was on site 24 hours per day and a second radiographer was on call from midnight to 8am. This meant that there was emergency cover at all times for CT, ultrasound and interventional radiology if necessary.

Access to information

Outpatients and diagnostic imaging

- All qualified nursing staff and health care assistants had access to policies, procedures and guidance through the hospital intranet.
- Staff across divisions could access radiology images electronically through the Picture Archiving and Communication System (PACS).
- We saw that ultrasound scans were reported at the time of the examination.
- Staff showed us the computer systems required and although they told us these were accessible they also felt that due to the number of systems in place it could be difficult to navigate across them.
- Staff told us and we saw that information was shared with them electronically through emails and newsletters and also through team meetings and supervisions.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how patient's ability to understand and consent to care and treatment may change.
- We saw staff ask for consent prior to carrying out any examination or procedure and we saw this recorded in patient records.

Are outpatient and diagnostic imaging services caring?

Good 

We rated caring as good because:

- We saw that staff provided compassionate care for patients and respected the privacy and dignity of those attending the departments.
- Patients and their family members or carers were fully involved in planning and choosing their care and treatment.
- Patients gave positive feedback about the staff as being supportive and caring.
- The outpatients department conducted a survey called the Friends and Family Test (FFT) to assess how patients felt about the department. Between September 2015 and September 2016, 91% of patients who participated said they would be extremely likely or likely to recommend the service.

Compassionate care

- The outpatients department conducted a survey called the Friends and Family Test (FFT) to assess if patients would recommend the service to their family and friends. Between September 2015 and September 2016 14% of patients participated in this survey. Of these, 91% of patients said they would be extremely likely or likely to recommend the service.
- We saw how staff in the main outpatients department interacted with patients and the people who accompanied them. They were respectful and polite at all times.
- Staff took their time with patients even at busy times, allowed patients time to respond and provided assistance if it was required. We saw nursing staff sat with a patient ensuring she was comfortable and offering a drink and assistance whilst she waited for her transport home.
- We observed staff quickly build rapport with new patients, exchanging friendly conversation and chatted with them appropriately as they walked them around the department. We saw that staff introduced themselves, gave reassurance when appropriate and had kind, caring manners.
- We spoke with sixteen patients, family members and carers. Those we spoke with told us that staff were always kind, helpful and polite.
- One patient we spoke with described feeling very anxious prior to attending an appointment as they had concerns about diagnosis and treatment. They told us that the staff had been very helpful and the kind way in which they treated them had made the process much easier.
- A chaperone service was available to patients in all areas of outpatients and imaging services. We did not see chaperone service notices, however, we observed staff offering this service and they told us that for vulnerable patients or where the examination or procedure may be uncomfortable would ensure a chaperone was in place.

Understanding and involvement of patients and those close to them

- Patients we spoke with told us they had felt fully involved in consultations with nursing and medical staff about their condition and proposed options for treatment.

Outpatients and diagnostic imaging

- We saw staff explaining the process for assessment, tests and discussing diagnosis and treatment in a way that patients could understand.
- During our observations we saw staff ensuring that the patient understood their options for treatment clearly, explained medical terms in a jargon free way. Where appropriate, staff involved those attending with them to ensure they had support following the consultation.

Emotional support

- Staff we spoke with showed understanding of how anxious patients may be when attending the department. They told us that they would use the appropriate facilities such as a quiet room for patients who may be upset and would always take the time to provide emotional support.
- We observed staff provide emotional support for patients. We saw a patient who was concerned about his sugar levels and the effect on his diabetes given a cup of tea, advice and reassurance that the staff would assist him if he needed further health care.
- We spoke with a patient who explained their anxieties around attending the department and worry about her diagnosis. We observed staff discuss her concerns and displayed empathy in regards to how she was feeling.

Are outpatient and diagnostic imaging services responsive?

Good



We rated responsive as good because:

- The breast clinic offered a 'one stop' service which patients could access quickly and receive results and treatment if possible on the same day.
- Clinics ran during the evenings and weekends which gave patients choice of appointments and was working to reduce waiting times.
- A clinic recycling scheme was in place and working to use clinic time effectively and help keep waiting times within NHS England targets.
- The volunteer service helped with the flow of appointments, as they would show patients where to wait for appointments and collect their medical records.

However:

- Staff told us that clinics were often overbooked, appointments were often not long enough for patients and so clinics would over run and be held later that arranged. This impacted upon patients waiting times and staff had concerns about the risk of appointments being rushed.
- Staff and patients informed us that patients using the Patient Transport Service (PTS) which is run by a local ambulance trust would often face delays with being collected to be returned to their home. Staff would continue to care for patients who were waiting but would often be required to stay past clinic times to support patients until the transport arrived.

Service planning and delivery to meet the needs of local people

Outpatients

- There were specialist outpatient clinics running within main outpatients that included urology and cardiology.
- There was a breast clinic that offered a 'one stop' service and we saw patients attend for consultation, have an ultrasound scan, consultation and diagnosis and treatment within one appointment.
- Clinics ran at weekends to meet the demand of the service and to reduce waiting times for patients.
- Data provided by the trust showed that between April 2015 and March 2016 9% of patients did not attend their first appointment (9205 attendances). During the same time period 9% of patients did not attend follow up appointments (17269 attendances). Staff told us they were still using the clinic time as mostly they were overbooked.
- Some clinics ran until 8pm on certain days of the week to allow patients to attend at a time that would suit them. This included the Ear, Nose and Throat clinic and breast clinic. Staff told us that there had been lots of positive feedback from patients about the late clinics as they did not need to take time off work to attend.
- Following Multidisciplinary Team (MDT) Meetings where patients' pathology and radiology results were discussed, patients would be called and be given the option of an appointment in the Outpatients department or a telephone consultation with a nurse. Patients would always receive their results and outcomes of the MDT meeting the following day.

Outpatients and diagnostic imaging

- Patients we spoke with told us that the service was very accommodating with rearranging appointments if they needed to cancel the one booked.

Diagnostic Imaging

- A GP open access service to all areas within the imaging department was available seven days per week 8am to 7:30pm. This meant that patients could attend within these times and would not require an appointment.

Access and flow

- The trust was unable to provide specific information about the outpatients department at Solihull Hospital meeting NHS England targets for referral to treatment (RTT) in less than 18 weeks. In July 2016 the trust overall met the target by achieving this for 92.7% of patients which was in line with the England average.
- NHS England had specific targets for cancer waiting times. The trust did not collect data for each site and therefore we could not know how Solihull hospital was performing against these targets.
- Data provided showed that from April 2015 to March 2016 the trust saw 91% of patients within two weeks of an urgent GP referral with symptoms of cancer. This was worse than the operational standard of 93%. Data did show that this had improved over time with the trust performing better than the standard between November 2015 and March 2016.
- We saw data provided by the trust that showed how many patients with cancer were treated within 31 days of the decision to treat being made. Between April 2015 and March 2016 the trust performance was an average of 99%. This was better than the operational standard of 96%.
- We saw data from the trust that showed how many patients waited less than 62 days from an urgent GP referral to their first definitive treatment. Between April 2015 and March 2016 the trust performance was an average of 82%. This was worse than the operational standard of 85%.
- We saw some clinics were over running by over an hour. Staff told us this happened regularly and was necessary to meet the demand of patients referred. The outpatient service did not collect data to show how many patients were waiting for longer than 30 minutes for their appointment.
- Staff told us that clinics were being overbooked and that the appointments were not long enough to work appropriately with patients, especially where they delivered bad news.
- We spoke with patients who told us they were satisfied with the time they had been required to wait for their appointment and that this had ranged from five minutes to one hour on the day of the inspection. Some patients waiting for ophthalmology appointments expressed dissatisfaction with the amount of time required to remain in the department between various appointments. We saw staff members across departments informing patients of delays and apologising. Staff also updated white boards with information about any delays.
- The trust had put a clinic 'recycling' process into place from January 2016 to try to manage the demand of the service. This meant that where clinics were cancelled with notice by the hospital, another clinic would fill the place. This was having a positive impact on the outpatient service as weekend initiative clinics were brought into the weekday. From January 2016 to October 2016 557 extra clinics had been undertaken as a result of the 'recycling'.
- Staff and patients discussed the car park as an issue as it was difficult to find a space and patients were required to attend much earlier than their appointment time to park.
- We saw several members of a voluntary service assisting patients upon arrival. The role of the volunteers was to show patients where to book in for appointments, take them to the appropriate waiting area along with their patient record and also showing patients and carers to the correct departments around the hospital. The service seemed to work well and both staff and patients told us that they felt it helped with the flow of appointments.
- Patients waiting for the Patient Transport Service (PTS) were often very delayed with leaving the outpatients department due to delays with the transport arriving to collect them. This meant that they were required to sit in the main waiting area for long lengths of time. Staff were concerned about how long patients were required to wait and would be required to remain with them to ensure they were safe especially when patients had mobility problems and so would require assistance with using the toilet or accessing facilities.

Outpatients and diagnostic imaging

Diagnostic Imaging

- Data provided by the trust showed that from March 2016 to August 2016 the average wait for routine MRI Scan was four weeks. There was an average of three weeks wait for an ultrasound scan. Patients on average waited two weeks for routine CT, DEXA, Fluoroscopy and Nuclear Medicine. There was an average of one week wait for plain film scans. On average, patients waited for less than one week for mammography.

Meeting people's individual needs

- Staff could arrange access to translation services in person or via a telephone translation system for patients whose first language was not English. We did not see these services being used but staff were able to give us examples of times that they had done so. There was also a poster displayed on the wall with the several languages displayed so that patients could point to their language in order to assist staff with accessing the correct translation service.
- Staff we spoke with were aware of the specific needs of patients living with dementia and gave examples of working with such patients following the policies available on the intranet. Some staff had completed specific training for working with patients living with dementia. Managers told us that this training would be rolled out to more staff as there was a new dementia lead organising this. Staff told us that they usually knew about the patient's needs prior to their appointment and would ensure that they were chaperoned throughout the process.
- Staff were unaware of any processes in place specifically for patients who had a learning disability, for example a 'patient passport'. They were able to explain how they would chaperone a patient and discuss any specific needs with them or a carer if appropriate. We did not see any additional tools to assist with communication.
- Patients who attended the outpatients department on a stretcher were allocated a room to protect the patient's dignity.
- There were support groups available twice yearly for patients who had been given a diagnosis of cancer. There had been good feedback from patients about this group.

- There was a 'quiet room' available for patients and their family members to use when bad news had been given during the consultation. There was also a "do not disturb" light outside the clinic room that was used to give patients more privacy and time.
- Staff told us about a 'survivorship' group clinic run twice a year for patients who had received treatment for breast cancer. This was focussed on education in regards to health and wellbeing for patients and the department had received positive feedback from this.
- In the breast clinic area the changing rooms were female only which helped maintain dignity for patients.

Learning from complaints and concerns

- Patient information leaflets were available in all areas of the outpatients department that included information on how to make a complaint.
- Between September 2015 and September 2016 there were 10 complaints received in relation to the Outpatients department.
- Staff were aware of the complaints procedure and how to advise patients of this.
- The Heart of England NHS foundation trust took an average of 73.5 days to investigate and close complaints. This is not in line with their complaints policy which states complaints should be investigated and closed within 30 days.
- Staff told us that they felt patient concerns were responded to well if they were raised within the department and that patients were generally satisfied after speaking about their issues with staff at the time.
- Staff told us that learning points from complaints and concerns were discussed during meetings and that changes in practice had occurred because of complaints raised.

Are outpatient and diagnostic imaging services well-led?

Requires improvement 

We rated well-led as requires improvement because:

- There were issues with leadership within the ophthalmology department. The sister expressed a feeling that there was not enough time to maintain essential tasks outside of patient care.

Outpatients and diagnostic imaging

- A senior member of the ophthalmology department staff was unaware of whether a departmental risk register was in place or if the overdue servicing of equipment was included on any risk register at all. Machinery could potentially have been unsafe and the staff were unaware of this servicing taking place.
- There was a lack of site specific performance data therefore it was not possible to assess the department's performance or for the department to take steps to identify and address issues. For example, there was no local referral to treatment time data.

However,

- Staff displayed the trust vision and values and understood what these were. They were also displayed around the department.
- We saw and staff described that in most areas of the departments there was strong leadership in place and senior managers felt well supported by the executive team. We saw good examples of communication between managers and staff of all levels.
- Senior managers we spoke with were proud of their teams and credited them with the responsibility of the positive patient feedback received. They told us they felt well supported by the executive team and could put change into place when appropriate.
- Staff told us they felt comfortable to raise concerns and would receive feedback and updates. Staff felt that the outpatients and diagnostic imaging departments were listened to at senior management level.
- Within radiology, ideas and suggestions had been discussed with all staff regarding a restructure who were also encouraged to offer different ways of working to improve the service.
- All the staff we spoke with were aware of the proposal to merge with University Hospital Birmingham and told us they did not have serious concerns about this.

Leadership of service

- Staff told us that local managers were supportive and worked with them towards improving care for patients. Most of the staff we spoke with told us they felt they could raise issues if they needed to and the result would be fair and open.

- We saw good interaction between staff of all disciplines. Staff told us that senior managers were approachable and visible. During the inspection we observed managers approached by staff to discuss issues and they were supported appropriately.

Vision and strategy for this service

- Staff in outpatients and diagnostic imaging were aware of the trust values which were 'caring, honest, supportive and accountable' and displayed these qualities during the inspection. Staff understood their role within the organisation and how this contributed to the trust's values.
- The trust vision was to 'build healthier lives' and staff we spoke with knew this and had ideas for how their role helped towards this.
- We saw that the trust's vision and values were displayed on posters in the department.
- Staff we spoke with had not been part of the development of the trust values however felt that they did reflect the way they had been working and would continue to work.
- Managers demonstrated understanding and oversight of the issues within the department and that they were working towards resolving these. For example, staff concerns were around clinics being overbooked and running over. The clinic recycling initiative was having a positive impact and staff felt supported by management that improvements were continuing to be made.
- Staff were all aware that there could be a merger with University Hospital Birmingham. Although generally staff seemed positive about this they discussed feeling that they did not know a lot of information about it and therefore were unclear about the vision and strategy for the service.
- The radiology manager discussed that the department was in the process of a management restructure but described a clear strategy for the future of the department. Ideas and suggestions had been discussed with all staff who were also encouraged to offer different ways of working to improve the service.

Governance, risk management and quality measurement

- There were systems in place to enable department managers to identify and respond to issues affecting the service. Staff told us they felt comfortable to raise concerns and would receive feedback and updates.

Outpatients and diagnostic imaging

- Staff we spoke with told us they felt that the outpatients and diagnostic imaging departments were listened to at senior management level.
- We saw minutes of the Safety, Finance and Efficiency meeting where items discussed included incidents, targets and HR issues.
- The site leads for radiology met weekly to discuss the performance dashboard and any issues. They also held monthly 'error meetings' to try to improve the standard of radiology techniques.
- The diagnostic imaging department reviewed all reporting weekly and monthly to ensure thorough monitoring was in place. We found this to be robust however the manager was reviewing the governance arrangements to ensure it was the most effective as possible.
- Radiology had a risk register in place and risk assessors. The number of vacancies for radiologist posts was on the risk register. Although agency staff were being used the department was still having difficulties ensuring waiting time targets were met. The only site specific item on the risk register for Solihull was poor quality images/scanner incapability with the MRI scanner .
- A member of staff showed us that one of the pieces of laser equipment was overdue servicing by three months. When asked if this was on the risk register staff were unsure whether there was one in place. We saw that there was no specific risk register in place for ophthalmology and this issue was not on the OPD risk register. The staff did not know if the low staffing levels were included on any risk register, we saw that this was not included on the outpatients risk register.
- The trust did not collect site specific data for referral to treatment times (RTT) and therefore could not see how Solihull hospital was performing with regards to this.

Culture within the service

- Senior managers we spoke with were proud of their teams and credited them with the responsibility of the positive patient feedback received. They told us they felt well supported by the executive team and could put change into place when appropriate.
- Staff across the departments were very proud of their work and told us they felt that everyone was willing to

do as much as they could for the patients in their care. Staff told us that there was a very positive team spirit and that this was across the wider team between disciplines and departments.

- We observed open communication within outpatient departments with staff of all grades and disciplines.
- Staff told us that although they would not always receive funding from the trust for training, if self-funding or receiving funds through charity gifting paid time would be given for them to complete courses.

Public engagement

- Patients were encouraged to give their views on the services provided to help improvement of services. Forms were available across the departments for patients to complete; posters were displayed informing patients of this opportunity and boxes for them to submit them anonymously.
- We saw staff engaging with patients and their family/ carers and listening to their views and concerns within the department.
- The department conducted a Friends and Family Test (FFT) survey. Between September 2015 and September 2016 14% of patients participated in this survey.

Staff engagement

- Staff were encouraged to develop, train and maintain their professional registration where appropriate.
- Staff confirmed that they had one to one meetings with their line managers and were able to approach them for advice and guidance.
- Staff we spoke with had access to the trust computer systems and received emails and bulletins.
- There were copies of newsletters specifically for the "access, booking and choice/medical records" departments. This included updates about staffing, data collected across the trust and general internal news.

Innovation, improvement and sustainability

- Some staff within the department participated in the National Safety for tracheostomy group. An online teaching package had been devised by the group and was due to be rolled out across the trust. Staff from the Solihull outpatients department were attending the Royal College of Nurses conference to present this project.

Outpatients and diagnostic imaging

- The breast department held clinics for patients who had received treatment for breast cancer. The purpose of the clinics were to educate patients in a group setting about health and wellbeing following treatment.

Outstanding practice and areas for improvement

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

This section is primarily information for the provider

Enforcement actions (s.29A Warning notice)

Action we have told the provider to take

The table below shows why there is a need for significant improvements in the quality of healthcare. The provider must send CQC a report that says what action they are going to take to make the significant improvements.

Why there is a need for significant improvements

Start here...

Where these improvements need to happen

Start here...