

Worcestershire Acute Hospitals NHS Trust

Evesham Community Hospital

Quality Report

Evesham Community Hospital

Waterside,

Evesham,

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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

Overall rating for this hospital

Good



Urgent and emergency services

Minor injuries unit

Medical care

Surgery

Good



Specialist burns and plastic services

Critical care

Services for children and young people

Transitional services

End of life care

Outpatients and diagnostic imaging

Summary of findings

Letter from the Chief Inspector of Hospitals

Worcestershire Acute Hospitals NHS Trust (WAHNNHST) was established on 1 April 2000 to cover all acute services in Worcestershire with approximately 900 beds. It provides a wide range of services to a population of around 570,000 people in Worcestershire as well as caring for patients from surrounding counties and further afield.

The Trust includes four hospital sites, Worcestershire Royal Hospital (WRH), Alexandra Hospital in Redditch (AHR) Kidderminster Treatment Centre (KTC) and one day ward and a theatre at Evesham Community Hospital (ECH), which is run by Worcestershire Health and Care NHS Trust

Worcestershire Acute Hospitals NHS Trust, maintain one operating theatre, and a surgical ward Burlingham Ward on Evesham Community Hospital site. These services are provided by Worcestershire Acute Hospitals NHS Trust staff.

We carried out this inspection between 14th and 17th July 2015 as part of our comprehensive inspection programme.

We found the surgical services at Evesham Community Hospital to be good for safety, effectiveness, caring, responsiveness and leadership.

Our key findings were as follows:

- The theatre and surgical ward were clean and free from clutter in patient areas
- All patients are screened for Methicillin-resistant staphylococcus aureus (MSRA) prior to attending for surgery. There had been no outbreaks of (MRSA) and Clostridium Difficile at ECH during the previous twelve months
- The theatre team was small and there were a high number of vacancies. This meant that the trust relied on staff from other clinical areas either within Evesham Community Hospital or from its sister hospitals, agency staff or supervisors giving up their protected time to achieve safe staffing.
- ECH only provided day case surgery so most patients were required to fast prior to surgery, although drinks and snacks were available for after their operation

There was an area of poor practice where the trust needs to make improvements.

The trust should:

- Review its arrangements for utilising its full theatre capacity to ensure patients are treated sooner

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Rating Why have we given this rating?

**Urgent and
emergency
services**

**Minor
injuries unit**

Medical care

Surgery

Good



Processes were in place to keep people safe and procedures were based on recognised pathways of care. Staff were skilled and knowledgeable, and had access to information to enable them to provide effective care. Readmission rates were very low. Theatres did not work at their full capacity, meaning people had to wait longer to be treated. People were treated with respect and kindness. Patients and their relatives or carers appeared happy in the presence of staff and described how they and their partners or carers had been fully involved in discussions about their condition and options for treatment. The services met the needs of the local community. Although the range of treatments available to patients was limited, this was appropriate and in line with national guidance, dictated by the facilities available. The level of support for supervisors in theatre meant that administrative tasks did not always get the attention they required. Supervisors often found themselves in clinical roles covering for staff vacancies or absences.

**Specialist
burns and
plastic
services**

Critical care

**Services for
children and
young
people**

Summary of findings

**Transitional
services**

**End of life
care**

**Outpatients
and
diagnostic
imaging**

Evesham Community Hospital

Detailed findings

Services we looked at

Surgery;

Detailed findings

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Detailed findings from this inspection

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Background to Evesham Community Hospital

The Evesham Community Hospital is part of the Worcestershire Health and Care NHS trust, however Worcestershire Acute Hospitals NHS Trust, maintain one operating theatre, and a surgical ward Burlingham Ward on the site. These services are provided by Worcestershire Acute Hospitals NHS Trust staff who had transferred to Worcestershire Acute Hospitals NHS Trust in 2011.

A total of 800 operations were conducted between January and December 2014. All surgical procedures carried out at were day-case surgery. There were no

inpatient elective surgery cases and no emergency surgery completed on site. Burlingham ward cares for patient's pre and post operatively following a range of procedures including general, dental, orthopaedic and gynaecological surgery. The ward had 11 beds and two side rooms.

The main surgical specialities covered were Trauma & Orthopaedic 43%, Urology 20%, and Oral Surgery 19% the remaining 18% shared

Our inspection team

Our inspection team was led by:

Chair: Liz Childs, Non-Executive Director, Devon Partnership NHS Trust.

Head of Hospital Inspections: Helen Richardson, Care Quality Commission

The team included CQC inspectors and a variety of specialists: Experts by Experience, Specialist Advisors including; Medical Director, Director of Nursing, Human

Resources, Clinical Governance lead, Adult Safeguarding Nurse Specialist, Children's Safeguarding Lead, A&E Doctor and Nurses, Medicine Doctor and Nurse, Tissue Viability Nurse Specialist, Consultant Surgeons, Surgery Nurses, Critical Care Nurse, Critical Care Doctor, Maternity Doctor, Maternity Nurse, Paediatric Doctor, Paediatric Nurse, End of Life Care Doctor, End of Life Care Nurse, Radiographer, Outpatients Doctor, Outpatients Nurse, Junior Doctor, General Nurse, Student Nurse, Pharmacist.

Detailed findings

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we held about Worcestershire Acute Hospitals NHS Trust and asked other organisations to share what they knew about the hospitals. These included the Trust Development Authority, Clinical Commissioning Groups, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges, local MP's, 'Save the Alex' campaign group and the local Healthwatch.

We held listening events in both Worcestershire and Redditch in the two weeks before the inspection where

people shared their views and experiences of services provided by Worcestershire Acute Hospitals NHS Trust. Some people also shared their experiences by email or telephone.

We carried out this inspection as part of our comprehensive inspection programme. We undertook an announced inspection of Worcestershire Royal Hospital, Alexandra Hospital Redditch, Kidderminster Hospital and Treatment Centre and Burlingham ward and theatre, Evesham Community Hospital between 14 and 17 July, 2015

We held focus groups with a range of staff in both the Worcestershire Royal Hospital and the Alexandra Hospital Redditch, including nurses, junior doctors, consultants, health care assistants, midwives, allied health professionals and clerical staff. We also spoke with staff individually as requested.

We talked with patients and staff from the ward and theatres.

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 Worcestershire Acute Hospitals NHS Trust

Facts and data about Evesham Community Hospital

Our ratings for this hospital

Our ratings for this hospital are:

Detailed findings

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	N/A	N/A	N/A	N/A	N/A	N/A
Minor injuries unit	N/A	N/A	N/A	N/A	N/A	N/A
Medical care	N/A	N/A	N/A	N/A	N/A	N/A
Surgery	Good	Good	Good	Good	Good	Good
Specialist burns and plastic services	N/A	N/A	N/A	N/A	N/A	N/A
Critical care	N/A	N/A	N/A	N/A	N/A	N/A
Services for children and young people	N/A	N/A	N/A	N/A	N/A	N/A
Transitional services	N/A	N/A	N/A	N/A	N/A	N/A
End of life care	N/A	N/A	N/A	N/A	N/A	N/A
Outpatients and diagnostic imaging	N/A	N/A	N/A	N/A	N/A	N/A
Overall	Good	Good	Good	Good	Good	Good

Notes

Urgent and emergency services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Summary of findings

Urgent and emergency services

Are urgent and emergency services safe?

Are urgent and emergency services effective?

Are urgent and emergency services caring?

Are urgent and emergency services responsive to people's needs?

Are urgent and emergency services well-led?

Minor injuries unit

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Summary of findings

Minor injuries unit

Are minor injuries unit services safe?

Are minor injuries unit services effective?

Are minor injuries unit services caring?

Are minor injuries unit services responsive to people's needs?

Are minor injuries unit services well-led?

Medical care (including older people's care)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Summary of findings

Medical care (including older people's care)

Are medical care services safe?







Are medical care services responsive?

Are medical care services effective?

Are medical care services well-led?

Are medical care services caring?

Surgery

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

Information about the service

Worcestershire Acute Hospitals NHS Trust surgical services were located on four hospital sites. Worcestershire Royal Hospital (WRH), the Alexandra Hospital (AH), Kidderminster Hospital and Treatment Centre (KHTC) and Evesham Community Hospital (ECH)

Each hospital was visited as part of the inspection process and each is reported upon separately. However; services on all four hospital sites were run by one management team. As such they were regarded within and reported upon by the trust as one service, with some of the staff working at all sites. For this reason it is inevitable there is some duplication contained in the four reports.

The Evesham Community Hospital is part of the Worcestershire Health and Care NHS trust, however Worcestershire Acute Hospitals NHS Trust, maintain one operating theatre, and a surgical ward Burlingham Ward on the site. These services are provided by Worcestershire Acute Hospitals NHS Trust staff that had transferred to Worcestershire Acute Hospitals NHS Trust in 2011.

1,185 procedures were carried out in the Evesham theatre between January and September 2015. All surgical procedures carried out at were day-case surgery. There were no inpatient elective surgery cases and no emergency surgery completed on site. Burlingham ward cares for patient's pre and post operatively following a range of procedures including general, dental, orthopaedic and gynaecological surgery. The ward had 11 beds and two side rooms.

The main surgical specialities covered were Trauma & Orthopaedic 43%, Urology 20%, and Oral Surgery 19% the remaining 18% shared between other disciplines.

There were no paediatric services within the theatre and surgical ward at Evesham Community Hospital.

During our inspection we spoke with six members of staff and five patients. We also spoke with doctors, senior nurses and managers who work at or had responsibilities at ECH, when we met with them at the trusts other hospitals.

Surgery

Summary of findings

Overall we rated this service to be good in all five domains.

Processes were in place to keep people safe and procedures were based on recognised pathways of care.

Staff were skilled and knowledgeable, and had access to information to enable them to provide effective care

Readmission rates were very low

Theatres did not work at their full capacity, meaning people had to wait longer to be treated

People were treated with respect and kindness. Patients and their relatives or carers appeared happy in the presence of staff and described how they and their partners or carers had been fully involved in discussions about their condition and options for treatment.

The services met the needs of the local community. Although the range of treatments available to patients was limited, this was appropriate and in line with national guidance, dictated by the facilities available.

The level of support for supervisors in theatre meant that administrative tasks did not always get the attention they required. Supervisors often found themselves in clinical roles covering for staff vacancies or absences.

Are surgery services safe?

Good



Overall this service was rated as good for safety.

Incidents were recorded and analysed, learning was shared both within local teams and the wider trust.

We saw that reliable system, processes and practices were in place to keep people safe and safeguarded from abuse.

Recognised tools were used to assess and monitor risk to patient's health.

Potential risks to services were identified, escalated and monitored. Risks were reduced or mitigated where possible.

High vacancy rates in the theatre teams meant supervisors often had to cover clinical shifts meaning they had little protected time to complete administrative tasks.

Incidents

- The trust had reported two surgical never events during the previous twelve months. Neither of these incidents had occurred at Evesham Community Hospital. Staff were aware of the never events and the associated learning from them.
- The trust had an electronic incident reporting system. Staff understood how to complete incidents. Learning was shared through regular staff meetings and through email and intranet systems. A safety newsletter is published on the intranet with safety alerts and learning from incidents.
- Staff were able to describe occasions where they had completed incident reports and the feedback and learning they had received. An example of learning was the removal of penicillin based antibiotics from anaesthetic rooms. A patient who had a penicillin allergy had been given a penicillin based antibiotic in error. The new procedure meant that penicillin based antibiotics had to be requested prior to operations which provided an additional check into the administration process.
- Staff were aware that they also had to report incidents to the host trust if they related to site specific issues as opposed to patient care issues.

Surgery

- Mortality and Morbidity were discussed at the monthly Quality Improvement Meetings. These meetings also discussed audit results and reported incidents.
- Staff were aware of theirs and the trusts obligations in respect of duty of candour. They described incidents where they had apologised to patients when care and treatment had not met their expectations, but they understood that formal or serious errors were dealt with by senior managers.

Safety thermometer

- There had been no hospital acquired pressure ulcers, falls or catheter induced UTI's at Evesham Community Hospital for over twelve months.

Cleanliness, infection control and hygiene

- The theatre and surgical ward were clean and free from clutter in patient areas.
- All patients are screened for Methicillin-resistant staphylococcus aureus (MSRA) prior to attending for surgery. There had been no outbreaks of (MRSA) and Clostridium Difficile at ECH during the previous twelve months.
- Nursing staff wore appropriate personal protective equipment such as gloves and aprons when they provided care. Theatre staff followed a-septic procedures.
- Sterilisation of equipment was completed at Worcestershire Royal Hospital and sufficient stocks of sterile equipment were kept on site.

Environment and equipment

- The surgical ward, Burlingham ward, was situated in an old part of the Evesham Community Hospital buildings. The buildings were maintained by the Worcestershire Health and Care NHS trust.
- Staff explained that the buildings did cause some issues. The outer walls were of single skin construction which caused issues with plasterwork, they said that the host trust were very pro-active in providing maintenance when issues were reported. We were shown a recently refurbished skylight in the ward corridor which staff said had improved the environment for patients and for staff.
- We were told that equipment was standardised throughout the four sites which meant that staff would be familiar with equipment if called to work at other locations within the trust.

- Resuscitation trolleys were available, were properly stocked and regularly checked. Logs were kept of when checks had been completed.

Medicines

- The surgical ward and theatres had provision for the safe storage of medicines. We checked stock on the ward and saw that medicines were in date and properly accounted for.
- Pharmacy advice was available by telephone if required. Pharmacists visited Evesham Community Hospital on a regular two week cycle to check stock and provide advice and guidance.

Records

- We were shown electronic and paper records relating to the general running of the ward area, including training schedules and records. We saw that records were accurate and comprehensive.
- Staff described the process for supporting patients when they first arrived on the day of their surgery. They described the assessments which were completed and recorded. Patients we spoke with confirmed that they had undergone comprehensive assessments and staff had made notes in their records.
- We were not able to observe pre-operative assessments, but patients and staff described the process and we did observe patients who attended a pain clinic. We saw how records were completed and pain management interventions were checked against previous entries.
- We saw theatre lists which showed that the procedures being undertaken were appropriate for the facilities.
- Staff told us they used the WHO checklist and the '5 steps to safer surgery' and were able to describe this in detail. The trusts quality and outcomes dashboard from April to August 2015 showed that theatres at Evesham were 100% compliant with the WHO surgical checklist. The WHO audits identified the number of procedures for each speciality for example in August 2015, 12 general surgery procedures were carried out at Evesham, 14 maxillofacial procedures, 32 obstetric and gynaecological, 21 trauma and orthopaedic and 17 urology. All were audited as being 100% compliant.
- The WHO checklist forms part of the Bluespир theatre software system and records compliance electronically. We had observed theatre practice at the trusts other sites and the surgeons performing operations at

Surgery

Evesham Community Hospital were the same surgeons who worked at those other sites which gives confidence that the procedures at Evesham were managed in the same way as the main sites.

Safeguarding

- The trust had a safeguarding lead. 100% of staff at had received safeguarding training and understood how to recognise the various forms of abuse. Staff explained that most referrals to the local authority were in relation to elderly patients who were not managing to look after themselves as opposed to other abuse.
- The training matrix for the ward staff at Evesham Community Hospital showed that 100% of staff had completed both adult and children's level 2 safeguarding training.

Mandatory training

- Ward Staff told us that the trust were very supportive in ensuring staff had the opportunity to undertake training. The training matrix showed that 100% of ward staff were up to date with their mandatory training. The matrix showed nine core areas of training which included the mandatory subjects, including infection control, information governance, resuscitation and fire training. We saw that all staff had completed all nine subjects.
- Staff felt the training was meaningful, acted as a reminder or assisted them to understand new developments and enabled them fulfil their role.
- We requested information from the trust regarding mandatory training figures for theatre staff. The information provided trust wide data and was not broken down into individual sites. The data showed that averaged across the mandatory training subjects compliance was 79%.

Assessing and responding to patient risk

- Evesham Community Hospital is a remote site and therefore a surgical admission criterion is required. The Royal College of Anaesthetists (2014) defines a remote site as any location at which the anaesthetist is required to provide general/regional anaesthesia, or sedation away from the main theatre suite and/or anaesthetic department and in which it cannot be guaranteed that the help of another anaesthetist will be available. This may either be within or away from the base hospital. Although basic admission criteria exist, the trust are in the process of ratifying a new policy outlining the

admissions criteria for Evesham Community Hospital. This includes exclusion criteria to ensure that patients with additional illnesses or vulnerabilities do not undergo procedures at the location. This policy also states that the hospital does not provide care for children under the age of 16 years.

- Since Evesham Community Hospital only provided day case surgery, there was no medical cover available other than that provided during the actual theatre process. A GP call out service was available if patients had minor issues while they were on site.
- Patients who experienced complications or who deteriorated after surgery were transferred to Worcestershire Royal Hospital or the Alexandra Hospital Redditch via ambulance using the 999 system. Staff followed the 'Resuscitation and Medical Emergencies Policy owned by Worcestershire Health and Care NHS Trust (WHCT), which stated that after an ambulance was called, the staff grade doctor and minor injuries nurse (both employed by WHCT) should be called to stabilise the patient until the ambulance crew arrived.
- There had only been one incident in the last year when a 999 call was placed from ECH in the last year where the patient fell and was transferred to WRH.

Nursing staffing

- At the time of our inspection theatres nursing establishment was set at five qualified nursing staff and 2.53 whole time equivalent unqualified nursing staff. The actual staffing levels were 3.76 whole time equivalent qualified nurses and 1.53 whole time equivalent unqualified nursing staff. This meant that the department had a vacancy rate of 25% qualified and 39.5% unqualified nursing staff.
- Since there such a small theatre team at ECH it was difficult to provide cover for absences from within the staff within the location. Some support was provided when available from the surgical ward, and occasionally staff were provided by the sister hospitals at Worcestershire or Redditch. We were told that most often vacancies had to be covered by agency staff, however data provided by the trust showed that only 9 agency shifts were requested between January and June 2015, of which 6 were covered by agency staff (67%). It is unclear how many shifts were covered by staff from the surgical ward or from WRH or AR.

Surgery

- The theatre manager described having very little protected time to complete administrative tasks due to having to fill-in for absences of theatre nurses.
- Nursing staff on the ward was provided by a team of 13 staff, consisting of one senior sister, a sister, three senior staff nurses, six staff nurses one healthcare assistant and a clerk. There was one vacancy for a health care assistant which we were told had been advertised and interviews were due to take place on the Friday of the week of our inspection.
- Sickness rates for nursing staff showed a large variation due to the small number of staff that worked permanently at ECH. Between February and July 2015, sickness rates varied from 27% to 0%, which occurred in 3 months during this period
- Electronic rostering enabled skill mix to be determined and appropriate cover provided by agencies. Only two agencies were used which meant that agency staff were familiar with the location and had good relationships with the permanent team members.
- We observed the patient handover process from the ward staff to the theatres team. Patients were able to walk into the theatre area escorted by a nurse from the ward. They identified the patient to a theatre nurse who then completed checks with the patient in relation to their identity, checking notes, identification bracelets and obtaining verbal confirmation from the patient. This ensured that the correct patient had arrived and that the correct procedure was being undertaken.

Surgical staffing

- The surgeons who attended Evesham Community Hospital also operated at the trusts other three surgical sites.
- The trust wide surgical team consisted of 227 staff. 46% Consultants, 10% middle career doctors 29% Registrars and 16% junior doctors. The trust had a higher proportion of consultants and slightly higher number of junior doctors than the England average skill mix with proportionally less registrar and middle career doctors.
- The surgical ward closed at 8pm each evening unless patients were not able to be discharged, in which case staff remained until the patient was fit or until transfer arrangements could be fulfilled. Advice was available either direct from the consultant who had performed the surgery or from the associated specialist teams at Worcestershire Royal Hospital

- Surgeons and anaesthetists visited patients on the Burlingham ward prior to starting their operating list. As patients had arrived that day for their surgery there was no medical handover.

Major incident awareness and training

- The trust had major incident/business continuity plans which identified roles for individual personnel.
- Protocols were in place for deferring elective activity to prioritise unscheduled emergency procedures. Whilst Evesham Community Hospital would not be used for emergency surgery, the availability of surgeons would effectively mean the cancelation of elective operation lists.
- In addition to Worcestershire Acute Hospitals NHS Trust major incident policies, staff working at Evesham Community Hospital also observed emergency and safety policies and procedures from the host trust.
- Copies of procedures and protocols were stored in the ward sister's office. The local procedures related to issues which occur on or affect the site whilst the Worcestershire Acute information related to issues which might impact on the service provided.

Are surgery services effective?

Good



Overall this service was rated as good for effectiveness.

People's needs were assessed and care and treatment delivered in line with national guidance and recognised good practice policies/processes.

Local audits and engagement with national audits enabled managers to monitor performance and identify areas for improvement.

Readmission rates at Evesham Community Hospital were very low

Staff were skilled and knowledgeable, and had access to information to enable them to provide effective care.

Consent was sought prior to any procedures being carried out. Processes were in place to support patients who did not have capacity.

Evidence-based care and treatment

Surgery

- Enhanced recovery pathways were followed in line with the clinical needs of the patients. Enhanced recovery involves including the patient in shared decision making and planning support throughout the process including after discharge. All surgical patients received a follow-up phone call within 24hrs of discharge.
- Trust policies, procedures advice and guidance were all available electronically to staff.
- Local audits were completed in both ward and theatre areas. These included equipment audits, hand hygiene and records audits. General results of audits were shared with teams during meetings and handovers. We were advised that issues identified involving individual staff would result in advice being given and training or support being provided if required. We were not given examples of where this had been required. A register was kept of the reviews and outcomes.
- We saw how an environmental audit had resulted in the host trust replacing a skylight and repairing plaster. Further work had also been planned.

Pain relief

- The trust has a consultant led pain relief service. Four consultants specialised in chronic pain, and both consultant anaesthetists and surgeons worked across all sites of the trust.
- The trust also had three county wide pain nurses.
- Pre-operative assessment clinics were completed for more complex conditions.
- We observed interaction between staff and patients during a pain clinic at Evesham Community Hospital. Patients we spoke with told us that the treatments, exercises and guidance they had received had enabled them to control their pain more effectively than they could prior to treatment.
- No audit of the pain service had been completed. The trust explained that patients all received a phone call the day after attending clinic, the results of the calls had been collated over the last twelve months into an audit report which was planned for completion by January 2016. This meant that for the past twelve months there had been no review the service so no issues were identified and addressed.

Equipment

- Theatre equipment had been standardised at all sites across the county including at Evesham Community Hospital. This meant that nursing staff and doctors who moved between sites were familiar with equipment available to them.
- Resuscitation trolleys were identical to those at other sites across the trust. They were checked regularly and a register kept of the checks.

Nutrition and hydration

- The trusts services at Evesham Community Hospital were day-case surgical cases as such most patients were required to have fasted prior to attending and were unable to eat or drink prior to their operations.
- We saw that drinks and snacks were available for post-operative patients.

Patient outcomes

- The trust engaged with national audit programmes, however not all audits involved procedures completed at Evesham Community Hospital. Results did suggest that surgical procedures in the trust were effective
- The trust had enrolled in the Royal College of Anaesthetists (RCOA) Anaesthesia Clinical Services Accreditation scheme (ACSA). The RCOA has yet to conduct a peer review of the Trust. Accreditation onto the scheme provides a structured process for improving services, Peer review and support, an assessment of performance against other hospitals and sharing of best practice to improve services.
- Evesham Community Hospital surgical procedures were only undertaken on a day-case basis. The surgical ward which supported patients prior to and following surgery closed each evening at 8pm. This meant that nationally figures for length of stay at Evesham Community Hospital are all listed as 1 day.
- Very occasionally patients at Evesham Community Hospital had to be transferred to the trust sister hospitals in Redditch or Worcestershire as they required further monitoring prior to being fit to discharge. Ward staff always remained with patients until they had been safely transferred even if this extended beyond 8pm. On one occasion a patient was deemed fit to discharge but required an ambulance to transfer home. Due to winter pressures and high demand on the ambulance service ward staff remained with the patient until 12:45am, ensuring that the patient was safe and comfortable.

Surgery

- Readmission rates at Evesham Community Hospital were very low. Readmission rates are compared across the country and are a guide to successful outcomes for patients. The lower the readmission rate the better the outcome. The analysis of data provides a ratio of observed to expected emergency readmissions, multiplied by 100. A trust value below 100 is interpreted as a positive finding, as this means there were fewer observed readmissions than expected. A value above 100 represents the opposite. Evesham Community Hospital's readmission rate for general surgery was 67, and for urology was 41. Overall readmission rate was 50.
- Patient reported outcome measures (PROM's) use a set of health and wellbeing questions to enable patients to assess their own personal level of health and their quality of life. The information is collated by the Health and Social Care Information Centre (hscic). Data is recorded prior to operations and then repeated after 3 or 6 months dependant on the procedure.
- Four surgical procedures are subject to PROM's data submission; hip replacement, knee replacement, groin hernia and varicose vein procedures. Evesham Community Hospital undertook groin hernia and varicose vein surgery; however PROM's data was only collated in respect of groin hernia. We asked the trust why they did not engage with the varicose vein PROMs data. They advised that they did provide data. However, the system employed by the hscic was designed to protect the identity of patients. This meant that low patient numbers would not be used in order to protect patient identity.
- Trust wide data. Including data from Evesham Community Hospital was submitted to the Health and Social Care Information Centre who publish the results and provide comparison with other hospital trusts.
- PROM's results are presented under EuroQol trademarks as EQ-5D and EQ-VAS. EQ-5D is based on descriptive information relating to five areas; mobility, self-care, usual activities, pain or discomfort and anxiety or depression. EQ-VAS is a visual analogue score. Patients mark on a chart their current health status, zero being the worst possible state and 100 being the best possible.
- EQ-5D data for the trust showed that the majority of groin hernia patients had experienced overall

improvement in the five areas measured, however the number of improved patients was slightly below the England average. EQ-VAS levels were in line with England average.

Competent staff

- Nursing staff on Burlingham Ward had all undertaken appraisals during the previous twelve months.
- 93% of nursing staff and 100% of administration and clerical staff had received an annual appraisal, against a trust target of 100% compliance
- Between January and March 2015 96% of theatre staff were up to date with their mandatory training, against a trust wide target of 95%. Between April and June 2015 this had fallen to 85%.
- Staff that were required to maintain registration with their professional bodies were supported to revalidate. We were told that evidence of practice was easy to collate and provide.
- We did not have the opportunity to speak directly with the consultants or anaesthetists during our visit to Evesham Community Hospital.

Multidisciplinary working

- As surgical services at Evesham Community Hospital were based on day case surgery, there was no evidence of multidisciplinary working at the site. Decisions and discussions about cases had all been completed during outpatient appointments. Patients we spoke with told us that they had received comprehensive assessments. In some instances patients had undergone physiotherapy sessions prior to being given their appointment.
- Protocols were in place should patients require transfer from Evesham Community Hospital to one of the other sites due either to complications or if their condition deteriorated. Staff understood the procedures and were able to quote examples of when it had used.

Seven-day services

- Surgical services at Evesham Community Hospital operated only on weekdays commencing with the arrival of the first patients at 7.30am. Operation lists were usually completed no later than 6.30pm with the ward open until 8pm. Ward staff will remain after 8pm if patients are not ready to be discharged.

Surgery

- Theatre lists usually commenced on time. Staff said that occasionally delays occurred when consultants had been delayed travelling from other hospitals. Delays occurred approximately once every two months, but this had not caused lists to be cancelled.

Access to information

- Staff had access to patient information both through the electronic systems and also to written records. Staff we spoke with confirmed that they had access to information and guidance to enable them to fulfil their role.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Patients confirmed that they had consented to the procedures. They described how consent had been given during outpatient appointments and during the admissions process.
- Staff we spoke with had a good understanding of the mental capacity act and how to support patients who lacked capacity to make decisions about their care or treatment. We were told that in most cases where patients lacked capacity they were accompanied by carer's or family members who were allowed to remain with them for as long as possible.
- There was clear guidance available for staff to follow did if a patient not have capacity. Documentation was available in the department which enabled staff to follow the guidance and ensured correct procedures would be followed.
- We did not encounter any patients during our inspection that did not have capacity. Staff described how capacity issues occasionally arose in relation to elderly patients with dementia or other memory problems, and with people with a learning disability.

Are surgery services caring?

Good



Overall this service was rated as good for caring

People were seen to be treated with respect and kindness. Patients and their relatives or carers appeared happy in the presence of staff.

Patients described how they and their partners or carers had been fully involved in discussions with doctors and nurses about their condition and options for treatment.

Staff described how patients were supported if they had to be given bad news.

Compassionate care

- We saw how staff interacted with patients on the ward and when being received into theatres. Staff were polite and friendly; patients appeared comfortable in the presence of staff and smiled during the conversations.
- We observed one patient as they were escorted by a ward nurse to the theatre and handed over to the theatre nurse. The patient was able to walk into the theatres area. A formal but friendly handover took place between the staff after which the theatre nurse introduced herself to the patient and explained her role.
- We saw that all staff introduced themselves when first meeting patients and they explained their position. Staff were pleasant, treated people with respect and made them feel welcome and at ease.
- Patients we spoke with were very complimentary of the staff that had cared for them. They described them as 'caring', 'supportive' and 'excellent'.
- Friends and family test results were very positive. In June 2015 a total of 60 people responded to the test. 59 patients said they would be extremely likely to recommend the services at Evesham Community Hospital to their family and friends, the remaining one said they were likely to do so.
- All patients were contacted within 24 hours of their operation and discharge to check on their wellbeing in line with best practice. Staff told us that patients had been extremely complimentary of this service.

Understanding and involvement of patients and those close to them

- Patients told us that they had been fully involved in discussions about their operations. They had received information as outpatients to prepare them for the procedures and had been able to discuss alternatives and the potential outcomes.
- Staff described the process for admitting patients on the day of their surgery. Patients confirmed the process;

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including having to provide their personal details, being asked questions about their general health and the proposed procedure and confirming such things as allergies, and consent.

- None of the patients present at the time of our inspection were accompanied by relatives. However some patients described how their relatives had been present during consultations and had been able to join in the discussions and including options for treatment.

Emotional support

- Staff understood that patients who were about to undergo operations were often apprehensive or anxious. The admissions process identified anyone who had particular concerns. Staff described options for supporting patients who had received bad news or who were anxious about procedures.
- Patients told us how staff had put them at ease and spent time with them which had made them feel more relaxed.

Are surgery services responsive?

Good



Overall we rated this service as good for responsiveness

Processes were in place which ensured vulnerable people were supported.

There were processes in place to support and respond to people who wished to complain.

Theatres did not work at their full capacity, meaning people had to wait longer to be treated.

Service planning and delivery to meet the needs of local people

- The theatres and ward at Evesham Community Hospital were not used to full capacity. From January to June 2015, theatres operated at an average of 48% of optimum capacity. Although the trust said that spaces on the operating lists at Evesham were offered to patients from its sister hospitals in order for them to be treated earlier, it was clear that there were not effective systems in place to ensure that operating lists were full. This means that patients were waiting longer for their operations than was necessary

- Patients admitted for surgical procedures at Evesham Community Hospital were required to be relatively fit and well. Patients need a body mass index (BMI) under 40, and an ASA score no higher than ASA2. ASA scores range from 1 to 6. ASA1 is a normal healthy patient; health and wellbeing reduce as the ASA number increases. ASA scores are assessed by anaesthetists following the American Society of Anaesthesiologists (ASA) physical status classification system.
- Procedures were completed primarily to meet the needs of the local population; however, some patients had elected to have their surgery at Evesham Community Hospital as an alternative to longer waiting periods elsewhere in the Worcestershire Acute Hospitals NHS Trust catchment area. Staff explained that the additional patients helped surgeons complete full lists making the theatre and ward more cost effective.

Access and flow

- Patients who could not be discharged were transferred to one of the trusts sister hospitals usually the one closest to their home where care or a bed was available.
- Patient flow at Evesham Community Hospital was not problematic, patients attended on the day of surgery and virtually all patients were discharged home following a short period of recovery and monitoring on the ward.
- Most theatre lists were single sex lists to enable the ward to conform to national guidance on single sex accommodation. Staff said this could be difficult to manage particularly if patients requested alternative dates for their surgery. Certain procedures were listed on certain days by surgeons. These would alternate by sex which meant that there could be delays in accommodating patient's preferences, and it also led to some lists being small which did not fully utilise the theatre capacity.
- On average eight procedures were completed each day in theatre. A typical list might be five or six gynaecological operations in the morning and 3 or 4 orthopaedic operations in the afternoon.
- We were not able to observe the admissions process, however staff described the process and we saw the documentation used. Patients confirmed what staff had described.
- Discharge from the ward was nurse led within the guidance agreed with consultants. Patients using the service were general well and were able to care for

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themselves or be cared for with assistance from family. Discharge letters were provided for GP's explaining the procedure the patient had undergone. GP on call services were available to the ward through a service level agreement.

- There had only been two incidents of cancelled theatre lists at during the previous nine months at Evesham Community Hospital.
- Between January and September 2015 the Evesham theatre had completed 1,185 procedures. During the same period a total of 20 operations or slightly over 1.5% of the total had needed to be cancelled.

Meeting people's individual needs

- The majority of patients who used services at were able bodied ambulatory patients who had full understanding of their condition and care needs. People with more difficult conditions or who needed more support were treated at the trusts main sites where additional support was available.
- Patients treated at Evesham Community Hospital were all adults. The service did not provide any services to young people under 16 years old. We saw evidence that six procedures had been carried out on patients aged 16 years between August 2014 and July 2015. Five procedures were completed under general anaesthesia and one under local anaesthesia. We saw that the treatments were appropriate to the facilities available at the site.

Learning from complaints and concerns

- People we spoke with at Evesham Community Hospital told us that they had no reason to complain about the service they received, they said that staff answered queries quickly and tended to all their needs.
- Staff told us that most concerns were raised by patients who had experienced longer than anticipated waits for their operations. Reasons for delay were usually due to other operations overrunning. When patients were informed of the reasons they usually understood.
- There had been two formal complaints during in the last twelve months. One related to a patient having to arrive for 9am when there were two patients ahead of them on the list. The other related to the cancelation of an operation on an elderly patient due to their frailty. The patient's relative was not happy that a transfer was

proposed. After consultation with the surgeon a less intrusive procedure was agreed to by the patient and family which enabled the operation to be completed at Evesham Community Hospital.

- Details of complaints were posted on the staff notice board and discussed during handovers to enable learning and prevent reoccurrences.

Are surgery services well-led?

Good



Overall we rated this service as good for being well-led.

Staff described the culture of the trust as open and honest; they felt supported by their managers and were happy to work there.

There was very little public engagement. The hospital itself was run by a partner trust who acted as host to the surgical ward, theatre and imaging service. There was a very small reference to Evesham Community Hospital on the Worcestershire Acute Hospitals NHS Trusts website which included a link to the host trust's website. We saw that there was an equally small reference to the service on the partner site.

Staff engagement was primarily through email and intranet systems

The service was very popular with people who lived in the area. However due to the type of procedures which were able to be performed demand often left capacity. Vacant slots on theatre lists were offered to patients from sister hospitals, reducing their wait and reducing the other hospitals lists.

Some lists were filled by surgeons from a neighbouring trust who used the facilities at Evesham Community Hospital along with the theatre and ward staff.

Vision and strategy for this service

- Staff we spoke with were familiar with trusts mission statement and were aware of the trust values relating to Patients, Respect, Improvement and innovation, dependability and empowerment, (PRIDE).

Governance, risk management and quality measurement

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- Trust policies, procedures and guidance were available to staff through printed copies and through the intranet.
- Incidents were reported, analysed and responded to. Risks were identified escalated.
- Systems were in place to enable managers to monitor audit and assess the quality of service provided.
- Regular meetings took place between staff groups with clear escalation and feedback where required.
- Executive level managers were not as visible as some staff would like. However we were told of three executive level visits during the past six months. Despite this staff believed senior managers understood the department and supported them when they could.

Leadership of service

- Local on-site leadership was good within theatres. However staff told us they felt very isolated from the main trust. Senior management was provided through the theatre managers at Worcestershire Royal Hospital. Staff told us that senior managers were visible and occasional executive level managers visited. However due to the remoteness of the site, staff felt that they did not have the support which was available at the larger sites.
- The theatre manager described having very little protected time to complete administrative tasks due to having to fill-in for absences of theatre nurses.
- Ward staff believed that they had been well supported by the trust. They described the transfer to Worcestershire Acute Hospitals NHS Trust as having been a positive experience which had improved networking and training opportunities.
- Managers understood their role within the organisation, supported their staff and escalated issues where required. Escalation of some issues required liaison with senior managers at Worcestershire Acute and Community trusts due to the facilities being maintained and hosted by the Worcestershire Health and Care NHS Trust.
- Staff told us they felt supported. Ward and theatres staff confirmed that senior staff regularly performed clinical tasks which enabled them to learn and provided supervisors with the opportunity to review the practice of staff.

Culture within the service

- Staff we spoke with described the culture within the trust as open and supportive. Interactions between staff of different disciplines and at all levels were respectful and professional.
- Staff described the hospital as a nice environment to work in.
- We noted that the majority of the trusts monitoring systems did not identify Evesham in their data collection. The divisional performance and efficiency metrics dashboard had references for utilisation of theatres and booking efficiency of theatres which included Worcestershire, Alexander and Kidderminster, but did not mention Evesham. This suggests that Evesham theatres did not receive the oversight, support or recognition it deserved from more senior management.

Public engagement

- There was no direct public engagement at Evesham Community Hospital as the services were provided as a satellite for the Worcestershire Acute Hospitals NHS trust. The trust website had very little information about the site and referenced people to the host trusts website. When we viewed that site we saw similar limited information about the theatre and ward.

Staff engagement

- Staff engagement was primarily through team meetings, training events and email and intranet services. Training was provided trust wide which enabled staff from the different hospitals to meet and network.
- All staff based at or visiting Evesham Community Hospital had access to the trust computer systems, and could access their email accounts and intranet information.

Innovation, improvement and sustainability

- The facilities and environment at Evesham Community Hospital meant that there was little opportunity to expand services.
- Theatre lists were managed well to ensure that mixed sex breaches did not occur. This made it difficult to fill some lists as there were not always sufficient patients of one sex or other requiring similar procedures. Lists were supplemented by patients who were not local to Evesham Community Hospital who opted to receive their treatment there rather than wait for availability at the busier sites.

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- Mangers believed the site provided excellent facilities for local people to undergo minor procedures. Sustainability was ensured by offering the vacant slots to patients from the other sites.
- The trust had a service level agreement with a neighbouring acute trust which meant Lists on some days were filled by surgeons and patients from a neighbouring area but using local nursing and theatre staff, this helped sustain the service.

Specialist burns and plastic services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Summary of findings

Specialist burns and plastic services

Are specialist burns and plastic services safe?

Are specialist burns and plastic services responsive?

Are specialist burns and plastic services effective?

Are specialist burns and plastic services well-led?

Are specialist burns and plastic services caring?

Critical care

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Summary of findings

Critical care

Are critical care services safe?

Are critical care services responsive?

Are critical care services effective?

Are critical care services well-led?

Are critical care services caring?

Services for children and young people

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Summary of findings

Services for children and young people

Are services for children and young people safe?

Are services for children and young people responsive?

Are services for children and young people effective?

Are services for children and young people well-led?

Are services for children and young people caring?

Transitional services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Summary of findings

Transitional services

Are transitional services safe?

Are transitional services responsive?

Are transitional services effective?

Are transitional services well-led?

Are transitional services caring?

End of life care

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Summary of findings

End of life care

Are end of life care services safe?

Are end of life care services responsive?

Are end of life care services effective?

Are end of life care services well-led?

Are end of life care services caring?

Outpatients and diagnostic imaging

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

Summary of findings

Outpatients and diagnostic imaging

Are outpatient and diagnostic imaging services safe?

Are outpatient and diagnostic imaging services responsive?

Are outpatient and diagnostic imaging services effective?

Are outpatient and diagnostic imaging services well-led?

Are outpatient and diagnostic imaging services caring?

Outstanding practice and areas for improvement

Outstanding practice

Areas for improvement

Action the hospital MUST take to improve
Action the hospital SHOULD take to improve

- Review its arrangements for utilising its full theatre capacity to ensure patients are treated sooner

Action the hospital SHOULD take to improve

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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