

The Royal Wolverhampton NHS Trust

Inspection report

New Cross Hospital
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Date of inspection visit: 20 Feb 2018 to 22 Mar 2018
Date of publication: 27/06/2018

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

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

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

Ratings

Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Are resources used productively?

Good 

Combined quality and resource rating

Summary of findings

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

Background to the trust

The Royal Wolverhampton NHS Trust (RWT) is a large tertiary, acute, community and primary care provider, with 808 beds available across its three sites.

The trust three main hospital sites are New Cross Hospital, Cannock Chase Hospital and West Park Hospital.

The trust provides urgent care, medical care, surgery, children and young people services, maternity services, outpatients, diagnostics, end of life and critical care services. The trust serves a population of over 450,000.

In addition, the trust manages nine GP practices in and around the Wolverhampton area.

Overall summary

Our rating of this trust improved since our last inspection. We rated it as Good ● ↑

What this trust does

The trust consists of three hospital sites and includes several GP practices.

New Cross Hospital provides a range of services including Emergency care, Medical Care, surgery, outpatients, maternity, diagnostics and critical Care Services. Other services including specialist care are also provided at the hospital. There are specialist facilities for cardiac and stroke patients provided by the regional heart and lung centre.

Cannock Chase Hospital provides medical care, surgical services and a range of outpatient services.

Rehabilitation and community inpatient services are provided at West Park Hospital.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

Our core service inspection took place between 20 February 2018 and 28 February 2018 and concluded with the well led inspection on the 22 March 2018.

Summary of findings

During this period we inspected six core services across two sites. Most of the inspection activity occurred at the New Cross Hospital site where we looked at the emergency department, medical wards, a patient services and diagnostics. We also inspected maternity services and surgery at new cross hospital and surgery at Cannock Chase Hospital.

Our comprehensive inspections of NHS trusts have shown a strong link between quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at trust level. Our findings are in the section headed is this organisation well led? The well led inspection took place on 20, 21 and 22 of March 2018 and our findings are located under the heading is the organisation well led.

What we found

Overall trust

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

The quality of care had improved since the last inspection. Staff understood their responsibilities in providing safe and effective care to patients. Staff were able to describe the process for raising concerns and told us that they were supported when raising concerns

Are services safe?

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

Mandatory training compliance was low within the medical staff grades across the trust and was below trust target of 95%.

Compliance with the World Health Organisation (WHO), checklists had deteriorated since the last inspection.

Some areas did not meet infection prevention and control standards in one case the theatre was closed due to environmental issues.

Are services effective?

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

There were positive working relationships between all staff in particular, communication between doctors and nurses was good. A multi-disciplinary team (MDT) approach was evident throughout the trust.

The patients care and treatment was planned and delivered in line with evidence based guidelines. Policies and guidance had been reviewed and were up to date.

Patients were treated in accordance with national institute for health and care excellence (NICE) guidelines.

All staff had access to information and enabling them to work effectively with patients.

Staff demonstrated good understanding of the consent processes for patients.

Are services caring?

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

Staff supported patients' emotional needs and responded to their care and treatment in different ways and according to their social, religious and spiritual needs.

Patient feedback regarding the care provided by staff was consistency positive. They told us they understood their treatment and were aware of care plans including discharge information.

Summary of findings

Staff supported patients who were at that end of life. Staff had been involved in arranging a wedding for one particular patient. The ceremony took place on one of the wards.

The trust facilitates an annual memorial service for families whose children have died. This service is well supported by senior staff, ward staff and the local community.

Are services responsive?

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

Staff were responsive to the needs of patients. Families were involved inpatient care by providing information to formulate an individual care plan.

There were a variety of methods to support patients whose first language was not English.

Translation services were easily accessible and literature was available in a variety of different languages that reflected the community.

The trust used an electronic system to monitor and analyse patient's movement throughout the trust.

Are services well-led?

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

The trust had an affective governance framework which supported good quality care.

Staff had an awareness of the trusts vision and values and told us that they focused on high quality safe care.

Staff told us they felt respected and valued by senior leaders. Staff of all grades felt included in the development of services at the hospitals.

Learning from incidents and positive experiences were shared with staff. A monthly good news letter was distributed to all staff via the Internet and at team meetings.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We considered all ratings in deciding overall ratings.

Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice at New Cross Hospital in Medical Care, Surgery, Maternity, Outpatients and Diagnostic Imaging. For more information, see the Outstanding practice section of this report.

Areas for improvement

We found areas for improvement including four breaches of legal requirements that the trust must put right. We found 30 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

Action we have taken

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Summary of findings

We issued four requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of legal requirements in, urgent and emergency care, medical care (including older people's care) and surgery.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

In Urgent and Emergency Care at New Cross Hospital:

- The trust had carried out "stress survey" for all staff, who could answer all questions around workload-this was done confidentially and anonymously.
- The trust was working towards creating a 'suicide training package' staff attended regular meetings with CCG and suicide awareness meetings.
- Trust have taken part in the LD mortality review programme, a national programme run by Bristol University looking at the deaths of people with LD from four years age upwards. The programme started in October 2017.

In Medical care (including older people's care) at New Cross Hospital:

- The trust had won the patient safety award with the CCG for collaborative work for improved outcomes for patients with pressure ulcers.
- The trust's Tissue Viability Strategy is multi agency and enabled a driver of change.
- The stroke unit had won an award because of improvements to care and treatment.

In surgery at New Cross Hospital:

- Staff within the surgical directorate displayed an excellent approach to patient care and dignity. An internal award for patient care had been won within 2017 which involved the work of theatre staff.
- The trust was involved in a range of innovative projects to improve patient outcomes. Key initiatives incorporated alternative treatment for prostatic hypertrophy (enlarged prostate gland) and the use of smaller pacemakers to be inserted into patients with heart conditions.

In Maternity services at New Cross Hospital:

- Maternity services had implemented a new Quality Education & Normality (QEN) role to support training and development in the department.
- The unit provided dedicated postnatal transitional care.
- Maternity services were part of the National Maternal and Neonatal Safety Collaborative.

In Outpatients at New Cross Hospital:

Summary of findings

- The trust had carried out “stress survey” for all staff, who could answer all questions around workload-this was done confidentiality and anonymously.
- Rheumatology then introduced a Rapid Access Clinic and the success of such has meant that the department was the runner up for West Midlands Rheumatology Forum for this initiative.

In Diagnostic imaging at New Cross Hospital:

- The introduction of a form on the back of a patient questionnaire; the form prompted the radiographers in areas such as the six point ID check and if the radiographers had checked the scan request on the electronic system.
- Staff were able to give several examples of how they supported and reassured patients when they were anxious such as distraction and relaxation techniques, singing, playing music and talking to patients on the microphone.
- If a patient was nervous they could go into the room where the diagnostic imaging procedure would take place so they could familiarise themselves with the room.

Areas for improvement

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

Action the trust MUST take to improve

We told the trust that it must take action to bring services into line with four legal requirements. This action related to three services at two locations.

In urgent and emergency services at New Cross Hospital:

- The trust must ensure that all fridge temperatures are regularly checked and documented
- The trust must ensure that all staff complete their safeguarding training
- The trust must ensure that all patients in triage are prioritised and seen promptly once seen by the reception staff.
- The trust must ensure that record keeping around documentation, sepsis screening and NEWS charts are filled out accurately.
- The trust must ensure that all equipment checks are checked regularly.

In medical care (including older people’s care) at New Cross Hospital:

- The trust must ensure that equipment is regularly serviced to ensure it is safe to use, and that the correct labels are displayed on equipment to confirm the date of service.
- The trust must ensure that substances falling under COSHH regulations are stored in accordance with COSHH guidelines.
- The trust must ensure that medicines are stored safely and in accordance with safe administration medicine guidelines
- The trust must ensure that both electronic and paper records containing details of patients are managed in accordance with the data protection act.
- The trust must ensure that products which could cause harm to patients, staff or visitors are stored away safely.

Summary of findings

- The trust must ensure that staff respond to the needs of patients within the discharge lounge including the patient's medication needs and deteriorating health conditions.

In surgery at New Cross Hospital:

- The trust must ensure that operating theatres comply with Health Building Notice requirement 26.
- The trust must ensure that all aspects of the World Health Organisation safer surgery checklist is fully completed as per trust policy.
- The trust must ensure that patients who may lack capacity to consent to treatment or care are assessed accurately following the Mental Capacity Act requirements.

In Surgery at Cannock Chase Hospital:

- The trust must ensure that its operating theatres are closed environments to ensure that risk of patients being infected is kept to minimum.
- The trust must ensure that it carries out appropriate 'sign in' and 'time out' processes in line with the WHO checklist and audit this process adequately.

In Maternity at New Cross Hospital:

- The trust must ensure that all medical staff working in the maternity department are trained to level 3 safeguarding children, in line with current guidelines.

Action the trust SHOULD take to improve

We told the trust that it should take action either to comply with a minor breach and did not justify regulatory action, to avoid breaching a legal requirement in the future or to improve services. This action relates to seven services at two locations.

In urgent and emergency services at New Cross Hospital:

- The trust should ensure that all fridge temperatures are regularly checked and documented.
- The trust should consider improving patient outcomes in some areas that failed to meet the standards.
- The trust should ensure that all staff complete their mandatory training.

In medical care (including older people's care) at New Cross Hospital:

- The trust should ensure it continues to work to reduce the number of patients sustaining falls.
- The trust should ensure that they improve on adults and children's safeguarding training for adults and children levels 1 and 2 for medical staff and for nursing staff in safeguarding adults and children level 2 in order to meet the trust's target of 95%.
- Managers should ensure that all staff have received an up to date appraisal.
- The trust should ensure a more consistent approach around the practice of mental capacity assessments and deprivation of liberty safeguarding assessments.
- The trust should ensure a review of sepsis pathways and sepsis audit action plans takes place, across core services.
- The trust should consider reviewing the process for cancelling a prescription.

In surgery at New Cross Hospital:

Summary of findings

- The trust should ensure that all staff consistently maintain a good level of hand hygiene.
- The trust should ensure that any shortfalls in mandatory training are addressed.

In Surgery at Cannock Chase Hospital:

- The trust should ensure that staff do not wear scrubs outside of the operating theatre in line with the trust policy.

In Maternity at New Cross Hospital:

- The trust should ensure to review the storage of medical records particularly in areas, which could be accessed by patients and relatives.
- The trust should ensure that staff complete mandatory training in accordance with their role.
- The trust should ensure that root cause analysis investigations are reviewed to ensure all pertinent information is included.
- The trust should ensure that patients complete their antenatal appointments in a timely manner.

In Outpatients at New Cross Hospital:

- The trust should ensure that all staff complete mandatory training.
- The trust should ensure that issues identified with the patient transport services resulting in lengthy delays for patients in returning home are addressed and ensure effective systems are in place to monitor patients whilst they wait to be collected.
- The service should ensure all medications are stored in a safe way which restricts access to non-essential staff and the public.
- The trust should ensure that all staff are aware of the trust values.

In Diagnostic Imaging at New Cross Hospital:

- The trust should ensure that all staff are up to date with mandatory training.
- The trust should ensure that all staff wash their hands between patient contact.
- The trust should ensure that clean items are not stored in the dirty utility rooms.
- The trust should ensure that there is a process in place to ensure items such as consumables that are out of date are identified.
- The trust should ensure that all policies and procedures are up to date.
- The trust should ensure that a system is in place to check the expiry dates of oxygen cylinders within the department.
- The trust should ensure that staff completing scans liaise with ward staff if there is a doubt about a patient's capacity to consent to a scan
- The trust should consider at additional ways in which they could support patients with a learning disability or dementia.
- The trust should consider at if pathways and processes are required to determine when and which referrals are urgent.
- The trust should consider collecting and analysing patient feedback to enable senior staff to look at what the department were doing well and how it could be improved.

Summary of findings

- Trust should review procedure for L3 safeguarding children trained staff, being available when an emergency occurs or if a clinician is not available from the paediatric department.

Is this organisation well-led?

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

We rated well led at the trust as good because:

- The leaders had the skills, knowledge, experience and capacity to lead the trust and provide high quality sustainable care. The executive team were well established and appropriately experienced.
- The trust had a vision and workable plans to implement it, developed with involvement from staff, patients, and key groups representing the local community. The strategy had recently been refreshed to ensure it was inclusive of the changing range of services the trust provided.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Feedback from staff was positive with effective multidisciplinary working in place.
- The trust used a systematic approach to continually improving the quality of its services and safeguard high standards of care by creating an environment in which excellence in clinical care would flourish. There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality sustainable services. These were regularly reviewed and improved. These were not yet as well embedded in the primary care services.
- The trust had mostly effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. There were appropriate assurance systems in place with clear structures and processes through which performance issues were escalated appropriately. Some risks such as ensuring all staff groups had received the correct level of safeguarding training had not been identified but the trust took action to address once aware.
- The trust collected, analysed, managed and used information well to support its activities. There were information systems which met the needs of the services. For example, the trust had a real-time locating IT system which had improved both patient safety and flow through the hospitals
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. A comprehensive research programme was in place which was informing patient outcomes and offering patients alternatives to existing care and treatment options.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
New Cross Hospital	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
Cannock Chase Hospital	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018
Overall trust	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
Community	Good Sept 2015	Good Sept 2015	Outstanding Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Overall trust	Requires improvement →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for New Cross Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018
Medical care (including older people's care)	Requires improvement ↑ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2017
Surgery	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018
Critical care	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015
Maternity	Good Jun 2018	Good Jun 2018	Outstanding Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Services for children and young people	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
End of life care	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Outpatients	Good Jun 2018	N/A	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Diagnostic imaging	Good Jun 2018	N/A	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Overall*	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018

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

Ratings for Cannock Chase Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Medical care (including older people's care)	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Requires improvement Sept 2015
Surgery	Requires improvement ↓ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018
End of life care	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Diagnostic imaging	Requires improvement Sept 2015	N/A	Good Sept 2015	Requires improvement Sept 2015	Good Sept 2015	Requires improvement Sept 2015
Overall*	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018

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

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Sept 2015	Good Sept 2015	Outstanding Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Community health services for children and young people	Good Sept 2015	Good Sept 2015	Outstanding Sept 2015	Good Sept 2015	Outstanding Sept 2015	Outstanding Sept 2015
Community health inpatient services	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Community end of life care	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Overall*	Good Sept 2015	Good Sept 2015	Outstanding Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015

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

New Cross Hospital

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Key facts and figures

The trust provides acute hospital services to the local population in the City of Wolverhampton and surrounding areas.

New Cross hospital is the largest of the three sites that form the Royal Wolverhampton NHS Trust and acts as the main headquarters for the trust. It is situated approximately one mile from the city centre, with good transport links nearby.

The hospital provides urgent care, medical care, surgery, children and young people services, maternity services, outpatients, diagnostics, end of life and critical care services. A regional heart and lung specialist centre is located on the site.

We inspected urgent and emergency care, medical care, surgery, maternity, diagnostics and outpatient services.

Summary of services at New Cross Hospital

Good ● ↑

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

We saw improvement from the last inspection in 2015.

We rated effective, caring, responsive and well led as good, with safe being rated as requires improvement.

Urgent and emergency services

Good   

Key facts and figures

During the inspection in June 2015, the trust were in the process of completing construction of a new emergency and urgent care facility on the New Cross Hospital site. The new centre was opened in November 2015.

The Emergency Department (ED) provides 24 hours a day, seven days a week service. Attendances across the trust from February 2017 to January 2018 were 155,874.

New Cross also provides 24 hours a day, seven days a week paediatric emergency department, from February 2017 to January 2018, the trust saw 32,830 of children under the age of 18 years of age.

The main ED consisted of five resus bays and a dedicated cubicle for paediatrics, 19 majors cubicles including ambulance offload area, five rapid assessment treatment (RAT) cubicles, five minors cubicles with dedicated see and treat consulting rooms. The department is a recognised trauma centre.

The paediatric emergency department was of a good size within the main department and consisted of a medium size reception area with a child friendly area to play with toys, six cubicle spaces, with one being used as a 'see and treat' service, and one triage room. The paediatric department was segregated from the main department by lockable doors, which were only accessed by authorised staff using a swipe card system.

ED had access to a Clinical Decisions Unit (CDU) with eight beds and seven seats within the Urgent Care Centre (UCC). The UCC was co-located with the emergency department. An external provider ran this centre. At main ED reception desk there were two receptionists with support from two triage nurses one who worked for the urgent care centre (UCC) and the other for the trust, both triage nurses worked closely and saw all patients' who attended ED at the hospital. Patients with minor illnesses or injuries were diverted either to UCC or to the minors' area within the emergency department. The Acute Medical Unit (AMU) has a dedicated 48 beds, and is co-located with the ED in the UCC.

We carried out an unannounced visit to the ED on 20 and 21 of February 2018, and an unannounced out of hours on the evening of 20 February 2018. We reviewed 20 patient records throughout our inspection and we spoke with 17 staff and seven patients.

ED at New Cross hospital was last inspected by CQC in June 2015, as part of the comprehensive hospital inspection programme, at that time urgent care services were rated as 'Good'.

Summary of this service

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

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

- There was an incident reporting process in place and staff knew how to report incidents.
- Staff supported and provided new staff with individual induction plan to ensure the skills they brought with them were recognised and any additional training required would be identified.
- ED had an open and learning culture, fully focused on safe and high quality patient care.
- The trust employed competent staff and ensured all staff were trained appropriately to undertake their roles.

Urgent and emergency services

- Safeguarding procedures and processes were in place to safeguard and protect vulnerable patients from avoidable abuse.
- Patients received a robust clinical assessment when presented to ED.
- ED used a nationally recognised triage system; staff in triage were trained to use this system.
- Infection, prevention, and control (IPC) measures were in place to ensure patients were protected against hospital-acquired infections whilst in the department.
- The department was clean and some equipment was well maintained.
- Staff followed evidence based pathways to ensure patients were cared for safely and effectively.
- Medicines management and documentation were generally good.
- The trust's median time from arrival to initial assessment was consistently better than the England average.
- There was a room available in ED for staff to assess adults and children with mental health conditions.
- The trust had an observation policy and restraint policy.
- The trust had a psychiatric liaison team, available 24 hours a day, seven days a week and an on call psychiatrist available 24 hours a day, seven days a week.
- Regular governance meetings took place.
- Staff actively sought feedback from patients and staff and used this information to identify how the service could improve.
- We saw examples of positive local leadership in the emergency department.

However:

- Managers had not ensured that all staff had completed their mandatory training;
- Mental Capacity Act (MCA) training had low compliance rate.
- Documentation was not consistent.
- Temperatures for medicine refrigerators were not always recorded throughout the emergency department.

Is the service safe?

Requires improvement ● → ←

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

- The trust target for mandatory training compliance was not met for nursing or medical staff in some subjects. However, the service had action plans in place, these were monitored regularly, and the trust had set a high percentage target of 95%.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service had met the national trajectory of 85% by March 2018 in PREVENT training as set out by the NHS England. Most nursing staff had received the required level of safeguarding training, however, only just over half of medical staff had received level 3 safeguarding.

Urgent and emergency services

- The service had suitable premises and equipment and these were maintained well. There was adequate availability of emergency and specialist equipment for all patient groups. However, some equipment checks were out of date.
- Although the service generally had effective systems in place to recognise and respond to deteriorating patients' needs and clinical risk, observations of the patients using the national early warning scoring system was inconsistently applied. In additional documentation around the sepsis pathway for adult care was not always followed or correctly completed. However, this had significantly improved when reviewed at our unannounced inspection.
- Staff did not always keep appropriate records of patients' care and treatment. Some records were clear and up to date but some lacked key information.
- Generally, the service prescribed and stored medicines in line with local and national guidelines. However, the documentation around medications was not consistent across different documents and temperatures for the storage of medicines were not recorded appropriately.

However:

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used appropriate control measures to prevent the spread of infection.
- The service deployed sufficient numbers of nursing staff with the right qualifications and skills to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service had sufficient numbers of medical staff with the right qualifications and skills to keep people safe from avoidable harm and abuse and to provide the right care and treatment. There was sufficient medical cover to provide consultant presence in the department for 16 hours a day, as recommended by the Royal College of Emergency Medicine.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information.

Is the service effective?

Good   

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

- The service used current evidence based guidance and quality standards to inform the delivery of care and treatment. Local and national audits were completed and actions were taken to improve care and treatment when indicated.
- Nutrition and hydration needs were identified, monitored, and met. Patients had access to dieticians.
- Pain was assessed and managed on an individual basis and was regularly monitored throughout patient care.
- The service monitored the effectiveness of care and treatment and used findings to improve them. The audits results showed variable results with actions plans in place to address areas that required improvements.
- Managers' ensured that the majority of staff were appraised annually. Staff had the skills, knowledge, and experience to deliver safe care and treatment.
- Arrangements were in place for supporting staff and managing staff appraisals, staff told us they found appraisals to be useful and they were encouraged to identify any learning needs they had.

Urgent and emergency services

- The multidisciplinary team worked well together to support patients holistically; doctors, nurses and other healthcare professionals supported one another to provide good care.
- Staff demonstrated good awareness of consent, the Mental Capacity Act (MCA), and deprivation of liberty safeguards (DoLS), despite the low compliance-training rate.

Is the service caring?

Good   

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

- Staff cared for patients with compassion and respect. Patients' feedback and those close to them throughout our inspection was positive. Staff treated patients with dignity, respect, and empathy.
- Staff provided emotional support to patients and those closed to them. Patients' emotional and social needs were seen as being as important as their physical well-being.
- Patients had access to the trust bereavement service, chaplaincy service, patients advice and liaison service (PALS), psychiatric services, social workers, safeguarding services, and alcohol / drug liaison service.
- Patients who used the service and those close to them were active in their care and treatment. Staff were committed in working with their patients to ensure they were kept up to date on their care.

Is the service responsive?

Good   

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

- The service planned and delivered services to meet the needs of people using the service. Patients' needs and their preferences were considered and acted upon to ensure services were delivered and accessible in timely manner.
- Patient's needs were taken into account when delivering and coordinating services, including those who were vulnerable and had complex needs. Staff had access to interpreters to aid communication with their patients.
- Patients had access to the right care at the right time. Access to care was managed to take account of patients with urgent needs. Although the trust was not meeting the four-hour target to admit, transfer or discharge patients within four hours of arrival in the emergency department they were mostly performing better than the national average.
- The service treated patient concerns and complaints seriously and investigated; lessons were learned from complaints and shared with all staff.

Is the service well-led?

Good   

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

- The service had a vision of what it wanted to achieve and had workable plans to turn it to action. Trust had set values but staff were not able to recite the values however, we saw staff demonstrating trust values.

Urgent and emergency services

- Managers across each department within ED promoted a positive culture that supported and valued their staff with shared values on patient care and improving the quality of care within the trust and their own department.
- The service had a systematic approach to continually improve the quality of the emergency department. The governance arrangements were clear and operated effectively; staff understood their roles and accountabilities.
- The service had an effective operation system in place for identifying risks, planning to eliminate and reduce risks and the ability to cope with expected and unexpected challenges within the emergency services.
- The service collected, analysed, managed, and used information effectively to support the emergency department activities using secure systems with security to safeguard all processes in use.
- The service engaged well with patients, staff, and the public and local organisations to plan and manage appropriate services and collaborated with partners' organisations effectively.
- The trust was committed to improving services by learning from things that have gone well and when things go wrong, promoting training, research, and innovation.

Outstanding practice

We found three areas of outstanding practice in this service. See the outstanding practice section at the beginning of the report.

Areas for improvement

We found nine areas of improvement in this service. See areas for improvement section at the beginning of the report.

Medical care (including older people's care)

Good  

Key facts and figures

The Royal Wolverhampton NHS Trust provides medical care across two sites:

- Cannock Chase Hospital
- New Cross Hospital.

At New Cross Hospital there were 432 medical beds across 27 wards and other reporting units: This included Cardiology, Elderly care, Renal, Diabetes, Stroke, Cancer, Neurology, Respiratory and Gastroenterology. Beds were divided equally between male and female patients of all ages.

At Cannock Chase Hospital there were 27 beds located on Fair oak ward, a care of the elderly ward. We did not inspect medical care at Cannock Chase Hospital

The trust (New Cross Hospital and Cannock Hospital) had 60,337 medical admissions from October 2016 to September 2017. Emergency admissions accounted for 18,542 (31%), 1,072 (2%) were elective, and the remaining 40,723 (67%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 28,754
- Clinical haematology: 8,297
- Clinical oncology (previously radiotherapy): 8,254

We inspected 15 medical wards at New Cross Hospital. The wards we inspected were, the Discharge Lounge, Gastroenterology (C41), Acute Medical Unit (AMU), Stroke Unit (B12), Respiratory Wards (C18 and C19), Care of the Elderly Wards (A7, A8 and C22), Diabetes Ward (C15), Cardiology Ward (B14), Clinical Haematology (B11), and Renal wards (C8, C24 and C25).

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

We carried out a Short Observational Framework Inspection (SOFI) in the discharge lounge. This is an observational tool used to help us collect evidence about the experience of people who use services, especially where people may not be able to fully describe this themselves because of cognitive or other problems. The original tool was broadened to be suitable for use in wide range of communal care settings in which CQC regulates including care homes, hospitals and independent healthcare settings. It enables inspectors to observe people's care or treatment looking particularly at staff interactions.

We spoke with ten members of the medical team including consultants, middle grade doctors and junior doctors. We spoke with three matrons, seven ward managers, four sisters, the Tissue Viability Nurse (TVN) specialist, a Speech and Language Therapy (SALT) nurse, eight staff nurses, two patient flow coordinators, fourteen health care assistants, two physiotherapists and three members of the domestic staff team. We spoke with 53 patients and 15 visitors.

We looked at the nursing records for 32 patients in total.

The stroke unit had plans in place to move from 23 to 39 beds by 9 April 2018.

Summary of this service

Medical care (including older people's care)

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

- The initiatives in place to recruit additional nurses had meant that the provision of staff throughout the medical unit had improved since our previous inspection.
- Incident reporting was improved and established and staff felt concerns were adequately addressed and feedback and learning took place.
- Caring had improved since the last inspection. Patients thought staff were kind and friendly and felt that their dignity and privacy were respected. We observed kind and compassionate care where staff were sensitive to the needs of patients.
- The trust worked together with partners and commissioners to respond to the needs of the patients. We saw patient focussed approaches to care and treatment.
- Waiting times for treatment were generally better than the England average.
- Staff were positive about the standard of care they provided and the support they received from their managers.
- Ward areas were clean and hygienic and infection control processes were in place to safeguard patients from harm.
- The culture of audit and improvement within the medical services was now embedded and the trust had won various awards for their quality improvement.
- There was good Multi-Disciplinary Team (MDT) working and relevant staff met regularly to discuss the needs of the patients in each area.
- We particularly noted good progress and improvements in helping to keep patients safe. The trust was focussed on reducing the number of patients who developed pressure ulcers and reducing the number of falls patients were sustaining.
- There was a local vision and strategy for medicine which was linked to the trust's overall vision.

However, we saw areas in which the service needed to improve:

- Not all equipment was up to date with servicing requirements and therefore it could not be guaranteed that this equipment was safe to use. Some equipment was not stored safely.
- Not all cleaning and other hazardous products were stored as required by the Control of Substances Hazardous to Health (COSHH).
- Not all medication was prescribed, administered and stored safely.
- Not all records pertaining to the care and treatment of patients, including fluid/nutritional intake were fully completed to reflect what patients had consumed.
- The trust did not always maintain patients' records securely to ensure confidentiality in line with the data protection act.
- In the discharge lounge staff did not identify that a patient's condition had deteriorated.
- Not all staff had received up to date safeguarding training to meet the trust's target of 95%.
- The trust did not have a consistent approach around the practice of mental capacity assessments and deprivation of liberty safeguarding assessments.
- The trust had set a high target for the number of staff completion of mandatory training and whilst this had not consistently been achieved most staff had received the required mandatory training.

Medical care (including older people's care)

- The average length of stay for patients in the medical unit was higher than the national average.

Is the service safe?

Requires improvement ● → ←

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

- The service did not always prescribe or store all medications correctly. Doctors did not consistently follow the trust's policy for recording on charts that a medicine was to be stopped, which could result in a medicine being given in error. One patient's pain relief medication had been prescribed twice, in error. No doses had been administered and no harm had resulted. Chemotherapy drugs were not managed as per medication guidance and were not kept locked in the oncology day ward. There is strict guidance on how chemotherapy drugs should be stored. Also thickening granules (which were normally added to the patient's drinks) were left on the bedside table of a vulnerable adult patient. These could cause harm if ingested in the wrong way. However, there were suitable arrangements in place to store and administer controlled drugs.
- The service did not maintain and store of some equipment and substances correctly. Not all equipment displayed up to date labels detailing when it was last serviced. Some oxygen cylinders were not secured in holders and could fall over. One incident was observed when a cylinder fell onto a member of staff foot. A sharps bin with an open top was in an unlocked room so the sharps could have been accessed. Products falling under the control of substances hazardous to health (COSHH) regulations were not always stored as per guidelines.
- Although patient's notes were generally of an appropriate standard, there were some gaps noted. For example, a patient who had an injury to their foot did not have a care plan in place of how to treat this. Some food and fluid charts and re-positioning charts were not completed. In addition, patients' details were not always maintained securely and in accordance with the data protection act. This related to both electronic and paper copies of records.
- In the discharge lounge a patient who had arrived from the emergency department without admission to the medical unit condition deteriorated. Staff had not identified that the patient's condition had deteriorated. We escalated this as a concern and the patient was sent back to the emergency department.

However:

- Staff understood and fulfilled their responsibilities to raise concerns, report incidents and near misses and were fully supported when they did so. Staff gave examples of when something went wrong, investigations were conducted and lessons learned.
- Staff were supported to keep up to date with mandatory training and we saw posters displayed around the wards reminding staff to ensure this was completed. Overall most staff were complaint with mandatory training, the trust had set an ambitious target of 95% and had action plans in place where this was not being achieved.
- There were processes in place to keep patients safe and safeguarded from abuse, using local safeguarding procedures whenever necessary. Most staff had received appropriate safeguarding training. Staff understood how to recognise abuse and how to report or escalate concerns
- On the medical wards risks to patients were assessed, monitored and managed on a day-to-day basis. These included signs of deteriorating health, medical emergencies or behaviour that challenges. We saw that all the records we looked at contained a nationally recognised screening tool called a National Early Warning Score (NEWS) to identify deterioration in patients and an early recognition of sepsis and the sepsis pathway.

Medical care (including older people's care)

- To help reduce the number of patients sustaining falls, managers were taking action to bring about improvements and initiatives on wards such as supervised bays where patients who were at risk of falls were nursed together. In these bays there was a staff member present for 24 hours to help keep patients safe.
- Staffing levels and skill mix for both nursing and medical staff were planned, implemented and continually reviewed to help keep patients safe at all times. Any staff shortages were responded to quickly and adequately using the 'safe hands' model, which takes into account the acuity of each patient. The service was suitably staffed to meet the needs of patients.
- The service controlled infection risk well. Wards were clean, audits were carried out and action plans put in place to make improvements where indicated. Systems were in place to ensure the monitoring of compliance with infection control measures.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. For example, the management of skin damage including the treatment and avoidance of pressure ulcers.
- Patients' needs were assessed and plans of care and treatment were in place. Patients care plans and pathways were structured with clear goals in place for individual patients. For example, when we looked at wound care there were clear pathways in place to heal wounds.
- Information about patients' care and treatment was routinely collected and monitored. This information was used to improve care. The trust compared local results with those of other services to learn from them. The results from national audits were variable. Actions plans were in place to improve outcomes where these were below the national average for example in cardiology and stroke outcomes and these were monitored for effectiveness.
- Staff worked effectively as a multidisciplinary team. All health professionals worked as one team to ensure patient's needs were met. Allied health professionals such as physiotherapists, dieticians, occupational therapists and speech and language therapists were an active part of patients' recovery and took part in ward rounds and treatment plans.
- Nursing and medical staff ensured that patients received timely pain relief. Staff did not use a specific tool to measure patients' pain but they monitored and regularly conversed with patients about their level of pain.
- Patients' nutritional needs were assessed and care plans developed. Special diets were catered for and staff assisted patients who needed help to eat and drink. Dieticians and nutritional specialists were available for advice and support where required.
- Patients were adequately supported by a medical team of consultants and registrars and a seven-day service was provided. Consultants worked on a rota system and were either on ward duty or on call. Wards were also supported by doctors and junior doctors out of hours. Specialist nurses also provided a seven-day cover in many areas including the renal unit, gastroenterology and the stroke unit.
- Staff were competent and trained to carry out their roles and meet the needs of patients. Most staff had received an appraisal in the last 12 months. Staff were supported to undertake professional training to enhance their knowledge and skills. For example, tissue viability training was open to anyone and, although not mandatory, was well attended with good evaluation and feedback.

Medical care (including older people's care)

Is the service caring?

Good  

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

- Staff treated patients with dignity, respect and kindness. Relationships and interactions between staff and patients had improved and were positive and patients felt supported and said staff cared about them.
- Staff were compassionate and supported patients to meet their basic needs. Staff anticipated patient's needs, knowing what a patient might want or need next and made preparations to meet their needs.
- Staff supported patients' emotional needs and responded to their care and treatment in different ways and according to their social, religious and spiritual needs. Care plans contained specific instructions for staff to follow to support patients.
- Staff involved patients and those close to them in decisions about their care and treatment.

Is the service responsive?

Good   

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

- Services were planned and provided in a way that met the needs of local people.
- The trust took account of the particular needs and choices of different people. Patient's personal needs were identified in their care and treatment records and care plans reflected patient's choices about their care and treatment.
- The trust had taken steps to address patient flow throughout the medical unit.
- Patients could access services when they needed them. Overall, waiting times for treatment were better than the England average.
- Patients knew how to give feedback about their experiences and could do so in a range of accessible ways. Learning and improvement from complaints took place.

However:

- The average length of stay for patients was higher than the England average. The trust had an action plan in place to improve this.

Is the service well-led?

Good   

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

- The service had managers at all levels with the right skills and abilities to run the service. Leaders at every level were visible and approachable.

Medical care (including older people's care)

- There was a local vision and strategy for medicine which was linked to the trust's overall vision. For example, objectives for dementia care were driven by the trust's vision of becoming a truly dementia friendly organisation that strives to consistently deliver high quality care that meets the needs and expectations of patients and their carers.
- Leaders modelled and encouraged compassionate, inclusive and supportive relationships among staff so that they felt respected, valued and supported.
- The service used a systematic approach to continually improve the quality of care. The governance structure was embedded.
- The service had effective systems for identifying risks, planning to eliminate or reduce them. Leaders were knowledgeable about issues and priorities for the quality and sustainability of services, understood what the challenges were and acted to address them. Matrons visited wards to discuss risks with ward managers and took action to improve services.
- The service engaged well with patients and staff. For example, through patient panels and staff meetings.
- Clinical and internal audit processes functioned well and had a positive impact on quality governance, with clear evidence of action to resolve concerns.
- There was a strong focus on continuous learning and improvement including through appropriate use of external accreditation and participation in research. Training needs were identified and staff supported with training to enhance their role. Clinical trials and research were encouraged for example a pivotal study into using iron tablets instead of injections on the renal unit.

Outstanding practice

We found three areas of outstanding practice in this service. See the outstanding practice section at the beginning of the report.

Areas for improvement

We found 12 areas of improvement in this service. See areas for improvement section at the beginning of the report.

Surgery

Good   

Key facts and figures

The Royal Wolverhampton NHS Trust provides surgical services across two sites:

- Cannock Chase Hospital
- New Cross Hospital.

New Cross Hospital has nine surgical wards and units. There are 10 operating theatres, of which one was out of use at the time of inspection. A theatre dedicated to emergency admissions was available 24 hours a day, every day of the week. A trauma theatre was available between 9am and 8.30pm seven days per week. Recovery beds available for patient use numbered 13 in total, with three allocated for paediatric patients. Types of surgery undertaken included general surgery, cardiothoracic surgery, trauma and orthopaedics, ophthalmology and head and neck surgery. Interventional radiology was also undertaken.

From October 2016 to September 2017, the trust had 31,688 surgical admissions. Emergency admissions accounted for 8,392 (26.5%), 18,075 (57.0%) were day case and the remaining 5,221 (16.5%) were elective.

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

During the inspection we spoke with 40 members of staff including nursing staff of all grades, medical staff, social workers, allied health professionals, social workers, housekeeping and porters. We spoke with eight patients and one relative. We looked at twenty one patient records across different wards. We observed patient care being delivered.

We visited the surgical assessment unit, the short stay ward and inpatient wards. We visited theatres including the endoscopy theatre.

Summary of this service

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

- Staff were aware of how to report incidents; learning from trust wide incidents was shared via meetings and updates. Following never events that had occurred within the surgery directorate, actions had been put into place to prevent recurrence. Staff were aware of the never events and spoke about changes made following these.
- Staff understood how to protect patients from abuse. Staff were aware of safeguarding adults and children arrangements and provided examples of measures put into place to safeguard patients from harm.
- In the main, infection prevention and control was to a good standard. Staff wore appropriate personal protective equipment and patient areas were visibly clean. However, we did notice on a small number of occasions, staff who did not wash or gel their hands upon entering ward areas.
- Audit results showing patient outcomes were varied. Many measures showed the trust were in line with the England average for outcomes following specific surgery; however, the trust were worse than the England average in some standards.
- Staff followed best practice and followed National Institute of Health Care Excellence (NICE) guidelines. Guidelines, policies and standards were available for staff to refer to when providing patient care and treatment.

Surgery

- Staff worked together well as a multidisciplinary team; referrals were made to appropriate professionals who ensured they shared relevant information within patient records and during ward rounds.
- Staff treated patients with dignity and respect. Patients were cared for with compassion. Staff made effort to ensure patients were emotionally supported and kept informed of their treatment and care.
- Patients individual needs were responded to; staff were aware of how to support patients with additional needs such as sourcing interpreters, and liaising with specialist teams within the trust.
- The number of cancelled operations had reduced since 2016. During this time, all cancelled patients were re-booked within 28 days as per national standards.
- During the inspection, we saw a positive culture of teamwork and support that mirrored the trust's vision and values. Local leadership enabled shared learning and development; and encouraged an open approach to reporting incidents.
- The surgical directorate were involved in a range of research and innovative projects with the aim of improving patient outcomes.

However, we saw areas in which the service needed to improve:

- We noted some specific areas where the theatre department did not meet infection prevention and control standards. For example, we saw damage to the walls and floors and cleaning logs were not consistently completed.
- Although the World Health Organisation (WHO) safer surgery checklist was generally completed to a good standard, we saw one occasion whereby one part ('sign out') was not completed. Auditing of the safer surgery checklist showed deterioration in compliance.
- Mandatory training compliance, particularly for medical staff, did not meet trust targets for several modules. However, the target for compliance was set high at 95% and compliance levels were high in most subjects.
- The risk of readmission following surgical procedures at New Cross Hospital was higher than the national average for elective admissions.
- We saw on one occasion; an assessment of a patient's capacity to consent to treatment had not been accurately assessed.
- From December 2016 to November 2017 the trust's referral to treatment time (RTT) for admitted pathways for surgery was consistently worse than the England average.

We observed some patient identifiable information was unsecured within ward areas.

Is the service safe?

Good   

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

- Data from the trust showed two never events had occurred within the surgery core service between November 2016 and October 2017 (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.) All staff we spoke with were aware of the never events and several could articulate learning following these events. We saw investigation results were displayed in staff areas and changes had been made to practice.

Surgery

- Staff were aware of how to report incidents and reported receiving feedback and learning from incidents reported both within the surgery directorate and across the trust. We saw learning following incidents was discussed within team meetings and staff safety huddles. Staff reported they were confident to raise incidents and were encouraged to do so by management.
- Staff were aware of their duty to safeguard both patients and other staff and could give examples of how they exercised this duty. Training levels mostly met with the required 95% standard for compliance with the exception of safeguarding level 2. All staff we spoke with were familiar with the PREVENT programme (training which involves guidance on safeguarding vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves) However, some staff were unsure if they had training in relation to female genital mutilation (FGM).
- The service managed infection control and hygiene effectively. The service had a low rate of surgical site infections and were forward thinking and innovative in their approach to managing infection control and prevention. With one specific exception (staff member wearing day clothes into a theatre environment) staff adhered to infection prevention and control standards. Staff wore visibly clean uniforms, appropriate personal protective equipment (PPE) and were bare below the elbow. Staff used effective hand washing techniques and regularly used antibacterial gel for the majority of the time; although we observed instances where staff collecting patients for theatre did not do this consistently.
- The service had an enhanced surgical site infection screening programme. The clinical director told us that surgical site infection rate was reported into monthly and quarterly meetings under infection control and prevention (IPC) subjects.
- Staff used the National Early Warning Score (NEWS) to monitor patients. A hand held electronic device automatically updated the frequency of observations needed if a patient was found to have deteriorated.
- Medicines were managed and stored appropriately. Controlled drugs (CDs) were checked as per guidelines and medicines kept within fridges were temperature checked. However, we found that some temperature checks were not undertaken and some medications were past their expiry date.
- Patient records were kept securely and were well maintained. We saw a co-ordinated care approach was evident ensuring that care plans were supported and adhered to. We did see some patient identifiable information was kept within an unsecured folder at the side of the locked record trolleys; which could be accessible to individuals who did not have a right to access this information.
- Staffing was generally as required by safer staffing standards and in line with national guidelines from the Association for Perioperative Practice (AfPP). Where staffing levels were not met by substantive staff, bank staff were used. Bank staff were also used to cover unstaffed qualified nursing shifts where required. Data from the trust showed that there were more health care assistant grade staff on shifts than planned for in order to make up for any shortfalls in nursing staff where bank staff were not available. No agency nursing staff were used throughout January and February 2018.
- Medical staff levels; consultant grades; generally met planned numbers throughout December 2017 and January to February 2018. Junior doctors fell slightly below planned levels however any shortfalls were met by agency medical staff.
- We saw that of all four safeguarding training modules, monitored separately to mandatory training, eligible medical staff had achieved the trust target.
- Although mandatory training compliance was below trust target within both medical and nursing staff across the surgery directorate, the target for compliance was set high at 95% and compliance levels were high in most subjects. Local managers kept training records to monitor compliance and action plans were in place to achieve the trust target in all areas below target.

Surgery

However, we identified some areas for improvement:

- Although the trust measured and monitored compliance with the WHO checklist through both records and observational audits we found that on one occasion during the inspection this was not followed fully. The WHO checklist was completed effectively on all observed occasions except one (out of five observations). On one occasion, we saw the verbal 'sign out' part of the checklist was not completed. This is the final part of the checklist to ensure aspects of patient safety. We later saw that some parts of this section in this instance had been retrospectively 'ticked' as if they had been completed. Data from the trust showed audit results of WHO checklist compliance within general surgery and urology to drop from 98% in January 2018 to 87% in February 2018.
- Not all staff checked patients' identity prior to taking patients from the ward for surgery, although we observed the patient's identity was checked prior to surgery as part of the WHO checklist in each of these instances.
- In the main, the environment and equipment for surgery was clean, well maintained and stored appropriately. However, we saw some exceptions to this within four operating theatres. We saw a cleaning log, and an anaesthetic machine check log had not been filled consistently throughout 2018. Dust was visibly present on some equipment within the emergency theatre area. Within theatre four, damage to walls and floors resulted in the theatre being non-compliant with Health Building Notice (HBN 26) requirements. We noted other pieces of equipment damaged in other theatres such as a surgeon's stool. These concerns were on the trust risk register with plans to improve the environment in place. However, staff told us the necessary maintenance and repairs had been delayed.

Is the service effective?

Good ● → ←

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

- Staff followed National Institute of Health and Care Excellence (NICE) guidelines such as temperature monitoring to prevent hypothermia in adults undertaking surgery (NICE clinical guideline 65). Staff had good access to information to enable them to effectively work with patients. We saw staff within the trust conducted audits to check compliance to required national standards such as 'surviving sepsis' guidelines.
- Patients' pain was well assessed and managed. Patients reported that staff regularly checked their pain levels and that they were made to feel comfortable.
- Nutrition and hydration was well managed within the surgery core service. Pre-operative guidelines were followed as per national guidelines; and staff ensured inpatients were assessed as to their nutritional needs.
- The surgery directorate met the trust target for completion of appraisals for the time period September 2016 to August 2017. Staff we spoke with reported they had received an annual appraisal and had found this a useful exercise to promote continued professional development.
- Staff within the surgery directorate worked effectively as a multidisciplinary team. Allied health professionals such as physiotherapists, dieticians, occupational therapists and speech and language therapists were an active part of patients' recovery and took part in ward rounds and treatment plans. Specialist services were requested when required such as social services, psychological support and learning disability teams to promote a holistic approach to condition management.

Surgery

- Staff generally showed a good understanding of informed consent; and the Mental Capacity Act (MCA) assessment requirements. Those staff who were not familiar with how to conduct an assessment were aware of which team within the trust could support them with this. All but one of the MCA assessments we viewed were completed appropriately. However, one assessment highlighted concerns that patients may be assumed to not have capacity despite the assessment showing otherwise.
- Key professionals were available to support the surgery teams seven days per week. Ward staff were able to request support from therapeutic teams as necessary to support patient care and rehabilitation.

However, we identified some areas for improvement:

- The risk of readmission following surgical procedures at New Cross Hospital was higher than the national average for elective admissions. In particular patients undergoing urology treatment had an approximately 50% higher risk of readmission. However, New Cross Hospital had a risk of readmissions which was lower than the national average for non-elective admissions. This was for the time period of June 2016 to July 2017.
- Patient outcome results varied as compared with the nation average. The risk of readmission following surgical procedures at New Cross Hospital was higher than the national average for elective admissions. However, New Cross Hospital had a risk of readmissions which was lower than the national average for non-elective admissions. This was for the time period of June 2016 to July 2017. Bowel cancer audit results for 2016 showed the trust performed either in line with, or better than, the national average except for one criteria worse than the national average.
- Where areas for improvement were identified clear and robust action plans were in place to address this.

Is the service caring?

Good   

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

- Patient feedback regarding the care provided by staff was consistency positive. Staff promoted a kind and caring environment in which patient dignity and privacy was respected. We saw staff provide meaningful engagement with patients and deal with any sensitive issues with tact and discretion.
- Staff used curtains, blankets and sheets to maintain patients' dignity both on ward areas and within theatres. Patients under anaesthetic were handled with care by staff. We saw staff continue to speak to patients as patients were being inducted into anaesthesia.
- A recent example of caring behaviour was that of a wedding organised for a patient at the end of life. Various teams within the hospital worked together; including ward staff who helped with organisation and practical elements such as wedding photography.
- Where patients at the end of life did not have relatives or other visitors, staff made effort to sit down and engage in order to provide emotional support and comfort. Emotional support could also be accessed via chaplaincy services, end of life care services and psychological support services.
- Patients reported that they were kept well informed of their care and treatment. Staff provided clear updates on ongoing treatment and broke any bad news sensitively but clearly. Clear information was available to relatives and carers so that they could track the progress of patients undergoing surgery.

Surgery

Is the service responsive?

Good   

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

- Surgical services provided were in line with the needs of the local population. Facilities such as the operating theatres were appropriate for the surgical procedures being delivered to patients.
- Surgical patients at New Cross Hospital had a longer stay than the England average for non-elective surgery. For elective patients, the average length of stay for general surgery was also longer than the England Average. However, patients undergoing elective cardiac or urology surgery had a length of stay that was similar to the England average.
- We saw staff were responsive to individual needs of patients. Where patients did not speak English well enough to provide informed consent to treatment, interpreters were used either face to face or over the telephone. We saw leaflets could be requested in alternative languages; this was written on the leaflets for patients to be aware in a number of commonly used local languages.
- Staff had received training in mental health, physical health including dementia and learning disabilities in order to support patients with such conditions. Staff we spoke with were aware of dedicated teams within the trust who supported the care of patients with additional needs.
- The number of cancelled operations reduced from the start of 2016 to the time of our inspection. In this time period, all cancelled patients were re-booked within 28 days as per national standards. Initiatives had been put into place to reduce the number of cancelled operations; such as contacting patients to remind them of their operation.
- Management discussed complaints received by patients and relatives within clinical governance meetings and disseminated findings to staff more widely through team meetings and briefs.

However, we identified some areas for improvement:

- The trust did not disaggregate treatment and waiting times by site. These were monitored and measured at a trust wide level.
- From December 2016 to November 2017, the trust's referral to treatment time (RTT) for admitted pathways for surgery was consistently worse than the England average. In November 2017 65% of this group of patients were treated within 18 weeks compared to the England average of 69%.
- Staff within the surgery directorate worked to make a more efficient discharge process for patients; however, we identified some patients who were assessed as medically fit for discharge but had to wait for long periods either on the ward or within a discharge lounge.

Is the service well-led?

Good   

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

- Local leadership worked well within the surgery directorate. Management operated an open-door policy and we saw senior grades of staff working directly with patients, providing clinical care. All grades of staff were invited to various meetings during which information was shared. Minutes of these meetings were collated and kept in staff areas for any staff that wished to revisit these. Staff boards were kept updated with information and opportunities.

Surgery

- Learning from incidents was robust and the clinical leaders ensured that this learning particularly around the ‘never events’ was shared across both sites.
- All staff spoke of a supportive environment which enabled effective teamwork. The surgery directorate promoted an open and transparent culture whereby staff supported each other and felt listened to by local leadership.
- Staff we spoke with had an awareness of the trust’s vision and values which focussed upon high quality safe care. We saw staff display these values in their interactions with each other and with patients, visitors and external professionals.
- Appropriate staff attended regular governance meetings to review policies, audits, performance and areas of concern. Feedback and information from these meetings was filtered down to staff at ward and theatre level.
- Following a series of never events within the trust; of which two come under this core service, actions had been set to learn and prevent future never events from occurring. These actions included inviting the Association for Perioperative Practice (AfPP) to audit the processes used within theatres to ensure compliance.
- The surgical directorate were involved in a number of innovative projects and research programmes. Ongoing research projects within the surgical directorate included research into the reduction of contrast-induced acute kidney injury, including hospital acquired renal failure, for surgical patients. Other key initiatives incorporated alternative treatment for prostatic hypertrophy (enlarged prostate gland).
- Local leadership were aware of the risk register for the directorate and were able to articulate action plans to mitigate these risks.
- The service used information about its performance to guide key priorities and improve any areas of concern.
- The service effectively engaged with both patients and staff. This engagement was undertaken in a number of different ways including meetings, forums and consultations

However, we identified some areas for improvement:

- During the inspection we saw some patient identifiable information left unsecured; and at times within the view of visitors and patients on a ward. This could lead to a breach of the Data Protection Act.

Outstanding practice

We found two areas of outstanding practice in this service. See outstanding practice section at the beginning of the report.

Areas for improvement

We found six areas of improvement in this service. See areas for improvement section at the beginning of the report.

Maternity

Good 

Key facts and figures

The Royal Wolverhampton NHS Trust has a maternity service based at New Cross Hospital. The maternity service is part of the Women's and Children's Service Group.

The trust provides a full maternity service, which includes antenatal and postnatal services, midwife and obstetric led delivery services and foetal assessment unit. Community midwives could support patients to have home births. The service also provides some specialist clinics such as the diabetes clinic.

From October 2016 to September 2017, there were 5,082 deliveries at the trust. This compares to 4034 babies born at the trust between July 2013 and June 2014. The trust is commissioned for 5000 births however; the forecasted number of births for 2017 to 2018 is 5300.

The maternity service had:

- An antenatal clinic with eight rooms
- A maternity triage area with six beds
- A maternity induction unit with 10 beds
- A delivery suite with 12 rooms
- A midwifery led unit with five rooms
- A maternity ward with 35 beds
- A postnatal enhanced care room with four beds
- Transitional care with eight beds (four single rooms and one four bedded bay)
- Antenatal/postnatal ward with 35 beds
- Two bereavement suites

During our inspection, we spoke with 16 members of staff including leaders of the service, matrons, midwives, health care assistants and consultants. We also spoke with seven patients and three partners present on the maternity unit during our inspection.

We observed staff safety huddles where staff discussed patients' care and treatment. We reviewed 10 patient records and 15 patients' prescription charts in addition to information displayed on huddle boards and notice boards located in the department. We also reviewed information regarding the service received from the trust before the inspection.

We last inspected the maternity department at New Cross Hospital in June 2015. For that inspection, we rated the maternity and gynaecology service as good overall.

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

Summary of this service

We previously inspected the maternity department at New Cross Hospital jointly with gynaecology. Therefore, we cannot compare our new rating for this inspection of maternity services directly with the previous ratings.

Maternity

We rated it as good because:

- The service maintained good standards of cleanliness and hygiene. We observed all areas were visibly clean and clutter free and staff followed regular cleaning schedules.
- There was a good hand washing culture in the department; hand cleansing gels were readily available and were regularly used by staff and visitors.
- The service had an electronic incident reporting system. Staff received feedback from incidents they had reported and lessons had been learned.
- Staff at all levels demonstrated a thorough understanding of the Duty of Candour. The Duty of Candour regulation requires health service bodies to act in an open and transparent manner when things go wrong.
- Staff at all levels were knowledgeable about how to recognise abuse in children and adults and understood how to escalate concerns.
- The service treated patients in accordance with National Institute for Health and Care Excellence (NICE) quality standards and guidelines for maternity services.
- Staff had the necessary qualifications and experience to conduct their role effectively.
- New staff were well supported by more senior colleagues.
- We observed close multidisciplinary (MDT) relationships between all staff groups in the maternity department.
- Trained staff supported patients and their families to cope emotionally with their care and treatment. Feedback from patients, those close to them and stakeholders was consistently positive about the level of tailored support staff provided.
- Staff ensured patients and partners were actively involved in decisions about their care and treatment.
- There was a well-embedded culture in maternity services to put patient care at the centre of everything staff did.
- Staff were considerate regarding the individual needs of patients and provided support to minimise the distress of patients and those close to them.
- Bereavement midwives provided patients with specialist support during and after a pregnancy loss or neonatal death in hospital and following discharge home.
- Staff were highly motivated to offer patients the best possible compassionate and emotional care and showed determination to achieve this.
- Staff were responsive to the individual needs of patients. Translation services were readily available for patients whose first language was not English.
- A range of specialist support was available to patients with complex needs. For example, bereavement midwives and vulnerable women midwives, which included responsibility for providing teenage pregnancies.
- The service also provided dedicated clinics for long-term conditions such as diabetes.
- The maternity service held a Supportive Training Offering Reassurance and Knowledge (STORK) programme, which taught parents basic life support, choking management, Sudden Infant Death advice in addition to breastfeeding, diet and smoking cessation.
- Maternity services had not received high levels of complaints from people using their services. The service took complaints seriously.

Maternity

- Staff understood and felt engaged with the strategy for the maternity unit. Leaders of the took into account the maternity challenges the Black Country was currently experiencing.
- The maternity service was well represented at the trust board. The board had oversight of the challenges the department faced.
- The department was working collaboratively with maternity units and commissioners in the Black County region to develop and implement a local vision for improved maternity services and outcomes.
- The maternity service's risk register included the main risks to the service.
- The service continued to strengthen involvement of the local community by engaging with patients and families as part of the Maternity Voices partnership.
- The trust set a high target for mandatory training of 95% and although this was not met on all occasions, in maternity services, 88% or more was achieved in all training modules, with some attaining 100%.

However:

- As at November 2018, the midwife to birth ratio was lower than the England average. However, a recent staffing acuity assessment had been conducted to review staffing establishment requirements. The service demonstrated all patients received one-to-one care when in labour.
- Between September 2016 to August 2017, maternity staff had not met the trust target of 95% for either Mental Capacity Act (MCA) training or Deprivation of Liberty Safeguards (DoLS) training. However, the service had addressed this and as of February 2018, staff training compliance was above the trust target at 95.2%.
- Medical staff were not trained to level 3 in children's safeguarding. We found several examples where junior doctors had not completed the training and data provided indicated an overall compliance for level 3 safeguarding was at 0%. Following the inspection, the trust provided information assuring us they were taking urgent action to address this.
- In the 2017 Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE) audit, the maternity departments stabilised and risk-adjusted extended perinatal mortality rate (per 1,000 births) at 7.11 was worse than their comparator group rate at 6.44.

Is the service safe?

Good 

We rated it as good because:

- The service maintained good standards of cleanliness and hygiene. All areas were visibly clean and staff followed regular cleaning schedules.
- Medical equipment was visibly clean and staff attached tags to equipment to demonstrate they had cleaned equipment. Equipment was in good working order and up-to-date with electrical testing.
- As of February 2018, the unit had three obstetric consultants and 15 obstetrics and gynaecology consultants. The timetabled consultant cover on the labour ward per week exceeded the recommended hours of consultant cover.
- The delivery suite and labour ward were in close proximity to the obstetric theatres and neonatal unit. The service had an electronic incident reporting system. Staff received feedback from incidents they had reported and lessons had been learned.

Maternity

- Staff had completed risk assessments to a good standard. All records we checked documented staff had used modified obstetric early warning scores (MEOWS) for all patients.
- Staff within the maternity service had conducted annual skills drills training as recommended by national guidance.
- Staff were conducting the World Health Organisation (WHO) checklist in line with guidance in obstetric theatres and where procedures were conducted on the ward.
- The quality of patient records was good and had improved from our last inspection. Records were contemporaneously completed and with the exception of some consultant entries (seven out of the 10 records), all remaining entries were legible.
- In general, records were safely stored.
- Patients felt safe on the maternity unit. Staff accessed the maternity department using a swipe card and visitors gained access by a camera/intercom system staff monitored.
- Patients were offered appropriate vaccinations during their pregnancy. These included influenza and pertussis (whooping cough).
- Staff we spoke with at all levels could demonstrate a thorough understanding of the Duty of Candour. The Duty of Candour regulation requires health service bodies to act in an open and transparent manner when things go wrong.
- Medical and Midwifery staff had received safeguarding adult and children training. However, midwifery staff had not met the trust target for Safeguarding Children Level 2 at 90.5% compliance.
- Staff at all levels were knowledgeable about how to recognise abuse in children and adults and understood how to escalate concerns.
- We saw staff administered and disposed of medication and controlled drugs safely and in accordance with the trust's guidance. However, we saw the service needed to improve the storage of some medications.
- The trust set a high target for mandatory training of 95% and although this was not met on all occasions, in maternity services, 88% or more was achieved in all training modules, with some attaining 100%.

However:

- The service reported one never event incident for between January 2017 to December 2017. However, we saw learning and change in practice had taken place in a timely way in order to prevent reoccurrence.
- As at November 2018, the midwife to birth ratio was lower than the England average. However, a recent staffing acuity assessment had been conducted to review staffing establishment requirements. The service demonstrated all patients received one-to-one care when in labour.
- Medical staff were not trained to level 3 in children's safeguarding. We found several examples where junior doctors had not completed the training and data provided indicated an overall compliance for level 3 safeguarding was at 0%. Following the inspection, the trust provided information assuring us they were taking urgent action to address this.

Is the service effective?

Good 

We rated it as good because:

Maternity

- The service treated patients in accordance with National Institute for Health and Care Excellence (NICE) quality standards and guidelines for maternity services.
- Staff had access to the most up-to-date guidelines via the trust's intranet. All guidelines and procedures we reviewed were up-to-date.
- As of 31 January 2018, the trust had no active maternity outliers.
- Staff in maternity had the necessary qualifications and experience to conduct their role effectively.
- Staff were well supported by more senior colleagues. The service had implemented a new lead midwife for quality and experience (QEN) role to oversee staff mandatory training and specialist learning for the department.
- Newly qualified midwives received support whilst they gained experience in their role.
- . patients Staff worked together to achieve the best outcomes for patients and their babies
- The midwifery led unit (MLU) had equipment to support active births. Patients Active birth classes, hypnobirthing and parent education courses were available.
- Staff supported patients to feed their babies using their chosen feeding method. Maternity services had been UNICEF Baby Friendly accredited since 2011.
- Appraisal rates of maternity staff were above the trust target of 80%. Appraisals were an opportunity to request specialist training and raise any issues.
- Managers monitored the effectiveness of care and treatment through continuous local and national audits. Clinical leads and the governance midwife monitored improvement or decline.
- From July 2016 to June 2017, the total number of caesarean sections and number of elective and emergency caesarean sections were all similar to the England average.
- From July 2016 to June 2017, the proportion of instrumental deliveries and non-interventional deliveries performed were similar to the respective England averages.
- In the 2016 National Neonatal Audit, the neonatal unit at New Cross Hospital performed about the same as the national average for the number of babies at less than 33 receiving their own mother's milk at discharge home. In addition, the number of babies at less than 32 weeks gestation who had their temperature taken within an hour of birth was the same as the national average.
- Patients told us staff managed their pain relief well. The unit had a number of different pain relief methods available to patients such as birthing pools and complimentary therapies.
- The service held effective handovers in a consistent and structured manner.

However:

- In the 2017 Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE) audit, the maternity departments stabilised and risk-adjusted extended perinatal mortality rate (per 1,000 births) was worse than their comparator group rate.
- The number of mothers who had delivered babies from 24 to 34 weeks gestation and were given a dose of antenatal steroids was lower than the national average.
- Between September 2016 to August 2017, managers had not ensured maternity staff were up-to-date with Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS) training. However, as of February 2018, staff training compliance was above the trust target

Maternity

Is the service caring?

Outstanding 

We rated it as outstanding because:

- Feedback from patients, those close to them and stakeholders was consistently positive about the level of individualised support staff provided.
- Trained staff supported patients and their families to cope emotionally with their care and treatment.
- Staff were highly motivated to offer patients the best possible compassionate and emotional care and showed determination to achieve this.
- Staff ensured patients and partners were actively involved in decisions about their care and treatment.
- There was a well-embedded culture in maternity services to put patient care at the centre of everything staff did.
- Staff were considerate regarding the individual needs of patients and provided support to minimise the distress of patients and those close to them.
- Bereavement midwives provided patients and their families with specialist support during and after a pregnancy loss or neonatal death whilst in hospital and following discharge home.
- The Royal Wolverhampton NHS Trust's Multi Faith Chaplaincy Department and Looking After Parents and Siblings (LAPS) Group arranged an Annual Babies Memorial service.
- The unit offered transitional care for babies who did not require admission to the neonatal unit, but may have been born prematurely or needed extra care or observation before being discharged home.
- Staff at all levels were highly committed to providing patients and those close to them with the individualised care they required. The service found innovative ways to ensure the needs of patients using the service were met.
- Patients and those close to them told us they would recommend the hospital to family members and would choose to have their next baby at this hospital.
- We observed without exception all staff interactions with patients and babies were supportive and caring. Staff maintained patient's dignity respect and confidentiality.
- In the CQC maternity survey 2017, the trust was among the best performing trusts for the question on whether patients were able to move around and choose the position that made them most comfortable.
- The trusts' performance in the friends and family test was variable.

Is the service responsive?

Good 

We rated it as good because:

- Staff were responsive to the individual needs of patients. Translation services were accessible for patients whose first language was not English.

Maternity

- A range of specialist support was available to patients with complex needs. For example, bereavement midwives and vulnerable adult midwives, which included responsibility for teenage pregnancies. The trust's neonatal unit was a level 3 unit and accepted babies from other hospitals in the region. The trust accepted patients from 16 weeks onto the labour ward.
- Staff supported patients with their social and mental health needs.
- The maternity service held a Supportive Training Offering Reassurance and Knowledge (STORK) programme, which taught parents basic life support, choking management, Sudden Infant Death advice in addition to breastfeeding, diet and smoking cessation.
- Chaperones were available for patients if they wished to have support during their appointments or procedures.
- Patients had all their scans and tests on one day rather than having to attend on a number of different days. However, patients told us it could take a number of hours to complete their antenatal appointments.
- Despite the increase in activity in maternity services, the trust had not suspended services or diverted patients to other hospitals within the last 12 months.
- Maternity services had not received high levels of complaints from people using their services.

However:

- From October 2016 to September 2017, in patient stays at New Cross Hospital in maternity were for a longer period when compared to other maternity units.
- The early pregnancy assessment unit was not available to patients at weekends.

Is the service well-led?

Good 

We rated it as good because:

- The maternity service was well represented at the trust board. The board had oversight of the challenges the department faced.
- Staff understood and felt engaged with the strategy for the maternity unit. Leaders of the service described how the unit's strategy took into account the maternity challenges the Black Country was currently experiencing.
- The department was working together with maternity units and commissioners in the Black Country region to improve maternity services and outcomes.
- Maternity services were part of the National Maternal and Neonatal Safety Collaborative. This focused on quality improvement.
- Leaders of the service encouraged maternity staff to report incidents and learning was shared with all staff.
- The maternity service's risk register included the main risks to the service.
- Staff described a supportive and strong team culture. Staff were particularly proud of how some of the clinics and services had developed over recent years.
- The service continued to strengthen involvement of the local community by engaging with patients and families as part of the Maternity Voices partnership.

Maternity

- The maternity unit had close links with a local football team who had donated charitable funds to the unit.
- The department was involved in the trust's employee of the month award scheme. This rewarded staff for going the extra mile in their roles.

Outstanding practice

We found three areas of outstanding practice in this service. See outstanding practice section at the beginning of the report.

Areas for improvement

We found five areas for improvement in this service. See areas for improvement section at the beginning of the report.

Outpatients

Good  

Key facts and figures

The Royal Wolverhampton NHS Trust provides a wide range of services to a population of around 450,000 people across the borough of Wolverhampton and surrounding areas. The trust is the second largest employer in Wolverhampton employing more than 8,000 staff.

Outpatients services are provided by the trust at New Cross Hospital with clinics from specialist services being delivered in Cannock Chase Hospital and Stafford Hospital.

Outpatients includes all areas where people undergo physiological measurements, diagnostic testing, receive diagnostic test results, are given advice or receive care and treatment without being admitted as an inpatient or day case.

From October 2016 to September 2017, there were 1,005,836 outpatient first and follow up outpatient appointments. Of these, 854,571 were undertaken at New Cross Hospital, 137,310 of these were undertaken at Cannock Chase Hospital and 13,955 at Stafford Hospital.

The outpatients, radiology and diagnostics services at New Cross hospital were last inspected by CQC in June 2015, as part of the new hospital inspection programme. At that time outpatients and diagnostic services were inspected together. This report refers only to the outpatient's department. Radiology and diagnostics services have been inspected separately.

In 2015 outpatients and diagnostic services were rated as 'requires improvement', however most of the concerns related to radiology and diagnostics services. We carried out an unannounced visit of the outpatients department on 20 and 21 of February 2018.

We inspected the outpatient's department service to determine if it was safe, effective, caring, responsive, and well led. We reviewed 10 patient records and spoke with 29 staff and 11 patients.

Summary of this service

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

- The outpatients service was providing safe, effective, caring and responsive care and treatment and was well led.
- The service was providing safe care to patients. There were appropriate processes in place to recognise and respond to patients who may have become unwell or required admission.
- There was a positive culture of speaking up and raising concerns. Managers and staff embraced the incident and learning process and as a result, incidents were learned from, remedial action was taken and this reduced the risk of reoccurrence.
- Medications were well managed and when we highlighted any issues to the service they were rectified immediately with long term and robust solutions.
- The service was responsive to patients with additional needs and made every effort to ensure these needs were catered for.

Outpatients

- Waiting times were not high, although the service missed the national target in some specialities. Where the target was missed it was due to additional patients being taken on from neighbouring trusts and the service had made every effort to reduce waiting times with initiatives and additional clinics.
- Records were well completed and stored securely. The majority of patients had their full medical records when attending consultations.
- Outpatient services were delivered by caring, committed and compassionate staff, who treated people with dignity and respect. We observed how staff interacted with patients and found them to be polite, friendly and helpful. Staff responded compassionately when people needed help and additional support.
- Patients felt supported and say that staff cared about them. Staff involved patients and those close to them in aspects of their care and treatment. Patients we spoke with during our inspection were positive about the way they were treated.
- Patients attending outpatient departments received care and treatment that was evidenced based and followed national guidance. Staff worked together in a multi-disciplinary environment to meet patients' needs. Staff were competent to perform their roles and information relating to a patient's health and treatment was available from relevant sources, before a clinic appointment.
- There were safeguarding policies in place and clear procedures to follow if staff had concerns. Staff were aware of their roles and responsibilities and knew how to raise and escalate concerns in relation to abuse or neglect for vulnerable adults and children.
- The trust employed competent staff and ensured all staff had access to relevant training that was appropriate for their roles.
- The department was clean and equipment was well maintained.
- Staff actively sought feedback from patients and staff and used this information to identify how the service could improve.
- The service was well led with credible and visible leaders who were engaged with the trust wide leadership team and objectives.
- There were areas of innovation and regular audit and research was used to improve services.

However:

- There were issues identified with the patient transport services resulting in lengthy delays for patients in returning home. However, this was outside of the control of the trust
- We saw that some higher risk medications were easily accessible to all staff, including domestic staff and healthcare assistants, because they were in a room that was only protected by a swipe mechanism. There were no restrictions to the swipe entry for the room. This was however rectified immediately by the trust.

Is the service safe?

Good  

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

Outpatients

- The majority of staff completed their mandatory training. Some subjects did not reach the very high uptake level target, however in most subjects' uptake levels were high. Where compliance was lower than expected the service had a plan in place to achieve full compliance.
- There were safeguarding policies in place and clear procedures to follow if staff had concerns. Staff were aware of their roles and responsibilities and knew how to raise and escalate concerns in relation to abuse or neglect for vulnerable adults and children. Training compliance levels were high in all levels of safeguarding training.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The environment in the outpatient department was fit for purpose and well maintained. Essential, emergency and specialist equipment was readily available.
- The service had effective systems in place to recognise and respond to patients conditional and clinical risks. Patients received comprehensive assessments of potential risks and appropriate action was taken to reduce these risks. There was a trust wide sepsis policy and pathway in place. Audits of the surgical safety checklist showed some omissions and action places were in place to address this.
- Staffing levels were based on an established level which had been determined by an evidence based staffing review. These levels were consistently met with any short term or long-term absences covered appropriately.
- The service managed records securely and effectively. Most patients were seen with their medical records and these were well maintained with clear and legible entries.
- Most medicines were managed and stored appropriately and medicines kept within fridges were temperature was checked daily. Audits around medication management were undertaken and the results were positive.
- The service managed patient safety incidents well. Learning from incidents was shared with staff to reduce the risk of reoccurrence. Managers monitored incident information and acted on any trends and themes.
- The service did not specifically record information using the safety thermometer due to the temporary nature of their patients. However, they did monitor safety information and used this information to improve the service.
- The service did not specifically record information using the safety thermometer due to the temporary nature of their patients. However, they did monitor safety information and used this information to improve the service.

Is the service effective?

We do not rate the effective domain for outpatients however we found the following:

- Patients' care and treatment was planned and delivered in line with evidence-based guidelines. All policies we reviewed were relevant, in date and referenced National Institute for Health and Care Excellence (NICE) guidance.
- There were adequate arrangements in place to ensure that patients received food and drinks if they required them. Arrangements were made for patients who encountered delays to receive meals and drinks. Dietetics support was provided by a team of dieticians who worked across the trust and held specialist clinics in the department.
- Pain relief was well managed and analgesia was available and given to patient as they required.
- Patient outcomes were monitored against local and national benchmarks. The results varied but generally patients experienced good outcomes.
- Staff received annual appraisals and had opportunities to develop in their roles. Additional training for specific specialities was also provided as needed.

Outpatients

- The outpatient departments were staffed by a range of professionals working together as a multi-disciplinary team to provide a comprehensive and effective service to patients.
- The outpatients service had easy access to twenty-four hour diagnostic and imaging support. This included scanning facilities and pathology processing.
- The department undertook health promotion activities and participated in trust wide health promotion campaigns.
- Doctors and authorised staff had the appropriate access to patients records and information they required.

Is the service caring?

Good ● ↑

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

- Patients were treated with kindness dignity and respect. Patients were overwhelmingly positive about the care they received.
- Staff provided emotional support to patients and their relatives. The support they provided was kind and tailored to the needs of the individual patients.
- Patients were kept informed of their care and treatment and their relatives were involved as much as the patient consented to.

Is the service responsive?

Good ● → ←

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

- Outpatient services provided were in line with the needs of the local population. Facilities including seating and consultation areas were fit for purpose and adapted to meet the needs of patients.
- Staff were responsive to individual needs of patients. Staff supported patients living with dementia and learning disabilities and were aware of dedicated teams within the trust who supported the care of patients with additional needs.
- Patients were generally seen quickly and waiting times were monitored and acted on by service managers. However, in some specialities the trust did not meet the national referral to treatment target and benchmarks for seeing patient within set timescales, although overall they were better than the national average.
- Complaints were well managed and lessons learned shared with relevant staff.

Is the service well-led?

Good ● ↑

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

- Managers across the service were credible and visible. They promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Outpatients

- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- All staff spoke of a supportive environment which enabled effective teamwork. The culture was open and encouraged staff to report any areas of concern.
- There were established and effective governance structure in place throughout the service which ensured any risks, areas of concern and audits were actioned and followed up.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service effectively managed data and information and used it to inform their risk and improvement plans.
- The service was well engaged with staff and the public. The service participated in trust wide engagement activities and implemented improvements as a result of engagement.
- There were some areas of innovation within the service however these were predominantly within the specialities working in the outpatient department.

Outstanding practice

We found two areas of outstanding practice in this service. See outstanding practice section at the beginning of the report.

Areas for improvement

We found four areas for improvement in this service. See areas for improvement section at the beginning of the report.

Diagnostic imaging

Good 

Key facts and figures

The diagnostics core service at New Cross Hospital covers a population of approximately 240,000 patients and a further 180,000 in the surrounding areas.

The service consists of the following:

- Blood sciences.
- Blood transfusion.
- Clinical chemistry: routine biochemistry, therapeutic drug monitoring, endocrinology, haematinics and serology/antigen detection.
- Haematology: routine and specialised haematology, coagulation and haemoglobinopathies.
- Immunology.
- Microbiology: routine medical microbiology, molecular microbiology, mycology, mycobacterial culture and parasitology.
- Pathology: a range of laboratory examinations including clinical advisory services provided to inpatients and outpatients.
- Point of care testing (POCT): all near patient testing within the scope of the pathology services and phlebotomy.
- Radiology. There is seven-day cover for plain films, computerised tomography (CT) scans, magnetic resonance imaging (MRI) scans, ultrasound, cardiac imaging and interventional work. Radiology provides 24/7 cover for urgent and emergency care for plain film X-rays and CT scans.

All departments are open from 9 am to 5 pm on weekdays. Some services are open 24 hours per day, seven days a week, the departments were spread over three floors.

During the two day inspection, we reviewed 15 patient records and spoke to 21 staff. Staff included the departmental manager, matron, the superintendent and deputy superintendent, radiographers and clinical support workers. We also spoke to eight patients and two of their relatives.

Summary of this service

We rated it as good because:

- Safeguarding policies and procedures were in place. There was good compliance with safeguarding training and staff knew how and when to make a safeguarding referral.
- Processes were in place to ensure patients received the correct scans. Staff followed “The Ionising Radiation (Medical Exposure) Regulations 2017”.
- All areas were visibly clean. There were hand gel dispensers in place, staff wore personal protective equipment and were arms bare below the elbow.
- Equipment was serviced in line with recommendations. Handover sheets were completed when equipment was out of action; staff had a good understanding of reporting faults.

Diagnostic imaging

- Risk assessments were in place and contained relevant information. There was signage and information to advise patients and staff where radiation exposure took place. There were radiation protection advisors in post.
- Processes were in place for women who were pregnant; the processes ensured that staff were aware.
- Staff understood their responsibilities to raise incidents. There was evidence of a learning culture in relation to incidents; incidents were discussed in meetings and managers provided feedback to staff.
- Root Cause Analysis investigations were completed when an incident met the threshold.
- There were processes in place for the safe disposal of radiopharmaceuticals. Radiopharmaceuticals were kept secure. Staff monitored fridge temperatures.
- The department audited conformity with “The National Institute for Health and Care Excellence” (NICE) guidelines, 2017. Local audits also took place such as hand hygiene and audits of radiology checklists.
- Clinical support workers were multi skilled, rotating to other areas of the department as required.
- Staff had opportunities to complete training and updates. Continuing professional development sessions were held in lunch hours. We heard of several examples of career progression.
- There were systems in place for GPs to make a referral to the service electronically.
- Staff gained patients consent before any procedure was completed. Consent was audited on a trust wide basis.
- Staff had an awareness of the Mental Capacity Act 2005. Staff had a fob which contained information on DoLS.
- Staff were caring, polite and considerate to patients. We saw that they protected patients’ confidentiality and treated them with dignity and respect.
- Staff provided us with several examples of how they reassured patients who were anxious about having a diagnostic test.
- Most facilities were suitable for use by bariatric patients.
- A porter service was available to transport patients to and from ward areas. Additional porters were in place at busy times.
- Staff understood and respected patient’s personal, cultural, social and religious needs. The hospital had an interpretation service.
- An external company had been brought in to help reduce some of the backlogs; this had been successful.
- The department investigated complaints quicker than in the trust policy. Patients received updates on their complaints and apologies. Complaints were discussed in staff meetings and staff could give examples of how practice had changed due to a complaint.
- Leaders were knowledgeable. Staff felt informed and supported by their leaders, they felt that leaders were visible and approachable.
- Leaders could identify challenges and plans were in place when challenges were identified.
- There was a five-year plan in place to address how the department would achieve its priorities in 2015-2020.
- There was a clear governance structure in place. Staff knew what they were accountable for.
- The department had a risk register, risks were discussed at monthly clinical governance meetings; the meetings were well attended by key staff.

Diagnostic imaging

However

- Not all staff were trained to level 3 in safeguarding children. Staff told us that when a child was due for a procedure a level 3 trained person is in attendance. However, in an emergency or out of hours we not assured that suitably trained staff would be available.
- At the time of the inspection, the department had not signed up to the Imaging Service Accreditation Service (ISAS).
- Mandatory training compliance rates for medical staff were low.
- Handwashing amongst staff appeared inconsistent.
- A dirty utility area was being used to store clean items such as sharps bins and cardboard patient bowls due to lack of storage.
- Some consumable items had expired and this had not been recognised by staff.
- Some policies and procedures needed to be updated.
- There was a high number of radiographer vacancies within the department; however, the department were actively recruiting.
- There was nothing specific in place to support patients with dementia or a learning disability and staff often relied on information provided by the referrer.
- There were no processes or pathways for urgent referrals. Staff would mostly use their discretion or common sense.

Is the service safe?

Good 

We rated it as good because:

- The compliance rates for mandatory training from September 2016 to August 2017 for qualified nursing staff was good. The department met the trusts target of 95% for 17 out of 18 mandatory training modules.
- Staff were knowledgeable around safeguarding, they could provide examples of when they had needed to make safeguarding referrals, including raising making better alerts. The making it better alert was for children who did not attend appointments when there were safeguarding concerns. Staff could also provide examples of working with other agencies to safeguard patients at risk of abuse.
- Safeguarding training completion rates within the department were good. Medical and nursing staff who were eligible for safeguarding training met the trusts target compliance rate of 95% for safeguarding adults' level 1 and safeguarding children level 1 and 2. However, not all staff within the diagnostics department were trained to level 3 in safeguarding children. Staff told us that when a child is due for a procedure, a level 3 trained person is in attendance. However, in an emergency or out of hours we not assured that suitably trained staff would be available.
- Processes were in place to ensure patients received the correct scans. We saw that staff followed the pause and check protocol. The pause and check protocol ensures that the referral, the patient and the examination are correct before exposing a patient to radiation. Staff followed Ionising Radiation (Medical Exposure) Regulations 2017.
- Staff completed checklists adapted from the five steps to safer surgery appropriately; staff kept these within patient records.

Diagnostic imaging

- All areas we visited were visibly clean and tidy. The department had a cleaning team that visited each evening; staff completed and signed daily cleaning schedules.
- Staff told us where possible they saw patients with infections at the end of the day. If this was not possible, staff mitigated the risk the best they could by cleaning the area thoroughly.
- Equipment was serviced in line with manufactures guidelines and there was maintenance schedules in place; there was stickers on equipment to show when the next service was due.
- Staff used handover sheets when equipment was out of action. Staff had a good understanding of reporting equipment faults.
- There were sufficient numbers of lead aprons available for patients; staff arranged for them to be screened regularly to ensure they were not damaged.
- Risk assessments were in place. We reviewed the risk assessments and found they contained relevant information and were fit for purpose. At the time of our inspection, some of the risk assessments were under review to incorporate the latest Ionising Radiation Medical Exposure Regulations, 2017.
- Staff reported incidents appropriately and learning shared with staff in the department and with other areas.
- We noted that there was appropriate signage and information displayed throughout the department to inform patients, carers and staff where radiation exposure took place. Radiation rooms had warning lights and occupied/unoccupied signs.
- The medical physics team covered the protection advisor service. There were two radiation protection advisors in post to provide radiography advice; staff felt the service was supportive and accessible.
- The identity of the radiation protection advisors was written within the local rules; these were up to date and displayed throughout the department.
- There were processes in place to ensure that women who were pregnant informed a member of staff before they were exposed to radiation.
- Staff displayed posters in different languages asking patients to inform staff if they could be pregnant. Staff displayed these in waiting and changing areas
- Procedures were in place for accidental or unintended dosages of radiation. Senior staff told us that following changes to radiation regulations the guidance was under review. Senior staff discussed radiation incidents at local governance meetings.
- Staff were aware of what to do if a medical emergency occurred within the department. There were emergency buzzers located in waiting room that staff could use to summon help from colleagues.
- Longer length call bells had been installed in patient changing rooms. There was a standard operating procedure (SOP) in place for the management of medical emergencies within the department.
- Staff told us that when there was no one in the control rooms' staff kept the doors locked and the keys in a key safe.
- We saw that there were posters displayed in the MRI department advising patients not to bring certain hazardous objects into the magnetic field.
- Two emergency buttons were available for each MRI scanner to quench the magnet of the scanner if necessary due to an emergency.
- We reviewed 15 patient records and found they contained relevant information. Records also contained flags to alert staff of important information such as allergies, phobias or if the patient had a learning disability.

Diagnostic imaging

- Recommended dosages of contrast media were recorded on a notice board. Contrast was in date and stored appropriately.
- Patient group directives (PGD's) were in place. PGD's provide a legal framework which allows some registered health professionals to supply and/or administer specified medicines to a predefined group of patients without them having to see a doctor. Some documentation was still in draft form and waiting for ratification.
- Staff monitored fridge temperatures daily. Staff kept radiopharmaceuticals in a locked room with a secure key pad.
- There were processes in place for the safe disposal of radiopharmaceuticals, the medical physics team collected and removed them. We saw that there was standard operating procedure (SOP) which described how all staff should be dealing with radioactive waste from routine imaging procedures.
- Staff understood their responsibilities to raise incidents. Staff gave examples of learning and how their practice had been changed as a result. Staff told us they received feedback from clinical governance and senior staff in relation to incidents and that this was via email.
- We saw that senior staff completed a Root Cause Analysis investigations when incidents met the threshold. Staff could give example of learning from incidents and when learning from incidents had been shared with other departments.
- Staff understood the principles of duty of candour. We saw that information leaflets were available on the subject.

However

- Medical staff met the trusts mandatory training target of 95% for only nine out of 19 modules between September 2016 and August 2017. The lowest compliance rates being in conflict resolution (32%) and informed consent (52%). There was no action plan in place to address this; however, we saw that there were processes in place when compliance was not met.
- Not all staff within the diagnostics department were trained to level 3 in safeguarding children.
- During our inspection, we found handwashing amongst staff appeared to be inconsistent. For example, we saw that some staff washed and gelled their hands after taking off personal protective equipment such as gloves and aprons but that others did not.
- In one area we visited, we saw clean sharps containers, bin liners and cardboard bowls for patients were being stored on shelves in a dirty utility room that contained a sluice. In another area, we found an open packet of swabs left on a surface. It was not clear if these were being used for patients
- We noted that there were some consumable items in drawers that had expired in 2017. These items included an airway mask and a fine bore feeding tube.
- We saw that there was a procedure in place for situations when patients who needed isolation visited the department; however, this was out of date.
- At the time of our inspection, there was a high number of radiographer vacancies. Senior staff told us that this was due to service changes, staff development and promotion. However, we saw that the department were actively trying to recruit and had plans to promote staff internally.
- There were five consultant vacancies within the department at the time of our inspection. Senior staff told us that the department had been recruiting clinical fellows into vacant posts. There were plans to train staff up into consultant level posts.
- Locum staff were covering vacant radiographer shifts, some of the locums had worked in the department long term. From February 2017 to February 2018 775 shifts were covered by Allied Health Professionals/Radiographers.

Diagnostic imaging

- We saw that there was some old paperwork that contained patients' details being stored in an unlocked cupboard in a corridor. However, we raised this with the manager who removed the paperwork immediately.
- Expiry dates on some of the oxygen cylinders were not clear. Whilst checking the expiry dates we noted one had an expiry date of December 2016. We also found another cylinder in another area that was double stickered (one out of date and one in date). We raised our concerns with the departmental manager as this could potentially cause confusion in an emergency. As a result, the manager told us they would put a checking process into place.
- According to the serious incident framework 2015, the trust reported five serious incidents. The incident types included two failures to act on test results, one confidential information leak, one treatment delay and one slip/trips/falls.

Is the service effective?

- The ionising Radiation (Medical Exposure) Regulations 2017 (IR (ME) R) documentation was accessible for staff and there was a direct link to the legislation which was located within the IR (ME) R Employers procedure.
- Diagnostic reference levels (DRL's) were in place and displayed. However, some clinical examinations were in the process of being reviewed and updated.
- We saw that the department audited conformity with "The National Institute for Health and Care Excellence guidelines" (NICE) guidelines 2017.
- The trust completed local audits and reports; for example audits on radiology checklists and hand washing. We saw that actions had been put in place because of the audits.
- Patients and visitors had access to drinking water. Providing patients with food was not routine, however staff could make arrangements with another department in certain circumstances such as if the patient was diabetic or had a long wait for transport. The hospital had restaurants where patients and their relatives could purchase food and drink.
- The department used a radiology toolkit to benchmark against other locations. The toolkit enabled the department to benchmark against other trusts of a similar size in areas such as quality, access and activity.
- Staff had the opportunity to complete training to support them in their roles. Continuing professional development sessions were held that staff could attend on their lunch breaks.
- Clinical support workers rotated to different areas of the department and were trained to assist with biopsies and needle aspirations.
- We heard several examples of career progression and development within the department.
- Senior staff told us that they had arranged mock IR(ME)R inspections in the past.
- There was a comprehensive induction programme in place for new staff. A specific programme of induction/training was in place for locum radiographers.
- Staff attended a radiation protection training update in June 2017; the training took place once per year. We reviewed the slides from the training and found they included information on IR(ME)R regulations, procedures, recording diagnostic reference levels and local rules.
- From September 2016 to August 2017 92% of staff had received an appraisal, this met the trust target which was 80%.
- Staff spoke of good multidisciplinary working with other departments. One staff member told us that all staff worked together from the cleaners to the consultants.

Diagnostic imaging

- We saw that clinical support workers and radiographers worked well together to support patients through their diagnostic procedure.
- Staff were able to view diagnostic images electronically. The Picture Archiving System meant that when staff needed to review or send images they could be imported or exchanged.
- The department had a contract with an external company to help the service meet reporting and turnaround times. This was having a positive impact on reducing the backlog.
- An automatic priority system prioritised 62-day target patients followed by urgent ones. 62-day target patients were monitored and reviewed with long wait patients being overseen by the Trust cancer lead as part of the harm review process. The oldest exams were sent to an outsource company for reporting on a weekly basis.
- GP's were able to request diagnostic procedures electronically. Certain staff were able to reject the referrals if they did not receive the correct/full information. However, the ability to identify that a GP had read the report was still not fully robust.
- We saw that staff gained patients consent prior to any diagnostic procedures. The trust audited written consent and areas highlighted as requiring improvement within the department included discussing and recording risk and recording of expected benefits from the procedure. These has been implemented.
- Staff we spoke with had an awareness of the Mental Capacity Act, 2005. However when a patient's capacity to consent to a diagnostic procedure was in doubt diagnostic imaging staff did not always follow up with the referring ward to determine if a mental capacity assessment/best interest decision had been made.
- Staff carried a fob card which had details around DoLS. We saw that information on DoLS and "The Mental Capacity Act, 2005" was laminated and displayed on staff notice boards.
- From September 2016 to August 2017 Mental Capacity Act training had been completed by 82% of staff. This was lower than the trust target of 95%.

However

- At the time of the inspection, the department had not signed up to the Imaging Service Accreditation Service (ISAS). The scheme is a patient focussed assessment and accreditation programme that is designed to help diagnostic imaging services ensure that patients consistently receive high quality services, delivered by competent staff. Senior staff told us that they had not been in the right place previously but that they now felt this could now be considered.

Is the service caring?

Good ●

We rated it as good because:

- Staff took the time to interact with patients and their relatives and spoke to them in a polite, respectful and considerate manner.
- Staff protected patient's privacy and dignity by ensuring doors were closed. We also saw that screens were used for certain diagnostic procedures.
- Changing rooms and hospital gowns were readily available for patients who required them.
- We saw staff maintaining a patient's dignity by covering them with a sheet.
- There were signs up in the waiting areas to inform patients what to do if they required a chaperone.

Diagnostic imaging

- Staff respected patient confidentiality; there was sufficient space for patients and their relatives to speak to staff on the reception desk without being overheard.
- Comments from patients we spoke with included “top class service”, and “outstanding”.
- Staff were able to give several examples of how they supported and reassured patients when they were anxious about having a diagnostic procedure such as using distraction and relaxation techniques, music and speaking to the patient.
- Staff told us that if a patient was nervous they could go into the room where the diagnostic procedure would take place beforehand. This would mean the patient could familiarise themselves with the room and hopefully feel more at ease.
- There were special lockers and locker keys available to patients. Patients could leave their personal belongings in the locker and take the locker key into the diagnostic imaging room with them.

However

- There was a chaperone policy in place but this was out of date and had been due for review in 2016.
- Some patients told us that staff could have explained the procedure to them better or that they did not explain this at all, Staff did not always introduce themselves.

Is the service responsive?

Good ●

We rated it as good because:

- The trust had designated visitor car parks and disabled parking. There were discounts on parking for certain patients who could apply to the trust or a reduced rate.
- The trust had a shuttle bus which was available to patients and staff that were travelling between New Cross Hospital and Cannock Chase Hospital.
- We saw that the environment was appropriate and patient centred. There was sufficient seating in the waiting areas, magazines to read and in certain areas, there were children’s toys. Toilets, including disabled toilets were available for patient use.
- Most facilities such as CT scanners and x-ray machines were suitable for use by bariatric patients.
- There were disabled cubicles with additional room; these could be used by patients with a disability or who were bariatric.
- Staff told us they could take vulnerable patients directly to individual waiting areas rather than waiting in the main waiting area which could get busy. All areas we visited were wheelchair accessible.
- Staff arranges patient transport; however, staff told us that patients sometimes needed to wait a long time up to one hour 30 minutes for this.
- There was a porter service to transport inpatients to and from ward areas. The service allocated additional porters to some areas of the service to support at busy times.

Diagnostic imaging

- There was some patient information and leaflets in the reception/waiting areas and on notice boards. Notice boards contained information on the patient transport service, the learning disability specialist nurse, help with costs for travel to the hospital and free Wi-Fi.
- We saw that there was information available to staff on when patients required an escort. For example, if a patient required sedation or had a spinal injury, a nurse or doctor would be needed and a patient with confusion would need a non-registered escort.
- Staff understood and respected patient's personal, cultural, social and religious needs and considered these. For example, we saw there were leaflets in different languages and the trust had an interpretation service that staff were aware of.
- The trust monitored backlogs in reporting. Senior staff took actions to improve when they had identified reasons for the backlogs.
- The department were outsourcing some of the scanning and workload to an external company. We reviewed the radiology reporting backlog and saw this continued to reduce. In December 2017, there were 3378 unreported scans this had reduced to 2378 in February 2018.
- At the time of our inspection, staff saw patients in a timely manner and there was good patient flow throughout the department. All patients told us that they felt they had been seen very quickly.
- Staff showed us a sign they displayed on the reception desk if appointments were running behind, this showed the length of any delays.
- There was a standard operating procedure (SOP) in place around communication of positive findings; this included the use of flags to highlight concerns such as cancer suspicious findings. Senior staff told us that they ran daily reports to ensure that when they suspected cancer staff sent the reports to the appropriate professionals and cancer services.
- From April 2016 to March 2017, there were four complaints in relation to the department. Three related to clinical treatment and one was due to a delay.
- The trust took an average of 25 working days to investigate and close complaints. This was shorter than the target timeframe of 30 days given in the trusts complaints policy. We reviewed several complaints and saw that the patients had received acknowledgement letters, details of the process and timescales, chronologies of events, updates and an apology.
- Staff told us that they would direct patients to the Patient Advice and Liaison Service (PALS) if they wanted to make a complaint. We saw that staff displayed PALS posters and that PALS leaflets were available for patients and their relatives.

However

- Staff told us that it could sometimes be difficult to secure a patient escort for inpatients.
- There was nothing specific in place such as communication aides to support patients with dementia or a learning disability and staff often relied on information provided by the referrer. However, staff told us that if they were aware that the patient had dementia or a learning disability before they attended their appointment then they would try to book a longer slot.
- During our inspection, staff used a family member as an interpreter as they were unable to source an interpreter of a specific language for a patient; this is not considered good practice.

Diagnostic imaging

- There were no pathways and processes in place for urgent referrals. Staff told us that they were aware that patients with certain conditions needed to be seen by staff within set timescales; however, they would mostly use their discretion and common sense.
- There was no formal policy in place for the treatment of people with no fixed abode or from a migrant community.

Is the service well-led?

Good ●

We rated it as good because:

- Leaders were knowledgeable and skilled in the areas in which they practiced.
- There was a clear radiology structure in place, the senior management team included an overall group manager, a deputy group manager, team leaders, consultant sonographers and radiographers.
- All staff we spoke with felt supported by their local leaders and that their local leaders were visible and approachable.
- Leaders were able to identify and recognise the challenges they faced. When challenges were identified, we found there were plans in place to address them.
- Most staff we spoke with were aware of the trusts vision and values; if they were unable to articulate them at the time, they were able to tell us where they could find them.
- We saw throughout our inspection that staff consistently displayed trust values, for example raising concerns, being respectful, being welcoming, improving and being helpful.
- The department had a five year plan in place dated 2015-2020 We saw that the plan addressed the way in which the department would achieve its priorities and how it would deliver good quality care.
- All staff we spoke with felt respected and valued their senior leaders. We heard examples when senior staff had addressed behaviour that was inconsistent with the trusts vision and values.
- Staff we spoke with were passionate about the service they provided, we saw staff worked well together and supported one another during their day to day work.
- We found there was a patient centred culture and that staff placed a strong emphasis on the needs and experience of patients who used the service.
- We saw from communications between the department and patients that when things went wrong there was a culture of openness and honesty.
- We saw that there was a clear governance structure in place and that monthly governance meetings were held. Agenda items included health and safety, policies and procedures, appraisals and training, risk and incidents. Staff were clear about their roles and understood what they were accountable for.
- There were arrangements in place for identifying, recording, managing and mitigating risks. We saw that there was a departmental risk register in place and it was an accurate reflection of what senior staff had on their worry list.
- The risk register contained information on how the department was managing risk, evidence that what they were doing was or was not working and review dates. Risks on the register included if there were a lack of porters, if there were delays in reporting and if the radiology department were not working within best practice guidelines.

Diagnostic imaging

- We saw that senior staff discussed risks within the monthly clinical governance meetings. The clinical governance meetings were well attended by key staff.
- The department used several electronic recording systems, only a small amount of information was still on paper. Computers were accessible to staff, they could also access the computers in the trust library if required.
- Regular staff meetings took place across the department where senior staff shared important information. There were also weekly team leader meetings and the consultants had daily briefs.
- There was a monthly staff good news letter which was published on the intranet. We reviewed the February 2017 edition and saw it contained a word from the boss, departmental news, dates for the staff's diary and patient comments. Staff told us if a staff member was mentioned in an issue they would personally receive a copy.
- Staff felt informed of what was happening within the department, leaders fed back any important information through emails, training, direct communication, notice boards, staff meetings and newsletters. Staff told us they had the opportunity to give feedback to their leaders.
- We found that there was a positive culture around reporting of incidents and that feedback was given and lessons learned were shared with all relevant staff, including other departments.
- We saw and heard of numerous examples of when practice had changed for the better because of incidents and when learning had been shared both inside and outside the department.
- Staff were able to access governance information on a shared drive on the computer.
- We saw that staff within the diagnostic imaging department were keen to continue in their learning and development and to progress. Staff felt supported by their leaders to do this.
- We noted several examples of innovation, for example reporting sonographers in the emergency department had been trained to report on x-rays.
- There was an electronic requesting system in place that enabled GP's to request a diagnostic procedure for their patients electronically.
- Another area of innovation was the introduction of a form on the back of a patient questionnaire; the form prompted the radiographers in areas such as the six-point ID check and if the radiographers had checked the scan request on the electronic system.

However

- Senior staff told us that the Friends and Family Test (FFT) was not used in the department. This was because the departments systems were not the same as the rest of the hospital however, they were looking at setting up the service via text message. However, on the second day of our inspection, we noted that paper feedback forms were available for patients to complete on the reception desk.

Outstanding practice

We found three areas of outstanding practice in this service. See outstanding practice section at the beginning of the report.

Areas for improvement

We found 11 areas for improvement within this service. See areas for improvement section at the beginning of the report.

Cannock Chase Hospital

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Key facts and figures

Cannock chase hospital is part of the Royal Wolverhampton NHS trust and is approximately 10 miles from the New Cross Hospital site. It provides medical care, surgical services and a range of outpatient services, which includes general surgery, orthopaedics, breast surgery, urology, dermatology, and medical day case investigations and treatment (including endoscopy).

There are two main wards located at the hospital with 27 inpatient beds on the surgical ward and 27 on the medical ward, caring for the elderly. There are also facilities for day case surgery and several outpatient clinics.

We were unable to inspect the medical ward due to an infection prevention and control issue causing the ward to be closed to visitors.

There was a shuttle bus service provided by the trust for patients and staff travelling between New Cross Hospital and Cannock Chase Hospital.

Summary of services at Cannock Chase Hospital

Requires improvement ● → ←

Our rating of this hospital stayed the same. We took into account the current ratings of services not inspected at this time.

We rated the hospital as requires improvement because:

- We found that some infection prevention and control processes were not robust. One theatre was closed due to its unsatisfactory condition. There were loose tiles in the theatre and an unsatisfactory seal on the doors, which compromised the air pressure control.
- We also saw theatre staff wearing gowns and hats that had been used in theatre. This contradicted policy for standards of dress at work.
- There were inconsistencies around the world health organisation checklists, with some staff not completing some stages. We found that staff were not always following the correct protocol for taking time out of the theatre environment.

However:

Summary of findings

- Staff told us that they were fully supported by their managers and were proud to work at the trust. They subscribed to the trusts visions and values and demonstrated good care and support to the patients.
- Staff knew how to access relevant information to perform their duties. There were regular meetings where learning from incidents would be discussed and staff were confident and competent in reporting incidents.

Surgery

Good   

Key facts and figures

The Royal Wolverhampton NHS Trust provides surgery services across two sites:

- New Cross Hospital.
- Cannock Chase Hospital.

Cannock Chase Hospital provided surgery across two wards:

- The Hilton Main ward is a 27 bedded orthopaedics ward.
- There are four operating theatres.
- The Hollybank Unit is a day case surgery ward undertaking minor orthopaedic operations.

From October 2016 to September 2017 there were 31,688 surgical admissions across both sites. This included 18,075 day case admissions and 5,221 elective admissions Data just for Cannock Chase was not provided.

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

We inspected two surgical wards and went into three theatres at Cannock Chase Hospital. We spoke with one locum doctor, one consultant anaesthetist, six healthcare assistants, a housekeeper, ward receptionist, matron, one clinical lead, three band seven nurses, one band six nurse, one band five nurse, one student nurse, the enhanced recovery lead and ten patients

Summary of this service

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

- The service had enough staff to provide the right level of care and treatment. Staff were up to date with mandatory training and had a good understanding of safeguarding procedures.
- Patients care and treatment was in line with best practice guidelines. Patients were kept well hydrated and told us their pain was managed appropriately. All staff told us they worked well as part of multidisciplinary team.
- Patients we spoke with confirmed that all members of staff treated them in a caring manner, displaying compassion and professionalism at all times.
- The ward managers told us how they initially investigated concerns and complaints at a local level. The outcomes were discussed with the staff at ward meetings and wider trust quality meetings. Compliments were displayed on the ward notice board there were also discussed at ward meetings.
- Staff we spoke with told us they felt valued and supported by their managers. They told us they were proud to work as part of the team and described a positive culture promoted by their matrons and leadership teams. All levels of staff understood how they were beginning to contribute to the trust values.

However:

- We identified environmental issue in the recently re-opened theatre four that meant it was immediately closed until action was taken. The ceiling tiles visibly lifted and the exit door opened whenever any doors into the theatre opened which created a risk of patient infection.

Surgery

- Systems and processes for keeping patients safe in theatres were not always observed. In all three surgical cases we observed in theatre, staff were not verbalising the 'sign in' process of the World Health Organisation (WHO) safer surgery checklist but were signing that they had done it. There was non-compliance with the 'time out' processes observed. On one occasion, not all staff were present and on the other occasion loud music was playing.
- Staff were wearing scrubs outside of the operating theatre which contravened the trust's 'professional standards of dress at work' policy.

Is the service safe?

Requires improvement ● ↓

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

- Operation theatre four had environmental issues that meant it needed to be closed. The ceiling tiles visibly lifted and the exit door opened whenever any doors into the theatre opened which created a risk of patient infection.
- Although the service had effective systems in place to recognise and respond to deteriorating patients' and clinical risks, staff did not always follow these processes to protect patients. The service audited compliance with the WHO checklist in a retrospective regular records review. They also undertook observational audits when compliance fell below 95%. However we were not assured that staff were completing the checklist fully in all cases and were just filling in the paperwork as a paper exercise. An example of this was that in all three surgical cases observed staff were not verbalising the 'sign in' process of the WHO checklist but were signing that they had done it. The staff were observed to not follow procedure with both of the 'time out' processes observed. On one occasion not all staff were present and on the other occasion loud music was playing.
- Staff were wearing scrubs outside of the operating theatre which contravened the trust's 'professional standards of dress at work' policy. The policy states "Any individual who has to attend other departments outside of theatre in their uniform must wear a white coat as a form of protection".
- The service submitted data to the national safety thermometer which allowed the service to monitor the numbers and nature of any avoidable harms.

However:

- The ward, day unit and operating theatres were visibly clean. We saw that cleaning schedules were signed and up to date.
- The service had an enhanced surgical site infection screening programme.
- The service was trialling an innovative scheme where they were introducing a programme of having clinical volunteers stand in on surgery to survey for levels of vigilance to aseptic technique and note down when and where breaches to technique occur. This was being worked on collaboratively between the service and the IPC team.
- The service was also involved in and participating in studies with aseptic skin preparation treatments.
- The service also participated with the national joint registry reporting, including information relating to infections.
- Each ward and theatre had a resuscitation trolley, we found they were managed to a good standard with up to date records.
- Nurse staffing levels were generally as required by safer staffing standards and in line with national guidelines from the Association for Perioperative Practice (AfPP). Where staffing levels were not met by substantive staff, bank staff were used.

Surgery

- Medical staff levels; consultant grades; generally met planned numbers. The staffing skill mix was generally in line with national averages.
- Medication storage and administration was safely handled. Controlled drugs check was completed and found to be in order. The medication room was locked, hygienically maintained and medication was correctly stored.
- Nursing staff monitored patients using the National Early Warning System (NEWS) which produced an overall score to alert staff to signs of deterioration in condition.
- The trust mandatory training target of 95% had been met in 19 of the 23 subjects. With the other four areas close to target and set to meet the trust target by the end of March.
- All staff had a good understanding of safeguarding procedures and they had good links with the local safeguarding team. All nursing staff had completed safeguarding training to level 1 for adults and levels 1 and 2 for children.
- Staff told us how they learnt from their local ward incidents to improve services by learning from when things go well and when they go wrong. Staff told us they did hear about incidents in other areas so the opportunity to learn from others was captured. Staff were confident in reporting incidents when necessary.
- We saw staff cleaning their hands regularly in the ward, day unit and operating theatre area we inspected; hand basins had appropriate signage, hand wash, hand sanitiser, moisturising cream and paper towels. All staff were seen to have arms bare below the elbow, they were conscientious about ward cleanliness and had completed their own environmental audits. There had been no MRSA reported.

Is the service effective?

Good   

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

- Patients' care and treatment was planned and delivered in line with evidence-based guidelines. All policies we reviewed were relevant, in date and referenced National Institute for Health and Care Excellence (NICE) guidance.
- Patients told us nurses ensured they were kept well hydrated. Staff used the malnutrition universal screening tool (MUST), a nationally-recognised system to identify patients who were at risk of malnutrition.
- The service participated in trust wide and service level health promotion activities specific to their patient group. These included smoking cessation and joint health groups.
- The service provided seven day services as required and were able to access a range of additional service to support patients seven days a week.
- Patients told us their pain had been well managed by staff that were quick to administer them with pain relief.
- Services were designed to meet the needs of the local population with appropriate facilities and space to accommodate all patients accessing services.
- All staff we spoke with across all disciplines spoke very positively about the multidisciplinary working within the teams. We observed the multidisciplinary working well together.
- Although the training was currently below target, all staff we spoke with said they had a good understanding of the Mental Capacity Act (MCA 2015) and staff could complete an MCA assessment. The surgical ward had a dedicated folder which included information on the Mental Capacity Act.
- Staff were competent in their roles, encouraged to develop and received regular appraisals.

Surgery

- Patient outcomes were generally measured at a trust wide level and not disaggregated by site. The results of national and local audits looking at outcomes for patients showed that generally outcomes were similar to national averages with some areas for improvement. Where improvement was required the service had recognised this and put into place clearly defined actions to address the underlying issues.
- In the Patient Reported Outcomes Measures (PROMS) survey, patients are asked whether they feel better or worse after undergoing their hip or knee operations: For hip replacements the trust's performance was similar to the England averages. For knee replacements, performance was about the same as the England average according to all three available measures.

Is the service caring?

Good   

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

- Patients spoke positively about their care and treatment. They told us they were treated with dignity and compassion.
- The friends and family test results for Hilton Main ward were an average of 97% between December 2016 and November 2017.
- We observed that staff were friendly and caring towards patients. We saw staff offering suitable time to allow patients to talk with them.
- Call bells were answered in a timely way. Patients told us that they had found staff at all levels were approachable and kind.
- We observed staff protecting patient's dignity by calling through privacy curtains or knocking on doors, before entering.
- Patients told us that they fully understood their treatment and were aware of their aftercare plan and planned date of discharge.
- Staff told us they ensured emotional support was offered to all patients' pre and post-operatively to reduce their anxieties. Patients told us that the staff had been very sensitive and alleviated their pre-operative nerves.
- Patients told us they felt staff understood their conditions and were able to explain their treatment to them in a way they could easily understand.
- All denomination of religious ministers attended the hospital and undertook a variety of services for patients to attend.

Is the service responsive?

Good   

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

- The average length of stay for all elective patients was similar to the England average.

Surgery

- The 'enhanced recovery' programme was part of each patient's knee or hip surgery pathway. They attended hip or knee classes prior to surgery, to meet with the physiotherapist, nurses and occupational therapists and discuss the pre and post-operative care.
- Discharge information and post-operative advice was provided including the ward telephone number should they need to ask any advice once at home.
- Cancelled operations at this trust were lower than the England average. All patients with cancelled operations were booked within 28 days.
- The preoperative team ensured that the pre-operative clinic included all necessary investigations so that patients only visited once prior to admission.
- Concerns and complaints were recorded at trust level. Managers investigated them locally where possible. They discussed the complaint outcome with peers and the ward staff. Compliments were recorded at ward level.
- Patients with a learning disability or needs that required assistance were invited to the hospital in advance of their admission to reduce their anxieties. Staff explained how they encouraged relatives or carers to be part of the admission and recovery process.
- Language line was made available for pre-admission clinic appointments when patient's first language was not English. When required interpreters would attend the ward by arrangement.

Is the service well-led?

Good   

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

- We were told that managers promoted a culture that supported and valued staff. Staff described a positive leadership culture that made them feel supported by their matron and ward managers. The vision was to be an organisation striving continually to improve the outcomes and experiences for the communities they served. They pledged that they will always strive to be safe and effective, kind and caring and exceeding expectation. They told us the senior staff promoted the trust values, were visible and had an open door policy.
- The service used information about performance effectively to improve services and waiting times.
- Staff told us that the managers promoted the provision of high-quality care. They told us how they ensured integration with the main hospital site by ensuring meetings were held on both sites and shared learning was promoted.
- The service engaged with patients and their relatives and staff through various means and ensured consultation on any key changes.
- There were no current issues identified on the risk register for surgery at Cannock Hospital. We were told that equipment and environment issues were addressed in a timely way. We identified inconsistent use of the WHO checklist during the inspection which would need to be added to the risk register.
- We looked at minutes from ward meetings and saw that staff updates were displayed. Infection control issues, staffing, annual leave, current quality data, student support and patient feedback were all discussed. Student nurses told us they were welcomed on to the ward and were benefitting from a professional staff team mentoring them.
- The most recent national staff survey found that 73% of staff would recommend the hospital to their family and friends; Staff we spoke with in the orthopaedic ward and day ward were very proud of the service that they delivered.

Surgery

- Staff told us that training, research and innovation were promoted. Training schedules were in poster form in the office and electronically stored.
- The Friends and Family Test response rate for surgery at Cannock Hospital was 40% from December 2016 to November 2017. This was better than the England average of 25%.

Areas for improvement

We found two areas of improvement in this service. See areas for improvement section at the beginning of the report.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Our inspection team

This inspection was led by Bernadette Hanney, Head of Hospital Inspection, and Katherine Williams, Inspection Manager. One executive reviewer supported the well-led inspection. Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts.

The team for the core services inspection included ten inspectors, one of which was a mental health inspector, one pharmacist inspector, one expert by experience and 19 specialist advisers. Specialist advisers are experts in their field who we do not directly employ.

Experts by experience are people who have personal experience of using or caring for people who use health and social care services.