

Wrightington, Wigan and Leigh NHS Foundation Trust

Quality Report

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

Ratings

Overall rating for this trust

Good 

Are services at this trust safe?

Requires improvement 

Are services at this trust effective?

Good 

Are services at this trust caring?

Good 

Are services at this trust responsive?

Good 

Are services at this trust well-led?

Good 

Summary of findings

Letter from the Chief Inspector of Hospitals

Wrightington, Wigan and Leigh NHS Foundation Trust is a medium sized acute Trust providing district hospital services for a population of around 320,000 people in and around Wigan and Leigh and Specialist Orthopaedics Services to a wider regional, national and international population. The trust has 696 beds in total of which 646 are general and acute; 37 are maternity and there are 13 critical care beds.

There were 4250 whole time equivalent (wte) staff overall with 447 (wte) being medical staff, 1210 (wte) being nursing staff and 2593 (wte) from other staff groups

We inspected the trust as part of the comprehensive inspection programme between 8 and 11 December 2015. We visited the Royal Albert Edward Infirmary, Leigh Infirmary, Wrightington Hospital, the Thomas Linaker Centre and Boston House.

We rated the trust overall as good and found there were areas of excellent practice.

Our key findings were as follows:

Leadership and Culture

The trust was led and managed by a stable and visible executive team. The team were well known to staff and were seen as accessible and approachable. The Chief Executive Officer (CEO) had been on secondment for 12 months and the Deputy CEO had covered in their absence. The CEO had very recently returned to the trust at the time of the inspection.

The trust had a well-developed approach to vision and strategy with clearly articulated aims and objectives. The trust's vision, values and priorities were shared and understood by staff who were aware and positive about their role in achieving them.

There was a very positive attitude throughout the trust based on a culture of continuous improvement and striving for excellence. Staff felt supported, able suggest improvements and develop professionally. Staff were proud of their services and proud of the trust.

The trust had been nationally recognised for its staff engagement programme. The trust had won the HSJ awards for Provider Trust of the Year and Patient Safety

(Quality Champions Programme) in December 2014. At WWL staff engagement was paramount and supported by the award winning 'WWL Way' programme that promoted 'Happy Staff, Happy Patients'. As a result the trust was ranked as the second best Acute Trust in the NHS as a place to work.

Nurse staffing

Nurse staffing across the trust was in the main well managed and in most services there were sufficient numbers of suitably qualified staff to meet the needs of patients appropriately. However there were some areas where nurse staffing required improvement particularly in the paediatric services.

Our particular concerns related to the paediatric department where nurse staffing was not calculated using a recognised dependency tool and did not take in to account the ages of the children on the ward or the acuity in and use of, the High Dependency unit.

Nurses within the ward were highly committed and were covering shifts through the trust bank but this was having a significant effect on their ability to provide high quality, safe care.

Medical Staffing

Medical staffing was good across the trust with only a small number of vacancies and the trust were considering alternative ways to address this shortfall. The staff skill mix showed the proportion of consultants and junior grades was higher than the England average. There was a positive culture amongst all grades of medical staff who felt supported by managers and their seniors.

Training and competencies

Safeguarding, mental capacity act (2005) and deprivation of liberty safeguards were robust and supported by adequate uptake of subject specific training. The specific e-learning programme for MCA and DOLS was launched in September 2015 and had previously been included in mandatory safeguarding training (compliance was 96.3% at the time of the inspection). However, not all staff had

Summary of findings

completed the new e-learning programme at the time of our inspection, however, it was envisaged that all staff would have taken up the e-learning programme at the end of September 2016.

At the time of our inspection there were 5 ST doctors trained in APLS working within Paediatrics and at least 1 speciality doctor working in A&E who was trained in PLS. In addition there were 10 anaesthetists trained in APLS plus 3 Speciality Trainees in Royal Albert Edward Infirmary (RAEI) trained in PLS or APLS, however, a misinterpretation of the national guidance in relation to the requirement for at least one trained nurse per shift with this qualification had resulted in only one member of the paediatric nursing staff having the qualification. We raised this with the trust and immediate action was taken to mitigate associated risks and address the competency shortfall.

In addition, nursing staff on the paediatric ward were also not trained in the care required by children with tracheostomies. Again we raised this with the trust who planned action to address the shortfall.

Mortality and morbidity

The Trust's SHMI was above expected range when deaths 30 days post discharge was included. Between April 2014 and March 2015 the SHMI score for Wrightington, Wigan and Leigh NHS Foundation Trust was 112.57. (Reported at 108.4 for October 13-September 14 in the August 2015 Trust Board Performance Report).

Incident reporting

The number of incidents reported by the trust was consistent with the England average for a trust of this size, indicating a healthy reporting culture. For the reporting period Apr 2014 to Sept 2014 the trust reported 35.11 incidents per 1000 bed days against a median of 35.1. For the reporting period Oct 2014 – Mar 2015 the Trust reported 41.3 incidents per 1000 bed days against a median of 35.34.

The Trust commissioned an external review that focussed on five of the incidents reported as Never Events since October 2012. The review concluded that three should be de-escalated to serious incidents and the remaining two events did not indicate any systematic concerns although recommendations for learning and improvement had been made as a result of the review.

Cleanliness and infection control

Patients received their care in a clean and suitably maintained environment. In the recent PLACE assessments the trust scored 100%, making the Trust's hospitals the cleanest in the NHS for the second year running. Infection rates were within acceptable limits.

Nutrition and hydration

Patients had a choice of nutritious food and an ample supply of drinks during their stay in hospital. Patients with specialist needs in relation to eating and drinking were supported by dieticians and the speech and language therapy team. There was a system in place that identified patients who needed assistance with eating and drinking. Support with eating and drinking was given to patients in a sensitive and discreet way.

Patient Outcomes

The trust participated in national audits and performed as expected or better in many areas including myocardial ischaemia national audit project; Bowel Cancer Audit (2014); Hip Fracture audit, National Paediatric Diabetes Audit and the ICNARC audit.

However, there were some areas for improvement including angiography, national neonatal audit and there was a mixed performance in the National Emergency Laparotomy audit. However, the stroke rating had improved to D.

Between January 2014 to December 2014, hospital episode statistics (HES) showed that the average length of stay for elective medicine at the hospital was 7.3 days, which was longer (worse) than the England average of 4.5 days. For non-elective medicine it was 5.4 days, which was shorter (better) than the England average of 6.8 days. However it should be noted that a large amount of the Trust's elective medicine work is undertaken as day cases (96.1% at WWL compared with a national average of 91%). For January – December 2014, WWL ranked 20th out of 137 trusts for % age day case rates, however 122nd out of 137 Trusts for 0 Length of stay.

Access and flow

Patient access and flow across the trust was good overall, although the urgent care department failed to meet national targets for ambulance turnaround times of 30 minutes on around 40% of occasions in 2014, this rose to

Summary of findings

around 50% during 2015. Patient Referral to Treatment Times (RTT) were consistently above the national average with the trust performing in the top 10% nationally for RTT performance (October 2015).

However there had been a number of cancelled operations for which the patient had not received their operation within 28 days of the cancellation.

Bed occupancy rates had been lower than the England average however, the number of patients who were cared for on wards of a speciality different to that of the patient needs (Outliers) was significant and moves at night of patients receiving medical care were not uncommon.

Providing responsive services

Services were planned to meet the needs of the local population. The trust was part of the Greater Manchester health and social care devolution programme to provide a partnership approach to care and the healthier together programme. This was to reconfigure services across Greater Manchester into a small number of specialist centres to help meet the needs of patients. Adjustments for patients with specific needs were in place. Identification/ flagging systems were robust except in the case of patients with learning disabilities. Assessments were robust and there were staff with specialist roles to support these vulnerable patients. There were strong systems and processes for dealing with complaints and sharing learning.

Vision and Strategy

The trust had a mission statement, vision and values and behaviours which were known widely across the trust. These were supported by service level strategies although there was no strategy in the paediatric service. They had a new model of care with five key areas of focus which supported the trust being part of the Greater Manchester health and social care devolution programme to provide a partnership approach to care and the healthier together programme. The trust was recognised for its staff engagement programme. The trust had an ambitious culture driven by the trust vision to be in the top ten percent in all aspects of performance and care. This was supported by the executive team's emphasis on an open and collaborative approach.

Fit and Proper Persons

There were formal procedures in place including a template to record compliance with the Fit and Proper Persons regulation. We reviewed the personnel records of 6 relevant staff and found they contained the relevant and appropriate information to meet the requirements.

We saw several areas of outstanding practice including:

- The A&E department is one of the top performing in the country, consistently achieving the national 95% standard. The Trust has been number one in Greater Manchester since April 2015 and is currently fourth in the country. The Ambulatory Assessment Area ensures patients receive timely assessment and aids patient flow throughout the hospital forming an integral part of the trusts approach to 7 Day Service initiative.
- The urgent care department used an electronic dashboard (A&E APP) that constantly monitored flow through the department. It used predictive information based upon seasonal variances and data from previous years to generate likely numbers of attendees. The system also used live data of ambulances on route to the department. Where demand was strong at particular times of the day the department was able to flexibly use staff from other areas to ensure response rates were maintained. Meetings were held several times per day to discuss flow throughout the hospital to avoid delays in patients moving through the system.
- The trust recognised that an important element of achieving high quality care was to ensure that the staff had the capacity and capability to deliver improvement. The trust had set up a 'Quality Champion' programme to support the delivery of service improvement and recognise the achievements of the staff.
- All Quality Champions who had completed the training programme and commenced an improvement project were awarded a bronze badge. Silver and gold badges were awarded to those Champions who sustained their improvements and disseminated them to other organisations. The department had a number of staff of various grades who were quality champions, and had identified staff who were about to start the programme.

Summary of findings

- Within radiology there was effecting in-sourcing of staff to cover shortfalls.
- Staff were supported to undertake a counselling qualification in order to improve the staff support network.
- The use of the swan logo, symbolising dignity in death, included some outstanding practice. The swan logo identified patients at the end of life and bereaved families, enabling staff to treat them accordingly and the initiative included open visiting, relatives staying on the ward, free designated car parking, comfort packs and bereavement trays for relatives. These facilities and systems in place were intended to minimise stress for families staying with their relatives and allowed them to spend as much time as they wished together in their last days and hours.
- Access to support for relatives from a bereavement specialist nurse following the death of a loved one was particularly noteworthy. The specialist nurse would attend inquests or visit at home if required.
- Within Maternity, the development of the 'sim man' as part of the 'skills and drills' mandatory training was part of the poster presentation at a conference last year.
- The urology department aspired to offering one stop clinics for haematuria patients. These meant patients attending initial appointments could have biopsies done at the time of their initial consultation rather than having to return for a second appointment.
- A trust 'pioneering staff engagement' programme was in place across a multi-disciplinary team with a number of innovating programmes in progress. The service had received several awards over the past two years.
- The achievements of the breast team deserve particular recognition. The staff achieved screening targets above national average and managed a large catchment area of patients. The specialist nurses ensured a holistic patient approach and considered psychosocial aspects of women having breast surgery by offering a complete service. There is evidence of continuous learning and participation in audits.

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

Importantly, the trust must:

At Royal Albert Edward Infirmary

- The trust must ensure that there are sufficient numbers of staff who are trained to resuscitate children at all times in the emergency department.
- The trust must deploy sufficient staff with the appropriate skills on the medical wards.
- The trust must ensure that records are kept secure at all times so that they are only accessed by authorised people.
- The service must ensure staffing levels in the paediatric service are maintained in accordance with National professional standards.
- The service must ensure that there is one nurse on duty on Rainbow ward trained in Advanced Paediatric Life Support each shift.
- The service must ensure that staff are trained and competent to deliver the care required by paediatric patients with a tracheostomy.
- The service must ensure that risk rating and escalation is robust to ensure mitigating actions are taken in a timely way.
- The service must ensure the paediatric ward manager has sufficient time to perform the managerial tasks associated with the role.
- The service must ensure the senior leaders of the paediatric service are cited on the risks and actions being taken.

At Leigh Infirmary

- Ensure safeguarding, mental capacity act (2005) and deprivation of liberty safeguards are in place and followed to ensure patients safety at all times. Processes must be clearly defined, understood and followed by staff.
- Ensure that there is adequate space on the wards for patients to receive safe and effective care.
- Ensure that there are adequate facilities to store clinical waste safely.
- Ensure care is delivered as per evidence based guidance

Professor Sir Mike Richards Chief Inspector of Hospitals

Summary of findings

Background to Wrightington, Wigan and Leigh NHS Foundation Trust

Wrightington Wigan and Leigh NHS Foundation Trust is a medium sized acute Trust providing district hospital services for a population of around 320,000 people in and around Wigan and Leigh and Specialist Orthopaedics Services to a wider regional, national and international population. The trust has 711 beds in total of which 646 are general and acute; 37 are maternity and there are 13 critical care beds. There are 4249 staff overall with 447 being medical staff; 1210 being nursing staff and 593 others.

The Royal Albert Edward Infirmary is the Trust's main acute site and hosts urgent and emergency services, critical care and mortuary services. Wrightington Hospital is a specialist centre of orthopaedic excellence. The Trust was recently registered with the CQC to provide surgical procedures at Wilmslow Health Centre undertaken by an Orthopaedic Consultant. Leigh Infirmary is an outpatient, diagnostic and treatment centre. Thomas Linacre Centre is a dedicated outpatient centre and the Trust has a WWL Eye Unit situated at Wigan Health Centre (Boston House).

The Trust has two 'shared services': Sterile Services Decontamination Unit located in Bolton and Pathology. Both of these services are shared with Salford Royal NHS Foundation Trust.

The health of people in Wigan is varied compared with the England average. Deprivation is higher and as such life expectancy for both men and women is lower than the average. Alcohol related hospital harm stays are worse than the England average (2,716 stays per year); 27% of adults are classed as obese. The rates of sexually transmitted diseases and road traffic deaths and accidents are better than the England average.

The 2013/14 figures showed the trust had 496,944 total outpatient attendances and 88,133 accident and emergency attendances. There were 1144 deaths between April 2014 and March 2015. At month 5 2015/16 the trust had revenue of £266,267 with a projected surplus (deficit) of £6,242 for April 2015 to March 2016.

Our inspection team

Our inspection team was led by:

Chair: Bill Cunliffe, Consultant colorectal surgeon with 6 years' experience as a medical director

Acting Head of Hospital Inspections: Lorraine Bolam, Care Quality Commission

The team included a CQC Inspection Manager, 10 CQC inspectors and a variety of specialists including Senior Quality and Risk Manager, Clinical Governance / Risk Manager, Head of Safeguarding, A&E Nurse, Junior doctor, Practice Development Matron, Clinical Oncologist, Staff Nurse - End of Life Care & Oncology, Consultant in Obstetrics and Fetal Medicine, Consultant Midwife, Consultant physician, Clinical Nurse Specialist: Infection

Prevention & Control, Consultant Haematologist, Registered Sick Children's Nurse, Neonatal Consultant, Paediatric Nurse Consultant, Vascular Surgeon, Matron for Theatres, Health Care Assistant and a Workforce Race Equality Specialist. We were also joined by 5 new inspectors, a new CQC analyst and a colleague from the Department of Health.

We did not have any Experts by Experience on the team but held a listening event on 2 December 2015 which was attended by a number of local people who had experienced the services at Wrightington, Wigan and Leigh. It was also attended by the local Healthwatch team who shared information they had received about services.

Summary of findings

How we carried out this inspection

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

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

The inspection team inspected the following eight core services at Wrightington, Wigan and Leigh NHS Foundation Trust:

- Accident and emergency
- Medical care (including older people's care)
- Surgery
- Critical care

- Maternity and family planning
- Services for children and young people
- End of life care
- Outpatients.

We did not inspect dental services at the trust.

Prior to the announced inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. We interviewed staff and talked with patients and staff from all the ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at Wrightington, Wigan and Leigh hospitals.

What people who use the trust's services say

- In the Friends and Family test the Trust are consistently higher than the England average for those who would recommend the trust to others between July 2014 and June 2015, although response rates were low in some service areas. The Trust is in the top 10% nationally for Friends & Family performance as at April – November 2015, ranking 10th out of 139 Acute Trusts.
- The Trust scored in the middle 60% for 16 out of the 34 questions in the Cancer Patient survey. Two questions scored in the bottom 20% and 16 questions scored in the top 20%.
- The Trust is in the Top 10% nationally for PLACE scores performance as at 2015 ranking 2nd out of 139 Acute Trusts.
- The Trust scored about the same as others for all questions in the CQC In-patient survey.
- There was a slight increase in complaints from 2010/11 to 2012/13 however 2013/14 showed a decrease of just under 100 written complaints. Figures show a further 3.5% reduction in formal complaints from 2013/14 to 2014/15 and an increase in concerns managed on the spot or shortly after being raised.

Facts and data about this trust

The Royal Albert Edward Infirmary provides a 24-hour A&E service with an Ambulatory Assessment Area, a

consultant-led maternity service, gynaecology services, neonatal and children's inpatient services including two high dependency beds, a wide range of medical and surgical clinical services and outpatient clinics.

Summary of findings


Wrightington Hospital is the home to the region's only orthopaedic centre of excellence. A state-of-the-art Orthopaedic facility is due to be opened soon which will significantly improve the patient and staff experience. The unit will allow clinical teams to make further clinical advances, such as reducing lengths of stay and fully implementing the enhanced recovery programme.

Leigh Infirmary provides general surgery, gastroenterology, cardiology, gynaecology, urology, respiratory services including a sleep apnoea service and a specialist rehabilitation service.

Ophthalmology outpatient services are also delivered from Boston House.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>Summary</p> <p>Patients received their care in a clean and suitably maintained environment. In the recent PLACE assessments the trust scored 100%, making the Trust's hospitals the cleanest in the NHS for the second year running. Staff were aware of current infection prevention and control guidelines and were supported by staff training and the adequate provision of facilities and equipment to manage infection risks. Infection rates were within acceptable limits.</p> <p>The staff skill mix showed the proportion of consultants and junior grades was higher than the England average. However, although nurse staffing was at acceptable levels in most areas of the trust, the paediatric unit did not meet national Royal College of Nursing Standards (RCN August 2013) on Rainbow ward and did not always meet the British Association of Perinatal Medicine (BAPM) standards on the neonatal unit. There were occasions where the nurse staffing levels were not overall sufficient to meet the needs of patients on the medical wards at Royal Albert Edward Infirmary, for example on Ince ward and Astley ward.</p> <p>Safeguarding procedures were in place and staff were able to identify and escalate issues of abuse and neglect. Although safeguarding children's training uptake was good we identified that the intercollegiate guidance had been interpreted incorrectly. The safeguarding children lead confirmed they had identified this and escalated it as the impact could be as many as 2000 additional staff requiring training which would greatly reduce the compliance rate.</p> <p>The number of incidents reported by the trust was consistent with the England average for a trust of this size, indicating a healthy reporting culture. For the reporting period Apr 2014 – Sept 2014 the trust reported 35.11 incidents per 1000 bed days against a median of 35.1. For the reporting period Oct 2014 – Mar 2015 the Trust reported 41.3 incidents per 1000 bed days against a median of 35.34.</p> <p>The Trust commissioned an external review that focussed on five of the incidents reported as Never Events since October 2012. The review concluded that three should be de-escalated to serious incidents and the remaining two events did not indicate any systematic concerns although recommendations for learning and improvement had been made as a result.</p>	<p>Requires improvement </p>

Summary of findings

However, there were areas for improvement particularly in the paediatric service.

The trust had a strong process in place that met the requirements of the Duty of Candour regulations.

Duty of Candour

- The Trust aimed to ensure that the principles of Being Open and Duty of Candour were followed throughout the processes to manage incidents, complaints, claims and inquests.
- The Trust Being Open and Duty of Candour Policy had recently been revised to provide clearer information about the requirements and had been reviewed by Trust Solicitors as part of its consultation. A brief guide for staff had also been produced.
- The Trust had a weekly Executive Scrutiny Committee (ESC), chaired by the Medical Director or the Director of Nursing. This Committee reviewed the management of serious incidents, complaints, new/settled claims and new/held inquests. ESC had responsibility to ensure that the Duty of Candour regulation was met.
- The Trust Incident Management System included fields related to compliance with being open and Duty of Candour.
- The Trust had sought further information from the GMC regarding the implementation their joint guidance with the NMC regarding the principles of Duty of Candour.
- The Trust commissioned its Solicitors to undertake training on Duty of Candour at the Trust's Clinical Advisory Board, Chaired by the Medical Director and attended by the Trust's Clinical Directors; divisional audit meetings and divisional Quality Executive Committees just after the regulation was implemented in November 2014. This training was being refreshed and rolled out again.
- The Trust did not maintain a central record of attendance for Duty of Candour training. They were developing an e-learning module for Duty of Candour due for completion by the end of December 2015. This would enable monitoring of compliance with the completion of the training.
- The Trust had a 'divisional' governance risk on its risk register (scoring 12) to reflect the recognition that there was more to do to ensure compliance with the Duty of Candour regulations.

Safeguarding

- Policies and procedures were in place that outlined the trust's processes for safeguarding adults and children.

Summary of findings

- The safeguarding team was at full complement at the time of inspection.
- A new head of safeguarding and named doctor possessed relevant knowledge and experience to bring to the role, however, had only been in post for eight weeks.
- The new head of safeguarding had prioritised undertaking a service review and training needs analysis to support good practice and continuous improvement.
- Prevent training compliance was high as it had been mandated by the Home Office.
- Domestic Abuse training had also been identified as a priority, as issues with domestic abuse had been identified as a feature of two Safeguarding Children reviews. Plans were in place to introduce Domestic abuse training in January 2016.
- There was also no domestic abuse policy or training to include modern slavery, human trafficking, domestic violence prevention orders or Clare's law. This was acknowledged by the trust and would be addressed as a priority.
- The safeguarding committee was poorly attended in the first half of the year although we could not confirm if this had improved as the more recent minutes were not received. This is an important meeting as the forum used for decisions up and down to and from the board. Issues re SCRs and interpretation of guidance to inform work streams would expect to be generated from this meeting, this may account for some of the gaps identified.
- Safeguarding children level 1 training uptake was good in all areas although required improvement by medical and dental staff which was below the trust target of 95% at all three hospitals.
- Safeguarding children level 2 and level 3 training uptake was over 80% across the trust did not meet the trusts target of 95% uptake.
- Although safeguarding children's training uptake was good we identified that the intercollegiate guidance had been interpreted incorrectly. The safeguarding children lead confirmed they had identified this and escalated it as the impact could be as many as 2000 additional staff requiring training which will greatly reduce the compliance rate.
- The adult safeguarding team do all the referrals to adult social care on behalf of Wigan site trained staff, and also all of the communication. This has affected how often they can visit the Wrightington and Leigh sites to about 3 times a year.
- Safeguarding adults training uptake was good in all areas although required improvement by medical and dental staff which was below the trust target of 95% at all three hospitals.

Summary of findings

Incidents

- The trust had reported 27 serious incidents between August 2014 and July 2015.
- The trust reported five Never Events between August 2014 and July 2015. Four were attributed to surgical/invasive procedures and one to maternity services.
- Generally low numbers of Pressure ulcers, Falls and C.UTI's were reported between July 2014 and July 2015.
- The investigation and analysis of the Never Events which had occurred were robust and scrutinised through the Serious Incidents Requiring Investigation panel. Action plans were reviewed at the panel and the Quality and Safety Committee until they were satisfied.
- The trust had commissioned an external review of the five Never Events that had occurred between October 2012 and August 2014.
- The report noted that three of the five serious incidents should not have been classed as Never Events and in the case of the two Never Events no evidence was found to suggest safety problems existed within the trusts operating theatre complex. However there were some recommendations made to support learning and improvement.

Staffing

- Nurse staffing was appropriate across all specialities except for the paediatric unit where we found that the nurse staffing did not meet national Royal College of Nursing Standards (RCN August 2013).
- On Rainbow ward and did not always meet the British Association of Perinatal Medicine (BAPM) standards on the neonatal unit and there were occasions where the nurse staffing levels were not sufficient to meet the needs of patients on the medical wards at Royal Albert Edward Infirmary, for example on Ince ward and Astley ward.
- Between October 2013 and May 2015, the ratio of all midwifery staff to births was in the range 1:21 to 1:23, which was lower (better) than the England average. The England average had reduced from 1:30 to 1:27 over the same period. The latest data shows the Trusts performance increased from 1:25 in January 2015 to 1:28 in October 2015.
- The staff skill mix shows the proportion of consultants and junior grades were higher than the England average.

Cleanliness and Infection Control

Summary of findings

- Patients received their care in a clean and suitably maintained environment. There was a good standard of cleanliness throughout the trust.
- Staff were aware of current infection prevention and control guidelines and were supported by staff training, although medical and dental uptake was below the trust target of 95%.
- There was adequate provision of facilities and equipment to manage infection risks.
- Between June 2014 and June 2015 the trust reported overall low numbers of MSSA and Clostridium Difficile incidents. The trust had been MRSA bacteraemia free for over 435 consecutive days.
- In the recent PLACE assessments the trust scored 100%, making the Trust's hospitals the cleanest in the NHS for the second year running.

Are services at this trust effective?

Summary

Care and treatment was delivered in line with evidence based practice and national guidance. There were examples of evidence based audits and care pathways being completed and audit findings used to improve practice and patient outcomes.

The endoscopy unit and decontamination facilities at Leigh Infirmary were considered as exemplary and a model for other units by JAG Assessors. The services at Leigh had expanded to provide Bowel Scope Screening for local residents and the trust has plans in place to open a third endoscopy room which will improve the services access times and productivity.

The Trust's HSMR is within expected range and the Trust's SHMI is above expected range when deaths 30 days post discharge is included reported at 108.4 for October 2013-September 2014.

The trust participated in national audits and performed as well as or better in many areas than the national average, including the myocardial ischaemia national audit project; Bowel Cancer Audit (2014); Hip Fracture audit, National Paediatric Diabetes Audit and the ICNARC audit.

However, there were some areas for improvement including angiography, the stroke rating was D which demonstrated improvement is required, similarly improvement is required in response to the national neonatal audit and there was a mixed performance in the National Emergency Laparotomy audit.

Good



Summary of findings

Overall the trust was exceeding improvement seen nationally in patient reported outcomes and had a lower proportion of patients deteriorating than the England average.

Evidence based care and treatment

- Care and treatment was delivered in line with evidence based practice and national guidance such as those from the National Institute for Clinical Excellence (NICE), Royal College of Emergency Medicine (CEM), National Confidential Enquiries into Patient Outcome and Death (NCEPOD) recommendations as well as guidance published by the relevant medical bodies such as the Royal Colleges and British Medical Association.
- The trust monitored compliance with National Institute of Health and Care Excellence (NICE) guidance and were taking steps to improve where further actions had been identified.
- The urgent care service participated in all of the clinical audits they were eligible for through the advancing quality programme. In March 2015, audits demonstrated the trust was not meeting the appropriate care score for chronic obstructive pulmonary disease and heart failure. The service had actions plans in place to improve performance where appropriate.
- The trust had numerous pathways available for staff to follow when needed, such as those for stroke, head injury and chest pain. Staff told us that the pro-forma were easy to access, mainly through the IT system.
- The Trust was awarded JAG accreditation at the Endoscopy Unit at Leigh Infirmary which was part of a multi-million pound investment that opened May 2013 and went on to win a national Building Better Healthcare Award in November 2013. The endoscopy unit and decontamination facilities at Leigh Infirmary were considered as exemplary and a model for other units by JAG Assessors. The services at Leigh had expanded to provide Bowel Scope Screening for local residents and the trust was soon to open a third endoscopy room that will improve patient access times and productivity.

Patient outcomes

- The Trust's HSMR is within expected range (reported at 88.8 for May 2015 in the August 2015 Trust Board Performance Report). The Trust's SHMI was above expected range when deaths 30 days post discharge was included.
- Between April 2014 and March 2015 the SHMI score for Wrightington, Wigan and Leigh NHS Foundation Trust was 109. (Reported at 108.4 for October 2014-September 2015 in the August 2015 Trust Board Performance Report).

Summary of findings

- The trust is working with the University of Salford to analyse the data behind HSMR and SHMI.
- In urgent care the trust performed in line or better than the England average with national CEM audits.
- The myocardial ischaemia national audit project (MINAP) 2013/14 showed that the trust performed in line with or better than expected in most areas. However, the percentage of patients who were referred or had an angiograph (an investigation that looks into the blood vessels of the heart) was 54% which was worse than the national average of 78%.
- The sentinel stroke national audit programme (SSNAP) audits stroke services against evidence-based standards. The latest audit results for October to December 2014 rated the hospital overall as a grade 'D' which highlighted that the service still needed to make improvements to the care and treatment of patients who had suffered a stroke. The trust had an action plan in place to improve performance against the standards.
- The 2013/2014 heart failure audit showed the hospital performed better than the England average in all four clinical (in hospital) indicators and in eight of the nine clinical (discharge) indicators.
- In the national diabetes inpatient audit 2013, the trust was better than the England average in 14 of the 21 indicators. The trust performed worse than the England average in patients receiving a foot assessment within 24 hours.
- Data from the Bowel Cancer Audit (2014) showed that the trust was performing well on two indicators and better than the England average for three indicators.
- The Royal Albert Edward Infirmary scored better than the England average for five indicators in the Hip Fracture audit.
- There was a mixed performance in the National Emergency Laparotomy audit.
- Data from the Lung Cancer Audit (2014) showed the trust were performing better than the England average for the percentage of cases discussed at multi-disciplinary team (MDT) meetings and the percentage of patients receiving computed tomography (CT) before bronchoscopy.
- The trust's patient reported outcomes' following surgery were within or better than national expectations.
- ICNARC 2013/2014 data showed the critical care services at the trust performed within expected levels for unit acquired MRSA, hospital mortality, delayed discharges, out-of-hours discharges, non-clinical transfers out and for unplanned readmissions within 48 hours.

Summary of findings

- ICNARC data supplied by the trust up to the period of April to June 2015 showed that the mean length of stay for ventilated admissions, patients with severe sepsis and elective surgical admissions was either similar or better (shorter) than other comparable units nationally.
- The data also showed the readmission rates for both early (within 48 hours of discharge from the unit) and late (over 48 hours) were better than comparable units.
- The rate of multiple (two or more) emergency admissions within 12 months among children and young people with asthma was worse than the England average with the trust having a readmission rate of 28% compared to the England average of 17%. However, senior management explained that due to lack of an assessment unit all children who waited four hours or more were treated as an admission which potentially increased readmission rates.
- The hospital took part in the National Paediatric Diabetes Audit. This identified that in the period 2014/15 the percentage of children with controlled diabetes was 21.5% compared to the England average of 18.5% demonstrating the quality of the diabetes service for children.
- The trust provided data for the National Neonatal Audit Project. The latest published report was 2015 using 2014 data and showed there was a documented consultation with 95% of parents within 24 hours of admission
- The service reported that it had taken part in the most recent national care of the dying audit for hospitals (NCDHAH) but the report was not due until March 2016.
- The previous NCDHAH results for the period 1 May -1 July 2013 were published in May 2014. This service achieved only two of the seven organisational key performance indicators (KPIs). Of the five KPIs not achieved, one had already been addressed at the time of the 2014 report following the audit; this was access to specialist support for care in the last hours or days of life (KPI 2) as a seven day service has been provided since October 2013.
- From April 2014 to March 2015, there were 318 unexpected admissions to the neonatal unit, of which 132 were full term babies. This was higher than 2013/14 which reported 286 unexpected admissions of which 112 were full term babies. There were monitoring arrangements in place and no themes had been identified regarding maternal or neonatal readmission rates.
- The national neonatal audit (NNAP) showed that the trust performed below the NNAP standard for four out of five indicators. They met the standard for 98-100% of babies having their temperature taken within an hour of birth.

Summary of findings

- Overall the trust was exceeding improvement seen nationally in patient reported outcomes and had a lower proportion of patients deteriorating than the England average.
- Between January 2014 to December 2014, hospital episode statistics (HES) showed that the average length of stay for elective medicine at the hospital was 7.3 days, which was longer (worse) than the England average of 4.5 days. For non-elective medicine it was 5.4 days, which was shorter (better) than the England average of 6.8 days.
- The Trust scored in the middle 60% for 16 out of the 34 questions in the Cancer Patient survey. Two questions scored in the bottom 20% and 16 questions scored in the top 20%.

Multidisciplinary working

- Multidisciplinary team work was well established and focused on securing good outcomes for patients in all of the services we inspected.
- Staff across all disciplines worked well together in this regard.
- There were robust mechanisms in place such as combined ward rounds and regular MDT meetings in all appropriate services that enabled all disciplines to positively contribute to the care and treatment of patients.
- The trust embraced partnership working, with services such as Bereavement, Palliative (National recognition for care & compassion) & Cancer Care, Pathology and Sterile Services were established and providing services to an award winning standard.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- There was a slight increase in complaints from 2010/11 to 2012/13 however 2013/14 showed a decrease of just under 100 written complaints.
- The specific e-learning programme for MCA and DOLS was launched in September 2015 and had previously been included in mandatory safeguarding training (compliance was 96.3% at the time of the inspection). However, not all staff had completed the new e-learning programme at the time of our inspection, however, it was envisaged that all staff would have taken up the e-learning programme at the end of September 2016.
- The use of restraining lap belts on one ward at Leigh infirmary had become custom and practice and individual risk assessments had not been completed. This was addressed by the trust when we informed them of our concern.

Summary of findings

Are services at this trust caring?

Summary

Care was delivered by caring and compassionate staff who were open, friendly and helpful to patients. Staff were enthusiastic and proud to work at the trust. Patients felt informed and reported good communication with staff.

The Friends and Family Test (FFT) results were consistently higher than the England average but response rates were low in some service areas. The Trust is in the top 10% nationally for Friends & Family performance as at April – November 2015, ranking 10th out of 139 Acute Trusts.

Maternity survey results were positive with 94% feeling that their partner was involved in their care during labour and birth and 82% of respondents had confidence and trust in the midwives they saw after going home.

Emotional support was evident and was well supported through specialist roles. Chaplaincy services were available for patients 24 hours a day, seven days a week. Open visiting times were available if patients needed support from their relatives. Children requiring Child and Adolescent Mental Health Services (CAMHS) were supported by ward staff however there was no Registered Mental Health Nurse on the ward.

Compassionate care

- Patient interactions were observed to be caring and compassionate.
- Staff morale was good and they felt well supported.
- Staff were enthusiastic and proud of the services they provided.
- The Friends and Family Test (FFT) results were consistently higher than the England average but response rates were low in some service areas. The Trust is in the top 10% nationally for Friends & Family performance as at April – November 2015, ranking 10th out of 139 Acute Trusts.
- Patients were positive about their interactions with staff.
- We observed staff being open, friendly and helpful to patients and each other.

Understanding and involvement of patients and those close to them

- There were clear and visible information boards
- Patients spoken to during our inspection reported good communication with staff and that they were involved in their care planning.

Good



Summary of findings

- The Picker institute report dated October 2015 was a survey that included 90 patients. This was a response rate of 31%. The average response rate for the 64 trusts that ran the maternity survey 2015 was 41%. Results included that, 80% of patients said that the midwives listened to them during their antenatal check-ups, 94% felt that their partner was involved in their care during labour and birth and 82% of respondents had confidence and trust in the midwives they saw after going home.
- Senior outpatient staff at Leigh Infirmary met with 32 patients to seek their views about care and treatment. In June 2015 the results showed that some but not all patients felt involved and confident enough to ask questions. Staff were working to improve this and there were plans to review findings again in order to measure improvement.

Emotional support

- Wards had bereavement link nurses to support team members, patients and relatives
- Clinical nurse specialists or 'leads' were available in areas such as haematology, oncology and venous thromboembolism.
- These staff were able to provide extra support and information to patients, enabling them to cope emotionally with their care, treatment or condition.
- Patients undergoing TOP were given appropriate emotional support and information.
- Chaplaincy services were available for patients 24 hours a day, seven days a week. There was a multi-faith prayer room with ablution facilities at the hospital.
- In the 2014 CQC Accident and Emergency survey, patients gave the department 6.7 out of 10 for if you were feeling distressed while in Accident and Emergency department, did a member of staff help to reassure you and 7.2 out of 10 for nurses and doctors discussing any fears and anxieties about your condition or treatment. These scores were about the same as other trusts.
- Open visiting times were available if patients needed support from their relatives.
- Children admitted requiring Child and Adolescent Mental Health Services (CAMHS) were supported by ward staff however there was no Registered Mental Health Nurse on the ward.

Are services at this trust responsive?

Summary

Services were planned to meet the needs of the local population. The trust was part of the Greater Manchester health and social care

Good



Summary of findings

devolution programme to provide a partnership approach to care and the healthier together programme. This was to reconfigure services across Greater Manchester into a small number of specialist centres to help meet the needs of patients.

Access and flow through the trust was good although the urgent care department failed to meet national targets for ambulance turnaround times of 30 minutes on around 40% of occasions in 2014, this rose to around 50% during 2015.

Patient Referral to Treatment Times (RTT) were consistently above the national average with the trust performing in the top 10% nationally for RTT performance (October 2015). However there had been a number of cancelled operations for which the patient had not received their operation within 28 days of the cancellation.

Bed occupancy rates had been lower than the England average however, the number of patients who were cared for on wards of a speciality different to that of the patient needs (Outliers) was significant and moves at night of patients receiving medical care were not uncommon.

Adjustments for patients with specific needs were in place. Identification/ flagging systems were robust except in the case of patients with learning disabilities. Assessments were robust and there were staff with specialist roles to support these vulnerable patients.

There were strong systems and processes for dealing with complaints and sharing learning.

Service planning and delivery to meet the needs of local people

- The Trust was committed to developing services at the weekend to ensure that patients in hospital get the same care irrespective of the day of the week.
- Three years ago a business case for £2.1 million was successful and this had resulted in the recruitment of additional emergency medicine and acute medicine consultants as well as 32 other allied health professionals.
- The hospital was part of the Greater Manchester health and social care devolution programme to provide a partnership approach to care and the healthier together programme. This was to reconfigure services across Greater Manchester into a small number of specialist centres to help meet the needs of patients.

Summary of findings

- The trust was committed to ensuring services remained safe and of high quality, national standards were achieved, patient expectations met and services are financially and clinically sustainable however they were provided in the future.

Meeting people's individual needs

- The trust does not yet have an electronic flagging system for visually and hearing impaired. However, work is underway to address this. The trust has identified functionality on PAS that allows the recording of patient needs. Two pilots schemes were undertaken during 2014 that included collecting patient's specific needs along with other equality data. Negotiations are currently being undertaken to review the potential of undertaking a further pilot, in line with Accessible Information Standard that is to be implemented in July 2016, whereby all patients must be asked if they have any communication needs and record them appropriately.
- There were 353 admissions of people with learning disabilities at the trust in the last year, including children, day cases surgery and maternity cases. There was an average of four people in the trust at any one time.
- There is currently no electronic flagging system for identifying individuals with a Learning Disability, The Trust is currently working toward the launch of the Health Information System, and this will incorporate the flagging function. The current systems in place: Emergency Admissions; The LD Liaison nurse and Adult Safeguarding team are alerted when a patient with LD attends A&E by the department staff/paid carers/family.
- In the case of planned admissions; The LD Liaison nurse was alerted by both the acute hospital and community carers/family. Individualised care plans are developed at this time that will include any reasonable adjustments required.
- There is a Learning Disability hospital liaison nurse, employed by the community trust, who works 5 days week. As previously stated, the nurse is informed of hospital admissions by the adult safeguarding team, carers, family members and other community based nurses.
- Assessments of patients with a learning disability were carried out using a comprehensive multidisciplinary approach. The carers and family were often included in the assessment process; ensuring accurate collection of information was collected to aid the assessment and diagnosis process. Other professionals /care team members already involved in the patients care were also consulted.

Summary of findings

- The Trust provided tours of A&E and Thomas Linacre Centre outpatient department for individuals with a learning disability. Bespoke tours of the surgical admissions department were also carried out when a patient has planned surgery.
- Side wards were made available as far as possible and family and carers are encouraged to stay with the patient during admission. Individualised care plans were developed by the hospital liaison nurse.
- The Trust participated in the annual Greater Manchester joint assessment with health and social care. The learning disability liaison nurse carried out reviews on repeat attendances; they also hold a data base of all admissions to the acute Trust, identifying any trends in admission. The tours of the areas outlined above was a mechanism not only to engage individuals with a learning disability and their families, they also provided an opportunity for feedback about the services and any improvements that could be made.
- The trust Empathy video had been shown across the country and was used on staff induction to demonstrate WWL's values in relation to care and compassion.

Dementia

- There were 1968 patients living with Dementia admitted to the trust in the year prior to the inspection with as many as 37 patients being treated in the trust at any one time.
- Patients with dementia were identified in A&E and a 'forget me not' sticker was attached to their notes. This information was then handed over to ward staff, who used a 'forget me not' magnet at the patient's bedside. There was also identification on the wards white board as a visual identifier.
- The 'this is me' document was given to the patient and their carer to complete, and adjustments were then made in accordance with the patient's needs, for example the cognitive impairment pain assessment tool (abbey pain tool) was used to assess pain.
- Patients with dementia or probable dementia were screened in A&E at the time of admission. Further screening and assessments took place with the trusts mental health partners.
- Patients living with dementia may be referred to the Later Life and Memory Service on discharge for a formal diagnosis and support.
- The Trust had a lead nurse and a specialist nurse for dementia who have access to the MSS system in A&E and review all admissions who had positive screening or known dementia. The trust then checks with a local Mental Health Trust database, to confirm diagnosis.

Summary of findings

- The trust had nearly 200 dementia champions in every area of the trust that had relevant dementia training, with 150 champions having completed/completing an NVQ in Dementia care. Dementia champions can advise and refer to the Dementia Lead/Specialist Nurse for further support and advice.
- The Trust had audited a set of 50 medical notes to look at those patients admitted with a primary diagnosis of dementia, the reasons they were admitted, what was available and if the patient had been able to access the services available. Staff also looked at the reasons for readmissions within 30 days and whether or not the discharge process, substantial and supportive enough to meet the needs of the carer and the patient.

Access and flow

- Between March 2015 and the time of inspection, the urgent care departments performance in meeting the Department of Health target for 95% of patients to be seen, treated, discharged or admitted within 4 hours was mixed. The service met the target in six of the nine months.
- However, performance was consistently better than the national average in that time. The trust was in the top 10% nationally for its A&E performance ranking 7th out of 139 Acute Trusts for April – November 2015.
- The percentage of patients waiting between 4 to 12 hours for admission to the hospital from the time the initial decision to admit was taken was consistently better than the England average from July 2014 to July 2015.
- From July 2014 to July 2015, the median time to initial assessment (triage) was lower (better) than the England average.
- The service continuously met the Department of Health 1 hour target which measured the median average time of arrival to the start of definitive treatment between August 2014 and June 2015.
- The ambulance time to treatment was similar to the England average and generally lower than the standard aside from an increase in performance in July 14.
- The urgent care department failed to meet national targets for ambulance turnaround times of 30 minutes. On around 40% of occasions in 2014, the patient handover took between 30 and 60 minutes. This rose to around 50% during 2015.
- Medical services met the national 18 week referral to treatment time targets in all specialities from April 2013 to May 2015.

Summary of findings

- Between April 2014 and March 2015, the occupancy rate at RAEI was between 81% and 89%. It is generally accepted that, when occupancy rates rise above 85%, it can start to affect the quality of care provided to patients and the orderly running of the hospital.
- Information provided by the trust showed there were a large number of patients being cared for in non-speciality beds which may not be best suited to meet their needs (also known as outliers). Between February 2015 and August 2015, data showed there had been 138 outliers at the hospital.
- At the time of our inspection, senior staff said there were 15 medical outliers. Patients who were outliers were reviewed on a daily basis by a member of the medical team. There was a standard operating procedure for outlying patients that was consistently followed.
- In the period September 2014 to August 2015, 50% of medical patients experienced multiple ward moves during their stay. This was slightly more than the previous year.
- Information provided by the trust showed that between March 2015 and August 2015, a number of patients on medical wards were transferred to another ward after 10pm at night. For example, 147 patients had been transferred from the Ince ward during the night, 75 had been transferred from the Standish ward and 136 had been transferred from the Winstanley ward. The information showing the reasons why these moves had taken place during the night was not available.
- Between April 2015 and September 2015, the trust exceeded the 90% standard for the proportion of patients waiting 18 weeks or less from referral to treatment. The latest figures for October 2015 showed the trust's performance was at 92%, with the exception of general and oral surgery.
- General surgery and trauma/orthopaedic wards had medical outliers (medical patients that were not nursed on a medical ward due to bedding shortages) each month between January 2015 and August 2015. The highest number being 220 on general surgery wards in April 2015. Staff reported daily review of these patients by medical staff.
- There were 18 cancelled operations in March 2015 and two of those were not re-booked within 28 days.
- The latest data between April and June 2015 shows that out of the 129 cancelled operations in this trust, 15 did not receive treatment within 28 days.
- National targets to achieve 92% for referral to treatment for patients on incomplete pathways between April 2015 and October 2015 were achieved overall within the paediatric specialities.

Summary of findings

Learning from complaints and concerns

- The trust Complaints and Concerns Policy cites the Chief Executive is the 'responsible person' as defined within the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. He is responsible for compliance with current legislation.
- The Director of Nursing is the designated Executive Director with responsibilities for ensuring compliance with the Local Authority Social Services and NHS Complaints (England) Regulations 2009.
- There is a designated 'Complaints Manager' responsible for complaints on a day to day basis.
- An annual report is considered by the Trust Board, Quality and Safety Committee, Corporate Quality Executive Committee and each Divisional Quality Executive Committee. Additionally, the Board receives a monthly Performance Report which includes complaints indicators for timeliness of responses and complaints partially upheld or upheld by the PHSO.
- All complaints are triaged in the Patient Relations/PALS Department and are given an initial risk rating based on the severity of the complaint. These were then forwarded to the appropriate division for investigation by their divisional case managers.
- Investigations are documented within the computerised records. Following investigation the responses are signed off within the Divisions by the Divisional Management Team. These are then formatted by the Patient Relations Officers and subsequently read and checked by the Patient Relations Manager prior to going to the CEO for signature. Any complaints that have a 'red' risk rating are reviewed and signed off by the Deputy Director of Nursing prior to going for CEO Signature.
- The latest Trust response rate available was 57% for complaint responses due in August 2015. The Trust does set itself a higher standard for responsiveness to complaints than outlined in the regulations. Complainants are kept updated if agreed timescales cannot be met which is in line with the regulations. The Trust is compliant with the 3 days acknowledgement of a complaint, as required by the regulations.
- Learning from complaints is widespread across the trust although there are some areas where this could be improved for example in maternity.
- Learning from the never events had been implemented across the trust and we found the trust demonstrated an open approach to sharing when things went wrong.

Summary of findings

Are services at this trust well-led?

Good



Summary

The trust had a mission statement, vision and values and behaviours which were known widely across the trust. These were supported by service level strategies although there was no strategy in place for the paediatric service. The trust had developed a new model of care with five key areas of focus which supported the trust being part of the Greater Manchester health and social care devolution programme to provide a partnership approach to care and the healthier together programme.

There was a very positive attitude throughout the trust based on a culture of continuous improvement and striving for excellence. Staff felt supported, able suggest improvements and develop professionally. Staff were proud of their services and proud of the trust.

There was a deep commitment to staff engagement and the 'WWL Way' programme promoted 'Happy Staff, Happy Patients'. This approach had been nationally recognised by the trust being ranked the second best Acute Trust in the NHS as a place to work.

The trust was fourth highest in the country for staff engagement (from the NHS Staff Survey) and performed well in the staff friends and family test.

The trust was nationally recognised for its staff engagement programme. The trust had won the HSJ awards for Provider Trust of the Year and Patient Safety (for our Quality Champions Programme) in December 2014.

However in the paediatric service staff had not used the escalation and executive support mechanisms to support longer term solutions to maintain high quality delivery in relation to staffing matters. The risk management escalation process had not resulted in this risk being escalated for executive scrutiny or Board oversight.

Public involvement and engagement was evident although it required strengthening in the maternity service.

Vision and strategy

- WWL's new model of hospital care and secondary care provision consisted of five key elements:
 - **Focused on Value.** Becomes a smaller organisation, with the hospital elements of provision becoming more focused on areas of clinical strength, on complex and high cost diagnostics and on orthopaedic service provision to the

Summary of findings

North West as a whole. WWL increasingly will only provide services that other health care providers are unable to do due to factors such as economies of scale, clinical expertise and value for money.

- **Integrated Care.** Part of an integrated health and social care system across the borough of Wigan that looks to keep people out of hospital where ever possible. When people do need to come into hospital their stay is kept as short as possible so that they can return to their home as quickly as possible.
- **Convenient Outpatient Services.** Working with partners in primary and community care will be part of a new system of providing outpatient services in the local community and reducing the number of outpatient appointments that patients have to attend.
- **A key player** in the North West of Greater Manchester. Collaboration with partner Foundation Trusts in the North West Sector of Greater Manchester to create shared services and to pool resources where it makes clinical and financial sense.
- **Doing what's right for Patients.** WWL explicitly recognises that where there is strong evidence based clinical argument for it to stop providing services it will do so and work collaboratively with commissioners and other providers to ensure the safe transfer of services.
- The trust mission statement was “To provide the best quality healthcare for our patients” and the trust vision was “To be in the top 10 per cent for everything we do”. The trust strategy was “To be safe, effective and caring. Patient safety always remains our highest priority of all”.
- This was underpinned by a set of values and behaviours that were based on “patients first”, “teamwork”, “compassion”, “respect and dignity”, “forward thinking” and “accountability”.
- The trust vision, values and objectives had been cascaded to staff across the trust and staff had a clear understanding of what the vision and values meant and their role in achieving them.
- Two months before our inspection, the Medical Director had delivered a presentation on the trust values to the Department of Health as an example of good practice.
- There were service level strategies in place with the exception of the paediatric service.

Governance, risk management and quality measurement

- There were robust governance processes in place with clear committee structure and clear roles and responsibilities.

Summary of findings

- All service areas had risk registers which escalated to the corporate risk register. However the staffing levels in the paediatric service had not been discussed at Board or the Quality and Safety Committee and this item had not been placed on the corporate risk register.
- Clear escalation process for risks with referral to relevant committee for review if remain for three months. However the escalation point to executive scrutiny was higher than expected which may be a causative factor in the non-escalation of staffing concerns in paediatrics.
- The board assurance framework (BAF) was set at a very high level and had responsible officers identified and action plans in place although they were not very granular. It was also noted that all items had been on the BAF since April 2015 and some of the targets were very ambitious.
- The trusts commitment to improved information management and technology continued through the implementation of a new hospital information system - HIS. The financial and resource investments had been protected to guarantee success.
- In the main, performance data was collected in a robust way and utilised accordingly.

Leadership of the trust

- The Chief Executive Officer (CEO) had been on secondment for 12 months and the Deputy CEO had covered in their absence. The CEO had very recently returned to the trust at the time of the inspection.
- The leadership team were visible and accessible. They were regular visitors to the wards and departments and the 'Walkabouts' were seen as positive by staff. It was evident that the leadership team were committed to service improvement for the benefit of patients.
- The Governor body was visible within the leadership of the trust being members of most committees and the safety walk around programme.

Culture within the trust

- There was a very positive attitude throughout the trust based on a culture of continuous improvement and striving for excellence. Staff felt supported, able suggest improvements and develop professionally. Staff were proud of their services and proud of the trust.
- Staff across the trust praised the visibility and approachability of the executive leaders and management team.

Summary of findings

- The trust had an emphasis on an open and collaborative approach which was evident from focus group discussions and interviews with key staff.
- However, in the paediatric service staff had been locally managing staffing shortfalls and associated staffing pressures without utilising the escalation and executive support mechanisms to support longer term solutions to maintain high quality delivery.

Fit and Proper Persons

- There were formal procedures under development but the trust had a framework in place including a template to record compliance with the Fit and Proper Persons regulation.
- We reviewed the personnel records of 6 relevant staff and found they contained the relevant information which was current and appropriate.

Public engagement

- The Trust values its patient and public engagement.
- The trust carried out an internal patient survey, the last being in May 2015.
- Staff routinely engaged with patients and their relatives to gain feedback from them. This was completed through various formats including patient and carer forums and “tea party” events in critical care, where patients that had previously stayed on the unit and their relatives were invited to attend and share their experiences. In end of life care the service actively sought input from patients and families, and acted to address concerns when they were raised. There had been an awareness day held off site to raise awareness around tissue donation. Fifty members of the public attended and there had been 20 tissue donors since 1 April 2015. Bereavement questionnaire responses were shared with relevant wards via the bereavement link nurse.
- However, in maternity there was a lack of public engagement with no mechanisms for patients to participate in the development of the maternity services. There was no patient representation on the labour ward forum.
- Lay auditors are utilised to support the Clinical Audit department. The aim of this work is to ensure that patient views are taken into consideration when undertaking clinical audit and other quality improvement projects. In the last three years ago lay auditors have participated in several quality improvement projects within the Trust.

Summary of findings

- A review of the data from the CQC's adult inpatient survey 2014 showed that the trust performed within expectations in comparison to other trusts for all 10 sections.
- The trust has a large contingency of volunteers one of whom recently won 'Lifetime Achievement' in the Wigan 'Star - Volunteers Time to Shine' awards.

Staff engagement

- The trust won the HSJ awards for Provider Trust of the Year and Patient Safety (for our Quality Champions Programme) in December 2014. At WWL staff engagement is paramount and their award winning 'WWL Way' programme promotes 'Happy Staff, Happy Patients'. This was nationally recognised through the achievement of being ranked the second best Acute Trust in the NHS as a place to work. The trust was fourth highest in the country for staff engagement (from the NHS Staff Survey) and performs well in the staff friends and family test.
- We reviewed some of the staff engagement survey reports which showed improvements in aspects of staff engagement such as work relationships and staff mind set.
- The Chief Executive Officer engaged with staff through weekly podcasts and emails. He also met with staff groups every few months.
- The trust consultant body were very positive about the improvements seen over the previous couple of years.

Innovation, improvement and sustainability

- Through successful staff engagement, the trust has supported over 250 Quality Champions to deliver hundreds of quality improvement projects, building upon their quality and safety culture. A 'staff engagement' department employs practitioners to support teams in engaging with staff.
- From September 2014 to August 2015, many of the trusts innovations were recognised through winning a number of national, regional and local awards including three Health Service Journal (HSJ) Awards including Provider Trust of the Year and the Quality and Safety Champions Programme won the Patient Safety category.
- The trusts Business Intelligence team won the Innovation award (Information Skills Development Network) for the development of the 18 Week dashboard.
- The trust's Finance Department won the Accounts Team of the Year (Healthcare Financial Management Association Awards).
- The trusts Procurement Team won National Procurement and Supply Chain Team of the Year (Health Care Supply Association Awards).

Summary of findings

- In the Patient Experience Network National Awards the Staff Engagement Team won in the Staff Engagement/Improving Staff Experience category.
- In the Greater Manchester Clinical Research Awards the Clinical Research Team won for 'Research Impact' for Rheumatology.
- In the HSJ / BMJ Black, Minority and Ethnic (BME) Pioneers, Umesh Prabhu was named for a second year.
- In the Health Service Journal Top 50, Andrew Foster was named in the Top 50 Chief Executives.

Overview of ratings

Our ratings for Royal Albert Edward Infirmary

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

Our ratings for Leigh Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Good	Requires improvement	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Overview of ratings

Our ratings for Wrightington Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Our ratings for Thomas Linaker Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good	Not rated	Good	Outstanding	Good	Outstanding
Overall	Good	Not rated	Good	Outstanding	Good	Outstanding

Our ratings for Wigan Health Centre, Boston House

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Our ratings for Wrightington, Wigan and Leigh NHS Foundation Trust

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

Outstanding practice and areas for improvement

Outstanding practice

- The Breast Services and Urology Services offer one-day, one-stop procedures for patients and the expanding cardiology service is saving more lives every year. The establishment of the Acute Kidney Injury (AKI) Specialist Services is believed to be the first within a DGH environment. Within a year it has proven to dramatically reduce mortality rates, length of stay and has been shortlisted in the category of Patient Safety in the HSJ awards 2015.

Wrightington Hospital is the home to the region's only orthopaedic centre of excellence; the trust was eagerly awaiting the opening of a state-of-the-art Orthopaedic facility which was due to open shortly after our inspection. When opened it will significantly improve the patient and staff experience. The unit will also allow the clinical teams to make further clinical advances, such as reducing lengths of stay and fully implementing the enhanced recovery programme whilst maintaining quality standards. The recent 'Getting it Right First Time' Report demonstrated excellent orthopaedic outcomes.

The A&E department is one of the top performing in the country, consistently achieving the national 95% standard. The Trust has been number one in Greater Manchester since April 2015 and is currently fourth in the country. The Ambulatory Assessment Area ensures patients receive timely assessment and aids patient flow throughout the hospital forming an integral part of their 7 Day Service work. The trusts excellent progress so far has been keenly acknowledged by Jeremy Hunt and received national media coverage.

The urgent care department used an electronic dashboard (A&E APP) that constantly monitored flow through the department. It used predictive information based upon seasonal variances and data from previous years to generate likely numbers of attendees to the department. The system also used live data of ambulances on route to the department. Where demand was strong at particular times of the day the department was able to flex staff from other areas to ensure response rates were

maintained. Meetings were held several times per day to discuss flow throughout the hospital to avoid delays in patients moving through the Hospital system.

The trust recognised that an important element of achieving high quality care was to ensure that the staff had the capacity and capability to deliver improvement. The trust had set up a 'Quality Champion' programme to support the delivery of service improvement and recognise the achievements of the staff. All Quality Champions who had completed the training programme and commenced an improvement project were awarded a bronze badge. Silver and gold badges were awarded to those Champions who sustained their improvements and disseminated them to other organisations. The department had a number of staff of various grades who were quality champions, and had identified staff who were about to start the programme.

Within radiology there was effecting in-sourcing of staff to cover shortfalls

Staff were supported to undertake a counselling qualification in order to improve the staff support network.

The use of the swan logo, symbolising dignity in death, included some outstanding practice. The swan logo identified patients at the end of life and bereaved families, enabling staff to treat them accordingly and the initiative included open visiting, relatives staying on the ward, free designated car parking, comfort packs and bereavement trays for relatives. These facilities and systems in place were intended to minimise stress for families staying with their relatives and allowed them to spend as much time as they wished together in their last days and hours.

Access to support for relatives from a bereavement specialist nurse following the death of a loved one was particularly noteworthy. The specialist nurse would attend inquests or visit at home if required.

Outstanding practice and areas for improvement

Within Maternity, the development of the 'sim man' as part of the 'skills and drills' mandatory training was part of the poster presentation at a conference last year.

The urology department aspired to offering one stop clinics for haematuria patients. This meant patients attending initial appointments could have biopsies done at the time of their initial consultation rather than having to return for a second appointment.

A trust 'pioneering staff engagement' programme was in place across a multi-disciplinary team with a number of innovating programmes in progress. The service had received several awards over the past two years.

The achievements of the breast team deserve particular recognition. The staff achieved screening targets above national average and managed a large catchment area of patients. The specialist nurses ensured a holistic patient approach and considered psychosocial aspects of women having breast surgery by offering a complete service. There is evidence of continuous learning and participation in audits.

Areas for improvement

Action the trust MUST take to improve

Action the trust MUST take to improve

At Royal Albert Edward Infirmary

- The trust must ensure that there are sufficient numbers of nursing staff who are trained to resuscitate children at all times in the emergency department.
- The trust must deploy sufficient staff with the appropriate skills on the medical wards.
- The trust must ensure that all staff receive appraisals and complete mandatory training to enable them to carry out the duties they are employed to perform.
- The trust must ensure that records are kept secure at all times so that they are only accessed by authorised people.
- The service must ensure staffing levels in the paediatric service are maintained in accordance with National professional standards.
- The service must ensure that there is one nurse on duty on Rainbow ward trained in Advanced Paediatric Life Support each shift.
- The service must ensure that staff are trained and competent to deliver the care required by paediatric patients with a tracheostomy.

- The service must ensure that risk rating and escalation is robust to ensure mitigating actions are taken in a timely way.
- The service must ensure the paediatric ward manager has sufficient time to perform the managerial tasks associated with the role.
- The service must ensure the senior leaders of the paediatric service are cited on the risks and actions being taken.

At Leigh Infirmary

- Ensure safeguarding, mental capacity act (2005) and deprivation of liberty safeguards are in place and followed to ensure patients safety at all times. Processes must be clearly defined, understood and followed by staff.
- Ensure that there is adequate space on the wards for patients to receive safe and effective care.
- Ensure that there are adequate facilities to store clinical waste safely.
- Ensure care is delivered as per evidence based guidance

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed. Persons employed by the service provider must receive appropriate support, training professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Regulated activity

Accommodation for persons who require nursing or personal care
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Care and treatment must be provided in a safe way for service users. The registered person must comply by assessing the risks to the health and safety of service users receiving care or treatment and do all that is reasonably practicable to mitigate any such risks.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
All premises and equipment used by the service provider must be clean, secure, suitable for the purpose for which they are being used, properly used, properly maintained and appropriately located for the purpose for which they are being used.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

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

This section is primarily information for the provider

Requirement notices

Service users must be protected from abuse and improper treatment. Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse. Care and treatment for service users must not be provided in a way that includes acts intended to control or restrain a service user that are not necessary to prevent, or not a proportionate response to, a risk of harm posed to the service user or another individual if the service user was not subject to control or restraint. A service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority.