

The Walton Centre NHS Foundation Trust

Quality Report

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

Ratings

Overall rating for this trust

Outstanding 

Are services at this trust safe?

Good 

Are services at this trust effective?

Outstanding 

Are services at this trust caring?

Outstanding 

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

The Walton Centre NHS Foundation Trust is the only specialist hospital trust in the UK dedicated to providing comprehensive neurology, neurosurgery, spinal and pain management services. The trust receives patients from Merseyside, Cheshire, Lancashire, Greater Manchester, the Isle of Man and North Wales and has a catchment area of approximately 3.5 million people. Due to the areas of expertise the trust often receive referrals from other geographical areas, sometimes this includes international referrals.

Care and treatment is provided from two buildings on the same site; The Walton Centre main building and the purpose-built Sid Watkins Building, which was opened in 2015. There are 192 beds, 123 of which are neurosurgery, 29 neurology and 40 for rehabilitation.

We carried out this inspection as part of our comprehensive inspection programme. The announced element of the inspection took place on 5 April 2016 to the morning of 8 April 2016. We also undertook an unannounced inspection on 21 April 2016. As part of the unannounced inspection, we visited Chavasse ward, Lipton ward, Dott ward, Caton ward, theatres, critical care and the complex rehabilitation unit (CRU).

Overall we rated The Walton Centre NHS Foundation Trust as 'outstanding'. We have judged the service as 'outstanding' for effective and caring. We also rated the trust as 'good' for safe, responsive and well-led care.

Our key findings were as follows:

Cleanliness and infection control

- All areas we inspected were visibly clean and well organised. The trust was rated as the overall top acute trust in England in relation to the patient-led assessments of the care environment (PLACE) in 2015. The trust scored 99% for cleanliness and 98% for condition, appearance and maintenance.
- Cleaning schedules were in place, with allocated responsibilities for cleaning the environment and decontaminating equipment. However, on one occasion we found a resuscitation trolley in the critical

care area that had not been cleaned despite the records indicating that it had. We brought this to the attention of management and it was rectified immediately.

- We observed staff using personal protective equipment (PPE), such as gloves and aprons, and changing them between patient contacts. We saw staff washing their hands using the appropriate techniques and all staff followed the 'bare below the elbow' guidance. There was ample access to hand washing facilities. Staff followed procedures for gowning and scrubbing in the theatre areas.
- There were regular environmental and hand washing audits across the trust, with generally high levels of compliance.
- The trust had implemented a 'stop, think, sink' campaign to encourage visitors, families and patients to wash their hands before entering and leaving clinical areas.
- Staff were aware of current infection prevention and control guidelines, and were able to give us examples of how they would apply these principles.
- We observed that patients with an infection were isolated in side rooms, where possible. Staff identified these rooms with signs and information about control measures in these rooms was clearly displayed. However, one door in the complex rehabilitation unit did not have clear signage indicating that the patient was identified as an increased infection control risk. We raised this with senior staff who rectified the situation immediately.
- Between April 2015 and February 2016, the trust overall reported a total of eight cases of *Clostridium difficile* and one incident of methicillin-resistant *Staphylococcus aureus* (MRSA) infection meaning the trust was on plan to meet its locally set target. In addition, between April 2015 and December 2015, there had been one cohort of carbapenemase producing enterobacteriaceae (CPE) colonisation involving six patients and five incidents of methicillin sensitive *staphylococcus aureus* (MSSA).
- When there were incidents of hospital acquired infections, a full investigation was carried out using a root cause analysis approach so that lessons could be learnt and improvements made. We saw an example

Summary of findings

of a change in practice following an incident of *Pseudomonas* (microorganisms that live in water). Regular water testing was being undertaken at the time of the inspection and filters had been put on all taps.

Nurse staffing

- The trust used recognised and validated tools to determine the required levels of nursing staff.
- The majority of areas were staffed with sufficient numbers of suitably qualified nurses at the time of the inspection. However, during our visit we noted there was a lack of visibility of staff on the complex rehabilitation unit (CRU) which had been identified by the service partially due to the layout of the new building.
- Each clinical area openly displayed the expected and actual staffing levels on a notice board and staff updated them on a daily basis. The staffing numbers displayed on the boards were correct at the time of the inspection and reflected the actual staffing numbers in all areas.
- Ward and theatre managers carried out daily staff monitoring and escalated staffing shortfalls to matrons and senior managers.
- In quarter four of 2015/16, the trust had received 'high assurance' from its internal auditors, the highest level of assurance possible, for both its daily escalation/staffing actions and the bi-annual reviews.
- End of life care was the responsibility of all staff across the trust and was not restricted to the end of life care (EOLC) team.
- The EOLC team was led by a neurological oncology advanced nurse practitioner who managed one whole time equivalent (WTE) end of life facilitator and a 0.4 WTE amber care bundle facilitator. The facilitators provided advice, support and training to staff and met daily to discuss patients. Each provided cover when the other was not available, for example on leave. Staff told us this worked well.
- In addition, staff had access to the specialist palliative care team at another hospital and a hospice both which located on site. The facilitators told us they would fax referrals along with discussing patients that required reviewing.

Medical staffing

- Medical treatment was delivered by skilled and committed medical staff.
- The information we reviewed showed that medical staffing was generally sufficient to meet the needs of patients at the time of the inspection.
- On weekdays in the critical care service, the level of consultant cover did not exceed the Intensive Care Society (ICS) standard of a staff to patient ratio of between 1:8 and 1:15. However, at the weekend and during the night the ratio was higher at 1:20. The unit had two Advanced Critical Care Practitioners (ACCPs) to help fill this shortfall but at the time of the inspection, they were only available to cover one in three shifts. There had been no incidents reported about the level of medical cover in critical care and staff told us that they felt that this was being managed safely. Two additional ACCPs had been appointed at the time of the inspection and were due to start in July 2016. Both the medical trainees and ACCP's who were available on the unit during the night were all trained in advanced airway techniques and were competent in managing a deteriorating patient. There was also out of hours support from the Surgical Medical Assessment Response Team (SMART) when needed.
- Consultants made up 54% of the medical and surgical workforce across the trust which was higher than the England average of 39%. There were less middle grade doctors at 4% compared with the England average of 9%. The number of registrars within the service was higher than the England average at 41% compared to the England average of 38%.
- Consultants provided an on call rota for both hub and spoke units within the rehabilitation network, which provided 24 hours, seven days cover. The service had 4.2 WTE consultant cover for the CRU and was available on call from home between 10pm and 8am.

Mortality rates

- Regular multidisciplinary mortality and morbidity committee meetings took place which fed into the monthly mortality and morbidity seminars. We observed the monthly reports for July 2015 to September 2015. The September 2015 report

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identified eight mortality cases. Patient records were reviewed to identify any trends or patterns. There was evidence of discussion and learning from cases within the report.

- The most recently available and validated Intensive Care National Audit and Research Centre (ICNARC) data (April 2015 to September 2015) showed that the patient outcomes and mortality were similar to benchmarked units nationally. The exception to this was for emergency neurosurgical admissions, where mortality was consistently lower (better) than that of similar units.
- The ICNARC (2013) model mortality was 0.76 for the period July 2015 to September 2015 meaning that the number of observed deaths was less than predicted. Overall performance was similar to that of other trusts the unit was benchmarked against. In comparison, the mortality ratio for the same period using APACHE 2 (2013) model was 0.69. (APACHE stands for acute physiology and chronic health evaluation and is a severity score and mortality estimation tool developed in the United States of America). This result was again similar to other trusts.
- Mortality rates were lower (better) than average mortality rates at similar units between April 2012 and March 2015, as reported in the Neurosurgical National Audit Programme.

Nutrition and hydration

- Patients' nutrition and hydration needs were generally well managed.
- In all the records we reviewed, a nutritional risk assessment had been completed and updated regularly. This helped identify patients at risk of malnutrition and adapt to any ongoing nutritional or hydration needs.
- Staff consistently completed charts used to record patients' fluid input and output and where appropriate staff escalated any concerns.
- The trust had a protected meal time initiative which ensured there were minimal interruptions to patient's meal times. During set times when meals were served all staff were focused solely on meal times and assisting patients. Medical and therapy staff were not able to examine or perform any routine interventions during these times to ensure patients had protected time to eat.
- The guidelines for fasting before surgery (the time period where a patient should not eat or drink) were clear and met national guidance.
- Patients records showed that those patients identified as approaching end of life had their nutrition and hydration needs evaluated. An audit of 20 patient records from January 2015 to February 2016 identified that, during the dying phase, two patients were able to eat and drink, 18 patients were assessed for clinically assisted nutrition and hydration, with ten of those having clinical assisted nutrition or hydration in place at time of death.
- There was access to a dietetic service. A dietician was available to attend ward rounds when required during normal working hours.

We saw several areas of outstanding practice including:

- In medical services, we found examples of outstanding care where patients' individual needs were met using alternative approaches to rehabilitation pathways which involved patients and their families. This included developing a garden area where family were encouraged to attend and garden with the patient.
- The trust had received a Certificate of Recognition Excellence for the National Institute for Health Research (NIHR) for their work in promoting the benefits of clinical research, and encouraging recruitment of patients into clinical trials. In 2014 to 2015 the trust increased their proportion of NIHR studies from 39 to 56 studies compared to the previous year which was more than any other trust in the region.
- The use of functional magnetic resonance (MR) scanning in the diagnosis and treatment of patients. It was usually used for research purposes in other trusts but the trust was developing a range of applications that would improve diagnosis and outcomes for patients.
- The MR claustrophobia clinic was very supportive for patients and following the service winning funding to develop a service the trust had agreed to continue funding to support the service. Other members of staff were now involved in the further development of the service.
- The development of the advanced healthcare scientist role in neurophysiology to support an area that was

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previously consultant led. The role involved the healthcare scientist undertaking aspects of theatre monitoring that would have previously been the remit of a consultant neurophysiologist.

- The critical care service used an electronic system which identified the need for appropriate risk assessments to be undertaken for patients. This helped to ensure that patients were assessed in a timely manner by providing a visual aid to staff via a television screen in the main area of the unit. This tool was available throughout the hospital.
- The critical care service had introduced a memorial tree for patients who had passed away in the unit and donated organs. A yearly memorial service was held for relatives which had been well attended.
- The trust had developed a 'home from home' service which provided accommodation for relatives. The accommodation provided was of a high standard and had been designed as the catchment area for the unit was large, with patients using the services regularly from the Isle of Man and North Wales. The trust had recognised that relatives may have to visit on short notice and may not always bring what they need. Items such as toothbrushes were provided for relatives to use if this was the case. Access to refreshments was also available.
- There was a well-established multidisciplinary team approach that was seen as integral to the critical care service. There were regular meetings through the day with staff from other departments, internally and externally.
- The introduction of the nationally recognised rehabilitation network was found to be outstanding practice due to the focussed approach to rehabilitation and ability to move a patient to the most appropriate setting for care in a timely manner across the hub and spoke model.
- The interactive 'TIMS' theatre live tracking system was an innovative system which allowed live tracking of patients through their theatre journey. This system also allowed consultants to book their own patients on to theatre lists while in clinic. A number of other organisations had visited the centre to benchmark against this system.
- The trust took part in the Multiple Sclerosis Trust 'Generating Evidence in Multiple Sclerosis Services' (GEMS) 2014/15. This report documented an extensive service analysis which informed the national GEMS project which in turn was used to support NICE (National Institute for Health and Care Excellence) guidance. The services are then evaluated for compliance with NICE standards.
- The trust participated in the international Spine TANGO program which benchmarked their surgical outcomes against other services across Europe.
- The trust were rated as the overall top acute NHS trust in England in relation to the patient-led assessments of the care environment (PLACE) in 2015. The trust scored 99% for cleanliness; 98% for the food it served; 97% for privacy, dignity and wellbeing; 98% for condition, appearance and maintenance and 95% for patients living with dementia, an average of 97%.
- The trust was one of 12 NHS organisations chosen by Simon Stevens to lead on staff health and wellbeing.
- The Walton Centre was among 18 providers, out of more than 200 NHS trusts to be graded as 'outstanding' in a NHS league table that lists organisations on their level of openness and transparency. The 'Learning from Mistakes' league table was drawn together by scoring NHS provider organisations based on the fairness and effectiveness of procedures for reporting errors; near misses and incidents; staff confidence and security in reporting unsafe clinical practice; and the percentage of staff who feel able to contribute towards improvements at their trust. The data for 2015/16 was drawn from the 2015 NHS staff survey and from the NRLS.
- The trust had been named as an NHS vanguard site after applying for the status in September 2015. The new model of care, the neuro network, should provide additional and more effective support for people with long-term neurology conditions outside the trust hospital site; this should enable patients with spinal conditions across the region to receive more effective and timely care. The network models led by the trust aim to provide a high quality, cost effective and sustainable neuroscience service, working in partnership with other acute trusts and primary care.
- The trust had introduced a listening line that patients and their families could call and speak directly to the senior nurse on duty so that the trust could respond to concerns in a timely manner particularly for those patients on the ward at that time.

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- The trust held 'Berwick' sessions, which were open to all staff to discuss what they are proud of and what keeps them awake at night. The trust considered this a key component of their open and honest culture and staff speaking out.

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

Importantly, the trust must:

In medical care

- Ensure all equipment is available and in date on the resuscitation trolleys on Lipton and Chavasse wards.

In addition, the trust should:

Trust-wide

- Review the numbers of staff required to undertake level three children's safeguarding training.
- Review risk registers and the board assurance framework to provide assurance that risks are recorded correctly, being managed appropriately and mitigated in a timely way.

Please refer to the location report for details of individual areas where the trust SHOULD make improvements.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to The Walton Centre NHS Foundation Trust

The Walton Centre NHS Foundation Trust (the trust) is the only specialist hospital trust in the UK dedicated to providing comprehensive neurology, neurosurgery, spinal and pain management services.

The trust is co-located on a large site with other NHS providers. Care and treatment is provided from two buildings; The Walton Centre main building and the purpose built Sid Watkins Building, which was opened in 2015. Located in Fazakerley, Liverpool, The Walton Centre's catchment population is about 3.5 million and is drawn from Merseyside, Cheshire, Lancashire, Greater Manchester, the Isle of Man and North Wales.

Liverpool itself has population of approximately 470,537 and the metropolitan area of about 2,241,000. The health of people in Liverpool is generally worse than the England

average. Deprivation is significantly higher than average 64.4% (303,377 people) and about 25,335 children (32%) live in poverty. Life expectancy for both men and women is lower than the England average.

Due to the areas of expertise, referrals are received from other geographical areas of the UK, sometimes internationally. Service delivery is achieved via a 'hub and spoke' system and the trust have partnerships with 13 NHS trusts. The trust have been named as an NHS vanguard which will see the trust leading new models of care that aim to develop a high quality and cost effective neuroscience service chain, working in partnership with other acute trusts. The trust has a total of 192 beds, 123 of which are neurosurgery, 29 neurology and 40 for rehabilitation.

Our inspection team

Our inspection team was led by:

Chair: Nick Bishop, (retired) Medical Director; National Professional Advisor at CQC

Head of Hospital Inspection: Ann Ford, Care Quality Commission

Inspection Manager: Simon Regan, Care Quality Commission

The team included six CQC inspectors, a senior analyst and a variety of specialists including: a director of nursing and quality, a director, a governance specialist, a pharmacy inspector, a neurological nurse, a surgeon, a theatre nurse, a consultant anaesthetist, a critical care nurse, a consultant palliative care nurse, an outpatient nurse, a rehabilitation physiotherapist, and a student nurse. We also used two experts by experience who have experience of using healthcare services.

How we carried out this inspection

The Walton Centre NHS Foundation Trust (the trust) was inspected previously in November 2013. No rating was applied at the previous inspection; this is the trust's first comprehensive inspection as part of our new inspection methodology.

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

- Is it safe?
- Is it effective?

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

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

Summary of findings

As part of our inspection, we held focus groups and drop-in sessions with a range of staff in the trust. We also spoke with staff individually as requested. We talked with patients and staff from all ward areas and outpatients services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

The announced element of the inspection took place on 5 April 2016 to the morning of 8 April 2016. We also

undertook an unannounced inspection on 21 April 2016. As part of the unannounced inspection, we visited Chavasse ward, Lipton ward, Dott ward, Caton ward, theatres, critical care and the complex rehabilitation unit (CRU).

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 the trust.

What people who use the trust's services say

- The 2014 CQC Inpatient survey showed the trust was 'about the same' as other trusts for half of the survey questions. The trust performed better than other trusts for 50% of the survey.
- The trust were rated as the overall top acute NHS trust in England in relation to the patient-led assessments of the care environment (PLACE) in 2015. The trust scored 99% for cleanliness; 98% for the food it served; 97% for privacy, dignity and wellbeing; 98% for condition, appearance and maintenance and 95% for patients living with dementia, an average of 97%.
- Friends and Family test performance at the trust was better than the England average for those who would recommend the trust between January 2015 and December 2015.

Facts and data about this trust

The Walton Centre NHS Foundation Trust is the only specialist hospital trust in the UK dedicated to providing comprehensive neurology, neurosurgery, spinal and pain management services. The trust receives patients from Merseyside, Cheshire, Lancashire, Greater Manchester, the Isle of Man and North Wales and has a catchment area of approximately 3.5 million people. Due to the areas of expertise the trust often receive referrals from other geographical areas, sometimes this includes international referrals.


Care and treatment is provided from two buildings on the same site; The Walton Centre main building and the purpose built Sid Watkins Building, which was opened in 2015. There are 192 beds, 123 of which are neurosurgery, 29 neurology and 40 for rehabilitation.

Between July 2014 and June 2015 there were 5,757 inpatient admissions, 12,057 day case attendances and 105,340 outpatient attendances across the trust.

The trust employs over 1,300 members of staff and the full cost of providing services in 2014/15 was approximately £102 million.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>We rated the trust as 'Good' overall for Safe. This is because;</p> <ul style="list-style-type: none">• There were good systems and processes in place to promote the provision of harm free care to patients and there were low rates of avoidable harm.• Mortality rates within the trust were low but the trust still held regular mortality and morbidity meetings to discuss cases and learn from them.• Care and treatment was provided in a visibly clean and suitably maintained environment. Staff adhered to best practice guidance in relation to the prevention and control of infection.• There were regular environmental and hand washing audits across the trust, with generally high levels of compliance.• There were processes in place for staff to report incidents which was well understood and applied by staff. There was evidence of organisational learning and improvement as a result of incident investigations.• The Walton Centre was among 18 providers, out of more than 200 NHS trusts to be graded as 'outstanding' in a NHS league table that lists organisations on their level of openness and transparency.• The trust had set a zero tolerance to grade 3 and 4 pressure ulcers. To assist in achieving this aim, all grade 2 pressure ulcers were subject to a full investigation using a root cause analysis (RCA) approach. The same process was also followed when there were incidents of hospital acquired infections with the aim to prevent recurrence.• There were trust-wide safeguarding policies and procedures in place, which were supported by staff training. Staff were aware of how to refer a safeguarding issue to protect adults and children from suspected abuse.• The information we reviewed showed that medical and nurse staffing was generally sufficient to meet the needs of patients at the time of the inspection. <p>However;</p> <ul style="list-style-type: none">• There was a lack of visibility of staff on the complex rehabilitation unit (CRU) which had been identified by the service partially due to the layout of the new building.• Resuscitation trolleys were checked daily but at the time of our inspection we found two pieces of equipment that had	<p>Good </p>

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exceeded the 'expiry date' on the resuscitation trolley on Chavasse ward and some items on the trolley on Lipton ward. In addition, there was an empty box that should have contained an ampoule of adrenaline. The trust was made aware of this at the time of our inspection and took immediate action to resolve the issue.

Cleanliness and infection control

- All areas we inspected were visibly clean and well organised. The trust were rated as the overall top acute trust in England in relation to the patient-led assessments of the care environment (PLACE) in 2015. The trust scored 99% for cleanliness and 98% for condition, appearance and maintenance.
- Cleaning schedules were in place, with allocated responsibilities for cleaning the environment and decontaminating equipment. However, on one occasion we found a resuscitation trolley in the critical care area that had not been cleaned despite the records indicating that it had. We brought this to the attention of management and it was rectified immediately.
- We observed staff using personal protective equipment (PPE), such as gloves and aprons, and changing them between patient contacts. We saw staff washing their hands using the appropriate techniques and all staff followed the 'bare below the elbow' guidance. There was ample access to hand washing facilities. Staff followed procedures for gowning and scrubbing in the theatre areas.
- There were regular environmental and hand washing audits across the trust, with generally high levels of compliance.
- The trust had implemented a 'stop, think, sink' campaign to encourage visitors, families and patients to wash their hands before entering and leaving clinical areas.
- Staff were aware of current infection prevention and control guidelines, and were able to give us examples of how they would apply these principles.
- We observed that patients with an infection were isolated in side rooms, where possible. Staff identified these rooms with signs and information about control measures in these rooms was clearly displayed. However, one door in the complex rehabilitation unit did not have clear signage indicating that the patient was identified as an increased infection control risk. We raised this with senior staff who rectified the situation immediately.
- Between April 2015 and February 2016, the trust overall reported a total of eight cases of *Clostridium difficile* and one incident of methicillin-resistant *Staphylococcus aureus* (MRSA)

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infection meaning the trust was on plan to meet its locally set target. In addition, between April 2015 and December 2015, there had been one cohort of carbapenemase producing enterobacteriaceae (CPE) colonisation involving six patients and five incidents of methicillin sensitive staphylococcus aureus (MSSA).

- When there were incidents of hospital acquired infections, a full investigation was carried out using a root cause analysis approach so that lessons could be learnt and improvements made. We saw an example of a change in practice following an incident of Pseudomonas (microorganisms that live in water). Regular water testing was being undertaken at the time of the inspection and filters had been put on all taps.

Duty of Candour

- The trust had systems in place to fulfil its obligations in relation to the duty of candour legislation. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- The incident reporting system identified incidents that had led to serious or moderate harm to patients and prompted staff to apply the duty of candour.
- There was evidence that staff were open and honest with patients and those close to them when things went wrong. For example, records indicated that patients had been informed when things went wrong and a formal apology had been given along with an explanation of the actions that would be taken to prevent the issue happening again. However, we found one occasion in critical care where the duty of candour should have been instigated and it was unclear if it had been done. The executive management team were involved in dealing with the incident and told us that it had been, but they were unable to provide any written evidence to support this.
- Some staff we spoke to were unaware of the duty of candour legislation. We noted this to be a particular issue in the critical care department.

Incidents

- The latest national reporting and learning system (NRLS) data (published April 2016, covering incidents reported to the NRLS between the 1 April 2015 and the 30 September 2015) showed that the trust reported 540 patient safety incidents during this period. The majority of incidents were classified as low or no harm, which can be seen as a positive indicator of a good

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reporting culture. The NRLS showed that for all incidents that were submitted to the NRLS, 50% were reported more than 6 days after the incident occurred, which was better than the 50% reported more than 27 days after the incident occurred for all incidents reported to the NRLS. This means that the trust uploads its incidents faster than most acute trusts.

- The Walton Centre was among 18 providers, out of more than 200 NHS trusts to be graded as 'outstanding' in a NHS league table that lists organisations on their level of openness and transparency. The 'Learning from Mistakes' league table was drawn together by scoring NHS provider organisations based on the fairness and effectiveness of procedures for reporting errors; near misses and incidents; staff confidence and security in reporting unsafe clinical practice; and the percentage of staff who feel able to contribute towards improvements at their trust. The data for 2015/16 was drawn from the 2015 NHS staff survey and from the NRLS.
- The trust had a policy and procedure for incident reporting which could be accessed via the intranet. Staff were aware of its existence and knew how to locate it.
- There was a trust-wide electronic incident reporting system which was accessible to staff and they knew how to use it. Staff were able to give us examples of the types of things they would report as an incident and told us that when they reported something, they had received feedback.
- There were no 'never events' reported between January 2015 and January 2016. Never events are serious, wholly preventable incidents that should not occur if the available preventative measures had been implemented.
- Serious incidents were investigated using a root cause analysis (RCA) approach. We reviewed a sample of RCA reports from investigations. We found that the appropriate staff had been involved in completing the investigations and comprehensive actions had been put in place to prevent further occurrences.
- The trust had set a zero tolerance to grade 3 and 4 pressure ulcers. To assist in achieving this aim, all grade 2 pressure ulcers were subject to a full investigation using a root cause analysis (RCA) approach. This quality aim was monitored at quality governance meetings and there had been no grade 3 or 4 pressure ulcers in the 12 months prior to the inspection.
- We found one example where an incident had not been reported in line with the serious incident framework developed by NHS England. However, an investigation was carried out and initial actions had been implemented to prevent it happening again. We raised this with the trust who took action to report this correctly.

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Mortality rates

- Regular multidisciplinary mortality and morbidity committee meetings took place which fed into the monthly mortality and morbidity seminars. We observed the monthly reports for July 2015 to September 2015. The September 2015 report identified eight mortality cases. Patient records were reviewed to identify any trends or patterns. There was evidence of discussion and learning from cases within the report.
- The trust was involved in a project to produce specialist trust mortality indicators. This project was anticipated to be completed by the end of March 2017.
- The most recently available and validated Intensive Care National Audit and Research Centre (ICNARC) data (April 2015 to September 2015) showed that the patient outcomes and mortality were similar to benchmarked units nationally. The exception to this was for emergency neurosurgical admissions, where mortality was consistently lower (better) than that of similar units.
- The ICNARC (2013) model mortality was 0.76 for the period July 2015 to September 2015 meaning that the number of observed deaths were less than those predicted. Overall performance was similar to that of other trusts that the unit was benchmarked against. In comparison, the mortality ratio for the same period using APACHE 2 (2013) model was 0.69. (APACHE stands for acute physiology and chronic health evaluation and is a severity score and mortality estimation tool developed in the United States of America). This result was again similar to other trusts.

Safeguarding

- There were trust-wide safeguarding policies and procedures in place, which were supported by staff training. Staff were aware of how to refer a safeguarding issue to protect adults and children from suspected abuse.
- The trust had an internal safeguarding team who could provide guidance and support to staff in all areas on safeguarding matters. There were visible signs in staff areas displaying the contact details for the safeguarding team.
- Staff described how they had dealt with safeguarding incidents and how advice had been accessed from the safeguarding team.
- Staff told us they received feedback from safeguarding concerns and referrals they raised. This was cascaded from the trust's safeguarding team to frontline staff through their line managers.

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- The majority of areas were up to date with safeguarding training but there were some areas that needed improvement. In addition, not all staff were trained to level three in child safeguarding training. The trust saw a small amount of adolescents between the ages of 16 and 18.

Nurse staffing

- The trust used recognised and validated tools to determine the required levels of nursing staff.
- The majority of areas were staffed with sufficient numbers of suitably qualified nurses at the time of the inspection. However, during our visit we noted there was a lack of visibility of staff on the complex rehabilitation unit (CRU) which had been identified by the service partially due to the layout of the new building.
- Each clinical area openly displayed the expected and actual staffing levels on a notice board and staff updated them on a daily basis. The staffing numbers displayed on the boards were correct at the time of the inspection and reflected the actual staffing numbers in all areas.
- Ward and theatre managers carried out daily staff monitoring and escalated staffing shortfalls to matrons and senior managers.
- In quarter four of 2015/16, the trust had received 'high assurance' from its internal auditors, the highest level of assurance possible, for both its daily escalation/staffing actions and the bi-annual reviews.
- End of life care was the responsibility of all staff across the trust and was not restricted to the end of life care (EOLC) team.
- The EOLC team was led by a neurological oncology advanced nurse practitioner who managed one whole time equivalent (WTE) end of life facilitator and a 0.4 WTE amber care bundle facilitator. The facilitators provided advice, support and training to staff and met daily to discuss patients. Each provided cover when the other was not available, for example on leave. Staff told us this worked well.
- In addition, staff had access to the specialist palliative care team at another hospital and a hospice both which located on site. The facilitators told us they would fax referrals along with discussing patients that required reviewing.

Medical staffing

- Medical treatment was delivered by skilled and committed medical staff.
- The information we reviewed showed that medical staffing was generally sufficient to meet the needs of patients at the time of the inspection.

Summary of findings

- On weekdays in the critical care service, the level of consultant cover did not exceed the Intensive Care Society (ICS) standard of a staff to patient ratio of between 1:8 and 1:15. However, at the weekend and during the night the ratio was higher at 1:20. The unit had two Advanced Critical Care Practitioners (ACCPs) to help fill this shortfall but at the time of the inspection, they were only available to cover one in three shifts. There had been no incidents reported about the level of medical cover in critical care and staff told us that they felt that this was being managed safely. Two additional ACCPs had been appointed at the time of the inspection and were due to start in July 2016. Both the medical trainees and ACCP's who were available on the unit during the night were all trained in advanced airway techniques and were competent in managing a deteriorating patient. There was also out of hours support from the surgical medical assessment Response Team (SMART) when needed.
- Consultants made up 54% of the medical workforce across the trust which was higher than the England average of 39%. There were less middle grade doctors at 4% compared with the England average of 9%. The number of registrars within the service was higher than the England average at 41% compared to the England average of 38%.
- Consultants provided an on call rota for both Hub and Spoke units within the rehabilitation network, which provided 24 hours, seven days cover. The service had 4.2 WTE consultant cover for the CRU and was available on call from home between 10pm and 8am.

Are services at this trust effective?

We rated the trust as 'Outstanding' overall for Effective. This is because;

- Care and treatment was evidence-based and followed national guidelines such as those from the National Institute for Health and Care Excellence (NICE), relevant Royal Colleges' and the Intensive Care Society (ICS).
- Patient outcomes were generally similar to, or better than other organisations.
- In the specialised rehabilitation service, outcomes for patients throughout the service were above or in line with the expected national averages. For example, data submitted to the UK Rehabilitation Outcome Collaborative showed that, in comparison to similar rehabilitation units nationally, the complex rehabilitation unit (CRU) had a shorter length of stay than other units, with fewer episodes exceeding the national rehabilitation target at 180 days.

Outstanding



Summary of findings

- Patients undergoing rehabilitation had a comprehensive assessment of their needs and data showed that 75% of patients fully achieved their individual goals. Examples of individual goals included activities of daily living, recreational activities and mobility.
- In critical care, we saw that in some cases that the unit performed consistently better than similar services. An example of this was lower mortality rates for patients who were admitted for emergency neurosurgery, which were consistently lower than other services.
- Nutrition and hydration was generally well managed. Nutritional assessments were documented and onward referrals to dieticians made where required.
- Effective multidisciplinary team (MDT) working was well established across the wards and departments we inspected. It was evident from discussions with staff, observations of inspection and reviews of records that there was a joined-up and thorough approach to assessing the range of people's needs.
- Fortnightly MDT goals were set on the complex rehabilitation unit (CRU) for each patient. These were discussed by the MDT to review whether they had been achieved. MDT meetings took place regularly and were attended by the ward manager, nursing staff and therapy staff such as a physiotherapist and occupational therapist.
- Staff were competent and confident in their roles. The trust had a culture of learning and staff had regular access and opportunities for training and development to enhance their skills and knowledge, such as post-graduate training.
- Staff had the appropriate skills and knowledge to seek consent from patients or their representatives. Staff were clear about how they sought informed verbal and written consent before providing care or treatment.
- The trust provided staff with training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. We saw systems in place that supported patients and included documentation of patients' 'best interest'.

However;

- There were some areas where the levels of staff who had received their annual appraisal was below the trust's target
- There were some occasions when action plans weren't available following the results of local audits. This meant that the opportunity for sustaining current performance or improving results in those cases was limited.

Summary of findings

Evidence based care and treatment

- The trust used a combination of best practice and national guidance to determine the care they delivered. This included guidance from the National Institute for Health and Care Excellence (NICE), relevant Royal Colleges and the Intensive Care Society (ICS).
- The trust monitored adherence with national standards through regular audit and monitoring of quality standards, such as the quality standards for unscheduled care acute neurology by the Association of British Neurologists.
- The trust contributed to national and international studies used by organisations such as NICE to design guidelines for neurological care and treatment.
- Clinical pathways and care bundles were used to ensure appropriate and timely care for patients in accordance with nationally recognised standards.
- Guidance and care plans had been put in place following the removal of the Liverpool Care Pathway (LCP), which supported the individual needs of patients approaching the end of life, and their families.
- Policies and procedures reflected national guidelines and were easily accessible via the trust's intranet site.
- The trust was actively involved in national research projects and non-commercial research projects funded by charities.

Patient outcomes

- Outcomes at the trust were generally similar to, or better than, other organisations.
- The trust participated in national, international and internal audits to monitor patient outcomes.
- Data on hospital episode statistics August 2014 to July 2015 showed the number of patients who were readmitted to this hospital after discharge following elective and non-elective surgery was similar to the England average for all specialties.
- The surgical service was participating in the (TARN) Trauma, Audit and Research Network audits and submitting data regularly. Data from the TARN audits undertaken in 2015 showed that the trust performed above most other trusts in the area and met all standards in relation to data completeness and accreditation.
- The surgical service participated in the 2014 National Comparative Audit of Patient Information and Consent for Blood Transfusions. This audit highlighted two areas of improvement for the service and at the time of the inspection

Summary of findings

we found that the service had a comprehensive action plan to address these areas. However, the re audit date was 2015 and there was no evidence that this re audit had taken place and the action plan had not been updated since 2015.

- The surgical service was also in the process of joining the Damsell Study (The Detection and Assessment of Malignancy by Symptom Evaluation). They were only one of two centres in the United Kingdom taking part in this study. This study provided a tool for the capture and storage of individual patient data and enabled clinicians to identify symptom clusters to develop algorithms for detecting high-risk combinations. Staff told us that this study was working with multiple partners including technology firms and charities and, it was anticipated that it would help the service benchmark their practice.
- The rate for surgical site infections within the service (infections at the site of surgery which can lengthen the recovery time for patients) was very low at 2%.
- The surgical service participated in the spine TANGO study and data comparative. This was an international collaborative outcome study specifically looking at the outcomes for patients undergoing surgical spinal interventions. The study and registry covers a number of European countries and allows the service to compare their outcomes to other centres and services across Europe. This study was a continuous study and the data from this study showed that patients treated for specific spinal conditions in the service had outcomes either similar or better in most cases than other units across Europe.
- A Consultant Neurosurgeon had recently won an internal award for his successful effort to secure National Institute for Health Research (NIHR) funding to investigate whether radiotherapy could improve outcomes for patients with a rare brain tumour following surgery. Patients taking part in the study, called ROAM (radiotherapy versus observation following surgical resection of atypical meningioma) will be assessed over 10 years.
- During the period January 2015 to December 2015 there were 20 deaths on medical care wards at the hospital. Due to the low number of deaths, the trust was unable to participate in the National Care of the Dying audit; however, the EOL facilitator undertook the audit locally to monitor compliance and presented it at the EOL steering group.
- The trust was involved in a project to produce specialist trust mortality indicators. This project was anticipated to be completed by the end of March 2017.
- Mortality rates were lower (better) than average mortality rates at similar units between April 2012 and March 2015, as reported in the Neurosurgical National Audit Programme.

Summary of findings

- The most recently available and validated Intensive Care National Audit and Research Centre (ICNARC) data (April 2015 to September 2015) showed that the patient outcomes and mortality were similar to benchmarked units nationally. The exception to this was for emergency neurosurgical admissions, where mortality was consistently lower (better) than that of similar units.
- The ICNARC (2013) model mortality was 0.76 for the period July 2015 to September 2015 meaning that the number of observed deaths was less than predicted. Overall performance was similar to that of other trusts the unit was benchmarked against.
- In comparison, the mortality ratio for the same period using APACHE 2 (2013) model was 0.69. (APACHE stands for acute physiology and chronic health evaluation and is a severity score and mortality estimation tool developed in the United States of America). This result was again similar to other trusts.
- Between April 2015 and September 2015 the critical care service mostly performed similar to comparable trusts for early readmissions to the critical care service (within 48 hours of discharge). The service performance for late readmissions (after 48 hours) was consistently similar to other trusts. Records also showed that the number of times patients had received cardiopulmonary resuscitation was consistently lower than that of comparable units.
- The complex rehabilitation unit (CRU) generally performed better than average for patient outcomes when compared to similar units. A full data set of rehabilitation outcome measures was submitted monthly to the UK Rehabilitation Outcome Collaborative. We reviewed the summary benchmarking report for the last three years. The results for the complex rehabilitation unit (CRU) showed that, in comparison to other comparable units nationally, the CRU had a shorter length of stay than other units with fewer episodes exceeding the national rehabilitation target at 180 days.
- Patients in the specialist rehabilitation service had a higher rehabilitation complexity (for example patient categorisation and rehabilitation complexity scale); and greater functional gain (motor and cognitive) on discharge.
- In addition, data showed that 75% of patients fully achieved their individual goals, for example activities of daily living, recreational activities and mobility.
- The government has committed to sequencing 100,000 whole human genomes by the end of 2017. Patients with rare or inherited diseases for inclusion in the project will benefit from a conclusive diagnosis and diseases for inclusion the project

Summary of findings

could include inherited neurological conditions including epilepsy and muscular dystrophy. Staff in the outpatient department (OPD) participated in the recruitment of patients for the genome project.

- The epilepsy service was developing outcome measures for patients following surgery. They said that OPD appointments would need to be lengthened to be able to complete the necessary assessments.
- The trust was doing functional magnetic resonance (MR) scanning which was only usually done as research, only three or four trusts in the country were using the technique for diagnosis and treatment. This technique measured brain activity and this was used in the planning of neuro-surgery and other treatments. Some patients were referred from Ireland for this type of scanning. The scanner was also used to identify and grade different types of tumours without the need for a biopsy and work had been done to compare results between the scanner and the biopsy to ensure confidence in the process.
- There were a number of other research projects and clinical trials involving the use of the scanners, one was for a PhD project and others were funded by pharmaceutical companies for the treatment of conditions including multiple sclerosis.
- There was a recognition from the divisional Clinical Director and Operational Manager in medical care services that there was room for improvement within the recording of patient outcome measures. The nature of the trust's specialism had excluded the trust from a number of national audits due to not meeting the criteria. The plan to work as part of the acute care collaborative vanguard site was identified as a way to support development in this area.

Nutrition and hydration

- Patients were generally well supported with nutrition and hydration.
- There was a system in place to identify patients in need of assistance with eating and drinking. This included highlighting patient on handover to other staff and listing this need on the patient information board.
- Meals came to the ward in individual barcoded packs. This enabled meals to be warmed for patients at an alternative time if the patient did not want to eat at the protected time, or if they were off the ward having treatment or diagnostics. However, when we arrived for the unannounced inspection, we found cold food on a tray outside a patient's room and it was not clear if the patient had missed their meal, how this was being

Summary of findings

recorded or what system was in place to make sure that the individual would not miss a meal. We raised this with the nurse in charge who confirmed that the patient would be provided with another hot meal.

- Fluid balance charts were fully completed and records showed that patients' had an assessment of their nutritional needs using the Malnutrition Universal Screening Tool (MUST) and were referred to a dietician where necessary. The MUST is a validated nutritional screening tool with five simple steps, designed to identify adults at risk of malnutrition. The tool allows patients to be categorised as being at low, medium or high risk of malnutrition and enables care plans to be designed to address any risks of malnutrition.
- The guidelines for fasting before surgery (the time period where a patient should not eat or drink) were clear and met national guidance.
- Patients records showed that those patients identified as approaching end of life had their nutrition and hydration needs evaluated. An audit of 20 patient records from January 2015 to February 2016 identified that, during the dying phase, two patients were able to eat and drink, 18 patients were assessed for clinically assisted nutrition and hydration, with ten of those having clinical assisted nutrition or hydration in place at time of death.
- There was access to a dietetic service. In critical care, a dietician was available to attend ward rounds when required during normal working hours. There was a folder available for staff to use at the weekend providing clear guidance and protocols for them to follow including guidelines for the use of prabinex, which was the main nutritional supplement used for patients.

Multidisciplinary working

- Effective multidisciplinary team (MDT) working was well established across the wards and departments we inspected. It was evident from discussions with staff, observations of inspection and reviews of records that there was a joined-up and thorough approach to assessing the range of people's needs.
- A multidisciplinary team, made up of many different professionals including consultants, specialist rehabilitation nurses, physiotherapists and occupational therapists, speech and language therapists, dieticians all worked collaboratively to help patients recover.
- Assessments were focussed on securing good outcomes for patients in all of the services we inspected; they were regularly reviewed by all team members and kept up to date.

Summary of findings

- It was evident that professionals from all disciplines valued each other's contribution and that relationships between them were positive and productive.
- The critical care service worked as part of the trust-wide 'trauma collaborative' with a neighbouring trust. If a patient suffered multiple traumatic injuries then they were stabilised at the neighbouring hospital before being transferred to the unit. As a result of this, the unit had a trauma lead and members of the neighbouring trauma team visited on a daily basis and had input into patient care when required.
- In addition, the critical care service had pathways in place with other local trusts that provided continuity of patient care, for example if a patient needed transferring to a local spinal cord injury unit, there was a weaning pathway available and this was used by staff prior to the patient being transferred.
- There was no end of life (EOL) multidisciplinary meeting; however the facilitators had a daily informal handover to discuss patients. The EOL team faxed and telephoned potential patients along with those who required review to the specialist palliative care team (SPCT).
- There was a service level agreement in place with the SPCT at another trust on the same site to provide 24 hour palliative care to patients. All staff we spoke with said they responded quickly and felt that staff, patients and families were well supported by the team.
- There was a discharge planner who visited the wards daily. They told us they liaised with patients and their families along with primary and secondary care services across the country including Wales and the Isle of Man and arranged for patients to be transferred to their preferred place. We observed in patient's records that patients were successfully repatriated in a timely manner.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Staff had the appropriate skills and knowledge to seek consent from patients. Staff were able to tell us clearly how they sought informed verbal and written consent before providing care or treatment.
- There was an up to date trust-wide policy for mental capacity, best interest decisions and deprivation of liberty safeguards (DoLS) available on the intranet. Staff knew how to access it on the intranet and support was available from senior staff if required.

Summary of findings

- We saw examples of completed DoLS paperwork and found consistent compliance with appropriate deprivation of liberty documentation.
- We also saw clear documentation for best interest decisions for people who lacked capacity to make their own decisions. This included written evidence of involvement of nominated advocates for individuals with no next of kin. Any such cases were also reviewed at weekly MDT meetings.
- The majority of staff we spoke to knew about the key principles of the Mental Capacity Act (MCA) 2005 and how these applied to patient care. Staff understood the application of considering capacity, consent and deprivation of liberty and ensuring adjustments such as access to specialist support and carer support are applied. However, some HCAs in the outpatient department did not understand mental capacity and what impact that it could have for patients in the department. They said that they would speak to whoever the patient came to clinic with or their next of kin to gain consent.

Are services at this trust caring?

We rated the trust as 'Outstanding' overall for Caring. This is because;

- Patients told us that staff were caring, kind and respected their wishes. We saw staff interactions with people that were person-centred.
- Patients received compassionate care and their privacy and dignity were maintained
- Patients were involved in their care, and were provided with appropriate emotional support.
- There were many examples where staff had 'gone the extra mile' to support patient's individual needs showing determination and creativity to overcome difficulties when delivering care.
- In one example, we were told of a patient who was on the ward for nine months but was supported to return home instead of a secure unit by staff understanding and being creative in meeting the individual's needs.
- We were also told how staff had arranged a baby shower for a patient who had recently given birth and was returning to a ward in the trust.
- Staff had arranged for part of the court-yard to be changed into a gardening plot to provide alternative therapy approaches which empowered relatives and patients to be partners in care.

Outstanding



Summary of findings

- NHS Friends and Family Test (NHS FFT) results showed that the trust consistently scored above 95%, which was better than the England average, indicating that most patients were positive about recommending the trust to their friends and family.
- The trust were rated as the overall top acute NHS trust in England in relation to the patient-led assessments of the care environment (PLACE) in 2015. The trust scored 99% for cleanliness; 98% for the food it served; 97% for privacy, dignity and wellbeing; 98% for condition, appearance and maintenance and 95% for patients living with dementia, an average of 97%.
- The trust scored better than other trusts for six out of 12 questions in the CQC Inpatient Survey 2014.
- There was a patient survey twice a year in radiology in each area of the department. Patient survey results in neurophysiology (July to December 2015) were positive.

Compassionate care

- Care and treatment was delivered by caring, committed, and compassionate staff. Patients were very positive about their interactions with staff. Staff at all grades treated people with dignity and respect.
- Patients on medical care wards told us “care is excellent”, “staff are absolutely fabulous and treat me so well”, “This is a very warm caring environment”.
- In addition, we saw staff on the medical care wards taking time to speak with patients and walking with them around the ward talking to them and placing them at ease. We observed the matron also participating in ‘walking and talking’ to the patients during her visits to the ward.
- In the specialist rehabilitation service, staff carried out care, comfort and communication checks (three C’s) at least every two hours, on every patient to make sure that they were supported and their needs met appropriately.
- The NHS Friends and Family Test (NHS FFT) is a satisfaction survey that measures patient’s satisfaction with the healthcare they have received. The results showed that the trust consistently scored above 95%, which was better than the England average, indicating that most patients were positive about recommending the trust to their friends and family.
- The trust were rated as the overall top acute NHS trust in England in relation to the patient-led assessments of the care environment (PLACE) in 2015. The trust scored 99% for

Summary of findings

cleanliness; 98% for the food it served; 97% for privacy, dignity and wellbeing; 98% for condition, appearance and maintenance and 95% for patients living with dementia, an average of 97%.

- The trust scored better than other trusts for six out of 12 questions in the CQC Inpatient Survey 2014. The trust scored about the same as others for all of the remaining six questions.
- There was a patient survey twice a year in radiology in each area of the department. In the patient survey in neurophysiology (July to December 2015) 95% of patients said the care that they received was good and 100% said that they were treated with dignity. The department received 223 responses to the survey.

Understanding and involvement of patients and those close to them

- Staff communicated with patients and families on a regular basis, discussing treatment plans and allowing them to be involved in their care.
- Staff respected patients' rights to make choices about their care and communicated with patients in a way they could understand.
- Patients and their families told us that staff kept them informed about their treatment and care. They spoke positively about the information staff gave to them verbally and in the form of written materials, such as information leaflets specific to their condition and treatment.
- Staff in the medical care service gave us an example of a very difficult situation they had managed which resulted in a positive result for a patient who was able to be discharged to their own home. Multi-disciplinary meetings were held with mental health, social services, with risk and governance involvement, to discuss future care needs. The outcome of the continued effort from the staff enabled the patient to return home to their own home and family. The parent of the patient nominated the ward for an award from the Encephalitis Society for an exceptional service award. The ward won the team of the year for 2014 to 2015 following the nomination.
- The surgical wards were trialling new ways to enable virtual visiting by relatives who could not travel to the centre themselves.

Summary of findings

Emotional support

- Staff demonstrated they understood the importance of providing patients and their families with emotional support. We observed staff providing reassurance and comfort to patients and their relatives.
- Assessments for anxiety and depression were recorded to recognise if a patient required additional emotional support.
- Nurse specialists would provide specific support for patients, for example the nurses offered additional emotional support for patients and their families.
- Patients we spoke with said that the service met their needs holistically and that consultants tried to solve their problems. One patient was offered advice about relaxation methods after going through a traumatic time. Another said that she was given information and support regarding stress and the effect it had on her.
- There were a number of private rooms that were used to give relatives privacy when needed. We saw examples of these rooms being used by staff when discussing information about patients with visiting relatives. The phone line in outpatients for patients with epilepsy and multiple sclerosis was used if patients needed to be seen urgently but also to provide emotional support for patients. Nurses would ring the patients back if required, and a patient we spoke to said that this was invaluable. Specialist nurses provided emotional support for patients and carers in a number of specialities.
- There were two whole time equivalent (WTE) members of the organ donation team that were employed by a different service but were based within the critical care service. This team provided support to relatives of patients whose treatment was being withdrawn and screened patients using a national database for possible organ donation. They also facilitated visits back to the unit for patients and relatives and had organised a recent memorial service for patients who had had been involved in organ donation.
- The trust had funded a memorial tree within the hospital grounds that acted as a reminder of patients who had passed away while in the unit and donated organs. There was a yearly remembrance event that had been well attended by relatives.
- There had been a patient on Chavasse ward (medical ward) who was pregnant. They were transferred to a nearby trust to give birth but after 48 hours the patient was requesting to come back to Chavasse. The staff arranged for the patients return and surprised the patient with a baby shower on her return to celebrate the birth and provided the patient with gifts for the baby. Due to the nature of other patients on the ward the baby

Summary of findings

was unable to stay overnight on the ward but they arranged it so that the baby could be brought to the ward daily to stay with the patient to enable them to bond. The staff accessed some charitable funds to create a more homely environment in the side room for the patient and the baby.

- Psychological support services were available to patients to support them to come to terms with their condition.
- Chaplaincy services were available for patients 24 hours a day, seven days a week.

Are services at this trust responsive?

We rated the trust as 'Good' overall for Responsive. This is because;

- Access and flow was generally well managed in the trust and the majority of key targets were met or exceeded.
- Complaints and concerns had been dealt with in a timely manner and we saw evidence of these being disseminated to staff and also being used to improve the service.
- The trust accepted referrals from across England, Wales and the Isle of Man. We found the trust had a wide range of services in place to meet the needs of patients.
- The trust had introduced a strategy for patients living with dementia which had been designed to improve services throughout the hospital.
- We observed patients whose circumstances made them vulnerable, including patients living with dementia or a learning disability, being well supported and supervised.
- The single point of access services for specialised rehabilitation provided a network wide service to referrers which ensured that patients had timely admissions to the appropriate levels of rehabilitation.
- The rehabilitation network offered an integrated co-ordinated pathway that met the patient's clinical needs regardless of diagnosis as they progress through their rehabilitation journey and the patient could access any of the rehabilitation levels at any given time.

However;

- The critical care service had consistently struggled to meet the NHS England target of discharging patients within 4 hours once they were ready for their care to be transferred to a different ward. We saw that during the financial year of April 2015 and March 2016 approximately 70% of discharges had been delayed but only 10% of these had been delayed for longer than 24 hours and that out of hours discharges had been kept to a minimum.

Good



Summary of findings

- A consistently higher number of planned operations were cancelled than the England average but most patients were re-booked within 28 days.
- Many outpatient clinics started late and some patients waited over 30 minutes to see a doctor. The average wait was just over 15 minutes.
- We did not see any leaflets for patient in languages other than English and the information on how to request a leaflet in additional languages was also in English.

Service planning and delivery to meet the needs of local people

- We found the trust had a wide range of services in place to meet the needs of its population across a wide geographical area. This included adapting to the commissioning arrangements to provide care and treatment for patients from outside of the North West of England, Wales and the Isle of Man.
- Recognising the wide catchment area of patients who present at the trust, the trust had developed a purpose-built 'home from home' service which provided accommodation for relatives. The accommodation provided was of a high standard and had been designed to take into account that relatives may arrive unexpectedly at short notice and may not always bring what they need. Items such as toothbrushes were provided for relatives to use if this was the case and access to refreshments was also available.
- The trust worked closely with other acute trusts. There was a dedicated discharge coordinator to facilitate discharges back to a trust in the patient's local area once specialist treatment was completed.
- The trust provided specialised rehabilitation at the hub of the regional rehabilitation network including complex rehabilitation for patients following severe illness or injury, regardless of diagnosis. The trust also provided the administrative/coordinating function for the entire network.
- The rehabilitation network offered an integrated co-ordinated pathway that met the patient's clinical needs regardless of diagnosis as they progress through their rehabilitation journey and the patient could access any of the rehabilitation levels at any given time.
- The trust operated a daily "advice line" where GPs could contact a consultant during a one hour time slot to discuss any queries about referrals. There was a weekly emergency clinic for any urgent neurology referrals and a rapid access epilepsy clinic

Summary of findings

for patients experiencing their first seizure. Neurosurgery had reserved slots on clinic for urgent referrals and cancer two week wait patients. There was a pre-operative surgery clinic and patients had a range of tests completed on the same day.

- The trust had been named as an NHS vanguard site after applying for the status in September 2015. The new model of care, the neuro network, should provide additional and more effective support for people with long-term neurology conditions outside the trust hospital site; this should enable patients with spinal conditions across the region to receive more effective and timely care. The network models led by the trust aim to provide a high quality, cost effective and sustainable neuroscience service, working in partnership with other acute trusts and primary care.

Meeting people's individual needs

- There were good systems in place to meet a patient's individual needs.
- The trust had introduced a strategy for patients living with dementia which had been designed to improve services throughout the hospital.
- The trust had a nominated lead nurse for patients living with dementia, who was available to give advice and support to staff when needed. A training programme has been developed for all levels of staff to receive Dementia awareness training as part of mandatory training and this was in progress at the time of the inspection. The trust had also worked in conjunction with a local charity to introduce training for staff who wanted to become Dementia links.
- The trust introduced a 'This is Me' document and care planning guides to assist in providing individualised support to patients living with dementia.
- Staff had an awareness of how to manage patients living with a learning disability. There was a lead nurse in place to support staff if required and there was a system in place for patients to be admitted with a learning disabilities passport. All patients with learning disabilities were referred to the safeguarding team on admission.
- Interpreter services were available for patients and relatives if their first language was not English. Advice leaflets and patient information was only available in English but different languages could be provided on request.
- The trust used assistive technology, such as communication applications and sophisticated switch systems to maximise independence for individuals with specific communication impairment.

Summary of findings

- The rehabilitation service piloted therapeutic one to one care before it was cascaded and implemented across the trust. The service had introduced the concept of therapeutic one to one care for some patients because they are, for example, at risk of falling. Therapeutic one to one care sees staff learn more about the patient, their hobbies and interests in a structured way, and take part in activities they like. The aim was to make it more constructive, leading to better patient experience and enhancing the patient's rehabilitation.
- Staff in the rehabilitation service were focussed on patient-centred care, supporting the development and use of one page profiles for each patient. This gave staff information at a glance to show the patient's likes, dislikes and what was important to them. Patients were able take this with them on discharge or to future rehabilitation at services closer to their own home, which provided continuity.
- The rehabilitation service had a purpose built rehabilitation flat accommodation within the rehabilitation unit to enable them to access cognitive education and develop their skills and plan for discharge. This also supported patients to live semi-independently in an environment where they could also access support and allowed them to trial what it would be like if they were living at home independently before discharge.
- The critical care service used iPads to support patients in being able to communicate with their relatives by video link during their time on the unit. For patients who were unable to communicate verbally a keypad could be used to speak to medical staff and the iPads could be attached to a patient's bed if they were unable to hold them.

Access and flow

- Access and flow was generally well managed in the hospital.
- Referral to treatment within 18 weeks was consistently above (better) than the England average from April 2015 until January 2016. The trust had achieved 100% in most months in this period. This included specialised rehabilitation.
- During the period September 2015 to December 2015, bed occupancy for Chavasse ward averaged 89.6%. For the same period the bed occupancy on Lipton ward averaged 74.3%. Bed occupancy above 85% may have a negative effect on quality of care. However, at the time of our inspection we observed on Chavasse ward, all risk assessments for patients were completed and staff were spending time with patients offering care and reassurance.
- The average length of stay for elective medicine at the hospital was four days in December 2015 and five days in November

Summary of findings

2015 which was similar to the England average at 4.5 days and almost met the trust's own target of four days. For non-elective medicine, the length of stay was longer (worse) than the England average at eight days in December 2015 and 17.5 days in November 2015. The England average was 6.8 days and the trusts own target was seven days. However, due to the nature and complexity of the patients and the speciality of the hospital, patients may require a longer stay and the hospital had experienced delays in trying to return patients to a general hospital to continue with care when specialist care needs had been met.

- At the time of our inspection there were two patients on a medical ward who were surgical patients; however, we saw evidence in the patient records that they were seen daily by both a medical and a surgical consultant. Due to the nature of the patients at the trust the medical and surgical consultants worked closely to support patients' care.
- Complex discharges were supported by the discharge coordinator. The most common reason for delayed transfers of care were awaiting further NHS non-acute care and this accounted for 46.6% of delays.
- Between April 2015 and March 2016 there were 51 referrals to the specialist palliative care team, of which, 48 were seen within 24 hours of referral.
- There was a rapid discharge pathway in place for those patients who wished to die at home. From April 2015 to the time of the inspection no patients were discharged via this pathway.
- The admission, transfer or discharge of patients from the surgical wards was well managed in all areas.
- Data showed the surgical service performed better than the England average and met the national 18 week referral to treatment indicator between September 2014 and August 2015. However, the service had not met their target from October 2015 until the date of the inspection. This was because they had agreed with Monitor and NHS England to breach this target so that they could support a local district general hospital to treat additional patients who were experiencing long waits.
- NHS England data showed that the number of cancelled operations within the trust remained consistent during 2015 but was worse than the England average for the last three quarters of 2014/15 and the first quarter of 2015/16. This meant that a higher number of patients had their planned operations cancelled in this service compared to other services of a similar

Summary of findings

size in England. We did not see evidence of any action plans to address this but the trust were working hard to increase the number of these patients who were re booked for their surgery within 28 days.

- Patients told us they had easy access to surgical services and had experienced minimal delays in accessing treatment.
- The average length of time that patients stayed in hospital after having surgical treatment was worse than the England average for two out of two non- elective (unplanned) specialities and was worse than the England average for one out of two elective specialities but better than the England average for the other elective speciality over a twelve month period between September 2014 and August 2015. Managers and consultants within the service told us that this was due to the complex nature of the conditions treated at the centre and the lack of similar trusts in the United Kingdom to benchmark against.
- The theatre areas had an innovative theatre tracking system which allowed the live tracking of patients throughout their theatre journey. This also allowed consultants to view live theatre lists during their clinics. These meant they could book patients into theatre slots in live time in clinic and greatly improved the utilisation of theatres and the general flow of patients within the service. This system also allowed the theatre management team to review information about multiple patient journeys and identify where there were hold ups or areas for improvement. This again improved the flow of patients through the centre.
- From September 2015 to December 2015 21.3% of patients waited more than 30 minutes in the outpatients department (OPD) to see a clinician. The average wait was 15 minutes. In the same period, 75.7% of clinics started late; 4% of clinics were cancelled within six weeks of date and 9% of clinics were cancelled over six weeks from date in December 2015. The main reasons for cancellations were annual leave, service reconfiguration and study leave.
- Clinics in OPD operated Monday-Friday 8am to 5.30pm. There were also clinics on Saturdays and in the evenings. These clinics were usually to address waiting lists though there were some dedicated evening clinics.
- The 'did not attend' (DNA) rate for appointments at the trust was 10%, which was worse than the England average of 7%. Patients who needed an appointment to return in two to three weeks were not given an appointment when leaving the hospital. This was in response to high DNA rates. The

Summary of findings

appointment department rung patients following their appointment to arrange a follow up, this had reduced DNA rates. Some patients had reported that they struggled to get another appointment in the appropriate time frame.

- The referral to treatment times for incomplete pathways was better than the England average and the standard. These are the waiting times for patients waiting to start treatment at the end of the month. The OPD was better than the England average (92%) from the period October 2015- March 2016 and consistently scored above 96%. This meant that patients were treated in a timely manner.
- Since April 2014 the percentage of people seen by a specialist within two weeks following urgent GP referral was mainly at 100% and always above (better than) the England average and the standard. The percentage of people waiting less than 31 days from diagnosis to first definitive treatment was also 100%. However, for the percentage of people waiting less than 62 days from urgent referral to first definitive treatment in the period October to December 2015 the trust scored lower (worse) than the England average. This was because the trust took 92 patients from another trust that had already breached this target. They had previously been at 100% in the achievement of this target. There had been a review of referral to treatment times by external management consultants as part of the trust's governance review.
- There had been waiting lists for Botox injections and the nurse manager and other nursing staff had volunteered to undertake training, this had reduced the waiting list time and enhanced the clinical skills of staff.
- The diagnostic waiting times for this trust were lower (better) than the England average and in November and December 2015 the trust achieved 100% in the cancer two week referral rates.
- The reporting times for radiology were good. In December 2015, 2,646 investigations were reported; 31.9% of reports were completed on the same day, 20.1% were completed in five days, 38.6% in 14 days and 9.4% in over 14 days. In addition, 65% of inpatient reports were completed on the same day. Waiting list initiative funding was available if there was a backlog in reporting.
- The demand for the open MR scanner had increased by 10-12% over the last year. The open scanner was used to scan patients who were unconscious and the department would scan

Summary of findings

unconscious patients from the neighbouring acute trust. Additional services were provided at weekend to meet demand as necessary. There was no outsourcing of MR services; this helped to keep costs down.

- All requests for radiological testing were vetted by the radiologists on a daily basis. This allowed radiologists to alter the request if it was appropriate and to allocate the request to a particular scanner. Once vetted, clerical staff knew how long to allocate to each procedure and patients would be sent a booking letter. They would then ring the department to make an appointment and they could ask questions about the procedure. Text reminders were also sent to patients. The partial booking system had reduced the DNA rate and the vetting of the requests had helped the access and flow through the system.
- There was increasing demand for imaging, particularly MR scanning. This was due to a 9% increase in neurology, a 4% increase in neurosurgical referrals for MI and an 11% increase in referrals from intensive care and inpatients. An increase in complex scanning equated to an average of ten hours MR scanning every week. A 20 hours increase in MR scanning was achieved in November 2015 by extending the hours on all scanners and the recruitment of two radiographers. The radiologists managed the demand for the service through the vetting process and knew the usage of radiology testing requested by each consultant, there were some outliers and the information was used in consultant appraisals.
- Neurophysiology reporting times were good. In December 2015, there were 458 tests undertaken in the department. 29.3% of tests were reported on the same day, 43.9% within five days and 24.2% were reported within 14 days.
- In neuropsychology there were 36 clinics a week and urgent cases could be fitted in as necessary. The assistant psychologists were doing assessment clinics.
- Many patients referred to the neuropsychology service were very complex and the current improving access to psychological therapies (IAPT) provided in primary care did not meet their needs due to patients having memory problems. DNA rates had increased in the service and reception staff telephoned patients to remind them of appointments.

Learning from complaints and concerns

- The trust had a complaints policy which was up to date and available on the intranet. Staff knew how to access this when needed.

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- Complaints were recorded centrally on a trust-wide system and local managers were responsible for investigating complaints in their areas.
- Learning from complaints was disseminated to staff through team meetings, safety huddles and the quarterly 'harm free care' newsletter.
- Staff were able to give appropriate information to patients and relatives if they wanted to make a formal complaint. However, in some areas, there was no information available for patients and relatives such as posters or leaflets about how to make a complaint.
- The number of written complaints had reduced from 2013/14 to 2014/15 but was still higher than previous years.

Are services at this trust well-led?

We rated the trust as 'Good' overall for Well-led. This is because;

- The trust had a vision and strategy with clear aims and objectives. These were underpinned by a set of values - Caring, Dignity, Openness, Pride, Respect. Cumulatively these were known as 'The Walton Way'.
- The majority of staff we spoke to were able to describe what the vision and strategy was. Staff felt they provided an excellent service for patients. They were aware of the values and, in particular, the term 'Walton Way'.
- Leaders demonstrated a commitment to quality, patient safety and continuous improvement. There was a culture of openness and transparency amongst all staff that we spoke to.
- Staff were positive about the visibility and accessibility of senior staff, especially the Chief Executive and Director of Nursing.
- There was a developing governance structure in place. This was underpinned by a robust committee structure which supported the challenge and review of performance, risk and quality. The structures were designed so that committees were led and represented appropriately.
- There was a positive culture throughout the trust. Staff were proud of the work they did and proud of the services they provided.
- We found many examples of innovation and collaborative working.

However;

- The board assurance framework was not clearly linked to the risks recorded on the trust-wide risk register.
- Although the trust-wide risk register was reviewed regularly and updated, it would benefit from further development.

Good



Summary of findings

Vision and strategy

- The trust's strategy, aims and objectives were split into six areas: Improving quality by focusing on patient safety, patient experience and clinical effectiveness; Sustaining and developing our services; Research and innovation for patient care; Developing our hospital; Recruitment, retaining and developing our workforce; Maintaining our financial health.
- The trust had developed a set of values called 'The Walton Way'. There were five values in total; Caring, Dignity, Openness, Pride, Respect. Staff of all grades and disciplines were proud to work at the trust. They were aware of the values and, in particular, the term 'Walton Way'.
- The majority of staff we spoke to were able to describe what the vision and strategy was. Staff felt they provided an excellent service for patients.
- The trust had an end of life strategy which aimed to put patients and their families at the centre of decisions about their care and treatment as identified in the 'Priorities of Care for the Dying Person' (2014). The strategy was ratified in January 2016 and launched in February 2016. As part of the strategy there was an action plan for 2016-2017 in place and a plan to discuss and review at future quarterly steering group meetings. Seven of eight staff we asked were aware of the end of life strategy.
- At the time of the inspection, the trust had plans to build two new theatres. It was evident that staff were well sighted on the developments and they were engaged in the design process.

Governance, risk management and quality measurement

- Governance and risk management arrangements were aligned to the six areas identified in the trust's strategy. Performance metrics had been agreed, which were shared and monitored.
- There was a developing governance reporting structure and a robust committee structure in place which supported the challenge and review of performance, risk and quality. The structures were designed so that committees were led and represented appropriately, to ensure that performance was challenged and understood.
- There was a focus on improving the safety and quality of services. The trust had a harm free care board that all divisional lead nurses attended. Lessons learnt from incidents were discussed and evidence of actions implemented in response to incidents were taken back to the group to close the loop. Lead nurses had a thorough knowledge of incidents that had occurred across the trust, which allowed changes in practice to

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become embedded. The harm free care board provided assurance on actions taken to the patient safety group, which was chaired by the deputy director of governance, supported by a non-executive director.

- Board meetings were held monthly. The trust had a patient story as an agenda item at board meetings to learn from their experience of the trust.
- There was a board assurance framework (BAF) in place. Each risk on the BAF was linked to one of the trust's six strategic aims and objectives. The BAF was presented to the trust board quarterly. The controls in place were generally appropriate and there were good examples of assurance sources. However, it wasn't clear how the BAF was aligned to the risks recorded on the trust-wide risk register.
- The trust had a trust-wide risk register in place which recorded all operational risks with a score of 12 and above. There was evidence that the register was reviewed and updated regularly. However, there were some improvements required. In particular, some risk descriptions didn't clearly describe the risk; some of the information recorded under controls and assurance were not actually controls or sources of assurance and there were a number of risks without actions identified to mitigate the identified risk.
- The trust developed a sign up to safety programme aimed at reducing avoidable harm. There were 27 pledges made as part of the programme over two years. Examples included a pledge to reduce medication errors, increase the reliability of the World Health Organization (WHO) checklist, and to improve the early detection and treatment of the deteriorating patient. Each pledge had a designated lead and the pledges were underpinned by detailed actions to improve quality.
- The trust ran a number of 'Berwick Sessions' with staff in the 12 months prior to the inspection. The sessions were open to all staff to discuss what they are proud of and what keeps them awake at night. The trust considered this a key component of their open and honest culture and staff speaking out. The aim of them was to bring the Quality and Patient Safety Strategy to life, covering a number of topics.
- When plans were put forward to change or redesign a service, there was a robust quality impact assessment process which involved a review at the patient safety committee and the quality committee before they were considered by the Director of Nursing and Medical Director for formal sign-off.
- The trust had introduced an internal accreditation system for wards which assessed the ward against standards in relation to best practice and quality.

Summary of findings

Leadership of the trust

- The trust was led and managed by a visible executive team. All staff we spoke with were able to identify the Director of Nursing and Chief Executive and were positive about their support and accessibility. The wider management team were well known to staff, and staff spoke highly of the commitment by leaders to continually improve services, putting patients and people close to them at the centre of what they did.
- Leaders at all levels sought continuous improvement and innovation and research in both services and procedures they delivered. The trust was regularly involved in programmes of work to improve the outcomes of patients with neurological conditions.
- Local leaders were visible and approachable. Staff we spoke to felt supported by their managers and supported and encouraged to raise concerns and ideas.
- The trust offered a leadership programme for ward managers to develop their leadership skills within the trust
- End of life (EOL) services had an executive and a non-executive lead for end of life care along with a clinical lead who managed the EOL and amber care bundle facilitator.
- In the 2015 national NHS staff survey, staff scored being supported by their managers out of five. The Walton Centre scored 3.9, which was better than the national average of 3.7 for specialist acute trusts. In addition, the percentage of staff reporting good communication between senior managers and staff was 46% which was significantly better than the national average of 35%.

Culture within the trust

- There was a positive culture throughout the trust. Staff were proud to work for the trust and proud of the services they provided.
- The culture in the trust appeared to be open and friendly, with a genuine eagerness to learn. For example, on the occasions where feedback was provided to leaders on challenging areas, such as concerns about the culture in the outpatient department and theatres, leaders demonstrated an openness, acceptance of the issues and a commitment to solve any problems as soon as possible. These issues were identified as being historical but leaders within the trust were not complacent. They responded and took action to ensure that there were no further concerns.
- Staff were encouraged to speak freely and to raise concerns so that action could be taken.

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- The overall results of the NHS Staff survey for 2015 were positive, with 24 positive (above the England average) results within the NHS Staff Survey out of the 34 indicators. However, six were below the average.
- One example was the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months, which was 23% and the trust was ranked third highest out of seven local trusts. However, it was recognised that it was not a like for like comparison due to the acuity and prognosis of patients who were accepted by the trust. Positively, information provided by the trust showed the change in approach to managing patients with cognitive impairments and inappropriate behaviour by clinical staff, which encouraged early intervention and de-escalation of potential conflict situations.
- Positively, the trust scored 4.2 (out of 5) for staff recommending the organisation as a place to work or receive treatment. This was above the national average of 4 for specialist trusts. The survey also showed 91% of staff felt that their role made a difference to patients, which was in line with the national average.
- Staff said they felt supported and able to speak up if they had concerns. They said that it was busy but morale was good.

Equalities and Diversity – including Workforce Race Equality Standard

- We found that the trust had a positive and inclusive approach to equality and diversity. We found that staff were committed and proactive in relation to providing an inclusive workplace.
- As part of the new Workforce Race Equality Standard (WRES) programme, we have added a review of the trust's approach to equality and diversity to our well led methodology. The WRES has nine very specific indicators by which organisations are expected to publish and report as well as put action plans into place to improve the experiences of its Black and Minority Ethnic (BME) staff. As part of this inspection, we looked into what the trust was doing to embed the WRES and race equality into the organisation as well as its work to include other staff and patient groups with protected characteristics.
- The trust had completed the EDS2 outcomes and assessed themselves as achieving three of the 18 outcomes and 'developing' in the other 15. Actions had been identified to support the further development of the trust's approaches to promoting equality, managing diversity and ensuring that it was effective and efficient in taking a human rights based approach as a health care provider and an employer.

Summary of findings

- We analysed data from the NHS Staff survey regarding questions relating to the WRES. The results were mixed. However, only 22 people from a black and minority ethnic (BME) groups responded.
- As of June 2015, 98.22% of staff employed by The Walton Centre NHS Foundation trust self-declared ethnicity, which supported equality and diversity monitoring.
- The trust had recently established a BME Network group, following analysis of the WRES data and further work was planned to establish regular meetings.
- The trust was awarded the Navajo Charter Mark following an assessment process. This is an equality mark sponsored by In-Trust Merseyside & Sefton Embrace and supported by the LGBT Community networks across Merseyside.
- The majority of staff (85.9%) employed by the trust classified their ethnicity as White – British. The trust had identified clear actions to address any concerns in relation to opportunities for BME staff. One of the actions was to explore further initiatives to increase the percentage of BME staff at bands 8a and above.
- It was noted that approximately 9% of the local population is from a BME background which is similar to the 8.6% of the total trust workforce who identified themselves as being from a BME background. However, none of the board members are of BME origin.
- The trust reported in January 2016 that the number of staff declaring a disability had decreased to 3.3%, which was below the estimates when compared to the Census, 2011. However the NHS Staff Survey 2014 17% of the respondents classed themselves as having a disability which suggested an element of under-reporting by respondents.
- The trust is a Two Tick accredited employer, which means they guarantee an interview to all applicants who declare that they have a disability and who meet the essential criteria for the vacancy.

Fit and Proper Persons

- The trust had processes in place to meet the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). This regulation ensures that directors of NHS providers are fit and proper to carry out this important role.
- The trust had introduced a fit and proper persons' policy which outlined the checks to be undertaken. These covered criminal record, financial background, identity, right to work, employment history, professional registration and qualification checks. It was already part of the trust's approach to conduct a

Summary of findings

check with any and all relevant professional bodies (for example, medical, financial and legal) and undertake due diligence checks for all senior appointments. This for example, would exclude candidates who could not demonstrate they were capable.

- We reviewed personal files for executives and non-executives. Each person had completed a declaration to confirm they were of good character and every member of the board had a Disclosure and Barring Service (DBS) check as part of the fit and proper persons' process.

Public engagement

- The trust held an annual open day which the public were encouraged to attend. The events were generally well attended and were an opportunity for the trust to showcase the specialist services they provided.
- Trust board meeting minutes and papers were available to the public online which helped them understand more about the hospital and how it was performing.
- There were patient listening weeks when the board met with, and spoke to patients about what changes could be made and issues that they had. The results of these weeks were disseminated to staff and information received was used to help drive service improvement.
- There was a bi-annual patient survey in radiology; 30 questionnaires were given out in each part of the department, dependent on the scanning provided. Most of the comments were about the waiting areas and following these comments the department had been given some funding to upgrade the areas.
- Staff in neurophysiology visited schools to promote the service and the profession. There was a trust open day where the public could visit the trust to see what they did.
- The outpatient department (OPD) had "answers on a postcard" with a post box located in the waiting areas. The questions were OPD specific and the cards were left on the chairs in the waiting areas. We observed patients completing them and posting them into the box. Patients had in the past fed back that OPD staff were disengaged and "sat round"; changes had been made and the staff had become more positive and engaged with the patients.
- The critical care service had undertaken patient and relative satisfaction surveys in the hope of being able to use their views and ideas to improve the services that were provided. This data was submitted to the Cheshire and Mersey Critical Care Network (CMCCN) on a bi-annual basis. The results from a

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survey undertaken in October 2015 showed positive results in all areas. Questions that had been asked as part of this survey included 'were you kept up to date with your relatives condition' and 'did you feel that your relatives' privacy and dignity was maintained'. There were also a number of positive comments about the service that had been made by patients and relatives.

- In medical care areas, the trust had introduced a listening line that patients and their families could call and speak directly to the senior nurse on duty so that the trust could respond to concerns in a timely manner particularly for those patients on the ward at that time.
- The trust had strong links with the local head injury charity with local representatives regularly visiting the service.
- The trust scored better than other trusts for six out of 12 questions in the CQC Inpatient Survey 2014.

Staff engagement

- Staff engagement was generally well managed. The trust were proactive in engaging with staff and the staff we spoke to felt supported by leaders and managers.
- There were staff listening weeks when the board spoke to staff about what changes could be made and issues that they had. This was seen as a way to improve communication and engagement. Information was cascaded to staff through a number of different methods. It was done by email, information in staff areas, daily huddles, team meetings, a monthly newsletter, and appraisals.
- The 2015 NHS staff survey results for the trust identified that 45% of staff felt communication with senior management was good, this was better than the national average of 38%.
- There was a scheme called the 'Ivan Idea' where staff were encouraged to come up with ideas to improve the service; if an idea couldn't be implemented then managers explained to staff the reason for this. One of the suggestions was an outside staff courtyard. Other suggestions had included a waste bin for wheelchair users and a quiet area for staff to take phone calls.
- Staff participated in fundraising activities including cake bakes and sponsored walks to raise money.
- There was an annual trust award ceremony called 'the wonders of Walton'; staff we spoke to said that it was a good event and they looked forward to attending.
- The radiography team had won the trust team of the year and were proud of their achievements.

Summary of findings

- Staff in radiography said that there was a newsletter called Walton weekly that they received by email. The radiology manager compiled a monthly brief of all information, unless it was urgent, to try to reduce the number of emails received by staff. Staff thought this was useful.
- The trust held 'Berwick' sessions, which were open to all staff to discuss what they are proud of and what keeps them awake at night. The trust considered this a key component of their open and honest culture and staff speaking out. We were told that this was well attended and as a result, staff felt part of the 'trust-wide team'.

Innovation, improvement and sustainability

- The trust were named as an NHS vanguard site after applying for the status in September 2015. The new model of care, the neuro network, should provide additional and more effective support for people with long-term neurology conditions outside the trust hospital site; this should enable patients with spinal conditions across the region to receive more effective and timely care. The network models led by the trust aim to provide a high quality, cost effective and sustainable neuroscience service, working in partnership with other acute trusts and primary care.
- The trust had invested in ultra-violet technology which used ultra-violet light to kill bacteria. The system takes 20 minutes to clean a side room and specifically uses ultra-violet rays to de-contaminate the environment.
- Strategic development in neurophysiology involved the further creation of an advanced healthcare scientist (HCS) roles to support an area that was previously consultant led. The specialist healthcare scientist undertook aspects of theatre monitoring that would have previously been the remit of a consultant neurophysiologist. Clinical supervision was provided by the consultant but the HCS' worked independently in theatre, liaising with the consultant to plan the technical aspects of the cases in advance and then reviewing them afterwards. They also supported the consultant in monitoring cases that were particularly complex. The specialist HCS also supervised band 7 HCS's in theatre for a range of interventions. Since commencing in post the HCS has presented studies nationally and internationally.
- The trust had developed an electronic system that the unit used to monitor if patient risk assessments had been completed and provided a visual reminder for staff if they had not or required updating.

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- The critical care service had established strong links with medical deaneries including Merseyside and North Wales (deaneries are education facilities that train medical staff). The trust had identified this as a key area for development due to the regular turnaround of staff. As a result there was a full establishment of clinical fellows who had an interest in neuro-intensive care and remained with the trust for a longer period of time.
- The critical care service had agreed a business plan to develop an outdoor space for patients to use and the introduction of two rooms with cinematic ceilings that would simulate day and night. This would be the first of its kind nationally and staff believed that it would promote recovery and improve the level of overall patient experience.
- Shortfalls in the number of trainee anaesthetists had been identified as had the need for more medical cover during night shifts. As a result there were two Advanced Critical Care Practitioners (ACCPs) in position at the time of inspection. ACCPs were practitioners who were from a critical care nursing background and had undertaken a masters qualification that provided them with extended skills. The unit had plans to develop six of these positions in total so that an extra level of medical cover could be provided.
- The regional rehabilitation network had received a national award for the redesign of specialist rehabilitation services.
- An innovation award had been presented to a senior member of staff in the rehabilitation service for an innovative approach to the provision of 1:1 care for supervision of patients.
- The specialised rehabilitation service had used animations to produce patient and staff experience films which were available on the internet. For example, a cognitive education programme for patients and their carers to have a better understanding of cognitive difficulties.
- The rehabilitation service had introduced a “Big Book of Best Practice 2015-2016” to share experience and learning across the pathway and with the wider NHS.
- An analysis of the 2015 NHS staff survey results showed 75% of staff at the trust, who responded, felt they were able to make suggestions to improve the work of their team/ department. This was better than the national average of 73%.
- The theatre areas had implemented a live tracking system called ‘TIMS’ to monitor patients’ journeys throughout their theatre experience. This was an innovative project which allowed the managerial team to identify delays and issues with

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patient's theatre journeys quickly. It also assisted managers in relation to governance and responsibility issues as they were able to identify exactly which staff were in which area at all times.

- There was an innovative education program for theatre staff delivered by a designated practice development practitioner. This included a full mock theatre area where staff could undertake debriefing and simulation training soon after an adverse incident. This simulation laboratory was funded entirely by patient and relative donations.

Overview of ratings

Our ratings for The Walton Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Good	Good	Outstanding	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Good	Outstanding	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Outstanding	Good	Good	Good
Specialised rehabilitation	Good	Outstanding	Good	Outstanding	Good	Outstanding
Overall	Good	Outstanding	Outstanding	Good	Good	Outstanding

Our ratings for The Walton Centre NHS Foundation Trust

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

Outstanding practice and areas for improvement

Outstanding practice

- In medical services, we found examples of outstanding care where patients' individual needs were met using alternative approaches to rehabilitation pathways which involved patients and their families. This included developing a garden area where family were encouraged to attend and garden with the patient.
- The trust had received a Certificate of Recognition Excellence for the National Institute for Health Research (NIHR) for their work in promoting the benefits of clinical research, and encouraging recruitment of patients into clinical trials. In 2014 to 2015 the trust increased their proportion of NIHR studies from 39 to 56 studies compared to the previous year which was more than any other trust in the region.
- The use of functional magnetic resonance (MR) scanning in the diagnosis and treatment of patients. It was usually used for research purposes in other trusts but the trust was developing a range of applications that would improve diagnosis and outcomes for patients.
- The MR claustrophobia clinic was very supportive for patients and following the service winning funding to develop a service the trust had agreed to continue funding to support the service. Other members of staff were now involved in the further development of the service.
- The development of the advanced healthcare scientist role in neurophysiology to support an area that was previously consultant led. The role involved the healthcare scientist undertaking aspects of theatre monitoring that would have previously been the remit of a consultant neurophysiologist.
- The critical care service used an electronic system which identified the need for appropriate risk assessments to be undertaken for patients. This helped to ensure that patients were assessed in a timely manner by providing a visual aid to staff via a television screen in the main area of the unit. This tool was available throughout the hospital.
- The critical care service had introduced a memorial tree for patients who had passed away in the unit and donated organs. A yearly memorial service was held for relatives which had been well attended.
- The trust had developed a 'home from home' service which provided accommodation for relatives. The accommodation provided was of a high standard and had been designed as the catchment area for the unit was large, with patients using the services regularly from the Isle of Man and North Wales. The trust had recognised that relatives may have to visit on short notice and may not always bring what they need. Items such as toothbrushes were provided for relatives to use if this was the case. Access to refreshments was also available.
- There was a well-established multidisciplinary team approach that was seen as integral to the critical care service. There were regular meetings through the day with staff from other departments, internally and externally.
- The introduction of the nationally recognised rehabilitation network was found to be outstanding practice due to the focussed approach to rehabilitation and ability to move a patient to the most appropriate setting for care in a timely manner across the hub and spoke model.
- The interactive 'TIMS' theatre live tracking system was an innovative system which allowed live tracking of patients through their theatre journey. This system also allowed consultants to book their own patients on to theatre lists while in clinic. A number of other organisations had visited the centre to benchmark against this system.
- The trust took part in the Multiple Sclerosis Trust 'Generating Evidence in Multiple Sclerosis Services' (GEMS) 2014/15. This report documented an extensive service analysis which informed the national GEMS project which in turn was used to support NICE (National Institute for Health and Care Excellence) guidance. The services are then evaluated for compliance with NICE standards.
- The trust participated in the international Spine TANGO program which benchmarked their surgical outcomes against other services across Europe.
- The trust were rated as the overall top acute NHS trust in England in relation to the patient-led assessments of the care environment (PLACE) in 2015. The trust

Outstanding practice and areas for improvement

scored 99% for cleanliness; 98% for the food it served; 97% for privacy, dignity and wellbeing; 98% for condition, appearance and maintenance and 95% for patients living with dementia, an average of 97%.

- The trust was one of 12 NHS organisations chosen by Simon Stevens to lead on staff health and wellbeing.
- The Walton Centre was among 18 providers, out of more than 200 NHS trusts to be graded as 'outstanding' in a NHS league table that lists organisations on their level of openness and transparency. The 'Learning from Mistakes' league table was drawn together by scoring NHS provider organisations based on the fairness and effectiveness of procedures for reporting errors; near misses and incidents; staff confidence and security in reporting unsafe clinical practice; and the percentage of staff who feel able to contribute towards improvements at their trust. The data for 2015/16 was drawn from the 2015 NHS staff survey and from the NRLS.
- The trust had been named as an NHS vanguard site after applying for the status in September 2015. The

new model of care, the neuro network, should provide additional and more effective support for people with long-term neurology conditions outside the trust hospital site; this should enable patients with spinal conditions across the region to receive more effective and timely care. The network models led by the trust aim to provide a high quality, cost effective and sustainable neuroscience service, working in partnership with other acute trusts and primary care.

- The trust had introduced a listening line that patients and their families could call and speak directly to the senior nurse on duty so that the trust could respond to concerns in a timely manner particularly for those patients on the ward at that time.
- The trust held 'Berwick' sessions, which were open to all staff to discuss what they are proud of and what keeps them awake at night. The trust considered this a key component of their open and honest culture and staff speaking out.

Areas for improvement

Action the trust **MUST** take to improve

In medical care

- Ensure all equipment is available and in date on the resuscitation trolleys on Lipton and Chavasse wards.

Action the trust **SHOULD** take to improve

Trust-wide

- The trust should review the numbers of staff required to undertake level three children's safeguarding training.

- Review risk registers and the board assurance framework to provide assurance that risks are recorded correctly, being managed appropriately and mitigated in a timely way.

Please refer to the location report for details of individual areas where the trust **SHOULD** make improvements.

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	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to mitigate risks. This is because:</p> <p>At the time of our inspection there were pieces of equipment that had exceeded the 'expiry date' on the resuscitation trolley on Chavasse ward and on the resuscitation on the trolley on Lipton ward.</p> <p>At the time of our inspection we found an empty box of adrenaline in the anaphylaxis kit on the resuscitation trolley on Lipton ward leaving the trolley with no available adrenaline.</p> <p>HSCA 2008 (regulated Activities) Regulations 2014, Regulation 12 (2) (f)</p>