

# Wrightington, Wigan and Leigh NHS Foundation Trust

## Inspection report

The Elms, Royal Albert Edward Infirmary  
Wigan Lane  
Wigan  
Lancashire  
WN1 2NN  
Tel: 01942244000  
www.wwl.nhs.uk

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## Ratings

Overall trust quality rating	Good 
Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 
Are resources used productively?	Good 
Combined quality and resource rating	Good 

# Summary of findings

## Our reports

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

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

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

We award the Use of Resources rating based on an assessment carried out by NHS Improvement. Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

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

The Evidence appendix appears under the Reports tab on our website here: [www.cqc.org.uk/provider/RRF/reports](http://www.cqc.org.uk/provider/RRF/reports). A detailed Use of Resources report is available under the Inspection summary tab ([www.cqc.org.uk/provider/RRF/inspection-summary](http://www.cqc.org.uk/provider/RRF/inspection-summary)).

## Background to the trust

Wrightington, Wigan and Leigh NHS Foundation Trust provides acute and community services to approximately 320,000 people across the Wigan borough and specialist orthopaedics services to a wider regional, national and international population.

The trust is registered to provide care at Royal Albert Edward Infirmary, Wrightington Hospital, Leigh Infirmary, the Thomas Linacre Centre, Wigan Health Centre and the Wilmslow Health Centre. Since 1 April 2019 the trust has also provided community services from a number of locations in the community and a walk in centre at Leigh Infirmary.

Between September 2018 and August 2019 there were 82,098 inpatient admissions, 749,612 outpatient appointments, 116,891 A&E attendances and 1,209 deaths. Between July 2018 and June 2019 there were 2,531 babies delivered at the trust.

As of September 2019 the trust had 460 inpatient beds, 28 maternity beds and 11 critical care beds and 16 private beds.

In August 2019 the trust had 5,115 staff (whole time equivalent). 502 were medical staff and 1,247 were nursing staff.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Good** 

# Summary of findings

## What this trust does

Wrightington, Wigan and Leigh NHS Foundation Trust provides acute services from Royal Albert Edward Infirmary, Wrightington Hospital, Leigh Infirmary, The Thomas Linacre Centre, Wigan Health Centre and Wilmslow Health Centre. The trust also provides community services from a range of community settings.

The trust provides a full range of acute services including urgent and emergency care, general medical services, surgery, critical care, maternity, gynaecology, children and young people services, outpatients, diagnostics and end of life care. The trust provides community services for adults and children.

We carried out our previous inspection of the trust in November 2017. During that inspection we inspected urgent and emergency care, medicine, maternity and services for children and young people at Royal Albert Edward Infirmary and medicine at Leigh Infirmary and carried out a well led assessment. At that inspection we rated the trust as good overall.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

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

Between 22 and 24 October 2019 we inspected three core services provided by this trust at its three hospital sites as part of our ongoing inspection programme. We inspected surgery at Royal Albert Edward Infirmary, Leigh Infirmary and Wrightington Hospital and we inspected critical care and maternity at Royal Albert Edward Infirmary.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed is this organisation well-led?

## What we found

### Overall trust

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

- We rated safe, effective, caring, responsive and well-led as good. We rated all three of the core services we inspected as good. In rating the trust, we took into account the current ratings of the five core services not inspected this time.
- Our ratings for Royal Albert Edward Infirmary, Leigh Infirmary and Wrightington Hospital were good, which was the same as the ratings at the last inspection.

# Summary of findings

- Our ratings for surgery at all three sites and critical care at Royal Albert Edward Infirmary were good which was the same as the last inspection. Although, our rating for safe in surgery at Royal Albert Edward Infirmary and Wrightington Hospital has gone from good to requires improvement.
- Our rating for maternity at Royal Albert Edward Infirmary was good which was an improvement from the last inspection when we rated it as requires improvement.
- We rated well-led for the trust overall as good, which was the same as the last inspection.
- We have not yet inspected and rated community services or urgent and emergency services at Leigh Infirmary which the trust has provided since 1 April 2019. We have not inspected and rated Wilmslow Health Centre.

## Are services safe?

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

- The trust provided mandatory training in key skills to all staff and monitored completion of the training.
- Staff understood how to protect patients from abuse and the trust worked well with other agencies to do so.
- The trust controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The trust had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, although in areas there was high use of bank and agency staff.
- The trust used systems and processes to safely prescribe, administer store and record medicines
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care.
- The trust managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider trust.
- The trust used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However,

- In surgery, at Royal Albert Infirmary and Wrightington Hospital, the use and maintenance of facilities and premises did not always keep people safe.
- In surgery, at all three hospitals, patient records were not always stored securely.

## Are services effective?

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

- The trust provided care and treatment based on national guidance and evidence-based practice.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

# Summary of findings

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The trust made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

## Are services caring?

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Are services responsive?

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

- The trust planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The trust was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could generally access the trust when they needed it and received the right care promptly. The trust admitted, treated and discharged patients in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The trust treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The trust included patients in the investigation of their complaint.

However,

- Although the trust was meeting national access standards, in some specialties the referral to treatment time was below the national average.
- In critical care there were sometimes delays to patients being discharged.

## Are services well-led?

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

- Leaders had the skills and abilities to run the services. They understood and managed the priorities and issues the trust faced. They supported staff to develop their skills and take on more senior roles.

# Summary of findings

- The trust had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The trust had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the trust and with partner organisations.
- Leaders and teams used systems to manage performance effectively. In most areas they identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The trust collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

However,

- Senior leaders were not always visible to for patients and staff.
- Not all surgical services had a clear vision and strategy as plans were dependent on progress in regional developments within the wider health economy.
- In surgery, risks we identified during our inspection had not been identified and mitigated through the risk management processes.

## Use of resources

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

We rated the trust's use of resources as good. Since the previous Use of Resources assessment in November 2017, the trust has been able to demonstrate an improvement across a range of metrics together with an increase in collaborative working both across the local health economy and wider systems, and in particular a greater use of technology to drive efficiencies and provide high quality care.

The trust reported a surplus in 2018-19 and at the time of the assessment were on track to achieve a surplus in 2019-20. Despite some challenges across the workforce, leading to a high and increased overall pay cost, the trust demonstrated they are using innovative alternative workforce models and expanding already successful recruitment programmes to tackle the highlighted issues.

Please see the separate use of resources report for details of the assessment. The report is published on our website at [www.cqc.org.uk/provider/RRF/Reports](http://www.cqc.org.uk/provider/RRF/Reports).

## Combined quality and resource

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

- We rated safe, effective, caring, responsive and well led as good.
- We rated all three of the core services we inspected as good.
- We took into account the current ratings of the five core services not inspected at this time.

# Summary of findings

- Our ratings for Royal Albert Edward Infirmary, Leigh Infirmary and Wrightington Hospital were good, which was the same as the ratings at the last inspection.
- The trust was rated good for use of resources.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice in surgery, critical care and maternity.

For more information, see the Outstanding practice section of this report.

## Areas for improvement

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

For more information, see the Areas for improvement section of this report.

## Action we have taken

We issued requirement notices to the trust. Our action related to breaches of legal requirements in surgery.

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

## What happens next

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

## Outstanding practice

### Trust wide

- The trust had set up an independent domestic violence advocacy service for patients and staff. It had won a national nursing award for patient safety.

### Surgery

- Langtree ward at Royal Albert Edward Infirmary used an innovative approach to ensuring patients who required critical medicines such as those for Parkinson's which were time specific received them in a timely manner. This involved the use of alarm clocks.
- The trust encouraged staff bids for funding in a 'dragon's den' contest to submit ideas for delivering improvements in patient care, staff experience and/or financial benefits. Of the 20 shortlisted applications, 10 came from the surgical division, and all were successful in their application for funding.

# Summary of findings

- Funding was successful for Holmium laser equipment, to provide daycase treatment for patients with prostate cancer in the Richmond urology unit at Leigh Infirmary. This treatment limited the need for admission and more invasive surgery. The trust was the first in Greater Manchester to carry out HoLEP laser procedures.
- Wrightington Hospital was piloting the provision of hip replacement surgery as a day case procedure, this reduced the time spent in hospital for patients undergoing hip surgery. The service was auditing the programme at the time of our inspection. There had been 18 patients, of which 14 were discharged the same day, three patients were discharged on day one and one patient had been discharged on day two.

## Critical Care

- Practice educators had developed a “TEA-ching” training programme to deliver a ten minute teaching break at 3pm each day.
- The service had designed a critical care patient acuity and staffing risk assessment tool to ensure that nurse staffing on the unit was safe and adequate for the patient and unit’s needs.

## Maternity

- During our inspection we observed that one of the senior midwives had developed an “emergency response station”. Instead of there being individual boxes or trolleys for each obstetric or neonatal emergency which is usual in many other maternity units, this one had two trolleys that had all of the equipment for each obstetric or neonatal emergency. Placed on the wall above were clipboards for each emergency. Staff just grabbed one trolley and the appropriate clipboard. There was good feedback from staff that had used it.
- We saw evidence of the service supporting women who had delivered and were being cared for in the critical care unit to care for their baby within the critical care unit.

## Areas for improvement

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

### Action the trust MUST take to improve

#### Royal Albert Edward Infirmary

##### Surgery

- The trust must ensure that rooms and cupboards where cleaning fluids are stored are secure and cannot be accessed by unauthorised persons. (Regulation 12 (1) (2) (b) (d))
- The trust must ensure that appropriate action is taken in response to estates and facilities alerts to prevent potential harm to patients and their visitors. (Regulation 12 (1) (2) (b) (d))
- The trust must ensure that staff working in theatres treating children have the appropriate level of paediatric life support training for their roles and that compliance is updated regularly to ensure staff are always up to date. (Regulation 12 (1) (2) (a) (b) (c))
- The trust must ensure that patient records are stored securely and cannot be accessed or viewed by unauthorised persons. (Regulation 17 (1) (2) (c))

#### Leigh Infirmary

# Summary of findings

## **Surgery**

- The trust must implement action to correct any environmental defects identified in theatres and ensure there is continued monitoring of this. (Regulation 15(1)(e))

## **Wrightington Hospital**

### **Surgery**

- The trust must implement action to correct any environmental defects identified in main theatres and ensure there is continued monitoring of this. (Regulation 15 (1)(e)).

## **Action the trust SHOULD take to improve**

### **Trust wide**

- The trust should consider reviewing and improving the visibility of leaders across the trust.
- The trust should review the reporting of the guardian of safe working so it is line with national guidance.
- The trust should consider how it reviews the effectiveness of the board and other committee meetings.
- The trust should continue to review its divisional risk processes so risks are identified, monitored and addressed.
- The trust should continue to take action to improve the timeliness of complaint responses.
- The trust should continue to monitor and act on incidents involving discharge medicines.

## **Royal Albert Edward Infirmary**

### **Surgery**

- The trust should ensure that mandatory training compliance for medical staff is in line with the trust's target.
- The trust should review and monitor the completion of cleaning documentation so they are consistently completed.
- The trust should consider the implementation of effective process to ensure that expiry dates of sundry items are regularly checked and expired items are removed as necessary in a timely manner.
- The trust should make sure that bins which contained used sharps that were in areas accessible to patients and their visitors used the appropriate safety guards to prevent injuries.
- The trust should continue to work towards making improvements to the maxillo facial surgery department and make sure that the waiting areas are accessible to all patients particularly during busy clinic times.
- The trust should consider a review of complaints response letters so that they make people aware of the escalation process if they are unhappy with the response they have received.
- The trust should consider ways to improve engagement with staff on all levels so that they feel informed and can contribute to the direction of the trust.

### **Critical Care**

- The trust should continue to work with the wider hospital management teams to reduce the number of delayed discharges and discharges out of hours from the unit.
- The trust should review how it can have a supernumerary shift co-ordinator on each shift.
- The trust should review the occupational therapist staffing so it is in line with the standards set out in the Guidelines for the Provision of Intensive Care Services (GPICS).

# Summary of findings

## Maternity

- The trust should monitor that all maternity staff adhere with the uniform policy.
- The trust should review the resuscitation risks at the antenatal clinic at Leigh Infirmary.
- The trust should consider removing the redundant emergency call bell at the antenatal clinic at Leigh Infirmary.
- The trust should continue working towards all women being offered carbon monoxide and domestic abuse screening at appropriate times.
- The trust should review how antenatal contacts are documented so they have the time as well as the date.
- The trust should review attendance of obstetric staff at the daily morning meeting to ensure full multidisciplinary input.
- The trust should consider scheduling a regular meeting for the triumvirate with a documented agenda and minutes for governance purposes.

## Leigh Infirmary

### Surgery

- The trust should consider a system for recording the discussions held in daily theatre debriefs.
- The trust should continue its action to review arrangements for library storage of patient notes not in current use.
- The trust should implement systems to ensure theatre staff recruited from nursing agencies have the appropriate qualifications and that records of their local induction are maintained.
- The trust should ensure information about how to raise a complaint is prominently displayed and available to patients.
- The trust should ensure that patient records are stored securely and cannot be accessed or viewed by unauthorised persons.

## Wrightington Hospital

### Surgery

- The trust should ensure that mandatory training compliance for medical staff is in line with the trust's target.
- The trust should review and escalate risks in a timely manner and ensure there is continued monitoring of this.

## Is this organisation well-led?

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

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

# Summary of findings

- Leaders had the experience, capacity and capability to support the delivery of the strategy and management or risks and performance issues. Since the last inspection there had been changes to the board members, with a new chief executive and chief nurse who brought experience from executive roles in other organisations. The trust had a range of leadership development programmes, succession planning processes and since the last inspection the trust had developed a leadership behavioural framework.
- The trust had a clear vision and values which were well established. At the time of the inspection the trust was developing a new strategy, this had been paused due to the leadership changes at the trust and changes in the locality. The trust was rolling over its current strategy which was monitored through the board and committees. The vision, values and strategy had been developed in collaboration with people who use the service, staff and, external partners. The new strategy would be aligned to local plans in the wider health and social care economy.
- Leaders and staff were patient focussed and proud to work for the trust. Some areas of the recent staff survey had dipped in the last year and the trust had plans to take action. The trust had a culture of openness and honesty and processes to support people to speak up. There were processes to support staff and promote their positive wellbeing, which were being developed further following the staff survey.
- The trust had an integrated governance structure with processes to support ward to board assurance. Structures, processes and systems of accountability were clear and understood by staff, and were going to be reviewed shortly. Staff were clear about their roles and accountabilities.
- The trust had processes to manage current and future performance. The trust had a strong track record of financial performance and delivery of most national performance standards. There was a comprehensive process to identify, understand, monitor and address current and future risks. The trust proactively used the board assurance framework to monitor risks that may affect the delivery of the strategy and delivery confidence of strategic objectives. The trust had clinical and internal audit processes which functioned well and had a positive impact on quality, with clear evidence of action to resolve concerns.
- The trust's performance reporting gave a holistic understanding of quality, performance and finance and incorporated the views of patients. The trust was developing the use of information technology systems to effectively monitor and improve the quality of care. It had developed a wide range of apps to support staff in receiving helpful data to adjust and improve performance. The trust had processes to ensure information was accurate, valid, reliable, timely and relevant.
- The trust accessed a full and diverse range of people's views and concerns to shape services and monitor and improve quality and patient experience. This included people with protected characteristics and from hard to reach groups. The trust proactively engaged and involved staff and had developed its own processes for reviewing and improving staff engagement. The trust had transparent, collaborative and open relationships with all relevant stakeholders, particularly with stakeholders in the Wigan borough.
- The trust had a track record of using improvement methods and the skills which it used at all levels of the organisation. The service used internal and external reviews to make improvements and since the last inspection had developed a ward accreditation programme. The trust continued to grow its participation in research and its links with education, in particular a partner university.

However,

- Staff told us that senior leaders were not always visible in the areas we inspected.
- The trust did not currently have processes to review the effectiveness of its board and committee meetings at the end of the meeting or annually.

## Summary of findings

- While the trust had comprehensive systems for managing risk, these were not always effectively used to record risks identified and the actions put in place to mitigate them. During the inspection we identified risks within the surgery core service which were not recorded on the risk registers with mitigating actions. We also identified issues, such as paediatric life support training compliance which had not been identified through the risk management processes.
- The trust was not currently meeting its target for the time it took to respond to complaints.

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↔ Feb 2020					

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

## Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Royal Albert Edward Infirmary	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020
Leigh Infirmary	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020
Wrightington Hospital	Requires improvement ↓ Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2019	Good →← Feb 2020
Thomas Linacre Centre	Good Jun 2016	N/A	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Outstanding Jun 2016
Wigan Health Centre, Boston House	Good Jun 2016	N/A	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Wilmslow Health Centre	N/A	N/A	N/A	N/A	N/A	N/A
<b>Overall trust</b>	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020

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

## Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Good →← Feb 2020					
Community	N/A	N/A	N/A	N/A	N/A	N/A
<b>Overall trust</b>	Good →← Feb 2020					

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

## Ratings for Royal Albert Edward Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Medical care (including older people's care)	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2019
Surgery	Requires improvement ↓ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020
Critical care	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020
Maternity	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020
Services for children and young people	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
End of life care	Good Jun 2016	Good Jun 2016	Outstanding Jun 2016	Outstanding Jun 2016	Good Jun 2016	Outstanding Jun 2016
Outpatients and diagnostic imaging	Good Jun 2016	N/A	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
<b>Overall*</b>	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020

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

## Ratings for Leigh Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	N/A	N/A	N/A	N/A	N/A	N/A
Medical care (including older people's care)	Good Mar 2018					
Surgery	Good ↔ Feb 2020					
Outpatients and diagnostic imaging	Good Jun 2016	N/A	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2017
<b>Overall*</b>	Good ↔ Feb 2020					

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

### Ratings for Wrightington Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement ↓ Feb 2020	Good ↔ Feb 2020				
Outpatients and diagnostic imaging	Good Jun 2016	N/A	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
<b>Overall*</b>	Requires improvement ↓ Feb 2020	Good ↔ Feb 2020				

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

### Ratings for Thomas Linacre Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good Jun 2016	N/A	Good Jun 2016	Outstanding Jun 2016	Good Jun 2016	Outstanding Jun 2016
<b>Overall*</b>	Good Jun 2016	N/A	Good ↔ Jun 2016	Outstanding Jun 2016	Good Jun 2016	Outstanding Jun 2016

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

### Ratings for Wigan Health Centre, Boston House

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good Jun 2016	N/A	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
<b>Overall*</b>	Good Jun 2016	N/A	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016

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

## Ratings for community health services

	<b>Safe</b>	<b>Effective</b>	<b>Caring</b>	<b>Responsive</b>	<b>Well-led</b>	<b>Overall</b>
Community health services for adults	N/A	N/A	N/A	N/A	N/A	N/A
Community health services for children and young people	N/A	N/A	N/A	N/A	N/A	N/A
Community end of life care	N/A	N/A	N/A	N/A	N/A	N/A
<b>Overall*</b>	N/A	N/A	N/A	N/A	N/A	N/A

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

# Royal Albert Edward Infirmary

The Elms, Royal Albert Edward Infirmary  
Wigan Lane  
Wigan  
Lancashire  
WN1 2NN  
Tel: 01942778858  
[www.wwl.nhs.uk](http://www.wwl.nhs.uk)

## Key facts and figures

Royal Albert Edward Infirmary is a district general hospital located near Wigan town centre. It provides a full range of services including urgent and emergency care, critical care, a comprehensive range of elective and non-elective general medicine (including elderly care) and surgery (non-elective), paediatric care, neonatal care, maternity care and a range of outpatient and diagnostic imaging services.

Between September 2018 and August 2019 there were 52,412 inpatient admissions at the hospital and 126,343 outpatient appointments.

We inspected surgery, critical care and maternity at this visit.

## Summary of services at Royal Albert Edward Infirmary

**Good** 

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

- The hospital had enough staff to care for patients and keep them safe. Staff in most areas had training in key skills, understood how to protect patients from abuse, and managed safety well. The hospital controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The hospital managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the services and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The hospital planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the hospital when they needed it and did not have to wait too long for treatment.

# Summary of findings

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the trust's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The hospital engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However,

- In surgery, the use of facilities and premises did not always meet with updated standards to keep people safe.
- In surgery, training compliance for paediatric life support was low.
- In surgery, patient records were not always stored securely.
- Surgical services did not all have a clear vision and strategy as plans were dependent on progress in regional developments within the wider health economy.
- Senior leaders were not always visible.

# Surgery

Good   

## Key facts and figures

Surgical services at Wrightington, Wigan and Leigh NHS Foundation trust are provided across three main hospital sites:

- **Royal Albert Edward Infirmary (RAEI)** for elective, emergency and day case surgery.
- **Leigh Infirmary** for day case surgery for clinically suitable patients.
- **Wrightington Hospital** for the majority of elective orthopaedic surgery.

Surgical patients are admitted for a wide range of procedures in the specialities of colorectal surgery, ENT, breast surgery, general surgery, gynaecology, ophthalmology, maxillo facial surgery, urology and vascular surgery.

The urology department offered a range of services for patients including rapid access clinics, prostate assessment, vasectomy, haematuria, one stop and out of hours evening clinics.

Trauma patients and those that required post-operative HDU support following elective surgery were accommodated in the theatres on the acute RAEI site.

*(Source: RPIR – Acute context tab)*

The trust had 31,684 surgical admissions from March 2018 to February 2019. Emergency admissions accounted for 7,664 (24.2%), 18,177 (57.4%) were day case, and the remaining 5,843 (18.4%) were elective.

*(Source: Hospital Episode Statistics)*

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. The inspection took place on 22 to 24 October 2019 and we visited a number of areas across the surgery core service including Theatres, Aspull, Swinley, Orrell and Langtree wards, the maxillo facial surgery department, surgical admissions unit, day case recovery and the preoperative assessment unit.

During our inspection we spoke with 65 members of staff from various roles including allied health professionals, matrons, medical staff, clinical directors, divisional business leads, nursing and support staff, ward managers and theatre co-ordinators.

We reviewed 20 patient records and 21 prescription charts.

We observed care and treatment and interactions between staff and patients and those close to them across the areas we visited. To identify the experience of patients and those using the services we spoke with nine patients and two patients' relatives.

## Summary of this service

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

- The hospital had enough staff to care for patients and keep them safe. Staff had training in most key skills and understood how to protect patients from abuse. The hospital controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The hospital managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

# Surgery

- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the services and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The hospital planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the hospital when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The hospital engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However,

- The use of facilities and premises did not always meet with updated standards to keep people safe and we found hazardous substances stored in unlocked rooms which were accessible to patients and visitors and there were not always effective processes in place to ensure that sundries used by staff were in date and safe to use.
- Training compliance for paediatric life support for theatre staff was low and there was a risk that there were not enough staff who had the required level of training.
- Patient records were not always stored securely and could be accessed by unauthorised persons.
- Senior leaders in the division were not always visible and approachable in the service for patients and staff.
- The surgical service did not have a clear vision for what it wanted to achieve or a strategy to turn this into action. The vision and strategy were dependent on progress in regional developments within the wider health economy.
- Risks we identified during our inspection had not been identified and mitigated through the risk management processes.

## Is the service safe?

**Requires improvement** ● ↓

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

- The use of facilities and premises did not always meet with updated standards to keep people safe and we found hazardous substances stored in unlocked rooms which were accessible to patients and visitors. We found that there were not always effective processes in place to ensure that sundries used by staff were in date and safe to use.
- Training compliance for paediatric life support for theatre staff was low and there was a risk that there were not enough staff who had the required level of training.
- Patient records were not always stored securely and could be accessed by unauthorised persons.

However,

# Surgery

- The service provided mandatory training in key skills to all staff. Nursing staff compliance with mandatory training was close to the trust's target. However, compliance for medical staff was low against the trust's target.
- Staff understood how to protect adult patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. Staff knew how to make a safeguarding referral and who to inform if they had concerns.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough medical, nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. However, actions from estates and facilities alert were not implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other nutritional needs. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. However, the service did not meet the trust's target for appraisal compliance.
- Some services were available seven days a week to support timely patient care.

# Surgery

- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

## Is the service caring?

Good  → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good  → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could mostly access the service when they needed it and received the right care promptly. In the main the trust performed better than the national average for waiting times from referral to treatment and arrangements to admit, treat and discharge patients. However, referral to treatment times for urology, ophthalmology and general surgery fell short of the national average.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint. However, complaint response times did not always meet with the trusts policy.

However

- The waiting area for the maxillo facial surgery department did not always provide enough space to accommodate the number of patients attending clinics and made it difficult for patients in wheelchairs to access.

## Is the service well-led?

Good  → ←

# Surgery

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

- Leaders had the skills and abilities to run the service, they understood and managed the priorities and issues the service faced. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The service had a clear vision for trauma and orthopaedic services at the trust, and there was a trustwide strategy to expand the estate and support turning it into action. Leaders understood the trust's vision and strategy and knew how to apply this in monitoring progress.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They mostly identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Managers could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients. However, staff did not always feel engaged by the wider trust and were not aware of the freedom to speak up guardian role.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However

- Senior leaders in the division were not always visible and approachable in the service for patients and staff.
- The service did not have a clear vision and strategy for other surgical services which were dependent on progress in regional developments within the wider health economy.
- Risks we identified during our inspection had not been identified and mitigated through the risk management processes.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Critical care

Good   

## Key facts and figures

Adult critical care is provided at The Royal Albert Edward Infirmary.

The Royal Albert Edward Infirmary provides level two and level three care to patients in 11 beds, generally four high dependency beds and seven intensive care beds. This is a closed unit with the ability to change between level two high dependency and level three intensive care beds as required.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. The inspection took place on 22 to 24 October 2019 when we visited the unit.

During our inspection we spoke with 20 members of staff of different grades from various roles including nurses, allied health professionals, doctors and consultants, physiotherapists, pharmacists, administrative staff and senior managers.

We reviewed five patients records.

We observed care and treatment and interactions between staff and patients and those close to them. To identify the experience of patients and those using the services we spoke with one patient, two family members and one carer.

## Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

# Critical care

## Is the service safe?

Good  → ←

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

- The service provided mandatory training in key skills to all staff and monitored completion of the training.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave locum staff a full induction.
- The service used systems and processes to safely prescribe, administer store and record medicines.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

Good  → ←

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other nutritional needs.

# Critical care

- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.

## Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. The service admitted, treated and discharged patients in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

# Critical care

However,

- At times there was delays to patients being discharged from the unit, although the service was taking action to reduce delays.

## Is the service well-led?

Good ● → ←

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Maternity

Good  

## Key facts and figures

The maternity unit at Wrightington, Wigan and Leigh NHS Foundation Trust is located on the Royal Albert Edward Infirmary site.

The maternity unit has an antenatal and postnatal ward with 28 beds including three single rooms. There is a dedicated triage unit with two assessment rooms and day assessment area with two couches within the maternity unit.

The labour ward has nine en suite birthing rooms including a pool room for women who choose to use water for pain relief in labour and or birth. The labour ward hosts a maternity operating theatre with an anaesthetic room and recovery area for emergency caesarean section births. Elective caesarean section (planned) births are performed in the general theatres, on the same corridor directly opposite the maternity unit. The neonatal unit is situated adjacent to the delivery suite and the high dependency unit is located on the same corridor directly opposite the labour ward doorway.

The trust has two offsite antenatal clinics; The Thomas Linacre Centre in Wigan and Leigh Infirmary; both clinics provide consultant and midwifery clinics.

Midwifery led antenatal care is additionally provided by the community midwives from four community teams at GP surgeries, children's centres or at a woman's home. The maternity service also supports women who choose to birth their baby at home.

A commissioned integrated public health team of midwives works alongside the community midwives providing care to the top 2% most vulnerable women in the borough during the antenatal and postnatal period.

The maternity unit currently holds UNICEF Baby Friendly Gold Accreditation and the hospital is a World Health Organisation Healthy Hospital site.

*(Source: RPIR – Acute context tab)*

From January 2018 to December 2018 there were 2,640 babies birthed at the trust.

*(Source: Hospital Episode Statistics (HES))*

We inspected the maternity service as part of an unannounced inspection (they did not know we were coming) between 22 and 24 October 2019. We visited all maternity clinical areas on the main hospital site and also the elective obstetric theatres. We also visited the community midwives base and antenatal clinic at the Leigh infirmary site. As part of the inspection we reviewed information provided by the service about staffing, training and monitoring of compliance.

During the inspection we spoke with 78 members of staff including midwives of all grades including the head of midwifery and midwifery matrons, administration staff, obstetricians of all grades, maternity support workers, anaesthetists, scrub nurses, operating department practitioners, pharmacists and pharmacy technicians. We spoke with nine women who were using the service at the time of our inspection, six new dads and one relative. We reviewed fifteen prescription charts, fifteen sets of women's maternity records and a sample of 14 guidelines pertaining to maternity.

# Maternity

## Summary of this service

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

- The service had made improvements in the areas we said it must take action at our last inspection.
- The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave women enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to women, families and carers.
- The service planned care to meet the needs of local people, took account of women's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities. The service engaged well with women and the community to plan and manage services and all staff were committed to improving services continually.

## Is the service safe?

Good  

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

- The service had made improvements in the areas we said it must take action at our last inspection.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect women and babies, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each woman and took action and removed or minimised risks. Staff identified and quickly acted upon women at risk of deterioration.

# Maternity

- The service had enough maternity staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep women and babies safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- The service had enough allied health professionals with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff mostly kept detailed records of women's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and, by the completion of our inspection, shared it with staff, women and visitors.

## Is the service effective?

**Good** ● ↑

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

- The service had made improvements in the areas we said it must take action at our last inspection.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983.
- Staff gave women enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for women's religious, cultural and other nutritional needs.
- Staff assessed and monitored women regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for women.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Midwives, obstetricians and other healthcare professionals worked together as a team to benefit women and babies. They supported each other to provide good care.
- Key services were available seven days a week to support timely care.
- Staff gave women practical support and advice to lead healthier lives.

# Maternity

- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit women's liberty.
- Staff always had access to up-to-date, accurate and comprehensive information on women's care and treatment. All staff had access to an electronic records system that they could all update.

## Is the service caring?

Good ● → ←

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

- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood women's personal, cultural and religious needs.
- Staff supported and involved women, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service had plans to provide the four places of birth choices for their woman that was a national recommendation. These are a consultant led unit, and alongside birthing centre, a standalone birthing centre or a home birth.
- The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services. They coordinated care with other services and providers. One example of this was the 15 steps to maternity where we saw that the departmental leads had listened and responded to what the service users had said.
- The staff of the maternity and critical care department had worked together to enable new mothers and babies to have skin to skin when was receiving care in the critical care department.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge women were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included women in the investigation of their complaint.

# Maternity

## Is the service well-led?

Good  

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

- The service had made improvements in the areas we said it must take action at our last inspection.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for women and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of women receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where women, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with women, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for women.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Leigh Infirmary

The Avenue  
Leigh  
Lancashire  
WN7 1HS  
Tel: 01942778858  
[www.wwl.nhs.uk](http://www.wwl.nhs.uk)

## Key facts and figures

Leigh Infirmary is a hospital based in Leigh providing care in the following areas: a walk in centre, surgery (day cases), gynaecology, endoscopy, and outpatient and diagnostic imaging. The hospital also hosts an antenatal clinic.

Between September 2018 and August 2019 there were 13,816 inpatient admissions at the hospital and 178,228 outpatient appointments.

We inspected surgery at this visit. We inspected the antenatal clinic as part of our inspection of maternity services at Royal Albert Edward Infirmary where the maternity unit is located.

## Summary of services at Leigh Infirmary

**Good**   

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

- The hospital had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The hospital controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The hospital managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available five days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The hospital planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.

# Summary of findings

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the trust's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However

- We found areas of the theatre suite had not been maintained in order to reduce the risks to patients
- We observed patient records unattended in one ward area.
- Waiting times were not in line with national standards for some surgical specialities.
- The surgical service did not have a clear vision for what it wanted to achieve or a strategy to turn this into action. The vision and strategy were dependent on progress in regional developments within the wider health economy. Risk registers did not identify environmental risks we observed during inspection.

# Surgery

Good   

## Key facts and figures

Leigh Infirmary is one of three trust locations delivering surgery services. Provision at Leigh Infirmary is predominantly for day case surgery for clinically suitable patients.

Services include ENT, breast surgery, general surgery, gynaecology, ophthalmology, maxillo facial surgery, urology and vascular surgery. In addition, a pain service is available for daycase treatments, for patients experiencing different types of chronic and acute pain. Pre-operative assessment clinics were available for patients resident in Wigan and Leigh.

The urology department offers a range of services for patients including rapid access clinics, prostate assessment, vasectomy, haematuria, one stop and out of hours evening clinics.

The trust had 31,684 surgical admissions from March 2018 to February 2019. Emergency admissions accounted for 7,664 (24.2%), 18,177 (57.4%) were day case, and the remaining 5,843 (18.4%) were elective.

We inspected the surgery service as part of an unannounced inspection (they did not know we were coming) between 22 and 24 October 2019. We visited the surgical daycase ward, pre-operative assessment clinic, operating theatres and the Richmond urology unit at the Leigh Infirmary site. As part of the inspection we reviewed information provided by the service about staffing, training and monitoring of compliance.

During the inspection we spoke with 32 members of staff of all grades including the matron and ward managers, nurses, administration staff, doctors of all grades, anaesthetists, scrub nurses, and operating department practitioners. We spoke with five patients who were using the service at the time of our inspection, and three relatives. We reviewed a sample of 10 patient records, including prescription charts and care plans.

## Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available five days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.

# Surgery

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However,

- We found areas of the theatre suite had not been maintained in order to reduce the risks to patients. We observed patient records unattended in one ward area.
- Waiting times were not in line with national standards for some surgical specialities.
- The service did not have a clear vision for what it wanted to achieve or a strategy to turn this into action. The vision and strategy were dependent on progress in regional developments within the wider health economy. Risk registers did not identify environmental risks we observed during inspection.

## Is the service safe?

**Good** ● → ←

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff were trained to use equipment. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored

However,

# Surgery

- We found areas of the theatre suite had not been maintained in order to reduce the risks to patients. We found some of the theatre suite in poor condition.
- Managers regularly reviewed and adjusted staffing levels and skill mix. While we saw evidence the service ensured there were sufficient staffing there were frequent late staffing rota changes in theatre. Bank staff did not always receive a full induction.
- Records were not always stored securely, and we saw a pile of patient notes left unattended in one ward area.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other nutritional needs.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Daycase surgery services were available five days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions. Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

# Surgery

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could mostly access the service when they needed it and received the right care promptly.
- It was easy for people to give feedback and raise concerns about care received, although complaints information was less prominently displayed in some areas.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However

- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards for urology, ophthalmology and general surgery.

## Is the service well-led?

Good ● → ←

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

- Leaders understood and managed the priorities and issues the service faced. Leaders had the skills and abilities to run the service and they supported staff to develop their skills and take on more senior roles.
- Leaders and staff understood the trust's vision and strategy and knew how to apply this in monitoring progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They had plans to cope with unexpected events.

# Surgery

- The service collected reliable data and analysed it. Managers could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However,

- Senior leaders in the division were not always visible and approachable in the service for patients and staff.
- The service did not have a clear vision for what it wanted to achieve or a strategy to turn this into action, developed with all relevant stakeholders. The vision and strategy were dependent on progress in regional developments within the wider health economy.
- Leaders did not always identify and escalate relevant risks and issues, or identify actions to manage risks and reduce their impact. Risk registers did not identify key environmental issues in theatres which we observed during inspection.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Wrightington Hospital

Hall Lane  
Appley Bridge  
Wigan  
Lancashire  
WN6 9EP  
Tel: 01942778858  
[www.wwl.nhs.uk](http://www.wwl.nhs.uk)

## Key facts and figures

Wrightington Hospital is a dedicated orthopaedic hospital. The services offered are elective and day case surgery, rheumatology services, outpatients and diagnostic imaging. The hospital has a private theatre and ward treating self-paying and insured patients.

Between September 2018 and August 2019 there were 13,334 inpatient admissions at the hospital and 173,558 outpatient appointments.

We inspected surgery at this visit.

## Summary of services at Wrightington Hospital

**Good** ● → ←

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

- The hospital had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The hospital controlled infection risk well. Orthopaedic surgical infection site rates for the hospital were one of the lowest within the NHS. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The hospital managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the services and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The hospital planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the services when they needed it and did not have to wait too long for treatment.

# Summary of findings

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The hospital engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However

- In surgery, patient records were not always secured securely and could be accessed by unauthorised persons in pre-operative assessment and ward areas.
- In surgery, the design, use and maintenance of facilities, premises and equipment did not always reduce the risks to patients to keep them safe. The older theatre area was in poor condition and was affected by leaks and flooding at times of heavy rainfall. There were outstanding repairs at the time of our inspection such as the main theatre access door magnetic lock and theatre two door was broken.
- In surgery, the service did not always record environmental risks it had identified and the actions to mitigate the risks in a timely manner.

# Surgery

Good   

## Key facts and figures

Surgical services at Wrightington, Wigan and Leigh NHS Foundation trust are provided across three main hospital sites:

- **Royal Albert Edward Infirmary (RAEI)** for elective, emergency and day case surgery.
- **Leigh Infirmary** for day case surgery for clinically suitable patients.
- **Wrightington Hospital** for the majority of elective orthopaedic surgery.

Surgical patients are admitted for a wide range of procedures in the specialities of colorectal surgery, ENT, breast surgery, general surgery, gynaecology, ophthalmology, maxillo facial surgery, urology and vascular surgery.

The urology department offers a range of services for patients including rapid access clinics, prostate assessment, vasectomy, haematuria, one stop and out of hours evening clinics.

Trauma patients and those that may require post-operative higher dependency unit support following elective surgery are accommodated in the theatres at Royal Albert Edward Infirmary.

*(Source: RPIR – Acute context tab)*

The trust had 31,684 surgical admissions from March 2018 to February 2019. Emergency admissions accounted for 7,664 (24.2%), 18,177 (57.4%) were day case, and the remaining 5,843 (18.4%) were elective.

*(Source: Hospital Episode Statistics)*

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. The inspection took place on 22 to 24 October 2019 and we visited all theatre areas, Ward A, Ward B, Ward 1, increased dependency area and pre-operative assessment unit.

During our inspection we spoke with 42 staff members of staff from various roles including allied health professionals, matrons, medical staff, clinical directors, business leads, service leads, nursing, support staff, ward managers and theatre co-ordinators.

We reviewed four patient records and ten prescription charts.

We observed care and treatment and interactions between staff and patients and those close to them across the areas we visited. To identify the experience of patients and those using the service we spoke with seven patients and two relatives.

## Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Orthopaedic surgical infection site rates for the service were one of the lowest within the NHS. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

# Surgery

- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However

- Patient records were not always secured securely and could be accessed by unauthorised persons in pre-operative assessment and ward areas.
- The older theatre area was in poor condition and was affected by leaks and flooding at times of heavy rainfall. There were outstanding repairs at the time of our inspection such as the main theatre access door magnetic lock and theatre two door was broken.
- The service did not record the risks in relation to the fabrication and environment of the older theatre area in a timely manner. Longstanding risks had only been recorded shortly before the inspection and there were limited plans detailing the actions to reduce and mitigate the risks.

## Is the service safe?

**Requires improvement** ● ↓

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

- The design, use and maintenance of facilities, premises and equipment did not always reduce the risks to patients to keep them safe. The older theatre area was in poor condition and was affected by leaks and flooding at times of heavy rainfall. There were outstanding repairs at the time of our inspection such as the main theatre access door magnetic lock and theatre two door was broken.
- Paper records were not always stored securely, and we saw patients notes left unattended on one ward area on two occasions.

However

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

# Surgery

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Staff kept details records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care and treatment.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Nursing staff received and kept up-to-date with their mandatory training. Managers monitored mandatory training and alerted staff when they needed to update their training.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff completed risk assessments for each patient pre-operatively and at admission using a recognised tool, and reviewed this regularly, including after any incident. Staff identified and quickly acted upon patients at risk of deterioration.

## Is the service effective?

Good   

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

- The service provided care and treatment base on national guidance and evidence-based practice. Staff managed the service in accordance with national guidelines and professional guidance.
- Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other nutritional needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

# Surgery

- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good ● → ←

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

- The service planned and provided care in a way that met the needs of the local people and communities served. It also worked with others in the wider system and local organisations to plan care. However, wheelchair access to the pre-operative assessment unit was difficult.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service well-led?

Good ● → ←

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

- Leaders supported staff to develop their skills and take on more senior roles.
- The service had a clear vision for what it wanted to achieve and a strategy to turn this into action, developed with all relevant stakeholders.

# Surgery

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and staff understood the trust's vision and strategy and knew how to apply this in monitoring progress.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Managers could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However

- Senior leaders were not always visible and approachable in the service for patients and staff.
- The vision and strategy were dependent on progress in regional developments within the wider health economy.
- Leaders did not always identify and escalate relevant risks and issues or identify actions to manage risks and reduce their impact in a timely manner. These risks related to the fabrication and environment of the older theatre area.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

#### Regulated activity

Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

# Our inspection team

Judith Connor, Head of Hospital Inspection led the inspection. An executive reviewer, Ann McCracken, supported our inspection of well-led for the trust overall.

The team included one inspection manager, six inspectors, one assistant inspector and eight specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.