

South Warwickshire NHS Foundation Trust

Quality Report

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

Ratings

Overall rating for this trust

Requires improvement



Are services at this trust safe?

Requires improvement



Are services at this trust effective?

Requires improvement



Are services at this trust caring?

Good



Are services at this trust responsive?

Good



Are services at this trust well-led?

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

South Warwickshire Foundation NHS Trust provides a range of hospital and community health services to a community of approximately 270,000 in South Warwickshire and the surrounding areas. The trust provides a full range of district general hospital services at Warwick Hospital, community inpatient care at Stratford-Upon-Avon Hospital, Leamington Spa Hospital and Ellen Badger Hospital. The trust also provides neuro rehabilitation to young adults at the Central England Rehabilitation Unit (CERU), based at Leamington Spa Hospital. Community services for adult's end of life care and children and young people are also provided by the trust.

There are 441 inpatient beds within Warwick Hospital and 50 inpatient beds throughout the community hospitals.

We carried out an announced comprehensive inspection of the trust from 15 to 18 March 2016. We undertook an unannounced inspection on 29 March 2016.

We held focus groups with a range of staff in the hospital and community, including union representatives, black and minority ethnic staff, governors, nurses, health visitors, trainee doctors, consultants, midwives, healthcare assistants, student nurses, administrative and clerical staff and allied health professionals. We also spoke with staff individually as requested.

Overall, we rated South Warwickshire Foundation NHS Trust as requires improvement with three of the five questions we ask with safe, effective and well-led being judged as requiring improvement.

We have judged the trust as good for caring and responsiveness. We found that services were provided by dedicated, caring staff. Patients were treated with kindness, dignity and respect and were provided the appropriate emotional support. The trust was planning and delivering services to meet the needs of patients. The emergency department and adult community services were rated as outstanding for responsiveness. Leadership for end of life care in the community was judged to be inadequate.

Our key findings were as follows:

Safety

- Nurse staffing levels and skill mix was planned and reviewed in line with national guidance. Most areas had adequate staff to ensure patients received safe care and treatment.
- Although the trust had taken a number of actions to promote the duty of candour to staff, some staff in the emergency, gynaecology and maternity departments did not have a thorough understanding of this and what this meant within their practice.
- The trust had reported one never event (a largely preventable patient safety incidents that should not occur if the available preventative measures had been implemented) in the 12 month period ending February 2016. Although still under investigation at the time of the inspection early lessons had been learnt and shared.
- The hospitals were seen to be clean and hygienic and most staff followed the trusts infection control policy, were 'bare below the elbow' and used personal protection equipment. There were some incidents of poor hand hygiene.
- All patients admitted to hospital were screened for methicillin resistant staphylococcus (MRSA) to assist with isolation and treatment. There was limited follow up of MRSA screening for patients admitted to the medical wards where we found results of this screening were not routinely recorded in nursing notes.
- Cases of MRSA were low with the trust reporting zero cases between August 2014 and August 2015, however there were 17 cases of C. difficile reported during the same period.
- Mandatory training was, across most areas below the trusts target of 85% and 95% for safeguarding adults and children and information governance.
- The level of safeguarding children's training that staff in certain roles undertook was in line with trust policy, but was not compliant with intercollegiate document 'Safeguarding Children and Young People: Roles and competencies for Health Care Staff (March 2014)'. Therefore, we could not be sure that staff had the sufficient knowledge and skills to safeguard children.
- In many wards and departments we saw medicines in unlocked cupboards and drawers. Although some medicines were left unlocked to allow rapid access in

Summary of findings

an emergency in some areas all medicines were unsecured, not just ones that required emergency access therefore we were not assured that medicines were stored in a way that prevented misuse, tampering or theft.

- Processes and procedures had been developed for women on the postnatal ward to self-administer some medication if they opted to do so.
- In the emergency department (ED) and minor injury units, children with minor complaints were not seen in a secure paediatric area, they waited with adult patients which is not in line with national guidance. During our unannounced inspection; we observed changes to the ED had been made. A paediatric sub waiting room had been created within the main waiting area for paediatric see and treat patients, although there were no robust procedures in place for children to be observed for rapid deterioration while waiting in this area.
- Patient records were not always stored securely.
- Patient risk assessments were not fully completed on admission and generally not reviewed at regular intervals throughout the inpatient stay. This included incomplete risk bed rails risk assessments resulting in the use of bed rails without a completed risk assessment.
- Management of the deteriorating patient was in place in most areas of the trust through the use of early warning score (EWS) and paediatric early warning score were used (PEWS). However there was no such recognised tool in use in the special care baby unit.

Effective

- Care was delivered in line with legislation, standards and evidence-based guidance, however some local and trust guidelines needed updating.
- The mortality rate as indicated by the Summary Hospital-level Mortality Indicator (SHMI) was “as expected” for January to December 2015, at 1.1 against the England figure of 1.0. The trust Hospital Standardised Mortality Ratio (HMSR) (for in hospital deaths only) for January to December 2015 was “within expected range”, at 108.0 against the England figure of 100
- Data was submitted for all national audits in 2013/2014, with the exception if the Acute Myocardial Infarction and other ACS (MINAP) audit which was not

submitted due to staffing issues. Performance in national audits was generally the same or better than the national average. Actions plans were in place to address areas for improvement action.

- Staff and teams worked well together to deliver effective care and treatment.
- Overall, the trust appraisal target of 85% for all staff had been met with 100% of medical staff and 92% of non-clinical and clinical staff compliant.
- Not all staff had full understanding of the Mental Capacity Act 2005 and their responsibilities and role in the management of patients with capacity concerns. This includes appropriate formal assessment processes and escalation of concerns.
- The individualised care of the dying patient care plan, which was a replacement for the Liverpool Care Pathway, was designed to be used for patients in hospital and community settings. However, this was found not to be fully embedded in the care of the dying in the hospital and was not used by the community teams.

Caring

- Feedback we received from patients was consistently positive about the way nursing and therapy staff treated them. Patients felt safe and cared for and staff were respectful of their needs and preferences and took time to understand personal requirements or to explain the care being delivered.
- The need for emotional support was recognised and provided through a range of support mechanisms including a clinical psychology service.

Responsive

- The flow of patients into and through the hospital was well managed with all areas of the trust taking responsibility for this.
- The trust consistently exceeded the Department of Health target for emergency departments of 95% of all patients to be admitted, transferred or discharged within four hours of arrival to the emergency department every month. The percentage of emergency admissions via ED waiting four to 12 hours from the decision to admit until being admitted has been consistently lower than the England average. This meant that patients could access services in a timely way.

Summary of findings

- The percentage of admitted surgical patients that started consultant-led treatment within 18 weeks of referral was consistently below the 90% standard between September 2014 and May 2015. In June 2015 this standard was abolished. Between September 2014 and August 2015 the trust's performance for this measure was better than the England average in all but two months. However, the trust consistently met the 95% indicator for non-admitted patient's referral to treatment within 18 weeks and met the incomplete pathways other than for one month February 2015. The percentage of patients waiting more than six weeks for a diagnostic appointment was also consistently better than the national average.
- The number of cancelled operations was better than the national average with no operation cancelled due to the lack of a critical care bed.
- There were specific waiting times for patients diagnosed with and suspected of having a cancer. 95% of all patients who receive an urgent referral for suspected cancer and breast symptoms should be seen by a specialist within two weeks. All patients should receive their first definitive treatment 31 days from diagnosis and, all patients should receive their first definitive treatment within 62 days from urgent referral. From October 2013 to March 2015 the service mostly performed the same as the England average which ranged between 93%-96% for patients waiting for two week referrals.
- Following some challenges in meeting the two week wait for patients referred with suspected cancer and breast symptoms from April to September 2015 this had improved in the three months October to December 2015 and the target was met. From April 2015 to September 2015 performance against the 31 day target was mostly the same as the England average and since July 2014 the performance against the 62 day target has been better than the England average.
- Services were planned, delivered and coordinated to take account of people with complex needs, for example those living with dementia or those with a learning disability, with some innovative practices in the emergency department with the use of computer assisted reminiscence therapy.
- Overall complaints were well managed with the trust using the issues raised as an opportunity to learn and improve services.

Well led

- The trust had a clear vision to provide high quality, clinically and cost effective NHS healthcare services that met the needs of patients and the population that they serve. However there was no service specific written strategy for individual core services and specialties did not appear to have a shared vision or aim.
- There was a governance framework in place which supported the delivery of care although there were some areas of weakness. Whilst the board assurance framework and corporate risk register identified most of the keys risks, there were risks at local level that had not been captured. For example, we identified risks to patients receiving care which had not been recognised by either the local or executive team.
- The trust had procedures in place to ensure that policies were reviewed in a timely way and reflected national guidance. However during our inspection we found that the review of 4 policies was overdue. This meant we could not be reassured that staff were always following the latest guidelines.
- There was a lack of oversight of the care for neonates, children and young people across the whole trust.
- The trust did not have a strategy for end of life care; however they had recently appointed a full time consultant with the remit of developing a strategy. The end of life care team did not have a direct reporting structure to the board and there was no named non-executive director representing end of life care. The governance processes for end of life care were not established and the care planning tool for replace the Liverpool Care Pathway was not embedded.
- The executive team was stable and well established and were visible and well regarded by both staff and people in the local community who attended an event to tell us about their care.
- There was an extremely positive culture within the trust and staff felt respected and valued. The results of the 2015 staff survey reflected this positive culture with the trust ranked as 'better than average' when compared with all combined acute and community trusts in 2015.
- In line with previous years in 2015/16 the trust had made a small surplus however they clearly recognised the challenges to maintaining such a position.

Summary of findings

We saw several areas of outstanding practice including:

- Central England Rehabilitation Unit (CERU) provided neuro rehabilitation to young adults. Staff on CERU had developed and published an assessment tool called Sensory Tool to Assess Responsiveness (STAR). STAR was a tool aimed at providing an accurate diagnosis of prolonged disordered consciousness and establishing any means of communication in the patient. The STAR was used to assess responses to stimulation in visual, auditory and motor modalities, and also records observations of communication and emotion.
- The work of the community nursing service reviewing patients who were insulin dependent diabetics was recognised by Diabetes UK at the Patient First conference in London. Diabetes UK asked if they could work alongside the group and share SWFT good practice. The project had been put forward for the Health Service Journal (HSJ) and Nursing Times Awards 2016.
- The integrated health teams (IHT) encompassed district nursing teams, long-term condition and intermediate care teams in the community. IHT had recognised the need to review the number of patients with pressure ulcers. They had introduced the Priority 123 Skin/Equipment Review, which required staff to conduct weekly face to face, one monthly, three monthly, six monthly or annual reviews dependent on the category of priority.
- Family nurse partnership (FNP) teams was a voluntary programme for young first time mothers (and their partners), aged 19 years or under. They were

outstanding in their performance management and quality assurance processes. They had a clear vision and strategy for the FNP service that was monitored via comprehensive quality performance measures.

- The use of reminiscence therapy within the Emergency Department (ED) for patients with learning disabilities, dementia and mental health conditions.
- A smartphone application for medical staff containing relevant trust information, policies, clinical guidance and teaching availability.
- The ED staff worked with external agencies to provide services, including substance misuse liaison specialist support for patients.

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

Importantly, the trust must:

- Ensure that regular risk assessments are completed appropriately on admission to medical wards and repeated regularly to identify any changes in patient's risk of harm. This includes bed rail and mobility assessments and nutritional assessments for patients receiving end of life care.
- Ensure that all staff receive safeguarding children training in line with intercollegiate document 'Safeguarding Children and Young People: Roles and competencies for Health Care Staff (March 2014).
- Ensure that staff have full understanding of the Mental Capacity Act 2005 and their responsibilities and role in the management of patients with capacity concerns. This includes appropriate formal assessment processes and escalation of concerns.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to South Warwickshire NHS Foundation Trust

South Warwickshire NHS Foundation Trust provided acute hospital and community services to over 270,000 people in South Warwickshire and the surrounding areas. The trust has 491 beds and 4356 staff. Trust had revenue of £235 million and a surplus in 2014/15 of almost £225,000.

There are 491 inpatient beds throughout the trust. The majority of acute services are delivered at Warwick Hospital, which provides a full range of district general hospital services, with 441 inpatient beds, of which 40 are maternity and seven are critical care. Community inpatient care is provided at Stratford-Upon-Avon Hospital, Leamington Spa Hospital and Ellen Badger Hospital. The trust also provided neuro rehabilitation to young adults at the Central England Rehabilitation Unit (CERU), based at Leamington Spa Hospital. Community services for adults, end of life care and children and young people's services were also provided by the trust.

In 2014/15, the trust's revenue was £234.8m. There was a surplus of £225,000 for the 2014/15 financial year. The trust predicted it would break even at financial year end 2015/16. However, their actual end of year position was a surplus of £244,000.

We carried out an announced comprehensive inspection of the trust from 15 to 18 March 2016. We undertook an unannounced inspection on 29 March 2016.

The trust obtained foundation trust status in 2010.

We inspected this trust as part of our programme of comprehensive inspections of acute trusts.

We held focus groups and drop-in sessions with a range of staff in the trust, including staff representatives, black and minority ethnic staff, governors, nurses, health visitors, trainee doctors, consultants, midwives, healthcare assistants, student nurses, administrative and clerical staff and allied health professionals. We also spoke with staff individually as requested.

The inspection team inspected the following eight core services at Warwick Hospital

- Urgent and emergency services
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity and gynaecology
- Services for children's and young people
- End of life care
- Outpatients and diagnostic imaging

We also inspected the following services in the community

- Community services for children's and young people
- Community end of life care
- Community inpatient services
- Community services for adults

Our inspection team

Our inspection team was led by:

Chair: Jenny Leggott, Former Director of Nursing, Nottingham University Hospitals

Head of Hospital Inspection : Bernadette Hanney, CQC

The team included 16 CQC inspectors (including two CQC pharmacist inspectors) and a variety of specialists including a safeguarding lead, medical consultants and nurses, senior managers, a surgical nurse, an

anaesthetist, a consultant cardiologist, a consultant surgeon, senior paediatric nurses and doctors, a consultant obstetrician, midwife, health visitor, allied health professionals, a palliative care consultant and a palliative care speciality doctor, a senior nurse and a physiotherapist who specialised in neurological rehabilitation, a junior doctor, a student nurse and an expert by experience who had experience of using services.

Summary of findings

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we held about South Warwickshire NHS Foundation Trust and asked other organisations to share what they knew about the trust. These included the Clinical Commissioning Group, Monitor, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the royal colleges and the local Healthwatch.

We held a listening event in the evening before the inspection where people shared their views and experiences of services provided by South Warwickshire NHS Foundation Trust. Some people also shared their experiences by email or telephone.

We carried out this inspection as part of our comprehensive inspection programme. We undertook an announced inspection from 15 to 18 March 2016 and an unannounced inspection on the 29 March 2016.

We held focus groups and drop-in sessions with a range of staff in the trust, including staff side representatives, black and minority ethnic staff, governors, nurses, health visitors, trainee doctors, consultants, midwives, healthcare assistants, student nurses, administrative and clerical staff and allied health professionals. We also spoke with staff individually as requested.

We talked with patients and staff from all the ward areas, outpatients departments, and those receiving care at community locations including patients homes.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at South Warwickshire NHS Foundation Trust.

What people who use the trust's services say

The Cancer Patient Experience Survey results 2014, showed overall South Warwickshire NHS Foundation Trust performance was in line with similar trusts. The trust was in the top (best) 20% for seven of the 70 questions including, the clinical nurse specialist definitely listening to the patient and patient's rating the care as 'excellent or very good.' However, it was in the bottom (worse) 20% of trusts for five of the 70 questions in the same survey. These included, questions about patients being given the name of the clinical nurse specialist in charge of their care and always having enough privacy when discussing condition or treatment.

South Warwickshire NHS Foundation Trust performed "about the same" as other trusts for all of the 12 of the selected questions in the CQC Inpatient Survey for 2014.

Friends and family test scores (percentage of people who recommended services) were consistently good and in line with the England average for the period August 2015 and Jan 2016.

Summary of findings

Facts and data about this trust

South Warwickshire NHS Foundation Trust employed 4356 staff (2015/16). This included 511.2 whole time equivalent nursing staff.

In 2014/15, the trust's revenue was £234.8m. There was a surplus of £225,000 for the 2014/15 financial year. The trust predicted it would break even at financial year end 2015/16. However, their actual end of year position was a surplus of £244,000.

Activity:

In 2014/15, the trust had 19,456 elective admissions and 20,751 emergency admissions.

Hospital episode statistics showed that the trust saw 409,913 attendances to outpatient departments between July 2014 and June 2015.

The number of attendances to the emergency department between December 2014 and December 2015 was 57,684. The trust had two minor injury units (MIU) one at Stratford Hospital and the other at Ellen Badger Hospital. Stratford Hospital MIU saw 6770 attendances (80 to 177 per week) between December 2014 and December 2015. The MIU at Ellen Badger Hospital saw 683 attendances during this same period (three to 25 per week).

Population served:

The trust serves a community of approximately 270,000 in South Warwickshire and the surrounding areas. The largest population centres are the towns of Kenilworth, Royal Leamington Spa, Southam, Stratford-upon-Avon and Warwick.

The running of community health services, such as health visiting, district nursing, sexual health, physiotherapy and podiatry transferred from NHS Warwickshire to South Warwickshire NHS Foundation Trust on 1st April 2011.

Deprivation:

In the 2015 indices of multiple deprivation, the Warwick and Stratford-upon-Avon districts were both in the least deprived quintile. Rugby was in the second-to-least deprived quintile. However, Nuneaton and Bedworth district was in the second-to-worst quintile for deprivation.

Population age:


Estimates and projections (2013) indicated the number of people aged 65 years or older in the Warwick, Rugby and Nuneaton and Bedworth districts was in line with the England average (around 17%). However, Stratford-upon-Avon districts had a higher (more) percentage 24%, than the England average number of people aged 65 years or older.

Ethnic diversity:

The 2011 census showed that all districts in the South Warwickshire area had less than the national average (15%) of Black, Asian, Minority Ethnic (BAME) residents, with Stratford-upon-Avon district having the lowest percentage (3%).

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>Overall, we rated safety in the trust as 'requires improvement'. For specific information please refer to the report for Warwick Hospital and its' associated community services.</p> <p>The team made judgements about 12 services. Of these three were judged as requiring improvement for safety and nine as good. Therefore the trust was not consistently delivering good standards of safety in all areas.</p> <ul style="list-style-type: none">• The trust had a comprehensive programme to raise awareness of the duty of candour; although not all staff we spoke with in the emergency, gynaecology and maternity departments understood what this meant within their practice.• The level of safeguarding children's training that staff in certain roles undertook was in line with trust policy, but was not compliant with intercollegiate document 'Safeguarding Children and Young People: Roles and competencies for Health Care Staff (March 2014). Therefore, we could not be sure that staff had the sufficient knowledge and skills to safeguard children.• Wards and clinical areas were visibly clean and most staff (except the community specialist palliative care team) had access to personal protective equipment. We did observe some poor adherence to trust infection prevention and control procedures on some wards providing medical care. However overall infection rates were low.• Children waiting in the emergency department (ED) were not all separated from adults in line with national guidance. Safety for children waiting in the ED was improved during the inspection period, although there were not adequate arrangements for them to be monitored in the new waiting room created.• Patient risk assessments were not fully completed on admission and generally not reviewed at regular intervals throughout the inpatient stay.• In many wards and departments we saw medicines in unlocked cupboards and drawers. Although some medicines were left unlocked to allow rapid access in an emergency in some areas all medicines were unsecured, not just ones that required emergency access. Although the trust had risk assessed this practice, we were not assured that medicines were stored in a way that prevented misuse, tampering or theft.• Patient records were not always stored securely	<p>Requires improvement</p> 

Summary of findings

- Nurse staffing levels and skill mix was planned and reviewed in line with national guidance. Most areas had adequate staff to ensure patients received safe care and treatment.

Duty of Candour

- From November 2014, NHS providers were required to comply with the Duty of Candour Regulation 20 of the Care Quality Commission (Registration) Regulations 2014. The Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- The trust had developed a guidance document for staff, which contained the being open policy and the Duty of Candour. This also included an information leaflet for staff and flowcharts.
- Staff were informed about their responsibilities related to the Duty of Candour during the induction training that was received by all new staff. Duty of Candour was also incorporated into mandatory annual health and safety training for all staff, which was delivered either face- to-face or through e-learning.
- As part of raising awareness, the trust sent all staff a copy of leaflet about the Duty of Candour via payslips, published articles in the patient safety newsletter and a provided a series of presentations to staff across the trust.
- The electronic reporting system used by the trust, had been adapted to prompt staff to document any requirements that were triggered to comply with the Duty of Candour.
- Although the trust had taken the actions listed above to promote the duty of candour to staff, some staff in the emergency, gynaecology and maternity departments did not have a thorough understanding of this and what this meant within their practice.
- Compliance with the Duty of Candour was reported to the trust board each month. For example, October 2015 audit showed 100% compliance with all aspects. However, not all staff we spoke with had a thorough understanding of the Duty of Candour and what this meant within their practice.

Safeguarding

- The trust employed two adult safeguarding lead nurses, and a named lead, doctor and midwife responsible for safeguarding children. They all reported to the director of nursing and were responsible for quality relating to safeguarding, policy development and training.

Summary of findings

- The trust had policies in place regarding safeguarding ‘adults at risk’ and safeguarding children and a safeguarding children supervision guideline. They were all within their review dates and showed evidence of reviews and updates in line with best practice and national policy changes. The policy set out responsibilities and arrangements for safeguarding and referred to subjects including, female genital mutilation and radicalisation of young people. However, the details about staff safeguarding training requirements were in the trust’s separate ‘essential skills training policy’.
- The trust provided safeguarding children training to all staff at levels one, two and three depending on their job role. The trust’s ‘essential skills training policy’ was accessed via the intranet during the inspection. This version of the policy (August 2012) was due to be reviewed in August 2015, so was out of date. The intercollegiate document ‘Safeguarding Children and Young People: Roles and competencies for Health Care Staff’ (March 2014) was not referenced, therefore the requirements for levels of children’s safeguarding training, were not in line with national guidance. The trust’s safeguarding children policy was in date (review date April 2018) and had been updated in line with the intercollegiate guidance. However, this policy referred to the ‘essential skills training policy’ for details about training requirements and compliance. This meant that the level of safeguarding children training that staff in certain roles undertook was in line with trust policy, but was not compliant with national guidance. The trust told us that they had interpreted the intercollegiate document guidance to mean that, for example in the ED only senior nurses and doctors were required to be trained at level three and therefore they ensured that one member of staff with level three training was on each shift. However, this was not in line with intercollegiate guidance, therefore, we could not be sure that staff had the sufficient knowledge and skills to safeguard children.
- The trust provided safeguarding adults training as part of mandatory training. Data provided by the trust showed for March 2016, 96% of clinical staff and 100% of medical staff trust wide, had completed this training (against the trust target of 95%). However, non-clinical staff compliance with safeguarding adults training (82%) was below the trust target.
- There were 727 safeguarding alerts and 241 referrals received by the local authority to the Warwickshire county council safeguarding adults team for the year 2014-15. It was noted in the safeguarding children and young people and safeguarding adult’s annual report (July 2015) that the number of referrals

Summary of findings

and alerts had reduced significantly over the last twelve months. The reason for this was thought to be due to some alerts being filtered out of the safeguarding process and into care management strategies instead.

Incidents

- Staff generally understood their responsibilities to record safety incidents, concerns and near misses on the trusts electronic system.
- Serious incidents, known as 'never events,' are largely preventable patient safety incidents that should not occur if the available preventative measures had been implemented. The trust had reported one never event (January 2016) in the 12 month period ending February 2016. This related to a patient with an incorrectly placed nasogastric tube. Following the incident, the governance team sent out safety alerts to all clinical staff throughout the trust, informing them of the incident and highlighting key safety messages to be shared with oncoming staff for a period of two weeks.
- There were 105 serious incidents externally reported by the trust between October 2014 and September 2015. Serious incidents were most frequently reported by the medical service, with 48 incidents reported, with the maternity team reporting the second highest number of incidents (21).
- The most frequently reported serious incident type was patients who developed stage three pressure ulcers, with 28 incidents during the twelve month period (ending September 2015). However, there had not been a stage three pressure ulcer reported since May 2015.
- There were three ward closures due to concerns surrounding infection prevention and control, reported by the trust as serious incidents between December 2014 and January 2015.
- There were 5,343 incidents exported by the trust to the National Reporting and Learning System (NRLS) in the twelve month period ending June 2015. This showed that the trust reported a similar number of incidents (per 100 admissions) than the England average. However, the data also indicated that the trust reported more incidents (2.9 per 100 admissions) classed as resulting in moderate harm than the England average (0.2 per 100 admissions).
- Each day the patient safety team submitted a spreadsheet with all incidents that were reported the previous day to senior trust executives, including the chief executive officer, the director of nursing, and the medical director.

Cleanliness, infection control and hygiene

Summary of findings

- Ward and clinical areas were visibly clean and ward-cleaning schedules were in place in most areas except surgery, where we saw that domestic staff were not routinely completing a daily cleaning schedule.
- All equipment in use appeared clean and “I am clean stickers” were in place. Staff were observed cleaning equipment after use.
- Most staff had access to personal protective equipment (PPE), such as gloves and aprons and this was used in most areas. However, we observed several instances of poor practice on the medical wards when infection prevention and control procedures were not followed, for example not washing hands between patients and completing nursing documentation wearing soiled gloves. The community specialist palliative care team did not carry PPE. This meant that staff and patients could be at risk of infection.
- We observed infection control information displayed on patient and staff notice boards in ward areas and this included guidance about correct waste disposal, and hand hygiene techniques.
- All patients admitted to hospital were screened for methicillin resistant staphylococcus (MRSA) to assist with isolation and treatment. There was limited follow up of MRSA screening for patients admitted to the medical wards where we found results of this screening were not routinely recorded in nursing notes
- Cases of MRSA were low with the trust reporting zero cases between August 2014 and August 2015, however there were 17 cases of C. difficile reported during the same period.

Environment and Equipment

- Each ward and department had resuscitation trolley containing emergency equipment and medicines in the event that a patient should have a cardiac arrest. Hospital policy was that these should be checked daily and we found that these checks were carried out and documented in all areas. In the maternity department resuscitaires for new born babies on were also checked daily, however, these checks were not recorded. If checks are not performed daily or recorded there is a risk items may not be fit for purpose when needed which could impact on patient safety.
- All staff working across end of life care services used the same syringe driver; this ensured continuity of care and reduced the risk of medicine errors. Training in the use of the syringe driver was delivered to staff that needed to use the equipment.
- In the emergency department (ED), children with minor complaints were not seen in a secure paediatric area, they

Summary of findings

waited with adult patients which is not in line with national guidance. During our unannounced inspection; we observed changes to the department had been made. A paediatric sub waiting room had been created within the main waiting area for paediatric see and treat patients, although there were no robust procedures in place for children to be observed for rapid deterioration while waiting in this area.

- Community staff were able to arrange delivery of the equipment for patients who were returning home for their end of life care, on the same or the following day, meaning that patients had access to equipment or aids they required.

Assessing and responding to patient risk

- Patient risk assessments were not fully completed on admission and generally not reviewed at regular intervals throughout the inpatient stay. The number and type of omission varied between patients, with mobility and bed rail assessments being the most commonly incomplete.
- We identified patients who should have been reassessed due to length of stay and were not, and patients whose weekly reviews had not been completed. This meant that any risk of deterioration may not be identified.
- Management of the deteriorating patient was in place in most areas of the trust through the use of early warning score (EWS) and paediatric early warning score were used (PEWS). However there was no such recognised tool in use in the special care baby unit.

Staffing

- The overall vacancy rate for the South Warwickshire NHS Foundation Trust for 2014/15 was 12%. April 2016 figures show an improved overall vacancy rate of 8%.
- The proportion of consultants was larger than the England average, with the proportion of junior doctors was smaller than the England average, meaning the trust was supported by an experienced medical team.
- Nurse staffing levels and skill mix was planned and reviewed in line with national guidance. In February 2016, the trust overall vacancy rate for nursing staff was 14%. The trust also provided the nursing staff vacancy rate including trust employed bank nurses, which was 7%.
- The trust used an electronic roster nurse staffing tool. This system enabled each ward to calculate the number of staffing hours they required each shift according to the actual dependency and needs of their patients, and compare this to

Summary of findings

their planned and actual staffing numbers. The trust told us that this information was being used to support the safest and efficient use of staff, on a shift by shift basis, based on acuity of patients rather than just the number of patients.

- The trust board received nurse staffing reports. The inpatient nurse staffing levels overall showed that there had been a gap of 4% between the planned number of staff and the actual number that reported on duty, per month since June 2015. Inpatient areas were understaffed by trained nurse and midwife for 12% of daytime shifts and 10% on night-time shifts during January 2016. Extra care support workers were being employed to compensate for this shortfall (by 5% in daytime and 8% at night). Wards that had more than a 5% gap in their planned and actual staffing numbers provided data including incidents, friends and family test and safety thermometer results to the board for further assurance).
- In the emergency department staffing at night did not always meet demand and staff were sometimes caring for over twice the number of patients recommend by national guidance. Level were increased following our inspection and as part of an ongoing review however there was not always a qualified paediatric nurse on duty.
- The vacancy rate for medical staff at the trust at consultant level for 2014/15 was 13%. This improved with a 3% vacancy factor reported for April 2016. The proportion of consultants as part of the medical staffing of the trust was noted to be more than the England average.
- The percentage of clinical and non-clinical staff that had an appraisal in the last 12 months at March 2016 was 92% meeting the trust target of 85%. 100% of medical staff had an appraisal and completed their revalidation.

Medicines

- The trust had undertaken a risk assessment regarding NHS Protect guidelines and storage of medicines. This included the risks of not having locked doors on all treatment rooms but instead storing medicines in locked cupboards and drawers within those rooms. On Nicholas Ward, we saw an automatic dispenser with fingerprint access, which ensured that only authorised staff could access medicines. However, in many wards and departments (including ED, medical and surgical wards, theatres and critical care) we saw medicines in unlocked cupboards and drawers and waste medicines in bins, which were not secured. Some medicines were left unlocked to allow rapid access in an emergency, but in critical care and the theatre suite, we saw that all medicines were unlocked and not

Summary of findings

just those that might be needed urgently. The trust had identified non-compliance with safe storage through internal and external audits but had not taken effective action to improve and we were not assured that medicines were stored in a way that prevented misuse, tampering or theft. The plan was to roll out automatic dispenser with fingerprint access to all wards. However, the trust deemed this unaffordable currently.

- We found that the temperatures of the rooms and refrigerators used to store medicines had not always been recorded in line with trust policy. However, we saw new data recording devices had been recently introduced to improve temperature monitoring.
- There was a clear procedure for obtaining medicines out of hours and the trust had focussed on making sure all ward staff knew what to do when a medicine was unavailable. The trust provided data from their incident reporting system to demonstrate they had reduced the number of missed doses reported to approximately 30 per year.
- The chief pharmacist told us there was a particular emphasis on patient safety. The trust had used a range of approaches to reduce the harm caused by medicines including an annual medicines safety week. The percentage of reported medicines incidents that caused harm had reduced from 26% to less than 5% during 2015.

Records

- Medical notes were stored in unlocked trolleys or cupboards near the nurse's station on each ward. On the gynaecology ward notes were left on and around the nurse's station. This meant when the nurses' station was not manned, there was a risk that unauthorised persons could access notes.

Are services at this trust effective?

Overall, we rated effectiveness in the trust as 'requires improvement'. For specific information please refer to the report for Warwick Hospital and its' associated community services.

The team made judgements about 11 services, currently outpatients and diagnostics is not rated for effectiveness. Of these four were judged as requiring improvement and seven as good. Therefore the trust was not consistently delivering care that was effective and met people's needs.

Requires improvement



Summary of findings

- Care was delivered in line with legislation, standards and evidence-based guidance, however some local and trust guidelines needed updating.
- The trust had replaced the Liverpool Care Pathway with the individualised care of the dying care plan, however the use of this plan was not fully embedded in the hospital, and was not used in the community setting.
- The trust performed 'as expected' and 'within expected range' in the two mortality indicators (SHMI and HMSR respectively).
- Data was submitted for all national audits in 2013/2014, with the exception of the Acute Myocardial Infarction and other ACS (MINAP) audit which was not submitted due to staffing issues. Performance in national audits was generally the same or better than the national average. Actions plans were in place to address areas for improvement action.
- The trust appraisal target of 85% for all staff had been met with 100% of medical staff and 92% of non-clinical & clinical staff compliant.
- Staff and teams worked well together to deliver effective care and treatment.
- Not all staff had a good understanding of their obligations under the Mental Capacity Act (2005), and their responsibilities and role in the management of patients with capacity concerns. However they understood their responsibilities regarding Deprivation of Liberties and we observed some good practice in the Central England Rehabilitation Unit.

Evidence based care and treatment

- Care was delivered in line with legislation, standards and evidence-based guidance, for example National Institute for Health and Care and Excellence (NICE), Intensive Care Society and Faculty of Intensive Care Medicine Guidelines and specialist guidance from the royal colleges. Some local and trust guidelines needed updating, for example MRSA screening procedure for elective admissions' dated 2015, 'Checklist for Anaesthetic apparatus' dated December 2014 and 'Theatre apparel and etiquette guidance' dated December 2014 and 'Essential Skills Training Policy' dated 2015. This meant we could not be reassured that staff were following the latest guidelines.
- The trust had a replacement for the Liverpool Care Pathway (LCP). It was called the individual plan of care for the dying person and it aimed to provide guidance for healthcare professionals supporting patients in the last hours or days of life. It was designed to be used for patients in hospital and community settings. However, at the time of our inspection, the

Summary of findings

community teams were not using the document, and its use was not fully embedded in the hospital setting. Community staff explained there were concerns about the document because it contained detailed information for healthcare professionals, which was felt to be inappropriate to be left in patient's homes.

- Children and young people's care and treatment was planned and delivered in line with current evidence-based guidance, best practice and legislation, including the Healthy Child Programme (HCP). This was monitored to ensure consistency of practice.

Patient outcomes

- Mortality data was monitored by the mortality surveillance committee, which meet monthly and provided assurance by reporting quarterly to the clinical governance committee.
- The mortality rate as indicated by the Summary Hospital-level Mortality Indicator (SHMI) was "as expected" for January to December 2015, at 1.1 against the England figure of 1.0. The trust Hospital Standardised Mortality Ratio (HMSR) (for in hospital deaths only) for January to December 2015 was "within expected range", at 108.0 against the England figure of 100.
- The Sentinel Stroke National Audit Programme (SSNAP) is the single source of stroke data in England, Wales and Northern Ireland. The trust was rated as band D (A being the best and E the worst). We saw evidence of the recommendations and action plan produced by the trust in response to this audit.
- Between November 2013 and October 2015, the unplanned re-attendance rate within seven days to the emergency department was between 4.9 and 6.7%. This was higher than the standard of 5% but below the England average of 7.6%.
- The relative rates of readmission for both elective and non-elective patients were slightly better than the England average. The risk of readmission for elective medical patients was 96 and non-elective patients 94, which were better than the England average of 100 for each category.
- There was no community children's services dashboard or audit plan in place. The services were responsible for monitoring their own activities and outcomes but we found there was no standard approach to this.
- Performance in national audits was generally the same or better than the national average. Actions plans were in place to address areas for improvement action. Data was submitted for all national audits in 2013/2014, with the exception if the Acute Myocardial Infarction and other ACS (MINAP) audit which was not submitted due to staffing issues.

Summary of findings

Competent staff

- Staff had appropriate qualifications, skills, knowledge and experience for their roles and the trust had processes in place to identify development needs.
- The percentage of clinical and non-clinical staff that had an appraisal in the last 12 months at March 2016 was 92% meeting the trust target of 85%. 100% of medical staff had an appraisal and completed their revalidation.

Multidisciplinary working

- A multidisciplinary approach was taken by the trust regarding link workers to share best practice. For example, the trust had trained multidisciplinary link workers including nurses and physiotherapists for dementia care and infection control.
- We saw some good examples of multi-disciplinary working across the trust. Staff appeared to know each other well and worked together as a team in most services.
- Wards operated regular and effective multidisciplinary ward rounds, which ensured a coordinated and focussed approach to care planning and discharge planning.
- In the community hospitals all the patients' records we reviewed had a detailed therapy assessment showing good MDT review. Care pathways were detailed in each patient's notes with review dates and estimated dates of discharge documented.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Not all staff had full understanding of the Mental Capacity Act 2005 and their responsibilities and role in the management of patients who may of lacked capacity to make decisions. This includes appropriate formal assessment processes and escalation of concerns.
- We looked at 21 do not attempt cardiopulmonary resuscitation (DNACPR) forms which had been started during their current admission at Warwick hospital, We found evidence of formal documented mental capacity assessments in 66% of these cases. This meant that decisions had been made about patient's capacity where there was no evidence of mental capacity assessments being completed or documented in the patients' notes.
- We saw that the trust had in place policies regarding deprivation of liberty safeguards (DoLS). There had been 29 DoLS

Summary of findings

applications in the year 2014-15, which was an increase from the previous year. Staff we spoke with understood DoLS and explained the process they would follow if they felt a patient was at risk of harm to themselves or others.

- We found deprivation of liberties safeguards applications had been made and completed appropriately within the records we inspected at Central England Rehabilitation Unit.
- Consent to care and treatment was obtained in line with legislation and guidance. Parents were involved in giving consent to examinations, as were children when they were at an age to have a sufficient level of understanding.

Are services at this trust caring?

We rated caring in the trust as good. For specific information please refer to the report for Warwick Hospital and its associated community services.

The team made judgements about 12 services, all of which were judged to be good for caring.

The majority of the feedback we received from patients before and during the inspection was positive. Staff were providing kind and compassionate care and it was delivered in a respectful way.

Compassionate care

- Feedback we received from patients was consistently positive about the way nursing and therapy staff treated them. Patients felt safe and cared for and staff were respectful of their needs and preferences and took time to understand personal requirements or to explain the care being delivered.
- Children and young people were involved and encouraged in making decisions about their care. Staff spent time talking to children, young people and parents. They were communicated with and received information in a way they could understand.
- The trust generally performed well in the Patient-Led Assessments of the Care Environment, although performance in regard to privacy, dignity and wellbeing showed a downward trend.
- The trust performed “about the same” as other trusts for all of the 12 of the selected questions in the CQC Inpatient Survey 2014.
- Friends and family test scores consistently good and in line with the England average.

Understanding and involvement of patients and those close to them

Good



Summary of findings

- Patient's anxieties were lessened as they were routinely involved in planning and making decisions about their care and treatment. Staff ensured that patients and those close to them were able to ask questions about their care and treatment at all times including the ward round and at visiting.
- In the Cancer Patient Experience Survey 2013/14 the trust was in the top (best) 20% for the question regarding if the clinical nurse specialist definitely listening to the patient with patients.

Emotional support

- The need for emotional support was recognised and provided. There was access to chaplaincy services and support from doctors and nurses with specialist knowledge.
- The trust worked with a charity called 'kiss it better' this has culminated in working with local authorities, schools and colleges to come into the hospital to brighten patients' day. Student beauticians and hairdressers attend regularly along with young entertainers providing singing and poetry reading.
- Psychological support and complimentary therapies were available to patients in the community receiving end of life care, through the Macmillan information and support centre at Warwick Hospital.

Are services at this trust responsive?

Overall, we rated responsiveness in the trust as 'good'. For specific information please refer to the report for Warwick Hospital and its' associated community services.

The team made judgements about 12 services. Of these two were rated as outstanding (urgent and emergency care and community adults care), nine as good and one as requiring improvement. Therefore the trust was planning and delivering services to meet the needs of patients.

- The emergency department (ED) consistently exceeded standards in terms of the amount of time people spent in the department and waited for treatment.
- The admitted referral to treatment time (RTT) was consistently below the national standard of 90%, in all specialities. However, the trust consistently met the 95% indicator for non-admitted patients' referral to treatment within 18 weeks and met the incomplete pathways other than for one month February 2015. The percentage of patients waiting more than six weeks or a diagnostic appointment was also consistently better than the national average.

Good



Summary of findings

- The number of cancelled operations was better than the national average with no operation cancelled due to the lack of a critical care bed.
- There was a specialist nurse employed to support patients with a learning disability when they accessed care, and if a patient had a learning difficulty, this was highlighted in their electronic record.
- There was a lead dementia nurse and a network of dementia champions available to support people living with dementia to access services.
- The trust put systems in place to ensure people were able to make a complaint should they wish to do so. The trust had a culture that even if the complaint was not upheld, they would still try to learn from the complainants feedback and use it as an opportunity to improve services.

Service planning and delivery to meet the needs of local people.

- There were processes in place so that patients could be rapidly discharged from hospital to their preferred place of death. However, the trust did not monitor the number of patient's who were at the end of their life who were rapidly discharged from hospital to die. This meant, the trust were unable identify potential difficulties with the capacity of the community based services or coordination of the services, including third sector providers, involved in delivering end of life care.
- There was a lack of care pathway guidance for staff to ensure care was standardised across community children and young people's services. The services lacked a common pathway with co-triage by a doctor, specialist nurse or approved health professional. Referrals were reviewed by each doctor, but staff we spoke with were unaware of whether there was a SWFT protocol.

Meeting people's individual needs

- All staff we spoke with showed a good awareness and knowledge of equality and diversity and gave examples of how they previously had to alter their care to ensure patient's beliefs were respected.
- Staff knew how to access interpreting services.
- A range of leaflets relating to illness and injury advice were available for patients. However, most were only available in English and not readily available in any other languages.
- The trust provided evidence that it had reviewed its compliance with recent NICE guidance 'Challenging behaviour and learning

Summary of findings

disabilities: prevention and intervention for people with learning disabilities whose behaviour challenges' (May 2015) and that their trust policy relating to caring for people with learning difficulties was in line with this national guidance.

- The trust employed a nurse who provided specialist support and advice regarding people with a learning disability. They provided cover to the trust 9am to 5pm, Monday to Friday each week. Referrals for advice were received in many ways including, via telephone, email, directly from local service providers, social care, and from ward staff.
- There were 52 people with a learning disability admitted to inpatient services between January 2014 and January 2015. The trust used an electronic information system to which key information such as learning disability could be added to enable identification. The trust told us that consent was sought from the patient or if appropriate, family or carer prior to adding this to the system.
- In the emergency department was a clear pathway in place for people with a learning disability who attend the ED to ensure they were safe and included in their care and treatment. Staff told us that there was a learning disability liaison nurse that often provided support to the department if a patient with learning disabilities was being cared for.
- Qualified nursing staff reported using community teams to assist with the management of patients with a learning disability and enabling patients' carers to attend the unit to provide support to the patient.
- We saw the 'this is me' document in patient records, completed by relatives appropriately. This helped staff to meet the specific needs of patients living with dementia or learning disability.

Dementia

- There was a lead nurse for dementia care at the trust. The strategy for dementia in 2016/17 was shared. This reflected regional and national guidance and included; leadership and governance, assessment and diagnosis, working in partnership with patients and carers, staff skilled to care for people living with dementia, the right care, end of life care, dementia friendly environment and future planning. The vision stated the trust's commitment to becoming a dementia friendly organisation. This focus on the whole organisation was reflected in the decision not to adopt a particular ward for dementia care.
- In order to share best practice, there was a network of dementia champions throughout the trust, which were multidisciplinary and included for example, physiotherapists.

Summary of findings

- The trust had designated dementia care beds on Squire Ward. The ward had been decorated to take into account the patient group and included clearly defined toilets and washrooms, with clear signage and colour coded footprints to follow.
- The emergency department had a computer-assisted reminiscence therapy available and staff provided us with examples of several situations where this had been used to great effect and improved patients' experiences dramatically. Reminiscence therapy provides cognitive stimulation to improve psychological well-being of patients living with dementia, a learning disability or other cognitive impairments. Within the departments computer-assisted therapy there were films from a variety of eras, touch screen interactive programmes and the ability for digital life story books.
- Dementia boxes and activity blankets were available for patients living with dementia. These were boxes with memory aids and activities, which were designed to either assist patients to recall events and experiences or to provide activities to occupy the patient.
- The assessment of how well healthcare providers' premises were equipped to meet the needs of caring for patients with dementia was incorporated into Patient Led Assessments of the Care Environment (PLACE) assessments 2015. The PLACE scores for the trust showed they performed in line with the national average for providing dementia friendly premises.

Access and flow

- Between January 2015 and June 2015, the bed occupancy for the trust was over 90%, which was worse than the England average. When the level of bed occupancy rises above 85%, it was generally accepted this could start to affect the quality of care provided to patients and the orderly running of the hospital.
- The emergency department (ED) consistently exceeded standards in terms of the amount of time people spent in the department and waited for treatment. The amount of people waiting four to twelve hours from the decision to admit until being admitted was consistently lower than the England average, with no patients waiting over 12 hours for admission between September 2014 and August 2015. This meant that patients could access services in a timely way.
- The trust monitored when there was delayed transfer of care (when a patient was ready for transfer but was still occupying a bed). Between April 2013 and August 2015, the reasons for the majority of the trust's delayed transfer of care were:
 - Awaiting nursing home placement or availability.

Summary of findings

- Completion of assessment.
- Awaiting residential home placement or availability.
- Awaiting care package in own home.
- The percentage of admitted surgical patients that started consultant-led treatment within 18 weeks of referral was consistently below the 90% standard between September 2014 and May 2015. In June 2015 this standard was abolished. Between September 2014 and August 2015 the trust's performance for this measure was better than the England average in all but two months.
- In the outpatients department the trust consistently met the 95% indicators for non-admitted patients referred to treatment within 18 weeks. The 92% target for 'incomplete pathways' was also consistently met.
- The percentage of patients waiting more than six weeks or a diagnostic appointment was also consistently better than the national average.
- The number of cancelled operations was better than the national average with no operation cancelled due to the lack of a critical care bed.

Learning from complaints and concerns

- Systems and processes were in place to advise patients and relatives how to make a complaint. Information and leaflets about the complaints process were displayed across the trust. Complaints could be raised in a variety of ways, in person, verbally, in writing and electronically.
- Staff directed people to the patient advice and liaison service (PALS) to support resolution of complaints. PALS were based in an office at Warwick Hospital and provided a service to the whole trust. They were available Monday to Friday in office hours and messages could be left via email or the 24-hour available telephone answer machine. The PALS team were part of the patient experience team, which included the complaints department and bereavement services.
- In the year 2015, the trust received 181 formal complaints. The average number of days taken to process the complaints was 54 days. The complaints policy reflected that the lead investigator and divisional leads could negotiate with complaints regarding the length of time it would take to complete a response. Factors, such as complexity and complaints covering different teams and departments were taken into account. We reviewed five complaint files during the inspection and found clear evidence that in most cases the complaint was formally recorded with accurate information including regular communication with the complainant.

Summary of findings

- There were 103 complaints in 2015 (57%) that were categorised as upheld or partly upheld. We checked two complaint files that were classed as not upheld. The first of which had four actions that were planned following the complaint and these were included in the letter to the complainant, despite the complaint being logged as not upheld. This was discussed with the complaints team. They agreed that the classification of this complaint may not have been correct. They also stated that the ethos of the trust, directed by the chief executive officer was not to focus on whether the complaint was upheld or not but to constantly improve services. The second complaint had been referred to the Parliamentary and Health Service Ombudsman (PHSO- an organisation that makes final decisions on complaints that have not been resolved by the NHS in England). The PHSO also found the complaint not upheld.
- The top subjects of formal complaint to the trust in 2015 were; aspects of clinical care (49%), appointments delays or cancellation (19%), communication (8%) and admission, discharge and transfer arrangements (4%).
- The patient experience officers were responsible for managing complaints and they were line managed directly by the director of nursing. This meant, complaints were discussed with the director of nursing on a weekly basis and action could be taken quickly if necessary. Monthly complaints and associated performance reports were submitted to the trust patient experience group. This also was reported to the trust board via the clinical governance meetings. Patient experience reports (including complaint data) were also provided to the divisional leads on a monthly basis.

Are services at this trust well-led?

The leadership in the trust was rated as 'requires improvement'. For specific information please refer to the report for Warwick Hospital and its' associated community services.

The team made judgements about 12 services. Of these three were judged as requiring improvement, one as inadequate and eight as good. Therefore, the trust could not assure the delivery of high quality, person-centred care and good standards of safety in all areas.

- The trust had a clear vision to provide high quality, clinically and cost effective NHS healthcare services that met the needs of patients and the population that they serve. They aimed to achieve this through a patient pathway approach.

Requires improvement



Summary of findings

- There was a governance framework in place which supported the delivery of care although there were some areas of weakness. Whilst the board assurance framework and corporate risk register identified most of the key risks, there were risks at local level that had not been captured. There were identified risks to patients receiving care which had not been recognised by either the local or executive team.
- The trust had procedures in place to ensure that policies were reviewed in a timely way and reflected national guidance. However during our inspection we found that the review of 3 policies was overdue. This meant we could not be reassured that staff were always following the latest guidelines.
- There was a lack of oversight of the care for neonates, children and young people across the whole trust.
- The trust did not have a strategy for end of life care however they had recently appointed a full time consultant with the remit of developing a strategy. The end of life care team did not have a direct reporting structure to the board and there was no named non-executive director representing end of life care. The governance processes for end of life care were not established and the care planning tool to replace the Liverpool Care Pathway was not embedded.
- The trust leadership reflected the vision and values, encourage openness and transparency and promote good quality care. Staff commented positively on the visibility of the chief executive and the director of nursing.
- There was an extremely positive culture within the trust and staff felt respected and valued.

Vision and strategy

- The core vision for South Warwickshire Foundation NHS Trust (SWFT) was to provide high quality, clinically and cost effective NHS healthcare services that met the needs of patients and the population that they serve.
- The trust's new objectives and corporate strategy for 2016/17 had been approved at trust board and were to be launched at the end of March 2016.
- The trust's values were displayed around Warwick Hospital and community locations and they were, to provide safe, effective, compassionate and trusted care.
- There was no service specific written strategy for individual core services and specialities did not appear to have a shared vision or aim.

Summary of findings

- The community services provided by SWFT were going through a 'preferred provider' process. This meant the provision of services by SWFT in the future was uncertain and could affect the whole of the trust.

Governance, risk management and quality measurement

- The trust had a governance framework which supported the delivery of care although there were some areas of weakness. There were three subcommittees of the board, the clinical governance committee, the risk management board and audit committee. Each was chaired by a non-executive director. There were four divisions in the trust each with a divisional audit and operational governance groups and a divisional risk management group which feed into the clinical governance committee, the risk management board respectively.
- Both the board assurance framework (BAF) and the corporate risk register were reviewed and although the many of the organisation's key risks were represented, some risks had not been identified at local levels.
- The executive team demonstrated a good understanding of the BAF and the corporate risk register and what mitigating actions had been taken to reduce risk. However, we identified risks to patients receiving care in the organisation that neither the local team nor executive team were aware of. Examples of this were children's safeguarding training not meeting national guidance and lack of segregation in waiting room for children attending the emergency department.
- Prior to, during and following the inspection we requested information from the trust. The data that was returned was not always accurate and sometimes did not match what had been requested. Therefore we were not assured of the robustness of data which was provided to support leaders to monitor and improve care for patients that used their services.
- At the time of the inspection internal audit were undertaking a review of "well led" and the chair had plans for an external review in 12 to 18 months time.
- The executive team members told us that there was regular challenge within board meetings from board members and non-executive directors. The minutes of the meetings we reviewed, demonstrated this with frequent questions and queries by non-executive directors and public governors.
- The trust did have procedures in place to ensure that policies were reviewed in a timely way and reflected national guidance. The majority of the trusts policies and guidelines accessed during our inspection had been reviewed and were in date. However, we found that there were gaps. For example, we

Summary of findings

found that the trust's essential skills policy, which contained the detail regarding which training (level) was required for each staff role was out of date. This meant that safeguarding children training had not been updated in accordance with intercollegiate document 'Safeguarding Children and Young People: Roles and competencies for Health Care Staff (March 2014).

- Risk registers held at local and directorate level did not consistently identify all risks, for example the risk in the ED of children waiting for treatment in an area shared by adults.
- Sickness absence rates broadly in line with the England average at 3.6%.

Leadership of the trust

- The executive team were stable, well established and passionate about improvements within the organisation. The most recent new appointment was the chairperson who joined the trust in 2015.
- The trust had a board of non-executive directors and a council of governors. Governors have an important role in making NHS foundation trusts publicly accountable for the services it provides. The governors spoke highly of the executive and non-executive teams and felt listened to and involved in key developments such as plans for new buildings.
- The leadership of services were organised into four divisions; each with an associate director, general manager and head of nursing (except support services):
 - Elective care.
 - Integrated care.
 - Emergency care.
 - Support services.
- The majority of staff throughout the trust, during ward visits and in focus groups felt members of the executive team; particularly the chief executive officer and director of nursing were visible and approachable.
- The trust had a programme of activities throughout the year which encouraged 'board to ward' engagement.

Culture within the trust

- There was an extremely positive culture within the trust and staff felt respected and valued. The culture was described by managers as 'can do' and staff were willing to go the extra mile. We were also told that no one was afraid to raise concerns and leaders were empowered to make changes.

Summary of findings

- The trust took part in the annual national staff survey. The 2015 results were very positive with 21 (out of 32) key indicators ranked better than average when compared with all combined acute and community trusts in 2015.
- The survey provided an overall indicator regarding staff engagement, for which South Warwickshire Foundation NHS Trust, was above (better than) average when compared with trusts of a similar type in England.
- The top five areas, where the trust results were better than average when compared with trusts of a similar type in England in 2015 related to:
 - Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.
 - Staff satisfaction with resourcing and support.
 - Percentage of staff satisfied with the opportunities for flexible working patterns.
 - Staff recommendation of the organisation as a place to work or receive treatment.
 - Percentage of staff / colleagues reporting most recent experience of violence.
- There was only one area where the trust results were worse than average when compared with trusts of a similar type in England in 2015 related to the percentage of staff appraised in last 12 months.
- The staff survey results were shared at the trust board meeting and the executive team was clearly proud of the overall positive findings. It was maintained that identified areas for further improvement would be addressed, working with staff side representatives.

Fit and Proper Persons

- The trust had made preparations to meet the Fit and Proper Persons Requirement (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). This regulation ensures that directors of NHS providers are fit and proper to carry out this important role. This regulation came into force in November 2014, since then the chairperson had been appointed.
- A paper was presented to the trust board dated in September 2014 entitled “Fit & Proper”. This set out the background to the introduction of the draft regulation and described the requirements as they applied to existing and new directors. When the board considered the paper, it was agreed that in addition to all board members (including both voting and non-voting positions) those posts that reported directly to the chief

Summary of findings

executive officer would also be included in these requirements. This includes both the chief technology officer and the trust secretary. A further paper was presented in May 2015, which set out the arrangements for ensuring that directors met and continued to meet the requirements. This referred to procedures to be followed for new appointments, the monitoring to be carried out through appraisal and the responsibility of directors to affirm their own compliance.

- We reviewed the files of eight executives and senior managers and four non-executive directors and the chair. These demonstrated appropriate checks were in place. For two staff, who had each been in post a number of years, the trust had noted that there were not two references on file for these staff but there were clear records of subsequent performance reviews to mitigate any risk as a result of this.

Public engagement

- Approximately 37 people attended our listening event, where we invited the public to speak with us about South Warwickshire Foundation NHS Trust. People were overall positive about the trust and many were aware of the chief executive officer and the Director of Nursing by name. Areas we received positive comment about included; outpatient departments, cancer services, orthopaedic preoperative workshops and physiotherapy. Areas that gave people concern included; communication between the hospital and GPs about discharge, delays with appointments for the eye department and low nurse staffing levels overnight. Some attendees told us that they were part of trust organised patient support groups.
- Patients were given the opportunity to provide feedback regarding their care and treatment through the friends and family test.
- There were volunteers who undertook various tasks in all the hospitals, including meeting and greeting patients, and helping visitors with directions to their desired destination.
- The trust had a website and used social media to keep the public up-to-date with important developments.
- The trust had a well-established patient forum, which consisted of 15 members, offering patients and local people the chance to get actively involved in the care and services provided. Patient forum members were welcomed to attend hospital committees for example the patient experience group and also invited to participate in the yearly Patient Led Assessments of the Care Environment (PLACE), which assessed the cleanliness, food, privacy and dignity of the patient environment. We saw the PLACE scores for 2015 were better or in line with the

Summary of findings

national average for cleanliness, and privacy, dignity and wellbeing. The trusts scores were below (worse) than the national average for food and environment condition, appearance and maintenance. However, the trust scores had improved on food for two consecutive years but had fallen on privacy, dignity and wellbeing.

- Managers told us how young people had been involved in interview panels for staff applying to work in children's services. This involved young people having lunch with job candidates.

Staff engagement

- The trust had devised procedures for staff to raise concerns (whistleblowing), which set out the trusts approach to whistleblowing. There was a nominated non-executive director for all foundation trust members and staff, with whom issues of concern may be raised. The staff were also able to access a 'rumour mill' where staff were able to ask questions about anything that was concerning them or request clarification.
- The trust produced a quarterly staff magazine called 'the pulse', which contained key information about projects and introduced new staff for example, consultants to the organisation. The trust also used social media to keep staff up-to-date with important developments.
- The chief executive officer (CEO) actively participated in staff engagement for example, by attending the corporate induction day for new staff joining the trust. The CEO also held regular 'open door' sessions when anyone could approach to talk about any issues or provide feedback.
- The trust held 'STAR' awards for Staff Recognition. For example, the physiotherapists had received an award for promoting healthy living by measuring miles walked around the hospital. Staff were also encouraged to share their ideas through the trusts 'dragon den' type of events where staff could pitch innovative ways of working directly to senior managers.

Innovation, improvement and sustainability

- Innovation and improvement was encouraged and there were numerous examples of this, which included:
 - The consultant nurse for children with complex care needs won the impact in child health at the Well Child Awards and has been awarded an MBE.
 - The trust won the a Governance Award 2014, which was awarded by the Healthcare Finance Managers Association.

Summary of findings

- An associate specialist doctor was awarded an Honorary Fellowship of the Royal College of Paediatrics and Child Health, for her work in Paediatric Palliative Care.
- Another associate specialist doctor won , ‘Best Doctor’ at the Well Child Awards.
- South Warwickshire Accelerated Transfer Team (SWATT) celebrated 10 years of helping patients return home.
- Eight of the trust’s health visitors have been awarded Fellowships of the Institute of Health Visiting (FiHV).
- The trust is one of three trusts across England, piloting the Food for Life Partnership (FFL) which supports NHS Trusts to develop a food and drink strategy, in line with the Department of Health’s Hospital Food Standards Panel report.
- The trust has set up leg ulcer clinics and patient group directives (PGDs) to support excellent healing rates. PGD’s are permitting specially trained staff to supply prescription-only medicines (POMs) to groups of patients, without individual prescriptions.
- The trust had a surplus at the end of 2015/16 of £244,000; however they clearly recognised the challenges to maintaining such a position. Providing a sustainable future was one of the objectives for 2015/16 and the trust accepted the need to work with local providers to ensure a sustainable local health economy.

Overview of ratings

Our ratings for Warwick Hospital


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

Our ratings for South Warwickshire NHS Foundation Trust

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

Overview of ratings

Our ratings for Community Services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good	Good	Good	 Outstanding	Good	Good
Community health services for children, young people and families	Good	Good	Good	Good	Requires improvement	Good
Community health inpatient services	Good	Good	Good	Good	Good	Good
Community End of Life Care services	Good	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement
Overall Community	Good	Good	Good	Good	Requires improvement	Good

Notes

We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients.

Outstanding practice and areas for improvement

Outstanding practice

- Central England Rehabilitation Unit (CERU) provided neuro rehabilitation to young adults. Staff on CERU had developed and published an assessment tool called Sensory Tool to Assess Responsiveness (STAR). STAR was a tool aimed at providing an accurate diagnosis of prolonged disordered consciousness and establishing any means of communication in the patient. The STAR was used to assess responses to stimulation in visual, auditory and motor modalities, and also records observations of communication and emotion.
- The work of the community nursing service reviewing patients who were insulin dependent diabetics was recognised by Diabetes UK at the Patient First conference in London. Diabetes UK asked if they could work alongside the group and share SWFT good practice. The project had been put forward for the Health Service Journal (HSJ) and Nursing Times Awards 2016.
- The integrated health teams (IHT) encompassed district nursing teams, long term condition and intermediate care teams in the community. IHT had recognised the need to review the number of patients with pressure ulcers. They had introduced the Priority 123 Skin/Equipment Review, which required staff to conduct weekly face to face, one monthly, three monthly, six monthly or annual reviews dependent on the category of priority.
- Family nurse partnership (FNP) teams was a voluntary programme for young first time mothers (and their partners), aged 19 years or under. They were outstanding in their performance management and quality assurance processes. They had a clear vision and strategy for the FNP service that was monitored via comprehensive quality performance measures.
- Family nurse partnership (FNP) teams were outstanding in their performance management and quality assurance processes. They had a clear vision and strategy for the FNP service that was monitored via comprehensive quality performance measures.
- The use of reminiscence therapy within the Emergency Department (ED) for patients with learning disabilities, dementia and mental health conditions.
- A smartphone application for medical staff containing relevant trust information, policies, clinical guidance and teaching availability.
- The ED staff worked with external agencies to provide services, including substance misuse liaison specialist support for patients.
- Processes and procedures had been developed for women on the postnatal ward to self-administer some medication if they opted to do so.

Areas for improvement

Action the trust MUST take to improve

- Ensure that regular risk assessments are completed appropriately on admission to medical wards and repeated regularly to identify any changes in patient's risk of harm. This includes bed rail and mobility assessments and nutritional assessments for patients receiving end of life care.
- Ensure that all staff receive safeguarding children training in line with intercollegiate document 'Safeguarding Children and Young People: Roles and competencies for Health Care Staff (March 2014).
- Ensure that staff have full understanding of the Mental Capacity Act 2005 and their responsibilities and role in the management of patients with capacity concerns. This includes appropriate formal assessment processes and escalation of concerns.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Maternity and midwifery services	Regulation 12 HSCA (RA) Regulations 2014 Safe Care and treatment
Treatment of disease, disorder or injury	Regulation 12 (2)(a) (c)
	Safe care and treatment
	Care and treatment must be provided in a safe way for service users including assessing the risks to the health and safety of service users of receiving the care or treatment. Persons providing care or treatment to service users must have the qualifications, competence, skills and experience to do so safely.
	Patient risk assessments were not fully completed on admission and generally not reviewed at regular intervals throughout the inpatient stay.
	The level of safeguarding children's training that staff in certain roles received was not compliant with intercollegiate document 'Safeguarding Children and Young People: Roles and competencies for Health Care Staff (March 2014).
	All staff did not have a full understanding of the Mental Capacity Act (2005) and their responsibilities and role in the management of patients with capacity concerns.