

# Walsall Healthcare NHS Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Outstanding 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

Are resources used productively?

Requires improvement 

Combined quality and resource rating

Requires improvement 

# Summary of findings

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

## Background to the trust

Walsall Healthcare NHS Trust provides acute hospital and community health services for people living in Walsall and the surrounding areas. The trust consists of one acute hospital site and a number of community sites. The trust's palliative care centre in Goscote is the trust's base for a wide range of palliative care and end of life services.

Walsall Manor Hospital has 408 acute inpatient beds. There is a separate three bedded midwifery-led birthing unit (MLU) situated a mile away from the main hospital site. This has remained closed for women to give birth there since September 2017 following safety concerns CQC identified in maternity services at our inspection of the service in June 2017.

The trust's sexual health service is part of the Walsall Integrated Sexual Health Services (WiSH). The service is run from the main hospital site and from a number of sexual health clinics in the Walsall area. This service includes sexual health, HIV, long-term contraception and family planning. The trust provides an outreach service following acquisition from the local authority and a contraception and sexual health (CASH) outreach service for young people.

The trust was placed into quality special measures by the Secretary of State for Health in February 2016 following our announced comprehensive inspection in September 2015. Following this inspection it has been recommended that the trust comes out of special measures.

## Overall summary

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



## What this trust does

Walsall Healthcare NHS Trust provides acute hospital and community health services for people living in Walsall and the surrounding areas. The trust consists of one acute hospital site and a number of community sites. The trust's palliative care centre in Goscote is the trust's base for a wide range of palliative care and end of life services.

Walsall Manor Hospital has 408 acute inpatient beds.

There is a separate three bedded midwifery-led birthing unit (MLU) situated a mile away from the main hospital site. This has remained closed for women to give birth there since September 2017 following safety concerns CQC identified in maternity services at our inspection of the service in June 2017.

The trust previously had a cap on the number of births at the trust set at 4,200. This was imposed by the local clinical commissioning group in 2016 following safety concerns CQC identified in the maternity department at our 2016 CQC inspection of the service. This birth cap was lifted in April 2019 as improvements had been in the maternity department.

### Facts and data about the trust:

- Total number of inpatient beds – 408 as at September 2018
- Total number of outpatient clinics per week - 1247

# Summary of findings

- 4158 staff as at September 2018
- A and E attendances from August 2017 to July 2018: 77,306 attendances
- Number of deliveries from April 2017 to March 2018: 3,379

## 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 4 and 6 February 2019, we inspected the core services of critical care and medicine.

Between 11 and 13 February 2019 we inspected urgent and emergency care, surgery and maternity.

Between 25 and 26 February 2019 we inspected community sexual health services.

We carried out the well led review from 19 March to 21 March 2019.

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

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 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 requires improvement because:

- The acute site at Manor Hospital were rated as requires improvement.
- Overall community services were rated as good.

## Are services safe?

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

- Urgent and emergency care, medicine, surgery, critical care and maternity services were requires improvement and stayed the same. We rated it as requires improvement because:
- Services for children and young people, end of life care and outpatients were rated as good.
- Overall Community services were rated as requires improvement.

# Summary of findings

## Are services effective?

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

- Medicine, surgery, critical care and end of life services were rated as requires improvement.
- Urgent and emergency care, maternity and services for children and young people were rated as good.
- Overall community services were rated as good for effective.

## Are services caring?

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

- Surgery was rated as requires improvement for caring
- All remaining core services within Manor Hospital were rated as good.
- The overall rating for caring in community services was outstanding.

## Are services responsive?

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

- Critical care and outpatients were rated as requires improvement.
- All remaining core services within Manor Hospital were rated as good.
- Overall community services were rated as good for responsive.

## Are services well-led?

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

- Surgery and Critical Care were rated as requires improvement.
- All remaining core services within Manor Hospital were rated as good.
- Overall community services were rated as good for well led.

## 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 urgent and emergency care, medicine and community sexual health services.

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

## Areas for improvement

We found areas for improvement including seven breaches of legal requirements that the trust must put right.

We also found 59 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 the quality of its services.

# Summary of findings

## Action we have taken

We issued requirement notices to the trust. Our action related to breaches of legal requirements at a trust-wide level and in urgent and emergency care, medical care, surgery and critical care services.

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

### Urgent and Emergency Care

- The employment and integration of the new Advanced Clinical Practitioner role to improve patient target times for triage and treatment in urgent and emergency services.
- The award winning initiative to improve patient care for frequent attenders to the urgent and emergency department.

### Medicine

- The ward manager of ward 2 had introduced innovatory “what matters to me” white boards at the head of each bed to facilitate individual care preferences for elderly patients.
- On ward 2 the introduction of the tea party club had been helpful in promoting normality among elderly patients and had helped in achieving optimum food and drink intake in patients with dementia.
- The development of “shout out boards” to allow staff to complement each other on work achievements as a form of morale boosting and peer emotional support was commendable
- The introduction of the communication clinic for patient relatives which operated from 3pm -5pm each day had helped improve family understanding of patient problems and progress and in offering emotional support to visiting relatives.

### Community Sexual Health

- Safeguarding practices were fully embedded in all aspects of the service. Staff maintained up to date training and demonstrated advanced skills in the recognition of potential risk. The team was proactive in engaging with other agencies, including specialist organisations, to respond to patients with highly complex needs and in cases where multiple local authorities were involved. Staff ensured young people had access to high quality sexual health and sex education to develop skills to protect themselves from harm and exploitation.
- We observed excellent standards of safeguarding awareness during our inspection. For example, a patient booked into a future appointment at the satellite clinic visited and asked to be seen earlier. The patient was booked to attend with an interpreter and on this occasion attended with a relative translating for them. The clinical support worker (CSW) on duty recognised this as a safeguarding concern and explained discreetly and sensitively why they could not be seen with a relative interpreting for them. The CSW established the patient had no urgent or immediate clinical risk during this process, which ensured their safeguarding concern did not detract from clinical needs.

# Summary of findings

- The safeguarding team had adapted the existing clinical situation, background, assessment and recommendation (SBAR) tool for use by the security team when attending calls for help. The tool meant the security team could prepare themselves for the situation and plan a response based on what staff knew about the patient, such as mental health diagnoses or problems.
- The service was proactive in sharing the outcomes of audits and research broadly across the sector to improve understanding and practice. In April 2018 the service presented the outcomes of a project to identify how clinicians in different departments treated the same condition. This was a collaborative project with other departments in the hospital and the team presented it at an international HIV and sexual health conference. The outcomes of the project meant patients received more consistent, evidence-based treatment wherever their condition was detected in the hospital.
- The CASH team provided an exemplary programme of sex and relationship education to young people in schools, colleges and the local community. This included a balanced approach to addressing the anxieties and worries of teenagers whilst supporting developing sexual interest in line with best practice guidance. The team used digital media to help communication and provided practical guidance on topics such as condom use and managing relationships.
- Young people in schools and colleges regularly presented with a wide range of questions about sex and sexual health and staff prided themselves on understanding different terminology and being able to provide specific information. This included on general sex and relationship education as well as on sexual behaviour and experimentation. Nurses kept up to date with sexual health information on social media, in current affairs and in popular culture to be able to effectively communicate with young people.
- There was a consistent focus on holistic care and staff strived to meet the needs of patients with complex health issues, including social care needs. The team had developed complex care pathways, such as for young people in vulnerable circumstances experimenting with alcohol and drugs. They provided coordinated care for people experiencing domestic abuse, sexual exploitation or coercion.
- Staff continually engaged with patients beyond the need for clinical contact to improve the service and develop specialist pathways. For example, the safeguarding team and sexual health team worked with a previous victim of sexual exploitation to arrange a trust event on the topic. The previous patient presented on their experience and reflection to staff from across the trust. More staff wanted to attend than could be accommodated in the venue and the presenter would return to repeat the presentations in the future.
- The senior sister distributed a 'learning from excellence' communication as part of the monthly quality and safety update. This was part of a strategy to identify and promote positive practice to balance information on incidents and risks. The communication included a rolling programme of peer-nominated awards.
- All members of the team demonstrated the importance of understanding new and emerging threats and trends to sexual health and HIV, at a local and population level. This included where international standards of care and treatment guidelines differed from the UK and patients were typically well-versed on both. For example, national and international guidance on the use of pre-exposure prophylaxis (PrEP) varied widely. This medicine was typically targeted at men who have sex with men (MSM) and as an additional preventative measure to avoid HIV infection alongside consistent condom use. However, the team recognised in practice many patients used PrEP instead of condoms, which had led to resistant strains of common STIs, including gonorrhoea and syphilis. As a result, the team coordinated care and treatment for more complex infections and for patients with more complex needs relating to psychosexual behaviour.

# Summary of findings

## Areas for improvement

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

#### For the overall trust:

- Ensure compliance with the requirements of the fit and proper person's regulation. (Regulation 5)
- Ensure the effectiveness of governance arrangements and the board is consistently informed of and sited on risks. (Regulation 17).

#### Urgent and Emergency Care

- Must improve mandatory and safeguarding training compliance for all urgent and emergency care staff. (Regulation 18).

#### Medicine

- The trust must ensure all staff have regard for the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2010 when assessing patients and delivering care, including ensuring mental capacity assessments are detailed, compliant with legislation and best practice, and is undertaken in a way and at a time that recognises patient's abilities. (Regulation 11).
- The medical service must have systems in place to maintain safe staffing ratios and skill mix on medical wards. (Regulation 18).

#### Surgery

- The trust must ensure staffing levels on surgical wards are safe and reduce the risk of patient harm. This includes reviewing, monitoring and recording patient acuity (Regulation 18: Staffing)
- The trust must ensure the care and treatment provided to patients is safe. This includes keeping up to date patient care records, adherence to infection prevention and control practices and systems and processes which prevent never events (Regulation 12: Safe care and treatment)

#### Critical Care

- Must ensure the staffing cover provided by the critical care outreach team complies with required standards.

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

#### Urgent and Emergency Care

- Should improve waiting target compliance levels for triage and treatment in the urgent and emergency for all patients.
- Should consider replacing old or missing equipment in the urgent and emergency department.

#### Medicine

- The medicine service should ensure that all intravenous fluids are always securely stored in locked cupboards.
- The medicine service should monitor mandatory training and safeguarding rates to ensure that the trust targets are met.
- The medicine service should use audits to monitor and improve the quality of the service

#### Surgery

# Summary of findings

- The trust should ensure all staff are given an appropriate handover when starting or covering shifts.
- The trust should ensure any store room where medication is stored is locked and doors are closed.
- The trust should ensure all surgical staff comply with the World Health Organisation checklist and the five steps to safer surgery.
- The trust should ensure medical and nursing staff are compliant with all mandatory training.
- The trust should ensure all patients receive care which protects their privacy and dignity.
- The trust should consider that all incidents are reported promptly.
- The trust should consider monitoring the performance in relation to sepsis management.
- The trust should consider recording all risks on the relevant risk registers and are understood and mitigated appropriately.
- The trust should consider improving the process of collecting, analysing, managing and using data in relation to the surgical assessment unit and surgical sterilisation unit to support and improve performance.

## Critical Care

:

- Consider improving mandatory training compliance levels for medical staff to comply with trust targets.
- Consider improving ways to monitor and drive improvement for non-compliance with infection, prevention and control practices.
- Consider updating all critical care policies to ensure they are up-to-date.
- Consider providing follow-up clinics to suitable patients.
- Consider ways of improving the approaches to families regarding organ donation.
- Consider providing information to patients and those close to them in different languages.
- Consider giving patients the option to use patient diaries.
- Consider reporting data for all quality indicators to the Intensive Care National Audit and Research Centre (ICNARC).
- Consider auditing the performance of the critical care service against the Guidelines for the Provision of the Intensive Care Services (GPICS) standards to assess areas of compliance and non-compliance.
- Consider exploring the range of pathway options for patients requiring discharge from the critical care unit to expediate discharge.
- Consider supporting a patient forum group for the service to enable patients and their relatives to provide feedback and views on any aspect of their experience during their care and treatment.

## Maternity:

- The maternity service should ensure all staff are fully compliant with infection prevention control procedures.
- The maternity service should ensure all inpatient staff have enough basic equipment such as fetal monitoring machines and thermometers to carry out their roles effectively.
- The maternity service should ensure all surgeons attend all crucial stages of the surgical safety checklist.
- The maternity service should ensure complaints are investigated and closed in line with their complaints policy.



# Summary of findings

- The maternity service should ensure the maternity risk register is kept up to date
- The maternity service should ensure they always follow best practice when prescribing, giving, recording and storing medicines.
- The maternity service should ensure it closes all complaints in the time frame set out in the service wide complaints policy.
- The maternity service should encourage managers to utilise the mechanisms in place to manage risk.

## **Community Sexual Health service:**

- Should ensure car parking at the sexual health satellite clinic is controlled in a way that does not present a safety risk to occupants of the clinic in an emergency evacuation.
- Should review health and safety monitoring and practices to reduce the risk of injury, abuse and violence to staff for community sexual health staff.
- Should improve monitoring of appointment cancellations for community sexual health to address trends.
- Should review arrangements for trust-level and senior management communication with community sexual health staff to ensure they feel supported and have access to managers during periods of change and high levels of pressure.
- Should address the negative views held by staff of the working culture and vision and strategy of the trust.

## **For the overall trust:**

- The trust should ensure there are appropriate processes in place to investigate and learn from patient deaths.
- The trust should ensure that duty of candour processes are followed and that families have the opportunity to meet with representatives of the trust where there has been harm.
- The trust should ensure that there are suitable processes in place for patients detained under the Mental Health Act 1983 that ensure detentions are legal and their rights are protected.
- The trust should ensure that there are networks in place to support and promote staff equality and diversity.

## Is this organisation well-led?

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

We rated well led at the trust as requires improvement. This stayed the same as the previous inspection. We rated as requires improvement because:

- Not all leaders had the necessary experience, knowledge or capability to lead effectively. Leaders were not always visible Where executives demonstrated the capacity and capability to deliver, required support structures were not always in place around them to ensure sustainable success.
- Structures below director level were not always sufficient to ensure accountability and the flow of information from leaders.
- Fit and Proper Person checks were not in place.

# Summary of findings

- The trust had a vision and strategy, however it had not kept pace with the trust focus on external systems strategy. Staff were engaged with and lived the trust vision and values every day.
- Staff networks were not in place to promote the diversity of staff.
- The trust did not always apply Duty of Candour robustly and appropriately.
- The trust did not have effective governance structures, systems and processes in place to support the delivery of its strategy. We were not assured that the approach and the flow of information was always effective and were regularly reviewed.
- The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. However, the detail of controls and assurance of mitigations at board level were not always evident.
- The corporate risk register lacked necessary detail to give effective risk oversight at trust level.
- Appropriate governance arrangements were not in place in relation to Mental Health Act administration and compliance.
- Systems to identify and learn from unanticipated deaths were ineffective.

However:

- Leaders ensured the promotion of a positive culture across the trust. Staff felt supported and valued. We heard from all levels how the sense of pride to represent the organisation had significantly improved.
- The trust had appointed three Freedom to Speak Up Guardians and provided them with sufficient resources and support to help staff to raise concerns.
- The trust collected, analysed, managed and used information to support its activities, using secure electronic systems with security safeguards. The trust recognised where further improvement was needed to ensure accurate and reliable data sources.
- The trust engaged with patients, staff, the public and local organisations to plan and manage services. There had been a focus on increasing engagement with staff over the past 12 months however, engagement with patients was limited.
- Leaders were well engaged with external partnerships to secure experiences and quality across health and care.

## Use of resources

[www.cqc.org.uk/provider/RBK/Reports](http://www.cqc.org.uk/provider/RBK/Reports).

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019	Outstanding ↑ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019

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
Manor Hospital	Requires improvement Jul 2019	Requires improvement Jul 2019	Good Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019
<b>Overall</b>	Requires improvement Jul 2019	Requires improvement Jul 2019	Good Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019

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

## Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement Jul 2019	Requires improvement Jul 2019	Good Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019
Community	Requires improvement Jul 2019	Good Jul 2019	Outstanding Jul 2019	Good Jul 2019	Outstanding Jul 2019	Good Jul 2019
<b>Overall trust</b>	Requires improvement Jul 2019	Requires improvement Jul 2019	Outstanding Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019

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 Manor Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↑ Jul 2019	Good ↔ Jul 2019	Good ↑ Jul 2019
Medical care (including older people's care)	Requires improvement ↔ Jul 2019	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↓ Jul 2019
Surgery	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Requires improvement ↓ Jul 2019	Requires improvement ↔ Jul 2019
Critical care	Good ↔ Jul 2019	Requires improvement ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↔ Jul 2019
Maternity	Requires improvement ↔ Jul 2019	Good ↑ Jul 2019	Good ↑ Jul 2019	Good ↑ Jul 2019	Good ↑ Jul 2019	Good ↔ Jul 2019
Services for children and young people	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017
End of life care	Good Dec 2017	Requires improvement Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017
Outpatients and Diagnostic Imaging	Good Dec 2017	N/A	Good Dec 2017	Requires improvement Dec 2017	Good Dec 2017	Good Dec 2017
<b>Overall*</b>	Requires improvement Jul 2019	Requires improvement Jul 2019	Good Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019

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

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Outstanding Dec 2017	Good Dec 2017
Community health services for children and young people	Requires improvement Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017
Community end of life care	Good Dec 2017	Good Dec 2017	Outstanding Dec 2017	Outstanding Dec 2017	Outstanding Dec 2017	Outstanding Dec 2017
Community health sexual health services	Requires improvement Jul 2019	Outstanding Jul 2019	Outstanding Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019
<b>Overall*</b>	Requires improvement Jul 2019	Good Jul 2019	Outstanding Jul 2019	Good Jul 2019	Outstanding Jul 2019	Good Jul 2019

\*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.

# Acute health services

## Background to acute health services

The trust provides a full range of acute services at one site Manor Hospital site in Walsall.

During this inspection we inspected:

- Urgent and Emergency care
- Medical Care
- Surgery
- Critical Care

Further services we did not inspect include:

- Services for Children and Young People
- End of Life Care
- Outpatients
- Diagnostics

The report findings for these services were published in December 2017 and can be found on our website [www.cqc.org.uk](http://www.cqc.org.uk).

## Summary of acute services

**Requires improvement**   

Our overall rating for acute services provided by the trust at the Manor Hospital stayed the same at requires improvement. The summary of acute services inspected on this occasion can be found in the main report summary.

# Manor Hospital

Moat Road  
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## Key facts and figures

Walsall Healthcare NHS Trust provides acute hospital and community health services for people living in Walsall and the surrounding areas. The trust consists of one acute hospital site and a number of community sites. The trust's palliative care centre in Goscote is the trust's base for a wide range of palliative care and end of life services.

Walsall Manor Hospital has 408 acute inpatient beds.

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The trust previously had a cap on the number of births at the trust set at 4,200. This was imposed by the local clinical commissioning group in 2016 following safety concerns CQC identified in the maternity department at our 2016 CQC inspection of the service. This birth cap was lifted in April 2019 as improvements had been in the maternity department.

Facts and data about the trust:

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- Total number of outpatient clinics per week - 1247
- 4158 staff as at September 2018
- A and E attendances from August 2017 to July 2018: 77,306 attendances
- Number of deliveries from April 2017 to March 2018: 3,379

## Summary of services at Manor Hospital

**Requires improvement**   

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

Our rating of safe requires improvement overall. In medicine and surgery staffing levels were not always maintained in sufficient ensure patients received safe care and treatment. Patient records were not always up to date or sufficiently completed.



# Summary of findings

Our rating of effective required improvement overall. The processes for ensuring patients capacity was assessed in line with the Mental Capacity Act 2005 were not robust. Some patients were deprived of their liberty without

Our rating of caring overall. Patients mostly received care which protected their dignity and privacy. Staff were kind and respectful and tried to get to know patients as individuals.

Our rating of responsive required improvement overall. Waiting times for triage and treatment in the urgent and emergency department did not meet national targets.

Our rating of well led required improvement overall. Not all required checks were in place to ensure directors were 'fit and proper persons'. The management of risks and governance did not always ensure a flow of information which demonstrated robust oversight and decision making.

# Urgent and emergency services

Good  

## Key facts and figures

Walsall Healthcare NHS Trust has a purpose built emergency department (ED) that is situated as part of the Manor Hospital. There is a four-bay resuscitation area, 23 cubicles, a separate waiting area for children that has three treatment rooms and two triage rooms, and new areas for other services that include the frailty team. There is an urgent care centre that is located on the same site and that shares an entrance and reception area with the ED.

From August 2017 to July 2018 there were 77,306 attendances at the trust's urgent and emergency care services.

### Urgent and emergency care attendances resulting in an admission

For 2016/17 the trust had 18.7% of attendances result in admissions compared to a England average of 18.7% so similar.

For 2017/18 the trust had 21.1% of attendances result in admissions, this compares to an England average of 18.7%, so a slightly higher than average rate.

The percentage of A&E attendances at this trust that resulted in an admission increased in most recent year compared to previous year. In both years, the proportions were higher than the England averages.

*(Source: NHS England)*

The ED is part of the West Midlands Trauma Network of 33 hospitals in the area. The nearest major trauma centres for adults are the Royal Stoke University Hospital and the Queen Elizabeth Hospital in Birmingham. The nearest trauma centre for children is the Birmingham Children's Hospital.

We visited the ED as part of our unannounced comprehensive inspection of core services in February 2019. We spoke with seven patients and their relatives, friends or carers, and 29 staff across a range of roles. We tracked patient experience through their time at the ED, checked the quality of records, and observed staff practice.

During the last inspection in June 2017, we rated the ED as requires improvement for safe and responsive, good for effective, caring and well-led, and therefore requires improvement overall. This was because:

- There was unsatisfactory infection prevention and control practice.
- Medicines management was not satisfactory in all areas.
- Some patients were accommodated in a potentially unsafe environment.
- ED was not achieving target times for assessment, treatment and discharge of patients.
- ED was not achieving trust targets for mandatory training or appraisals.
- Improvements had been seen since the previous inspection in 2015 when the ED had been inadequate overall, with increased staff numbers, a dedicated paediatric area, and more equipment storage facilities and availability.
- Patient care had improved.
- Care and treatment were delivered in line with national guidance.
- Multi-disciplinary working was embedded and effective.
- Feedback was positive around staff care.

# Urgent and emergency services

- The dementia nurse had contributed to significant awareness in staff
- The departmental managers were supportive and approachable.

## Summary of this service

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

- There had been improvements in all areas from the previous inspection in 2017.
- Although there were still issues around safe, there had been improvements in both mandatory training compliance and triage and treatment targets. These areas, however, still required further improvement in order to reach targets.
- Staffing levels had increased since the last inspection.
- Risk management and incident reporting were improved since the last inspection and clear processes and learning were embedded.
- Infection prevention and control processes had developed since the previous inspection and recent audits were encouraging.
- Medicines management was safe and in line with guidance.
- New grades of staff had been introduced to the department and there was an upskilling of staff within the ED.
- There was a comprehensive audit programme, with performance data used to drive change.
- There was good multidisciplinary working and patient pathways.
- Feedback was positive regarding patient care.
- There were improving services for mental health and elderly patients.
- Leadership was responsive.
- Investment was signed off for the department to move into a purpose-built facility.
- There were good governance systems and embedded and improving clinical practice.

## Is the service safe?

**Requires improvement** ● → ←

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

- There were delays regarding patients waiting to be seen for triage, and there were continuing black breaches for ambulance handover times. There were also delays in paediatric triage times, despite improvements in the previous year.
- Training targets were only being met for three out of the 10 mandatory training modules for nursing staff.
- No training targets were being met for any of the 10 mandatory training modules for medical staff.
- Safeguarding compliance had improved considerably since the previous inspection in 2017, but training targets were only met for two out of the six training safeguarding modules for both nursing and medical staff.

# Urgent and emergency services

- The building was cramped, busy and there were occasional issues with capacity ratios for review rooms, contrary to trust policy.
- There were examples of a sparsity of some equipment – for example suction units.
- There were concerns regarding the age of some of the equipment and maintaining high cleanliness – for example commodes.
- There remained unfilled vacancies for staff, particularly medical staff.

However, we also found:

- There had been a large improvement in new staff and refresher 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, and there had been improvements since the last inspection. Staff kept themselves, equipment and the premises visibly clean. They used control measures to prevent the spread of infection, such as handwashing and use of personal protective equipment. There were effective systems in place to ensure that standards of cleanliness and hygiene were maintained. There was now a dedicated lead for IPC. There was increased audit and improvements in audit results.
- Generally, staff coped well with the limited space and capacity, and adhered to safety processes and policy. The adult emergency department was generally fit for purpose, although there were issues with space and privacy for patients and staff - the service generally had suitable premises and equipment and looked after them well.
- For most patients, we found risks were managed and patients generally received assessments, treatment, and observations in a timely way. The service planned for emergencies and staff understood their roles if one should happen. The trust performed in line with other trusts for performance and risk. There was a clear and robust risk register and governance in place.
- The service had nursing staff levels that were improving since the previous inspection. Generally, most staff had the right qualifications, skills, training, and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment. Nurse staffing levels and skill mix were planned in line with guidance on safe staffing in emergency settings. There were still improvements to be made, but there was a risk assessment in place for competencies and relevant skill mix of all staff.
- There had been an innovative approach at the service to employ a new band of medical staff (Advance Clinical Practitioners) that were had the right qualifications, skills, training, and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment and to increase the staffing levels at the department.
- There had been improvements in waiting times in ED to be triaged and treated, despite there still being breaches and delays reported. This was a result of improved management and new initiatives. These initiatives including more staff grades and a system of rapid assessment triage for ambulance patients.
- There were appropriate records of patients' care and treatment. Generally, records were completed and included early warning score charts where appropriate. Audits were in place and led to increased compliance action plans.
- The service generally prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time. There were incidents reported that had been dealt with in a timely manner with learning and action plans going forwards.

# Urgent and emergency services

- The service managed patient safety incidents well and there was a robust and comprehensive electronic incident reporting system in place. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Information was clearly accessible to staff and there was a clear audit programme.
- There was a comprehensive programme of audits at both local and national level.
- There was improving reporting of audit results in the department, with staff noticeboard displays and presentations.
- Audit from 2016/17 showed failure to meet standards in asthma, consultant sign off and sepsis management. However, learning had been taken from these results to drive training and processes. Current audit data regarding trauma management, feverish children and vital signs in adults were showing more favourable audit results against national average.
- Staff generally gave patients enough food and drink to meet their needs while in the ED.
- Pain relief and recording of pain scores was good.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. While they did not generally meet national standards, performance was mostly comparable with national averages or just below. Where risk was perceived, this was added to the risk register.
- The service made sure staff were competent for their roles. Staff were encouraged and supported to develop their knowledge, skills and practice. Competency frameworks were in place to ensure staff gained the skills and experience relevant to their grade and to help formulate and manage risks for those who had not achieved all their competencies.
- There was a focus on improving training and on upskilling staff, particularly nursing staff and care support workers.
- There was a dedicated education officer for medical staff who ran effective training programmes in the department.
- There was good multidisciplinary working with specialist teams dedicated to improving patient outcomes, such as the frailty service.
- Both the adult and children's ED were operational 24 hours a day, seven days a week.
- Patients who used urgent and emergency care services were supported to live healthier lives and manage their own health, care and wellbeing.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However, we also found:

# Urgent and emergency services

- Appraisal rates were below the trust target of 90%.
- Some patients stated that there was sometimes difficulty obtaining food and drink in the ED.
- There was a pressure on the service at night and weekends when staffing was lower and the urgent care centre and GP services were not necessarily available.

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion, kindness and respect. Feedback from patients and those close to them was positive about the way staff treated them. Patients felt supported and cared for by staff.
- All staff were evidenced to be considerate and thoughtful to patients waiting to be seen. Staff provided emotional support to patients to minimise their distress. Patient's emotional and social needs were seen as being as important as their physical needs.
- Staff involved patients and those close to them in decisions about their care and treatment.
- There was a growing and embedded system of volunteers to provide non-medical assistance and emotional support.
- Patient feedback was gathered and communicated to staff to improve care and support.
- Mental health services were caring.
- End of Life feedback of experiences were positive. There were new initiatives to further improve this and designated dementia and end of life leads.
- Staff felt supported by colleagues and management with regard to emotional issues and dealing with incidents.

However, we also found:

- Friends and family feedback from 2017 showed that improvements needed to be made.
- Capacity issues did mean that on occasion there were issues with patient dignity and privacy.

## Is the service responsive?

Good ● ↑

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

- The trust was undertaking work to develop the local services. They planned and provided services in a way that generally met the needs of local people.
- There was easy access to interpreters and communication aids.
- The service generally took account of patients' individual needs. There was ongoing work with the local mental health and psychiatry teams.
- There were innovative pathways for patients, including the frailty team and the dementia support workers.
- There was a psychiatric service 24/7 provided by the local mental health trust.

# Urgent and emergency services

- There were clear processes for the treatment, referral and escalation of all mental health patients to the ED.
- Flow through the department had improved since the last inspection, due to improved management and new staff roles. The Rapid Assessment Area was now more responsive to increase in capacity and there was a streaming service in the waiting room.
- The number of complaints had reduced since 2016/17 and there was a clear and comprehensive complaint process in place. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The number of successful claims against the ED was zero in 2018.
- Numerous compliments to the ED had been received and displayed around the department.
- There were improvements in some waiting times, for example in the paediatric department. Overall, the trust was improving and there were systems in place to encourage further improvements.

However, we also found:

- Not all patients could access the service promptly when they needed it. Waiting times to be seen for treatment were generally higher (worse) than the England average. More patients waited longer than four hours for a decision to admit, treat or discharge than the England average.
- The patient records did not have a flag system to alert staff to when patients had additional needs such as a learning difficulty.
- There were target breaches for the length that patients waited for admission or discharge.
- There were issues with discharge in other departments which did lead to capacity concerns in the ED at certain times.
- Some complaints were not always dealt with in a timely manner.

## Is the service well-led?

Good   

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

- The urgent and emergency care service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care, and there had been some recent appointments. Staff spoke positively about the senior management team and department managers and felt well supported and that there were noticeable recent improvements in staffing, management and morale.
- There was a clear staff structure and lines of oversight.
- Leadership was perceptive and responsive.
- There was a clear vision to improve patient experience which included the provision of a new purpose-built facility to be opened in 2021.
- Managers across the service promoted an improving and positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were committed to improving the quality of care and patient experience and worked together to do so. This was led by the clinical management team.
- There was a clear process of incident reporting, actions resulting and learning points.

# Urgent and emergency services

- The service now used a systematic approach to continually improve the quality of its services and safeguard high standards of care. This was driven by both the senior management and the governance staff. Staff understood their roles and accountabilities.
- Governance was embedded and comprehensive.
- Innovation was encouraged and rewarded within the trust and the ED. The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. There had been a recent award for innovation.
- There was a new electronic risk register in place and a clear incident reporting form.
- Engagement with other stakeholders was evidenced to be a priority and there were initiatives in place to support this, such as the Walsall Together programme. The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services.

However, we also found:

- Recruitment needed to be constantly revised going forwards and vacancies filled.
- Financing for new equipment needed to be considered going forwards.
- There needed to be further leadership input to improving flow, particularly regarding discharge in other departments in order to relieve pressure on the ED.

## Outstanding practice

Areas where there was outstanding practice:

- The employment and integration of the new Advanced Clinical Practitioner role to improve patient target times for triage and treatment.
- The award winning initiative to improve patient care for frequent attenders to the department.

## Areas for improvement

Action the hospital **MUST** take to improve:

- The urgent and emergency service must improve mandatory and safeguarding training compliance for all staff.

Action the hospital **SHOULD** take to improve:

- Should improve waiting target compliance levels for triage and treatment in the urgent and emergency for all patients.
- Should consider replacing old or missing equipment in the urgent and emergency department.



# Medical care (including older people's care)

Requires improvement  

## Key facts and figures

The Medical division within Walsall NHS trust managed a number of medical wards,

Wards 1, 2, acute older adults

Ward 3 medically stable for discharge

Ward 4 Stroke rehabilitation

Ward 5/6 acute medical unit

Ward 7 cardiology

ward 10 Frail elderly service

Ward 14 medically stable for discharge

Ward 15 General medicine, diabetes and haematology

Ward 29 short stay acute care adults

The medical care service at Manor Hospital provides care and treatment for:

- General Medicine
- Acute older adult
- Cardiology
- Frail Elderly Service (Medicine)
- Diabetes, renal and haematology
- Gastroenterology
- Respiratory Medicine

Short stay acute care adults. There are 190 medical inpatient beds located across ten wards:

- Ward 1
- Ward 2
- Ward 3
- Ward 7
- Ward 10
- Ward 14
- Ward 15
- Ward 16
- Ward 17

# Medical care (including older people's care)

## •Ward 29

The trust had 31,532 medical admissions from July 2017 to June 2018. Emergency admissions accounted for 19,392 (61.5%), 142 (0.5%) were elective, and the remaining 11,998 (38.1%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 19,305
- Gastroenterology: 4,585
- Cardiology: 1,800
- During the inspection visit the inspection team
- Spoke with 51 members of staff at different grades from ward domestic staff, health care assistants, registered nurses, ward managers, doctors, consultants pharmacists, hospital managers, and discharge coordinators.
- Reviewed 13 patient's records.
- Observed staff interacting and caring for patients in all the wards visited.
- Spoke with 10 patients and 3 relatives.
- Reviewed performance information and data pertinent to care delivery within the medical wards. Attended ward and divisional huddles.

## Summary of this service

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

- We rated medicine at the trust as requiring improvement overall, we have judged the service as requires improvement for safe, and good for caring, requires improvement for effective, good for responsive and well-led care and noted some innovative practices.
- However, improvements in safety were needed to ensure that services were responsive to people's needs. Although some elements of safety require improvement, the overall standard of service provided outweighs those concerns.
- Staff followed good hygiene procedures to reduce risks to patients.
- Incident reporting had improved since our last inspection and staff now knew what incidents to report and how to do so.
- The service now met national targets for referral to treatment times and had created a new winter pressure discharge ward discharge to free up beds when patients were ready to go home.
- The service treated concerns and complaints seriously. Managers investigated them and shared lessons learned with staff.
- Nurse staffing levels were determined using an acuity tool and were regularly reviewed and the trust was actively recruiting nursing staff
- However:
- The service did not have enough nursing staff and there were high levels of sickness. The service was heavily reliant on bank and agency staff.

# Medical care (including older people's care)

- Safe storage of medicines was compromised by unlocked intravenous fluid storage cupboards.
- Assessments of mental capacity were not always fully undertaken.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service did not have sufficient numbers of suitably qualified permanent nursing staff with the right qualifications, training and experience to keep people safe from avoidable harm and abuse at all times.
- The service provided mandatory training in key skills to all staff but not everyone eligible completed it.
- The cupboards used to store intravenous fluids were open on two of the wards despite having clear notices on the doors stating that they were to be locked at all times.
- There were deficiencies in the provision of suction apparatus on ward 1 to one bed space which posed a risk of delay in treating patients in an emergency.

However, we also found:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well and staff kept themselves, equipment and the premises visibly clean and they used control measures to prevent the spread of infection
- Resuscitation equipment, including emergency medicines, was readily available and regularly checked on all wards and equipment was available and could be utilised to safeguard patients from falls and pressure ulcers.
- Risks to patients were always managed positively within the service and staff used systems to identify deteriorating patients, and there was consistency in sepsis management.
- A major initiative to resolve the incidence of patient falls had been successfully implemented and the introduction of magnetic safety board's where safety huddles were held had improved all aspects of safety management.
- To help ease some of the nurse staffing issues the matrons attended meetings with the nurse bank managers twice a day to provide a weekly forward look at staffing requirements for the medical wards.
- The service had shortages in the acute medical workforce, but locum arrangements ensured that the service remained safe.
- Staff kept detailed records of patients' care and treatment and records were clear, up-to-date and easily available to all staff providing care and managed in a way that kept patients safe.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well and staff recognised incidents and reported them appropriately. The service had a duty of candour policy available and laminated notices pertinent to the duty of candour were evident in staff areas of the medical wards.
- The service used safety monitoring results well and staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

# Medical care (including older people's care)

## Is the service effective?

**Requires improvement** ● → ←

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

- Managers monitored the effectiveness of care and treatment given to patients and used the findings to improve care delivery. However, outcomes for people who use services were sometimes below expectations compared with similar services.
- The 2017 Lung Cancer Audit and the proportion of patients seen by a Cancer Nurse Specialist was 73.6%, which did not meet the audit minimum standard of 90%.
- The service was continuing to work towards seven-day services although had not yet achieved it.
- The rights of patient's subject to the Mental Capacity Act 2005 were not fully protected in all clinical areas as processes were not being robustly followed.
- Patients for whom DNRACPR processes were applied by doctors did not always have a mental capacity assessment to ensure they were not able to give consent.
- Applications which give the specific ward staff a two-week Deprivation of liberty safeguards holding period were out of date.

However, we also found:

- We saw that treatment and assessment was delivered in line with legislation, standards and evidence-based guidance including guidance from the National Institute of Clinical and Healthcare Excellence (NICE).
- 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 preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools.
- Advanced nurse practitioners provided hospital at night cover for patient interventions and they handed over to a critical care outreach team every morning.
- The service made sure staff were competent for their roles and managers appraised staff's work performance.
- Nursing staff had the skills, knowledge and experience to identify and manage issues arising from patients suffering cognitive impairment.
- Staff throughout the service were supported to deliver effective care.
- Staff of different kinds worked together as a team to benefit patients and staff consistently told us that there was good multidisciplinary team working.
- Patients were supported to live healthier lives and manage their own care and wellbeing needs where appropriate.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.

# Medical care (including older people's care)

## Is the service caring?

Good   

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

- Staff cared for patients with compassion and feedback from patients confirmed that staff treated them well and with kindness. An initiative to improve call bell access by patients had been successfully implemented and patients told us that call bells were promptly answered by members of the care team.
- Most patients we spoke with told us that staff were busy but that there were enough staff on duty to care for them and they told us that there was strong positive feelings about Manor hospital in the Walsall community.
- Staff provided emotional support to patients to minimise their distress and wards utilized “shout out boards” to allow staff to complement each other on work achievements as a form of morale boosting and peer emotional support.
- Staff involved patients and those close to them in decisions about their care and treatment and the service provided a wide range of information leaflets for patients and their families.

However, we also found:

- Staff told us that care for stroke patients on ward 4 was compromised by the high number of medical outliers who were being boarded on the ward, many of whom had complex needs.

## Is the service responsive?

Good   

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

- The service took account of patients' individual needs and had reflected on the needs of the ageing population by introducing a frail elderly service.
- The trust had taken into consideration that people living with dementia needed additional facilities to function optimally within the hospital situation and the care environment had been adapted to include enhanced signage for washing and toilet facilities.
- The medical wards had access to Learning Disability support nurses who were able to work with patients with learning disabilities and the staff who cared for them.,
- People could access the service when they needed it and the service had a number of initiatives in place to improve flow and discharges within the division.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However, we also found:

- Although the division employed discharge coordinators who worked directly with staff and patients their heavy workload compromised their ability to respond to the challenges off the role.

# Medical care (including older people's care)

## Is the service well-led?

Good   

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

- Managers at all levels in the trust and across the medical division had the right skills and abilities to run a service providing high-quality sustainable care and managers promoted and upheld the overarching trust philosophy of caring for Walsall together and respect, compassion, professionalism and team work and ensured that they were fully embedded across the medical wards.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community and managers across the trust promoted a positive culture that supported and valued staff,
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The division had implemented band 6/7 professional development for nurses to help change the culture and accountability within the wards.
- The implementation of a patient centred improvement plan (PCIP) had successfully focused improvements in care delivery.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However, we also found

- That the service did not use information from audits effectively

## Outstanding practice

We found examples of outstanding practice in this service:

- The ward manager of ward 2 had introduced innovatory “what matters to me” white boards at the head of each bed to facilitate individual care preferences for elderly patients.
- On ward 2 the introduction of the tea party club had been helpful in promoting normality among elderly patients and had helped in achieving optimum food and drink intake in patients with dementia.
- The development of “shout out boards” to allow staff to complement each other on work achievements as a form of morale boosting and peer emotional support was commendable
- The introduction of the communication clinic for patient relatives which operated from 3pm -5pm each day had helped improve family understanding of patient problems and progress and in offering emotional support to visiting relatives.

# Medical care (including older people's care)

## Areas for improvement

Action the hospital MUST take to improve:

- The medical service must ensure that full mental capacity assessments are consistently carried out in accordance with the Mental Capacity Act 2005. (Regulation 11).
- The medical service must have systems in place to maintain safe staffing ratios and skill mix on medical wards. (Regulation 18).

Action the hospital Should take to improve:

- The medicine service should ensure that all intravenous fluids are always securely stored in locked cupboards.
- The medicine service should monitor mandatory training and safeguarding rates to ensure that the trust targets are met.
- The medicine service should use audits to monitor and improve the quality of the service.

Requires improvement   

## Key facts and figures

Manor Hospital is the main site providing acute services for Walsall Healthcare NHS Trust. The surgical division provides adult elective and emergency services for a range of the following specialisms: trauma and orthopaedics (T&O), general surgery (including urology), bariatrics, breast care, colorectal surgery, outpatient vascular, upper gastrointestinal, ear, nose and throat service and day case cataract surgery (under local anaesthetic).

The surgical department is comprised of six surgical wards, arrivals and a discharge lounge. The service has 11 operating theatres; three of which have laminar flow and associated areas for anaesthetics and recovery. The hospital had 106 surgical inpatient beds and eight day-case beds.

There are usually 26 beds on the emergency trauma and orthopaedics ward (ward nine) but at the time of our inspection capacity had increased to 33 beds to accommodate seven additional patients due to escalation measures.

The acute surgical unit usually has 41 beds (wards 11 and 12) but at the time of our inspection capacity had increased to 53 beds to accommodate 12 medical patients due to escalation measures during the winter period. A breakdown of additional surgical wards visited are listed below:

- There are 16 beds on the elective trauma and orthopaedic surgery ward (ward 20a).
- There are 24 beds on the elective general surgery ward (ward 20b).
- The surgical assessment unit has 12 assessment chairs and a bay of three trollies.
- The day-case unit has eight trolley spaces and one side room.

The trust had 16,975 surgical admissions from July 2017 to June 2018. Emergency admissions accounted for 5,997 (35.3%), 8,745 (51.5%) were day case, and the remaining 2,233 (13.2%) were elective.

During the inspection visit, the inspection team:

- Spoke with 18 patients and 12 relatives.
- Reviewed 13 patient records.
- Observed staff caring for patients within scheduled care wards and theatres.
- Reviewed performance information and data from and about the trust.
- Spoke with 45 members of staff at different grades from band two to band eight including matrons, ward managers, nurses, physiotherapists, pharmacists, doctors, consultants, discharge coordinators, administration and housekeeping.
- Met with a director of operations, divisional director of nursing, clinical director for theatres, anaesthetics and critical care and care group managers for the surgical division.

The service was last inspected June 2017. At the last inspection of the surgery division we rated this as requires improvement overall including safe and effective. It was rated good in the caring, responsive and well led key questions. The surgery service was issued with one requirement notice and two recommendations for service improvement in the safe, effective and responsive domains. During our inspection, we looked at the changes the surgical directorate had made to address these concerns.



# Surgery

Trust wide data is included within the surgery core service report for comparison with the core service data. Please refer to the provider level report for further information.

## Summary of this service

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

- The service did not have enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Patient risk was not always assessed and responded too appropriately.
- Staff did not keep appropriate records of patients' care and treatment. The surgical division considered patient records a risk.
- Although staff had patient handovers before starting their shift, it was clear that temporary staff covering wards were not given appropriate handovers.
- Staff mandatory training was not always complete. Low compliance rates were seen across nursing and medical staff.
- The surgical division did not always control infection risk well. Shared facilities were not always clean and hygienic. For example, during our inspection we observed a piece of faeces soiled clothing in a shared area.
- Allied health professional staffing was not sufficient to deliver the services proposed by the division.
- People could not always access the service when they needed it. For example, there had been an increase in cancelled surgeries.
- Quality and sustainability challenges were understood by leaders but they could not always identify the actions needed to address them.
- The service had a system for identifying risks, planning to eliminate or reduce them but the risk register was not complete. There was a lack of assurance all risks associated with the surgical division had been recorded and mitigated.
- The service did not always collect, analyse, manage and use information well to support all its activities, using secure electronic systems with security safeguards.
- Service performance measures were not always collected, monitored or reviewed and it was unclear whether they were being effectively used to improve practice.
- There were some occasions where patients did not receive care which protected their privacy and dignity.
- Staff did not always respect confidentiality when conversations about patient care took place.

However:

- Medical staffing arrangements on surgical wards were safe.
- 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.
- In general, the service had suitable premises and equipment and looked after them well.
- Mandatory training was provided and compliance was monitored. The service made sure staff were competent for their roles.

# Surgery

- Nutrition and hydration met the needs of patients.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Most staff always cared for patients with compassion, privacy and dignity and supported patients to minimise their distress.
- Most staff always involved patients and those close to them in decisions about their care and treatment and respected confidentiality when conversations about patient care took place.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service did not have enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service did not always ensure patient risk was assessed and responded to.
- Staff did not keep appropriate records of patients' care and treatment.
- Handover arrangements were not always safe. For example, staff temporarily covering patient care from other wards were not always given appropriate handovers.
- Staff mandatory training was not always complete. For example, staff within the surgical division had not all received sepsis 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 surgical division did not always control infection risk well.
- Allied health professional staffing was not sufficient.

However:

- Medical staffing arrangements on surgical wards were safe.
- In general, the service had suitable premises and equipment to provide safe care and treatment to patients. The maintenance and use of equipment kept people safe.

# Surgery

- Mandatory training compliance for nursing staff was monitored and the service provided mandatory training in key skills.
- The service mostly followed best practice when prescribing, giving, recording and storing medicines.

## Is the service effective?

**Requires improvement** ● → ←

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

- The service did not always provide safe care treatment and did not always follow national guidance.
- The service was not always monitoring the effectiveness of care and treatment or using the findings to improve outcomes. It was not possible to identify areas of concern or improvement due to poor and inconsistent data submissions.
- Patient outcomes were not always monitored due to high 'lost to follow up' patients.
- Compliance with required assessments was not always high.
- Patient outcomes were variable and some, specifically, re-admission rates for elective procedures were higher (worse) than the England average.
- The service was continuing to work towards seven-day services although were yet to achieve it.

However:

- 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.
- The service made sure staff were competent for their roles.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff supported patients to manage their own health, care and well-being and to maximise their independence following surgery.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Performance was poor in relation to recording when patients were consulted and consented about their care.

## Is the service caring?

**Requires improvement** ● ↓

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

- Staff did not always care for patients with compassion.
- Staff did not always ensure patients' privacy and dignity was respected.

# Surgery

- Staff did not always involve patients and those close to them in decisions about their care and treatment.

However:

- Staff provided emotional support to patients to minimise their distress.

## Is the service responsive?

**Good** ● → ←

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

- The service planned and provided services in a way that mostly met the needs of local people.
- Services within the surgical directorate coordinated and delivered care to ensure they were accessible and responsive to patients with complex needs.
- Translation services were available to patients whose first language was not English.
- Surgical wards could accommodate patients in single sex areas.
- People could access the service when they needed it and received the right care promptly. Referral to treatment times for some surgical specialities were above (better) than the England average. Some specialities were below (worse) than the England average but not significantly so. The exception being oral surgery, which was significantly below (worse) than the England average.
- It was easy for people to give feedback and raise concerns about care received.

## Is the service well-led?

**Requires improvement** ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- Most managers had some skills and abilities to run the service but did not always act to ensure high-quality sustainable care was delivered.
- Leaders understood the challenges to quality and sustainability but could not always identify the actions needed to address them.
- There were extensive governance arrangements within the surgical division, but they were not always effective.
- The service had a system for identifying risks, planning to eliminate or reduce them but the service risk register was not used effectively. Significant care group risks were not always escalated and there were gaps where risks were not identified.
- The service did not always collect, analyse, manage and use information well to support all its activities, using secure electronic systems with security safeguards.
- Staff seemed committed to improving services, but we found limited evidence of this. Whilst there was a framework and governance and risk management systems they required work to ensure positive impact on improving patient care.

However:

# Surgery

- The service had a clear set of values, with quality and sustainability as the top priorities.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There were areas within the service where morale was mixed.
- The service engaged well with patients, staff and the public to plan and manage appropriate services.

## Areas for improvement

Action the hospital **MUST** take to improve:

- The trust must ensure staffing levels on surgical wards are safe and reduce the risk of patient harm. This includes reviewing, monitoring and recording patient acuity (Regulation 18: Staffing)
- The trust must ensure the care and treatment provided to patients is safe. This includes keeping up to date patient care records, adherence to infection prevention and control practices and systems and processes which prevent never events (Regulation 12: Safe care and treatment)

Action the hospital **SHOULD** take to improve:

- The trust should ensure all staff are given an appropriate handover when starting or covering shifts.
- The trust should ensure any store room where medication is stored is locked and doors are closed.
- The trust should ensure all surgical staff comply with the World Health Organisation checklist and the five steps to safer surgery.
- The trust should ensure medical and nursing staff are compliant with all mandatory training.
- The trust should ensure all patients receive care which protects their privacy and dignity.
- The trust should consider that all incidents are reported promptly.
- The trust should consider monitoring the performance in relation to sepsis management.
- The trust should consider recording all risks on the relevant risk registers and are understood and mitigated appropriately.
- The trust should consider improving the process of collecting, analysing, managing and using data in relation to the surgical assessment unit and surgical sterilisation unit to support and improve performance.

# Critical care

Requires improvement   

## Key facts and figures

The trust has one critical care unit based at Walsall Manor Hospital. We inspected the critical care service as part of the next phase of our inspection methodology. We conducted an unannounced inspection of the service from 4 to 6 of February 2019.

The critical care unit cares for adult patients needing intensive care (level three) or high dependency care (level two) as defined by the Intensive Care Society document Levels of Critical Care for Adult Patients (2009). The critical care unit accommodates male and female adult patients and does not have provision to care for children.

Patients are admitted to the critical care unit following medical and surgical emergencies and/or serious operations. Patients receive intensive treatment and monitoring on the unit until their condition has stabilised.

There were 357 admissions to the intensive care unit at Walsall Manor Hospital between April 2018 and September 2018, of which 73% (273) were non-surgical admissions, 15.8% (59) were emergency surgical admissions and 11.2% (42) were elective surgical admissions.

The unit provides support for all inpatient specialities and to the emergency department at Walsall Manor Hospital.

A consultant intensivist (a consultant specialising in intensive care medicine) leads the critical care service. They are supported by consultants, junior doctors, nursing staff and support staff.

The hospital opened a purpose built critical care facility on 1 December 2018. This combined the previously separated HDU and ITU into one unit. The unit had capacity for 16 intensive care beds, had nine side rooms and an isolation suite. Commissioners provided funding for 18 patients.

The new critical care unit has:

- An isolation suite with lobby area, en-suite bathroom facilities and a fixed track patient hoist
- Nine single bedded side rooms
- An open bay with capacity for eight beds
- A central monitoring station
- A clean and dirty utility room
- A kitchen to prepare patient food
- A consumable store room
- An interview room and handover office
- A housekeeping room
- A waste disposal hold
- A relative's room (Francoise Suite)

During the inspection, the inspection team:

- Spoke with five patients and seven relatives

# Critical care

- Reviewed nine patient records
- Reviewed trust policies for critical care
- Reviewed performance information and data about the trust
- Spoke with 25 members of staff including nurses, pharmacists, consultants, administration staff and domestic staff
- Met with service leads and the matron for the service.

The Care Quality Commission last inspected the critical care service in June 2017. We rated the critical care service as requires improvement overall with safe, effective, responsive and well led rated as requires improvement and caring was rated as good.

We issued the critical care service with three requirement notices and six recommendations for service improvement. During this inspection, we reviewed changes the critical care service had made to address these previous concerns.

## Summary of this service

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

- Mandatory training compliance levels for medical staff were below the trust's target for seven of the 10 mandatory training modules.
- The cover provided by the critical care outreach team was insufficient to sufficiently mitigate risk.
- The service did not always monitor infection risk well.
- The service did not always provide care and treatment based on national guidance and evidence of its effectiveness. Follow up clinics were not conducted to support patients after discharge from the unit. We had raised this as a concern at our previous inspection.
- Staff did not always deliver patient care and treatment seven days a week in accordance with national guidance.
- All staff had access to trust policies and procedures but they were not always up-to-date. Several guidelines had not been updated to reflect the patient pathway since relocating to the new unit.
- People could not always access the service when they needed it. Patients were not always admitted, treated and discharged patients in line with good practice and guidance.
- Discharges from the critical care unit did not always take place at appropriate times or place.
- The critical care service did not always use a systematic approach to continually improve the quality of the service and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust did not always collect, analyse, manage and use information well to drive improvement in the service.

However;

- The service had suitable premises and equipment and looked after them well. The purpose-built unit met Health Building Note guidance for critical care units.

# Critical care

- The service provided mandatory training in key skills to all nursing staff. The compliance rates were above the trust target for seven of the training modules and just below the trust target for the remaining three modules.
- The service had enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- Physiotherapy staffing was sufficient to provide respiratory management and rehabilitation components of care.
- 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. Nursing staff met the trust's target for all safeguarding and PREVENT training modules.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The service exceeded the recommended levels of staff that had achieved their post registration qualification in critical care.
- 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 preferences.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Nursing and medical staff compliance with Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards training was above the trust target.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The trust planned and provided services in a way that met the needs of local people. The purpose-built facilities and premises were appropriate for the critical care services delivered.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. The service had a clinical lead for critical care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff morale had improved since relocating to the new critical care unit.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong. The service promoted specialist critical care training, research and innovation.

## Is the service safe?

Good   

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



# Critical care

- The service had suitable premises and equipment and looked after them well. The purpose-built unit met Health Building Note guidance for critical care units.
- The service had enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment. However, clinical support worker provision for the unit was currently insufficient.
- The service had enough medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment. However, recruitment of middle grade consultants was a challenge for the department.
- The service provided mandatory training in key skills to all nursing staff. The compliance rates were above the trust target for seven of the training modules and just below the trust target for the remaining three modules.
- 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. Nursing staff met the trust's target for all safeguarding and PREVENT training modules. However, medical staff had met the trust target for three of the five modules.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However

- Mandatory training compliance levels for medical staff were below the trust's target for seven of the 10 mandatory training modules.
- The service did not always monitor infection risk well.
- The cover provided by the critical care outreach team was insufficient to sufficiently
- mitigate risk.

## Is the service effective?

**Requires improvement** ● → ←

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

- The service did not always provide care and treatment based on national guidance and evidence of its effectiveness. Follow up clinics were not conducted to support patients after discharge from the unit. We had raised this as a concern at our previous inspection.
- Staff did not always deliver patient care and treatment seven days a week in accordance with national guidance.
- Physiotherapy staffing was insufficient to provide respiratory management and rehabilitation components of care. Routine physiotherapy cover was available Monday to Friday, and on-call cover was provided out-of-hours. However, physiotherapists should be available 24 hours a day to meet patient requirements.

# Critical care

- All staff had access to trust policies and procedures but they were not always up-to-date. Several guidelines had not been updated to reflect the patient pathway since relocating to the new unit.
- The data contributed by the unit for the most recent reports was incomplete, as some quality indicators were not reported. For example, no data was submitted regarding a patient's physiology. The lack of some information reduced the extent the data could be reviewed and compared with other units.

However;

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The service exceeded the recommended levels of staff that had achieved their post registration qualification in critical care.
- 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 preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good patient care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Nursing and medical staff compliance with Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards training was above the trust target.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

However;

- The unit did not use patient diaries to help fill in gaps of a patient's memory.

## Is the service responsive?

**Requires improvement** ● → ←

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

- People could not always access the service when they needed it. Patients were not always admitted, treated and discharged patients in line with good practice and guidance.
- Discharges from the critical care unit did not always take place at appropriate times or place.

# Critical care

However;

- Senior leaders of the critical care unit planned and provided services in a way that met the needs of local people. The purpose built facilities and premises were appropriate for the critical care services delivered.
- The service took account of patients' individual needs. Translation services were readily available to patients whose first language was not English. However, access to written information in other languages was limited.
- From October 2017 to September 2018, the service had not received any complaints and had seven compliments.

## Is the service well-led?

**Requires improvement** ● → ←

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

- The critical care service did not always use a systematic approach to continually improve the quality of the service and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks. However, the trust had not yet addressed a number of concerns we had raised at our previous inspection.
- The service did not always collect, analyse, manage and use information well to drive improvement in the service.

However;

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. The service had a clinical lead for critical care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action. Staff at all levels felt engaged with the future plans for the unit.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff morale had improved since relocating to the new critical care unit.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong. The service promoted specialist critical care training, research and innovation.

## Areas for improvement

Action the hospital **MUST** take to improve

The critical care unit must:

- Ensure the staffing cover provided by the critical care outreach team complies with required standards.

Action the hospital **SHOULD** take to improve

The critical care unit should:

- Consider improving mandatory training compliance levels for medical staff to comply with trust targets.

# Critical care

- Consider improving ways to monitor and drive improvement for non-compliance with infection, prevention and control practices.
- Consider updating all critical care policies to ensure they are up-to-date.
- Consider providing follow-up clinics to suitable patients.
- Consider providing information to patients and those close to them in different languages.
- Consider giving patients the option to use patient diaries.
- Consider reporting data for all quality indicators to the Intensive Care National Audit and Research Centre (ICNARC).
- Consider auditing the performance of the critical care service against the Guidelines for the Provision of the Intensive Care Services (GPICS) standards to assess areas of compliance and non-compliance.
- Consider exploring the range of pathway options for patients requiring discharge from the critical care unit to expediate discharge.
- Consider supporting a patient forum group for the service to enable patients and their relatives to provide feedback and views on any aspect of their experience during their care and treatment.

# Maternity

Good  

## Key facts and figures

The trust has 92 maternity beds across two sites:

- The Manor Hospital has 89 maternity beds, these beds are located within three wards and one unit.
- The Midwifery Led Unit has three maternity beds, these beds are located on one unit.

*(Source: Trust Provider Information Request – Acute sites)*

From July 2017 to June 2018 there were 3,348 deliveries at the trust. A comparison from the number of deliveries at the trust and the national totals during this period is shown below.

*(Source: Hospital Episodes Statistics (HES) – Provided by CQC Outliers team)*

Maternity services activity:

The MLU had on average 16 births per month when it was operational.

During this inspection, we visited all areas of the maternity service at Walsall Manor Hospital. We also inspected community midwifery services.

We held a focus group for community staff during the inspection to give staff the opportunity to feedback about the community midwifery service. There were 7 attendees in total.

We spoke to 13 staff, reviewed 4 prescription charts and patient records.

Care is provided in both acute and community settings. There is a consultant led delivery suite with 9 rooms plus an enhanced maternity care room and an obstetric theatre, a fetal assessment unit, a triage area, induction of labour suite, outpatient antenatal clinic, antenatal/postnatal ward and a community based midwifery service. Elective Caesarean sections are currently performed in the gynaecology theatre and a second theatre is being built within Delivery Suite. There is a four-bedded transitional care unit on one of the wards. There is also a freestanding 3 bedded MLU one mile from the main unit which is currently used as a community hub but not used for births. There is a cap on births set at 4200.

## Summary of this service

Our rating of this service improved. 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 mostly had suitable premises and equipment and mostly looked after them well, although there were some shortages.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough nursing and medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.

# Maternity

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff mostly 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 preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. 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 and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and could, if need be, offer supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Consultants, midwives and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Understanding and involvement of patients and those close to them.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The service took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service mostly treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. However, complaints were not investigated and closed in line with their complaints policy.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

# Maternity

- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service mostly had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

However,

- The service did not always control infection risk well. Staff did not always keep themselves, equipment and the premises clean. They used control measures to prevent the spread of infection
- The service did not always follow best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- Staff did not always keep detailed records of patients' care and treatment. Records were not always clear, up-to-date and easily available to all staff providing care.
- Managers did not close all complaints in the time frame set out in the service's complaint policy.
- The risk register did not accurately reflect the current risks to the department.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service did not always control infection risk well. Staff did not always keep themselves, equipment and the premises clean. They used control measures to prevent the spread of infection
- The service did not always follow best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- Staff did not always keep detailed records of patients' care and treatment. Records were not always clear, up-to-date and easily available to all staff providing care.

However,

- 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 mostly had suitable premises and equipment and mostly looked after them well, although there were some shortages.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.

# Maternity

- The service had enough nursing and medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

## Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff mostly 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 preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. 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 and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and could, if need be, offer supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Consultants, midwives and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

## Is the service caring?

Good   

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Understanding and involvement of patients and those close to them.



# Maternity

- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

Good ● ↑

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

- Service delivery met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service mostly treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- Complaints were not investigated and closed in line with their complaints policy.

## Is the service well-led?

Good ● ↑

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

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service mostly had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. However, the risk register was fully reflective of the current risks.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

## Areas for improvement

Action the hospital SHOULD take to improve

- The maternity service should ensure all staff are fully compliant with infection prevention control procedures.

# Maternity

- The maternity service should ensure all inpatient staff have enough basic equipment such as fetal monitoring machines and thermometers to carry out their roles effectively.
- The maternity service should ensure all surgeons attend all crucial stages of the surgical safety checklist.
- The maternity service should ensure complaints are investigated and closed in line with their complaints policy.
- The maternity service should ensure they always follow best practice when prescribing, giving, recording and storing medicines.
- The maternity service should ensure it closes all complaints in the time frame set out in the service wide complaints policy.
- The maternity service should encourage managers to utilise the mechanisms in place to manage risk.
- The maternity service should ensure the maternity risk register is kept up to date.

# Community health services

## Background to community health services

The trust provides a range of community services across a range of site within the black country and wider area.

During this inspection we inspected:

- Sexual Health Services

Further community services that we did not inspect:

- Community health services for adults.
- Community health services for children, young people and families
- Community end of life services

The report findings for these services were published in December 2017 and can be found on our website [www.cqc.org.uk](http://www.cqc.org.uk).

## Summary of community health services

**Good**   

Our overall rating of community health services remained the same. The summary of community services appears in the overall summary of this report.

## Community sexual health services

Good

Key facts and figures

Information about the sites and teams, which offer community sexual health services at this trust, is shown below:

*(Source: Universal Routine Provider Information Request (RPIR) – P2 Sites tab)*

The sexual health service is part of the Walsall Integrated Sexual Health Services (WiSH), which includes sexual health, HIV, long-term contraception and family planning. The trust provides an outreach service following acquisition from the local authority and a contraception and sexual health (CASH) outreach service for young people, which is part of the team based at the locations listed above. The CASH team works from a hub offering a weekly appointment service on Thursdays from 2pm to 6pm. We included this service in our inspection and it operates from:

Willenhall Health Centre

Field Street

Willenhall

WV13 2NY

The main clinic is located adjacent to the trust's acute hospital and provides services at the following times:

Monday: 8am to 8pm

Tuesday: 9am to 8pm

Wednesday: 9am to 8pm

Thursday: 8am to 8pm (2pm to 7pm for under 25s only)

Friday: 9am to 4pm

WiSH operates a satellite clinic from Walsall town centre. At the time of our inspection it provided services at the following times:

Monday to Thursday: 9am to 5pm for pre-booked appointments

Friday: 9am to 12pm for pre-booked appointments

Friday: 12pm – 4pm for walk-in patients

Saturday: 9am to 4pm for walk-in patients (1pm to 3pm for under 25s only)

Summary of this service

We rated the service as good because:

- There was a culture of reporting near-misses and incidents openly and honestly and this demonstrably led to improvements in practice and care. Staff readily engaged in reflective practice and reviewed instances in which care or processes could have been better to inform service development.
- The team demonstrated a continual focus on improvement delivered through peer reviews, audits and research. This was in line with national and international trends and demonstrated the efforts made by staff to deliver care at the leading edge of sexual health and HIV knowledge and practice. Clinical and quality staff worked together to implement new care and treatment pathways to reflect new and emerging best practice.

# Summary of findings

- Staff were audit and research-active and active in regional and national specialist networks. This demonstrably improved policies and practice and meant the team had access to advanced training and development opportunities.
- The young person's contraception and sexual health (CASH) team worked to broad key performance indicators aimed at improving sexual health literacy and improving vaccination uptake. The team delivered a comprehensive sex and relationship education programme that was tailored to the individual needs of young people they saw and led by population and epidemiological trends.
- Health promotion was a substantive element of the service's remit and staff worked in partnership with local organisations to plan and deliver campaigns and interventions to improve sexual health and literacy.
- Staff were persistent in identifying opportunities for development and growth and worked with colleagues across services to improve training. For example, the HIV specialist pharmacist was undertaking an independent prescriber's course and a member of the security team had undertaken training to become a dementia support worker.
- Staff went to great lengths and above and beyond their professional responsibilities in providing patients with compassionate care that included them in planning. The service saw a diverse patient group and staff had adapted communication and care delivery to individual needs, including those with highly complex needs.
- The senior team promoted a culture of reflection in which staff were supported to consider their practice as a tool to acknowledge good work and identify areas for improvement.
- Staff routinely and consistently engaged with patients, including through a user group. They acted on feedback, modified and updated the service and implemented new strategies as a result. A patient survey in 2018 had resulted in five key areas for change, all of which had been completed by 2019.
- Dedicated, experienced staff provided care and guidance to young people with a pragmatic approach to the age of consent and sexual experimentation. This was part of a broader approach to young people that was fluid and wholly focused on their safety and needs. The team had formalised communication standards with young people and their parents with the recent ratification of a standard operating procedure.
- Sexual health and safeguarding teams had worked with colleagues in the security team to help them support staff and patients experiencing mental health problems, dementia-related symptoms and those under the influence of alcohol or drugs. This had substantially increased the skill base of the security team to meet changing trends in the support they were called on to provide.
- Staff showed flexibility for patients accessing services. They adapted and extended clinic times to meet individual needs and changed the availability of testing during outreach sessions to meet demand.
- Services were delivered based on the needs of the population. Staff were proactive in identifying changing and emerging needs and adapting services to meet them. This was a multidisciplinary approach and staff worked with other teams to establish new care pathways and programmes.
- The service demonstrably improved facilities and access as a result of patient feedback and actively engaged with people when they expressed dissatisfaction. There was evidence from governance meetings and speaking with staff that feedback was taken seriously and used substantively in service planning.

However, we also found areas for improvement:

- In 2018 there were a series of incident reports relating to clinic cancellations and delays caused by persistent short staffing and turnover and sickness rates were significantly higher than trust targets. A new senior sister had begun to address the issues causing this although uncertainty in the service caused by funding cuts meant they were restricted in recruiting new staff.

# Summary of findings

- There was a disconnect between what the trust told us about staff satisfaction and engagement, our discussions with staff and the results of a 'pulse check' survey. The survey in 2018 found areas of dissatisfaction amongst staff, including in relation to communication from the trust and with the senior management team. The senior sister in sexual health had addressed local issues but there was no evidence of improvement from the trust.

To come to our ratings, we inspected the main clinic, satellite clinic and the CASH service. We observed care being delivered, including at a school during an outreach session, and spent time with the reception team and single point of access (SPA) team in the course of their duties. We spoke with 13 members of staff reflecting a range of roles and responsibilities and spoke with four patients. We reviewed six sets of medical records and over 67 other pieces of evidence.

We had not previously inspected this service.

Is the service safe?

Requires improvement

We rated safe as requires improvement because:

- The service did not always have enough staff to provide the right care and treatment. Turnover and sickness rates were persistently higher than trust targets and staff frequently submitted incident reports regarding short staffing that led to clinic delays and cancellations.
- It was not evident the senior team always acted on health and safety incidents or audited local practices to keep staff safe.
- Robust systems and resources were not in place to keep reception staff safe from harm at the main clinic. Although staff reported instances of abuse and violence, the trust had failed to act on these.
- Fire safety standards were good in areas the trust had control over. However, there was a risk at the satellite clinic caused by uncontrolled parking, which meant a key fire exit was partially blocked.

However, we also found areas of good practice:

- 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. We found proactive, timely and consistent safeguarding practices in line with trust policies and local best practice.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Clinics complied with Department of Health and Social Care guidance on infection control in clinical environments, in relation to waste management and the handling of sharps.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- Staff had the right qualifications, skills, training and experience to keep people safe from avoidable harm.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Staff had introduced dynamic templates to care plans, which enabled more coherent and individualised recording of assessments and consultations. A dedicated HIV administrator managed this patient group's records and these were maintained in line with national standards.

# Summary of findings

- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time. Audits were in place to monitor safety standards and a dedicated HIV specialist pharmacist provided oversight and support.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Senior staff had acted on themes of incidents, including changes to practice following delayed communication with patients about test results.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Outstanding

We rated it as outstanding because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. The team worked proactively to implement strategies to meet new national guidance and where existing guidance changed and presented challenges.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. Staff acted on learning from national incidents to review the effectiveness of processes and specific tests to ensure they could be confident with results.
- An extensive audit plan reflected the service's focus on meeting national standards while developing care in line with the local needs of the population, including reacting to changes in sexual behaviour.

The service operated an opt-out system for HIV testing and encouraged everyone who attended the main clinic to undertake a test. From February 2018 to January 2019 the service achieved an 82% uptake of HIV testing.

- Staff worked with colleagues in microbiology and other medical specialties to implement improvements to existing process within the requirements of national standards. This meant patients under the care of multiple teams, such as urology or gynaecology in addition to sexual health, received individualised, evidence-based care
- 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 monitor the effectiveness of the service.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- Staff coordinated care with other specialists and multidisciplinary working was clearly embedded in all aspects of the service. Nurses, clinicians, health advisors and outreach workers collaborated to deliver seamless pathways of care.
- The team had developed specialist clinics to improve patient outcomes, such as in dermatology, psychology and erectile dysfunction. Consultants worked with local GPs to improve sexual health services to patients in primary care.
- Staff worked in partnership with local organisations to plan and deliver health promotion campaigns and interventions. They targeted health promotion campaigns and interventions at specific population groups and provided patients with up-to-date guidance that reflected the latest national and international practice.

Is the service caring?

Outstanding

# Summary of findings

We rated it as outstanding because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Patients consistently recommended the service in the NHS Friends and Family Test (FFT), with a 96% recommendation rate in 2018.
- During all our observations of interactions with patients, staff demonstrated kindness, empathy and reassurance. Patients gave us enthusiastic and positive feedback and gave a range of specific examples of how staff had supported and looked after them when they had needed it the most.
- Staff were acutely aware of the need for consistent standards of privacy and dignity and to manage patients confidentially. Staff adapted the service to maintain privacy and dignity based on where they delivered care.
- Staff provided emotional support to patients to minimise their distress. The team demonstrated an acute understanding of the differences in effective emotional support based on age and gender and adapted their approach accordingly.
- The whole team promoted a positive atmosphere to reduce the stigma and preconceptions of visiting a sexual health clinic. They delivered this using communication adapted to specific age groups, in recognition of the different levels of comfort patients demonstrated in talking about their sexual health.
- Staff provided highly tailored support to patients based on their level of risk, understanding of the risks and broader health and social needs. The team was well equipped to provide care to patients with complex needs, such as sex addition.
- Staff involved patients and those close to them in decisions about their care and treatment. This included a very diverse patient group including commercial sex workers and those with complex psychosexual needs. Nurses kept up to date with sexual health information on social media, in current affairs and in popular culture to be able to effectively communicate with young people.
- The reception and single point of access (SPA) teams delivered a service with consistent attention to detail. They demonstrated an acute understanding of patient's needs and helped them understand why there were longer waits for some appointments.

Is the service responsive?

Good

We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- The sexual health and multidisciplinary teams worked together to identify changes in population needs and behaviour. They used this information to identify potential gaps in screening and treatment and to implement additional care accordingly.
- Staff were proactive in adapting and delivering services to the emerging needs of specific population groups, which they accomplished through an acute understanding of behaviour and risk. Outreach staff targeted hard-to-reach groups that had higher risks of sexual infections and HIV and the contraception and sexual health (CASH) team spent time with new students during university fresher's weeks. In September 2018 the team carried out 189 chlamydia and gonorrhoea screens during fresher's events.



# Summary of findings

- Staff had established relationships with other service providers to ensure they met the needs of patients with complex behaviours and problems. This included a long-standing reciprocal arrangement that enabled patients to access alcohol and drug cessation specialists.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- Staff maintained up to date awareness of the services offered by other providers and clinics in the region to ensure they could meet demand and offer additional care where needed.
- Staff had increased the availability of testing for certain conditions during outreach sessions based on feedback and demand and were responsive in changing access times.
- Services were provided for an extensive range of people in the local population and staff worked collaboratively to ensure these were well coordinated. For example, the adult safeguarding team was developing a transition pathway for victims of sexual exploitation who were moving from childhood to adulthood.
- Staff demonstrated an acute understanding of the challenges and influences on local young people. The CASH team identified the impact of health inequalities on young people from lower socioeconomic groups and provided advice and guidance appropriate to their needs.
- Staff had adapted the Academy of Royal Colleges Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients to the service, which ensured patients received continuity of care from named clinicians.
- Patients could order chlamydia testing kits online and arrange to collect these from any of the service's clinics. Staff implemented this process for patients who were unable to receive sensitive post at home, such as those with domestic safety concerns or those who were worried about confidentiality.
- The trust safeguarding team was working with the sexual health team to improve care for patients with learning disabilities through more advanced training. Staff adapted sex and relationship education sessions to meet the needs of young people living with autism and helped to make information more accessible.
- The CASH team used online resources to help discussions on topics such as consent, sex and the law and pornography to young people.
- During our inspection we observed staff worked together to ensure patients could access to service as conveniently as possible.
- The single point of access team had significantly improved access to the service. From January 2018 to January 2019 the team handled over 20,000 calls with a response time of less than two minutes.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However, we also found areas for improvement:

- From February 2018 to January 2019, the service cancelled 2204 appointments and patients cancelled 3156 appointments. The service did not monitor the reasons for cancellations or the time to re-booking.

Is the service well-led?

Good

We rated it as good because:

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. Staff spoke positively about recent changes in service leadership.

# Summary of findings

- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve quality and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Multidisciplinary governance structures enabled the local time to manage risks and performance. This included in safeguarding and medicines management.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Staff demonstrated a proactive approach to improving information management using methods that improved efficiency without creating risk.
- The service engaged well with patients, staff, the public and local organisations and collaborated with partner organisations effectively. We saw evidence of improvements to care as a result of patient feedback and a service user group.
- Staff continually engaged with patients beyond the need for clinical contact to improve the service and develop specialist pathways and worked with a user group to maintain regular discussions.
- The service was committed to improvement by learning from when things went well and when they went wrong, promoting training, research and innovation.

However, we also found areas for improvement:

- The single point of access team was routinely excluded from whole-team meetings because the phone lines could not be suspended. The CASH team could not always attend team meetings because they were often timed to coincide with planned outreach work. Although the senior sister provided briefings following meeting, the system meant a core group of staff did not have regular face-to-face meeting opportunities with the rest of the team.
- A pulse check staff survey in 2018 identified several areas in which staff were unhappy or dissatisfied.
- Although the trust promoted a positive culture and had a vision and strategy in place, staff feedback was variable.

## Outstanding practice

- Safeguarding practices were fully embedded in all aspects of the service. Staff maintained up to date training and demonstrated advanced skills in the recognition of potential risk. The team was proactive in engaging with other agencies, including specialist organisations, to respond to patients with highly complex needs and in cases where multiple local authorities were involved. Staff ensured young people had access to high quality sexual health and sex education to develop skills to protect themselves from harm and exploitation.
- We observed excellent standards of safeguarding awareness during our inspection. For example, a patient booked into a future appointment at the satellite clinic visited and asked to be seen earlier. The patient was booked to attend with an interpreter and on this occasion attended with a relative translating for them. The clinical support worker (CSW) on duty recognised this as a safeguarding concern and explained discreetly and sensitively why they could not be seen with a relative interpreting for them. The CSW established the patient had no urgent or immediate clinical risk during this process, which ensured their safeguarding concern did not detract from clinical needs.

# Summary of findings

- The safeguarding team had adapted the existing clinical situation, background, assessment and recommendation (SBAR) tool for use by the security team when attending calls for help. The tool meant the security team could prepare themselves for the situation and plan a response based on what staff knew about the patient, such as mental health diagnoses or problems.
- The service was proactive in sharing the outcomes of audits and research broadly across the sector to improve understanding and practice. In April 2018 the service presented the outcomes of a project to identify how clinicians in different departments treated the same condition. This was a collaborative project with other departments in the hospital and the team presented it at an international HIV and sexual health conference. The outcomes of the project meant patients received more consistent, evidence-based treatment wherever their condition was detected in the hospital.
- The CASH team provided an exemplary programme of sex and relationship education to young people in schools, colleges and the local community. This included a balanced approach to addressing the anxieties and worries of teenagers whilst supporting developing sexual interest in line with best practice guidance. The team used digital media to help communication and provided practical guidance on topics such as condom use and managing relationships.
- Young people in schools and colleges regularly presented with a wide range of questions about sex and sexual health and staff prided themselves on understanding different terminology and being able to provide specific information. This included on general sex and relationship education as well as on sexual behaviour and experimentation. Nurses kept up to date with sexual health information on social media, in current affairs and in popular culture to be able to effectively communicate with young people.
- There was a consistent focus on holistic care and staff strived to meet the needs of patients with complex health issues, including social care needs. The team had developed complex care pathways, such as for young people in vulnerable circumstances experimenting with alcohol and drugs. They provided coordinated care for people experiencing domestic abuse, sexual exploitation or coercion.
- Staff continually engaged with patients beyond the need for clinical contact to improve the service and develop specialist pathways. For example, the safeguarding team and sexual health team worked with a previous victim of sexual exploitation to arrange a trust event on the topic. The previous patient presented on their experience and reflection to staff from across the trust. More staff wanted to attend than could be accommodated in the venue and the presenter would return to repeat the presentations in the future.
- The senior sister distributed a 'learning from excellence' communication as part of the monthly quality and safety update. This was part of a strategy to identify and promote positive practice to balance information on incidents and risks. The communication included a rolling programme of peer-nominated awards.
- All members of the team demonstrated the importance of understanding new and emerging threats and trends to sexual health and HIV, at a local and population level. This included where international standards of care and treatment guidelines differed from the UK and patients were typically well-versed on both. For example, national and international guidance on the use of pre-exposure prophylaxis (PrEP) varied widely. This medicine was typically targeted at men who have sex with men (MSM) and as an additional preventative measure to avoid HIV infection alongside consistent condom use. However, the team recognised in practice many patients used PrEP instead of condoms, which had led to resistant strains of common STIs, including gonorrhoea and syphilis. As a result, the team coordinated care and treatment for more complex infections and for patients with more complex needs relating to psychosexual behaviour.

## Areas for improvement

We told the trust they SHOULD:

# Summary of findings

- Ensure car parking at the satellite clinic is controlled in a way that does not present a safety risk to occupants of the clinic in an emergency evacuation.
- Review health and safety monitoring and practices to reduce the risk of injury, abuse and violence to staff.
- Improve monitoring of appointment cancellations to address trends.
- Review arrangements for trust-level and senior management communication with staff to ensure they feel supported and have access to managers during periods of change and high levels of pressure.
- Address the negative views held by staff of the working culture and vision and strategy of the trust.

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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

Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### Regulated activity

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 18 HSCA (RA) Regulations 2014 Staffing

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 5 (Registration) Regulations 2009 Registered manager condition

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

## Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

# Our inspection team

Our team was led by Victoria Watkins , Head of Hospital Inspection.

The team included on inspection manager, seven inspectors (including a pharmacy inspector and a mental health inspector), one executive reviewer, and 14 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.