Worcestershire Acute Hospitals NHS Trust

Quality Report

Worcestershire Royal Hospital
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Date of inspection visit: 22 to 25 November 2016 and 7,8 and 15 December 2016
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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust	Inadequate
Are services at this trust safe?	Inadequate
Are services at this trust effective?	Requires improvement
Are services at this trust caring?	Good
Are services at this trust responsive?	Inadequate
Are services at this trust well-led?	Inadequate

Summary of findings

Letter from the Chief Inspector of Hospitals

Worcestershire Acute Hospitals NHS Trust was established on 1 April 2000 to cover all acute services in Worcestershire with approximately 885 beds spread across various core services. It provides a wide range of services to a population of around 580,000 people in Worcestershire as well as caring for patients from surrounding counties and further afield.

Worcestershire Acute Hospital NHS Trust provides services from four sites: Worcestershire Royal Hospital, Alexandra Hospital in Redditch, Kidderminster Hospital and Treatment Centre and surgical services at Evesham Community Hospital, which is run by Worcestershire Health and Care NHS Trust.

We inspected the trust from 22 to 25 November 2016, with unannounced inspections at Worcestershire Royal Hospital, the Alexandra Hospital and Kidderminster Hospital and Treatment Centre on 7, 8 and 15 December 2016.

On 27 January 2017 we issued a section 29A warning notice to the trust requiring significant improvements in the trusts governance arrangements for identifying and mitigating risks to patients.

We rated Worcestershire Acute Hospitals NHS Trust as inadequate overall. Three of the five key questions we always ask (is the trust safe, responsive to people's needs and well-led) were rated as being inadequate. The trust was judged to require improvement to be effective.

We rated the trust as good for caring. We found that services were provided by dedicated, caring staff. Patients were treated with kindness, dignity and respect and were provided with the appropriate emotional support.

Our key findings were as follows:

Safety

- There was a culture of reporting, investigating and learning from incidents throughout the trust. However, not all incidents that were required to be reported externally as "serious" were correctly classified and externally reported.
- The emergency department at the Alexandra Hospital could not ensure that there was always a senior doctor available who was qualified to resuscitate children. Staff had not been trained to use a new system to help staff recognise when a child's condition was deteriorating.
- Staffing levels within the emergency department were not planned and reviewed in line with national guidance. There were not enough consultants in the emergency departments to meet the Royal College of Emergency Medicine's emergency medicine consultant workforce recommendations. However, most other areas had adequate staff to ensure patients received safe care and treatment.
- The level of safeguarding children's training that staff in certain roles undertook was not compliant with the intercollegiate document "Safeguarding Children and Young People: Roles and competencies for Health Care Staff (March 2014) or the Royal College of Paediatric and Child Health guidelines. Therefore, we could not be sure that staff had sufficient knowledge and skills to safeguard children.
- Medicines management was poor with medicines that required cool storage being stored in fridges which were either below or above the manufacturers' recommended temperature. Emergency medicines were not protected from tampering, and we saw poor practice relating to staff signing for controlled drugs in the endoscopy department at Kidderminster Hospital and Treatment Centre.
- Mandatory training was, across most areas, below the trust target of 90%. This meant that we could not be assured that staff had sufficient knowledge to manage the care and welfare of patients.
- There was no privacy and little confidentiality for patients being cared for on trolleys in the corridors of the emergency departments at Worcestershire Royal Hospital and the Alexandra Hospital. They were sometimes waiting by external doors in cold conditions or out of the line of staffs' sight.
- Wards and clinical areas were visibly clean and most staff had access to personal protective equipment. We did observe some poor adherence to the trust's infection prevention and control procedures on some wards providing medical care. However, overall infection rates were low.

Summary of findings

- Patient risk assessments were not fully completed on admission and generally not reviewed at regular intervals throughout the patient's stay in hospital.
- Patient records were not always stored securely.
- Aging and unsafe equipment was used in the radiology departments across the trust that was being inadequately risk rated. There was a lack of capital rolling replacement programmes in place.
- Medical patients on non-medical wards were not always effectively managed. Patients moved to non-medical wards, such as surgical wards were not always reviewed to check the move was appropriate and the risk of patients deteriorating was not always appropriately managed.

Effective

- The trust performed worse than expected for two mortality indicators (SHMI and HSMR respectively). The Hospital Standardised Mortality Ratio (HSMR) (January 2016) was 105 against the England figure of 100. The trust's Summary Hospital-level Mortality Indicator (SHMI) for year-end figures (rolling 12 months to December 2015) was 113 against an England average of 100.
- Performance in national audits was, in some areas significantly worse than the England average. However, we found limited evidence of action plans to address all these areas for improvement.
- Most staff understood the effectiveness of completing localised audits. However, we found no standardised approach to the completion of audit. This was also identified in our previous inspection in July 2015.
- Between April 2015 and August 2016, 75% of staff within the trust had received an appraisal compared to a trust target of 85%.
- Not all staff had a good understanding of their obligations under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). As at August 2016 MCA training has been completed by 37% of staff trust wide against a target of 90%. DoLS training compliance was just below the trust target at 85%.
- Care was mostly delivered in line with legislation, standards and evidence-based guidance, however, some local and trust guidelines needed updating.

Caring

- Staff provided kind and compassionate care that was delivered in a respectful way.
- Patients and those close to them were involved in the planning of their care.
- The need for emotional and spiritual support was recognised and provided.
- The trust's Friends and Family Test performance was generally about the same as the England average between August 2015 and July 2016.
- Patient's privacy and dignity was often compromised when receiving care in the corridors in the emergency departments

Responsive

- The amount of time patients spent in the emergency department waiting for treatment was consistently worse than the expected standards.
- The trust had consistently failed to achieve the Department of Health emergency department national target to admit or discharge 95% of patients within four hours of arrival since October 2014.
- The percentage of emergency admissions of patients to the emergency department waiting four to 12 hours from the decision to admit until being admitted has been consistently higher than the England average. This meant that patients could not access services in a timely way.
- There were delays when patients in the emergency department were referred to specialist teams. Only 47% of specialist doctors arrived within an hour. There was a lack of plans or strategies to correct this.
- The admitted referral to treatment time was consistently below the trust standard of 90%.
- From January to November 2016 the cancer 62 day wait standard of 85% had only been met once.
- The flow of patients into and through the trust was not well-managed.
- There was a high volume of patients moving medical wards at night from 10pm to 6am. This contravened with the trust's patient transfer policy, which states that internal transfers between wards should occur between 7am and 9pm. At Worcestershire Royal Hospital, 57% of patients moved medical ward at least once.
- Mixed sex accommodation breaches had not been reported.
- Complaints were not always managed within the timelines set out in the trust complaints policy.

Summary of findings

Well-Led

- The executive team was made up of mainly interim executive directors who were not recognisable or visible to staff through the trust
- Although the trust had recently appointed a new substantive chairman, there remained significant concerns relating to the interim positions and future stability of the board and the impact that had on an organisation trying to make substantial improvements in the quality of care it provided for its' patients. The stability of the board was a concern raised in our last inspection in 2015.
- The executive team did not have effective processes to ensure communication was embedded from ward to board.
- Although we saw many examples of good local leadership, many junior managers felt frustrated that they were not able to effect change due to poor communication between ward, divisional and executive levels.
- Although a revised framework for governance and assurance was in place, it was not operating effectively and the board did not have clear oversight of the risks affecting the quality and safety of care for patients.
- The trust had a poor performance in the 2015 NHS staff survey. It performed better than other trusts in one question, about the same as other trusts in 11 questions and worse than other trusts in 22 questions.
- There was not an appropriate system in place to support the fit and proper person's requirements.
- The rates of bullying for both black and minority ethnic and white staff from patients, relatives and the public along with other staff were high and represented a significant risk to patient care.
- There was not a Freedom to Speak Up Guardian in place.
- The trust had a proactive view of public engagement, using social media and newspapers in order communicate changes and celebrate successes.

There were areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Ensure patients privacy, dignity and confidentiality is maintained at all times. For example, patients staying overnight in the gynaecology assessment unit.
- Ensure that patient documentation, including risk assessments, are always completed accurately and routinely to assess the health and safety of patients. Including elderly patient risk assessments, dementia assessments, venous thromboembolism assessments, sepsis bundle assessments and fluid balance charts.
- Use a standard risk assessment to assess and identify the needs of patients admitted to wards with mental health needs. This must include details of whether the patient requires 1:1 or 2:1 care from a specialist mental health nurse, and the level of care provided.
- Ensure nursing documentation on high dependency units is contemporaneous with detailed accounts of the day's activities completed.
- Ensure that patient weights are recorded on their drug charts.
- Ensure that there is clear oversight of the deterioration of patients and the National Early Warning Score chart is completed in accurately.
- Ensure that the Paediatric Early Warning Score charts are consistently completed in a timely manner and accurately.
- Ensure that patients are escalated as a result of the Paediatric Early Warning Score where they trigger a deteriorating patient.
- Ensure that the eligibility criteria for the clinical decision unit is followed to ensure appropriate patients are admitted.
- Ensure there is access to 24-hour interventional radiology services.
- Ensure staff are aware of ligature points.
- Establish identification of female genital mutilation and child sexual exploitation training that is to be completed by all staff working in children and young people's services.
- Ensure that patients under child and adolescent mental health services receive care from appropriately trained staff at all times.
- Ensure that staff providing care for children requiring continuous positive air pressure or AIRvlo have appropriate training or up to date competencies to use this equipment safely.
- Ensure that there is an appropriate mental health room in the emergency department to care for patients presenting with mental health conditions that complies with national guidance.

Summary of findings

- Ensure that flow in the trust is maintained to prevent patients being treated in the emergency department corridors for extended periods of time.
- Ensure that children are not left unattended in the emergency department paediatric area.
- Ensure that there is a robust system in place to ensure that all electrical equipment has safety checks as recommended by the manufacturer.
- Ensure all equipment is in date and used, stored and maintained in line with manufacturers' instructions.
- Ensure that patients are cared for in a safe environment that has the appropriate equipment to facilitate care to a deteriorating patient.
- Ensure that medicines are always stored within the recommended temperature ranges to ensure their efficacy or safety.
- Ensure prompt investigation of any medicines which are unaccounted for and notify the relevant authority and organisations.
- Review arrangements around storage of intravenous fluids for emergency use to ensure patient safety.
- Ensure that medicines are always administered to patients as prescribed.
- Ensure infection prevention and control procedures are always carried out as per trust policy and national guidelines.
- Improve performance against the 18 week referral to treatment time, with the aim of meeting the trust target.
- Improve performance against the national standard for cancer waiting times. This includes patients with suspected cancer being seen within two weeks and a two-week wait for symptomatic breast patients.
- Ensure they are carrying out patient harm reviews to mitigate risks to patients who breach the referral to treatment times and cancer waits.
- Ensure safeguarding checks are made consistently.
- Ensure information relating to the children at risk register is accessible.
- Ensure that incidents are accurately reported and investigated.
- Ensure that staff receive appropriate training to enable the correct categorising of incidents.
- Ensure that staff are not discouraged from reporting incidents relating to capacity and corridor care.
- Ensure that incidents that need reporting to external authorities are completed.
- Ensure there is an embedded risk assessment process to determine the criteria for patient moves to non-medical wards.
- Ensure all mortality and morbidity meetings are recorded and lessons are learnt.
- Ensure there are systems and processes established in surgical service to address identified risks, such as cancelled operations, bed capacity and access to emergency theatres.
- Ensure divisional management teams are aware of patient harm reviews to mitigate risks to patients who breach the referral to treatment times and cancer waits.
- Ensure divisional management teams have oversight of the patient waiting lists and of initiatives and actions taken to address referral to treatment times and cancer waits.
- Develop a clear strategy for surgical services which includes a review of arrangements for county wide management of emergency surgery.
- Develop a clearly defined business plan for paediatrics, which considers the risks to the service and incorporates a vision and plans for service improvement. The plan must have clear objectives and milestones, supported by actions to ensure objectives are realised.
- Ensure the risk register identifies and mitigates all risks.
- Ensure there is a review of the paediatric assessment area and subsequent admissions to identify and resolve potential issues with flow and capacity.
- Ensure the bed management plans for children and young people devised to deal with escalation issues for staffing shortages or high bed occupancy is up to date.
- Ensure there is a strategy is in place for diagnostic and imaging services that staff are aware of.
- Ensure patient notes are stored securely and safely.
- Ensure staff complete the required level of safeguarding training, including safeguarding children.
- Ensure staff compliance with mandatory training meets trust target of 90%.
- Ensure all staff receive an annual appraisal.
- Ensure that there are sufficient registered children's nurse in post to make certain that the emergency

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department has at least one registered children's nurse on duty per shift in line with national guidelines for safer staffing for children in emergency departments.
- Ensure that only an appropriately trained staff member is left in charge of a ward to care for patients.
- Ensure administration of controlled drugs are always documented contemporaneously with signature as appropriate.
- Ensure that resuscitation equipment is readily available for use when required without posing a risk.
- Ensure there is a process for collecting data regarding the effectiveness of the children's outpatients department to recognise and plan where improvements can be made.
- Ensure mixed sex breaches are reported as required.
- Increase staff awareness of the trust's incident reporting procedures and risk matrix tool.
- Ensure staff receive appropriate clinical supervision.
- Ensure patients are always assessed and treated in line with the Mental Capacity Act 2005 to gain consent.
- Ensure staff are aware of the Mental Capacity Act 2005.
- Ensure all required members of staff are present at operating team brief as per guidance.
- Ensure that there is a system in place in the emergency department to record medicines (including intravenous morphine) administered to patients by ambulance crews.
- Ensure theatres and anaesthetic rooms are compliant with national guidance, Health Technical Memorandum 03-01: Specialised Ventilation for Healthcare Premises.
- Ensure children's and young people's service carrying out clinical audits of the service to establish its effectiveness and identify and complete improvements to the service.
- Ensure there is appropriate supervision for staff.
- Ensure all patients are clinically assessed by a competent member of staff within fifteen minutes of arrival in the emergency department.

Since this inspection in November 2016 CQC has undertaken a further inspection to follow up on the matters set out in the section 29A Warning Notice mentioned above, where the trust was required to make significant improvement in the quality of the health care provided. I have recommended that the trust remains in special measures.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Background to Worcestershire Acute Hospitals NHS Trust

Worcestershire Acute Hospitals NHS Trust was established on 1 April 2000 following the merger of Worcestershire Royal Infirmary NHS Trust, Kidderminster Healthcare NHS Trust, and Alexandra Healthcare NHS Trust. Facilities are distributed across four sites; the Alexandra Hospital, Redditch; the Kidderminster Hospital and Treatment Centre, the Worcestershire Royal Hospital, Worcester and surgical services at Evesham Community Hospital which is run by Worcestershire Health and Care NHS Trust.

The trust has 885 beds and provides a range of acute services for the people of Worcestershire. This includes general surgery, general medicine, emergency care and women and children services. There are a range of support services including; diagnostics and pharmacy.

The trust's main Clinical Commission Group (CCG) are NHS Redditch and Bromsgrove CCG, NHS Wyre Forest CCG and NHS South Worcestershire CCG. The Trust primarily serves the population of the county of Worcestershire although the trust's catchment population extends beyond Worcestershire itself, as patients are also attracted from neighbouring areas including South Birmingham, Warwickshire, Shropshire, Herefordshire, and Gloucestershire. This results in a catchment population which varies between 420,000 and 800,000 depending on the service type. Referrals from GP practices outside of Worcestershire currently represent 13% of the trust's market share.

As at August 2016, the trust employed 5,053 staff out of an establishment of 5,532, meaning the overall vacancy rate at the trust were 9%. This equated to a vacancy rate of for example; 20% for surgery, and 10% for nursing and midwifery staff.

Our inspection team

Our inspection team was led by:

Chair: Bill Cunliffe, Secondary Care Specialist, Newcastle Gateshead Clinical Commissioning Group

Co-chair: Peter Turkington, Medical Director, Salford Royal NHS Foundation Trust

Head of Hospital Inspections: Bernadette Hanney, Care Quality Commission (CQC)

The team included CQC inspectors and a variety of specialists: experts by experience, specialist advisors including, board level directors, adult and children's safeguarding specialist, emergency department doctor and nurses, medical consultant surgeon, surgical nurses, critical care nurse, critical care consultant, radiographers, midwives, paediatric nurses, outpatient doctor and nurses, a junior doctor and a pharmacist.

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we held about Worcestershire Acute Hospitals NHS Trust and asked other organisations to share what they knew about the trust. These included the Clinical Commissioning Groups, NHS Improvement, NHS England, NHS Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges, local MP's, "Save the Alex" campaign group and the local Healthwatch.

Summary of findings

People shared their views and experiences with the Care Quality Commission (CQC) by e-mail and telephone.

We carried out this inspection as part of our comprehensive follow up inspection programme. We undertook an announced inspection of Worcestershire Royal Hospital, Alexandra Hospital Redditch and the Kidderminster Hospital and Treatment Centre between 22 and 25 November 2016 and unannounced inspections on 7, 8 and 15 December 2016.

We held focus groups with a range of staff across the trust's hospitals, including nurses, junior doctors, consultants, health care assistants, midwives, allied health professionals and clerical staff. We also spoke with staff individually as requested.

We talked with patients and staff from all the ward areas, outpatient and specialist services.

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

What people who use the trust's services say

In the Cancer Patient Experience Survey 2015 (published July 2016) the trust was in the top 20% of trusts for one of the 34 questions, in the middle 60% for 26 questions and in the bottom 20% for seven questions. Patients gave an average score of 8.7 from a scale of zero (very poor) to 10 (very good).

The trust scored overall "about the same" for the 2015 CQC in-patient feedback. However, five areas had shown a decline. Examples include; information given in the emergency department about condition or treatment and time between arrival and getting a bed on a ward.

The trust performed about the same as the England average in the Patient-Led Assessments of the Care Environment (PLACE) 2015 for assessments in relation to food, privacy, dignity, wellbeing and facilities. However, the score for dementia care had decreased from 68% to 58%. This was below the England average of 75%.

The trust's Friends and Family Test performance was generally about the same as the England average between September 2015 and August 2016. In the latest period, October 2016, the trust continued to perform the same as the England average (95%).

Facts and data about this trust

The trust has a total of approximately 855 beds:

- 367 medical beds
- 328 surgical beds
- 71 children's beds
- 70 maternity beds
- 18 critical care beds
- 18 other beds (endoscopy)

The trust employs 5,053 staff:

- 584 medical staff
- 1,652 nursing and midwifery staff
- 330 allied health professionals
- 2,488 other staff

In the last financial year, the trust had:

- 120,278 attendances in the emergency department
- 139,022 inpatient admissions (2014/15 financial year)
- 588,327 outpatient appointments
- 5,767 births
- 2,181 referrals to the specialist palliative care team
- 51,444 surgical bed days
- 1.945 critical care bed days (March to August 2016)

The trust closed the 2014/15 financial year with a deficit of £31,000,000. This underlying £31 million deficit formed the basis of the 2015/16 planned deficit plan. However, the trust finished the 2015/16 financial year with a deficit of just under £60 million. The variance from the original planned £31 million was attributed to high emergency demand and high levels of discharged patients awaiting packages of care which impacted on elective income levels and the levels of increased medical (£5 million) and nursing staff (£7 million). Additional costs were also

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incurred from a higher reliance on agency staff due to increased vacancies, continuing emergency pressures, delays in reconfiguration and reduced numbers of training posts filled by Health Education England.

The trust serves a population of around 580,000, providing a comprehensive range of surgical, medical and rehabilitation services. This figure is expected to rise to 594,000 by 2021. Worcestershire has a greater number of older people than the rest of England, around 19% of the population is aged over 65 compared to 16% per cent nationally and the number is expected to increase by 30,000 over the next 20 years.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? Overall, we rated safety in the trust as inadequate. For specific information please refer to the reports for Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital and Treatment Centre. The team made judgements about eight services delivered across three locations, with 22 judgements for services at location level in total. Ten of these were judged to be inadequate for safety which included; urgent and emergency services, medical care (including older people's care) at both Worcestershire Royal Hospital and Alexandra Hospital, outpatients and diagnostic imaging for the three hospitals inspected, Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital and Treatment Centre. Services for children and young people and maternity and gynaecology at Worcestershire Royal Hospital and surgery at Alexandra Hospital were also rated as inadequate for safety. Nine services were requiring improvement to be safe with three being rated as good. Therefore the trust was not consistently delivering good standards of safety in all areas. • There was a culture of reporting, investigating and learning from incidents throughout the trust. However, not all incidents that were required to be reported externally as "serious" were correctly classified and externally reported. • The emergency department at the Alexandra Hospital could not ensure that there was always a senior doctor available who was qualified to resuscitate children. Staff had not been trained to use a new system to help staff recognise when a child's condition was deteriorating. • Staffing levels within the emergency department were not planned and reviewed in line with national guidance. There were not enough consultants in the emergency departments to meet Royal College of Emergency Medicine's emergency medicine consultant workforce recommendations. However, most other areas had adequate staff to ensure patients received safe care and treatment. • The level of safeguarding children's training that staff in certain roles undertook was not compliant with the intercollegiate document "Safeguarding Children and Young People: Roles and	**Inadequate** 

competencies for Health Care Staff (March 2014) or the Royal College of Paediatric and Child Health guidelines. Therefore, we could not be sure that staff had sufficient knowledge and skills to safeguard children.

- Medicines management was poor with medicines that required cool storage being stored in fridges which were either below or above the manufacturers' recommended temperature. Emergency medicines were not protected from tampering, and we saw poor practice relating to staff signing for controlled drugs in the endoscopy department at Kidderminster Hospital and Treatment Centre.
- Mandatory training was, across most areas, below the trust target of 90%. This meant that we could not be assured that staff had sufficient knowledge to manage the care and welfare of patients.
- There was no privacy and little confidentiality for patients being cared for on trolleys in the corridors of the emergency departments at Worcestershire Royal Hospital and the Alexandra Hospital. They were sometimes waiting by external doors in cold conditions or out of the line of staff.
- Wards and clinical areas were visibly clean and most staff had access to personal protective equipment. We did observe some poor adherence to the trust's infection prevention and control procedures on some wards providing medical care. However, overall infection rates were low.
- Patient risk assessments were not fully completed on admission and generally not reviewed at regular intervals throughout the patient's stay in hospital.
- Patient records were not always stored securely.
- Aging and unsafe equipment was used in the radiology departments across the trust that was being inadequately risk rated. There was a lack of capital rolling replacement programmes in place.
- Medical patients on non-medical wards were not always effectively managed. Patients moved to non-medical wards, such as surgical wards were not always reviewed to check the move was appropriate and the risk of patients deteriorating was not always appropriately managed.

Duty of Candour

- From November 2014, NHS providers were required to comply with the Duty of Candour Regulation 20 of the Care Quality Commission (Registration) Regulation 2014. The duty of candour is a regulatory duty that relates to openness and

transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- All new staff received the duty of candour training during their induction which outlined their responsibilities. Duty of candour was also incorporated into mandatory training which was delivered through e-learning.
- Staff had a good understanding of the duty of candour and when it would be implemented and what it meant within their practice.

Safeguarding

- The trust had a designated lead for safeguarding supported by a specialist team with responsibility for children.
- The trust had policies in place relating to safeguarding both adults and children. They were within their review dates and showed evidence of reviews and updates in line with best practice and national policy changes.
- The trust provided safeguarding training to all staff at level one, two and three depending on their job role. Medical and nursing staff had exceeded the trust target of 90% for adult safeguarding training. However, safeguarding children level 2 and level 3 had a completion rate of 11% and 8% respectively for medical staff and 30% and 14% for nursing staff. The level of safeguarding children's training that staff in certain roles undertook was not compliant with the intercollegiate document "Safeguarding Children and Young People: Roles and competencies for Health Care Staff (March 2014) or the Royal College of Paediatric and Child Health guidelines. Therefore, we could not be assured that staff had sufficient knowledge and skills to safeguard children. The trust had a level three safeguarding action plan which highlighted a completion date of March 2017 for all relevant staff.
- The trust had "flags" or "icons" on the electronic patient record system to highlight adults or children who were vulnerable or who had particular needs.
- Staff had poor awareness of female genital mutilation and reported not receiving any training in the identification of this.

Incidents

- There was a culture of reporting, investigating and learning from incidents throughout the trust. Following investigations of incidents of harm or risk of harm, staff told us they always

received feedback. Learning from incidents was discussed and cascaded through several forums. They were discussed individually, displayed on a notice board in the staff area, and discussed in the clinical governance group meetings.

- The trust did not have effective oversight of incident classification and management, including categorisation of risk and harm. Not all incidents that were required to be reported externally as "serious" were correctly classified and externally reported.
- From October 2015 to September 2016, the trust reported three incidents which were classified as never events and 89 serious incidents (SIs). Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event. Of the SIs, the most common type reported was pressure ulcers, 30% (26), while slips, trips and falls accounted for 22% (19) of all incidents reported. Diagnostic incident including delays in meeting the SI criteria accounted for 13% (11) of all incidents reported.
- There were 6,481 incidents reported to the National Reporting and Learning System between October 2015 and September 2016 with 12 deaths (0.2%) reported by the trust during this period.
- We saw evidence that medical staff had been told by the governance team that reporting incidents relating to over-crowding in the emergency department (ED) and patients being cared for in areas they considered to be unsafe were inappropriate and these were being deleted without being investigated.
- The trust established a mortality review process with its "buddy" trust in November 2016 to ensure they had the correct guidance and processes in place to manage the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI) results. The HSMR and SHMI results were higher than the comparable peer group figure of 100 at 105 and 113 respectively.

Safety thermometer

- Data from the patient safety thermometer showed there were 28 pressure ulcer, 23 falls with harm and 32 catheter associated urinary tract infections (C.UTIs) from August 2015 and August 2016. The number of patients per 100 surveyed for pressure ulcers reached a high in December 2015, January, April and July 2016 (averaging 80 patients per month). This was seen to be

decreasing from August 2016. The falls rate peaked in September and October 2015 and also January and April 2016 reaching 70 patients each month. The C.UTI's fluctuated but followed an increase in trend with February and August 2016 increasing to 90 patients.

Nursing Staffing

- Nursing staffing levels and skill mix were planned and reviewed in line with national guidance. The trust used an electronic roster nurse staffing tool. This system enabled each ward to calculate the number of staffing hours they required each shift according to the actual dependence and needs of their patients, and compare this to their planned and actual staffing numbers. The trust told us that this information was being used to support the safest and most efficient use of staff, on a shift by shift basis, based on acuity of patients rather than just the number of patients.
- Nursing staffing levels were reported for the individual hospitals as:
  - Worcestershire Royal Hospital: Vacancy rate of 9% (73 whole time equivalent (WTE)), with a 17% turnover rate. Sickness rates were reported at 6%, with bank and agency use worse than the trust target of 6%.
  - Alexandra Hospital: Vacancy rate of 21% (96 WTE) with a 15% turnover rate. Sickness rates were at 6%, with agency usage at 10% which was worse than the trust target.
  - Kidderminster Hospital and Treatment Centre: Vacancy rate of 5% (12 WTE) with a 12% turnover rate. Sickness rates were at 5%, however, bank and agency use was 1%, better than the trust target of 5%.
- The risk to quality and safety of patient care due to difficulties in recruiting to nursing vacancies had been managed through the corporate risk register since August 2014.

Medical staffing

- There were particular concerns relating to provision of medical staff in some services and over reliance on locum doctors rendering some services fragile. There were challenges in recruiting doctors to the trust due to the uncertainty of the future of some services. This risk was RAG (red, amber, green) rated as red on the trust's corporate risk register.

- The level of medical vacancies across the trust has continued to rise from 113.9 WTE to 153.3 WTE at 24th October 2016. The Workforce Data report (October 2016) to the Workforce Advisory Group identified 158.17 WTE medical locums were working in the trust to cover medical vacancies.
- The total vacancies were:
  - Medical consultants 46.55 WTE which is 15% of consultant workforce with the highest number of vacancies in the medicine division at 20.33 WTE (31%)
  - Other medics 108.56 WTE equating to 27% of the total workforce.
- Medical staffing did not meet the Royal College of Emergency Medicine's emergency medicine consultant workforce recommendations of providing 16 hour a day, 7 days a week as a minimum presence in the emergency department. This was also highlighted in our previous inspection report.
- Children's emergency services were not always planned in conjunction with staff in the emergency department. Staffing did not always meet the national "Standards for children and young people in emergency care settings.

Environment and Equipment

- The environment was generally well maintained but some potential risks to patient safety were observed.
- Each ward and department had resuscitation trolley containing emergency equipment and medicines in the event that a patient should have a cardiac arrest. Hospital policy was that these should be checked daily; however, the neonatal resuscitation trolley on the delivery suite at Worcestershire Royal Hospital had not been appropriately checked.
- Not all equipment had evidence of medical servicing and portable appliance testing within the safety date displayed. In the maternity services we found 11 pieces of equipment that had not been serviced, maintenance tested or calibrated.
- The theatre assessment unit at the Worcestershire Royal Hospital accepted medical outliers (a medical patient that due to the lack of beds on medical wards is placed in other departments such as surgical wards). The unit did not have the appropriate equipment, including a resuscitation trolley and other facilities, to care for these patients if their condition deteriorated.
- The clinical environment for the critical care and high dependency units at Worcestershire Royal Hospital did not meet all the recommendations set out in the Health Building Note 04-02 Critical care units' standards. This included limited washing and toileting facilities for 'awake' patients.

- The emergency department at Worcestershire Royal Hospital did not have a room specifically for treating patients with mental health conditions. This was not in line with the Royal College of Emergency medicine guidance. A room had been identified but did not meet the safe exit in an emergency criterion, and was not free of ligature points. The lack of an appropriate mental health room to care for patients was not on the divisional or corporate risk register.
- An inventory of radiology equipment was seen, however, there was no formal capital rolling replacement programme for some of the aging equipment across the trust. The two x-ray rooms at Kidderminster had been replaced in 2016, following multiple failures of the old equipment. The fluoroscopy unit in the imaging department was due for replacement; however, there were no formal plans in place for this at the time of the inspection.

Medicines

- Appropriate systems were not always in place for the storage and administration of medicines.
- Medicines that needed to be available for emergency use that were stored on resuscitation trolleys, for example intravenous fluids were not stored in a way to protect them from tampering or theft.
- Fridge and ambient temperatures in many areas used to store drugs were not effectively managed or monitored. This was also identified in the previous inspection.
- Doses of time critical medication were not always administered to patients at the correct time.
- Drug errors for controlled medicines were not appropriately managed and reviewed within the children and young people service.
- We observed poor practice relating to the signing for controlled drugs that were administered in the endoscopy department at Kidderminster Hospital and Treatment Centre.

Cleanliness, Infection Control and Hygiene

- Wards and clinical areas were visibly clean and ward-cleaning schedules were in place in most areas.
- All equipment in use appeared clean and “I am clean stickers” were in place. Staff were observed cleaning equipment after use.
- Most staff had access to personal protective equipment, such as gloves and aprons and this was used in line with trust guidance in most areas. However, we observed several instances of poor practice on the medical wards, in children

and young people services and in the critical care department. Staff did not always clean their hands between caring for patients, there was incorrect use of personal protective equipment and some doctors were not "arms bare below the elbow."

- All patients admitted to trust were screened for MRSA to assist with isolation and treatment. There was one case of MRSA reported between September 2015 and August 2016. This was above trust's target of a zero rating. Additionally, during the same period the trust reported 16 MSSA (Meticillin Sensitive Staphylococcus Aureus) infections and 24 Clostridium difficile (C. difficile) infections. MSSA can lead to serious infection called septicaemia (blood poisoning) in some patients while C. difficile can infect the bowel and cause diarrhoea. The most recent data for September and October 2016 shows there has been six C. difficile infections reported and the rate of MSSA infections has improved with no incidents being reported in this period.

Mandatory Training

- Compliance with the trust target of 90% compliance with mandatory training was poor and a number of staff had not received all mandatory training.
- Manual handling was the only training module that had a completion rate meeting and exceeding the trust target of 90% for medical staff. The remaining nine modules had a training completion rate below the trust target. Conflict resolution and equality and diversity training had the lowest completion rate of 29% and 20% respectively.
- Nursing and Midwifery staff had a training completion rate meeting and exceeding the trust target of 90% for fire awareness, infection control, information governance and resuscitation training. Medicine management, conflict resolution and equality and diversity training for this group had a completion rate below 50%.

Records

- Most records were well organised and information was easy to access. However, in the medical division this needed improving. We saw incomplete records and charts in most ward areas.
- Medical records were not kept secure in all areas, meaning there was a risk that unauthorised persons could access patients' notes. This was also highlighted at our previous inspection.

Assessing and responding to patient risk

Summary of findings

- Patient risk assessments were not fully completed on admission and generally not reviewed at regular intervals throughout the patients' stay in hospital. The number and type of omissions varied between patients, with fluid charts, Venous thromboembolism (blood clots in the vein) assessments and National Early Warning Scores and Paediatric Early Warning Scores being the most commonly incomplete. The risk of a patient suffering harm as a result of their clinical deterioration was not being identified and escalated appropriately. This was not on the relevant divisional or corporate risk register.
- Risk assessments including dementia and delirium assessments were not routinely completed for patients in the emergency department at Worcestershire Royal Hospital. This meant that systems to assess risks relating to the health, safety and welfare of patients were not operating effectively, including protecting service users from abuse and avoidable harm.
- Pressure area risk assessments were not consistently reviewed. Failure to follow pressure area prevention procedures resulting in harm had been on the corporate risk since April 2015 and was highlighted as a risk in the previous CQC comprehensive inspection (July 2015). There was no evidence that the trust were aware that the gaps in the completion of pressure assessments related to follow-up assessments and appropriate escalation, rather than the initial assessment.
- Children and young people who presented with mental health issues did not have detailed assessments or the provision of one-to-one care. Inconsistent support from the child and adolescent mental health service had been on the divisional risk register since 2009 which identified inappropriate placements and delayed discharge of a young person presenting with mental health issues.
- Paediatric patients were left unattended while at the emergency department which meant that any child whose condition was deteriorating would not be recognised and treated promptly.
- The system for checking children the names of children who were admitted to the emergency depart at Worcestershire Royal Hospital on the child protection risk register was not robust. This had not been identified as a risk and actions had not been taken to ensure the trust had a system in place to ensure all children entering the emergency department were being protected from abuse and improper treatment.
- Not all new-born babies were electronically tagged for security purposes and staff were unclear what action they would take if a baby went missing.

Summary of findings

- There was no evidence of escalation areas where patients were cared for if a bed was not available in their speciality area being risk assessed. This meant patients were being cared for in environments that were not suitable for their needs or may not have the appropriate equipment available should their condition deteriorate.
- Medical patients on non-medical wards were not always effectively managed or promptly reviewed when their condition deteriorated by medical staff. For example, during our inspection, we found a medical patient who had deteriorated on a surgical ward and had not been reviewed by a doctor. The patient significantly deteriorated further while waiting for a medical review.

Major Incident Awareness and Training

- Staff had awareness of major incident protocols and had undertaken major incident awareness training.

Are services at this trust effective?

Requires improvement

Overall, we rated effectiveness in the trust as requiring improvement. For specific information please refer to the reports for Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital and Treatment Centre.

The team made judgements about eight services delivered across three locations, with 19 judgements for services at location level in total. Two services, urgency and emergency services and the outpatient department at Kidderminster Hospital and Treatment Centre were judged as being inadequate, 15 were judged as requiring improvement and three judged as good for effectiveness. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for outpatients and diagnostic imaging.

The trust was not consistently delivering care that was effective and met people's needs.

- The trust performed worse than expected for two mortality indicators (SHMI and HSMR respectively). The Hospital Standardised Mortality Ratio (HSMR) (January 2016) was 105 against the England figure of 100. The trust's Summary Hospital-level Mortality Indicator (SHMI) for year-end figures (rolling 12 months to December 2015) was 113 against an England average of 100.

- Performance in national audits was, in some areas significantly worse than the England average. However, we found limited evidence of action plans to address all these areas for improvement.
- Most staff understood the effectiveness of completing localised audits. However, we found no standardised approach to the completion of audits. This was also identified in the previous inspection in July 2015.
- Between April 2015 and August 2016, 75% of staff within the trust had received an appraisal compared to a trust target of 85%.
- Not all staff had a good understanding of their obligations under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). As at August 2016 MCA training has been completed by 37% of staff trust wide against a target of 90%. DoLS training compliance was just below the trust target at 85%.
- Care was mostly delivered in line with legislation, standards and evidence-based guidance, however, some local and trust guidelines needed updating.

However:

- There was clear evidence of the trust using national guidance to influence the care of patients at the end of life. There was consistent promotion of the delivery of high quality person centred care and several audits had been undertaken to evaluate the service with associated action plans to address improvements identified.
- Multidisciplinary working was productive and teams supported each other.

Evidence based care and treatment

- Care was mostly delivered in line with legislation, standards and evidence-based guidance, for example National Institute for Health and Care and Excellence (NICE), Intensive Care Society and Faculty of Intensive Care Medicine Guidelines and specialist guidance from the royal colleges. Some local trust guidelines needed updating for example bed management and escalation policies as well as the policy on sepsis which did not refer to the latest NICE guidance. We also found a lack of policies and procedures in place to outline staff roles and responsibilities for the care of paediatric patients while in the emergency department.
- Children and young people's care and treatment were planned and delivered in line with current evidence based guidance, best practice and legislation.

Summary of findings

- The trust participated in the national Royal College of Emergency Medicine and Trauma Audit and Research network audits so it could benchmark its practice against other emergency departments.
- There was clear evidence of the trust using national guidance to influence the care of patients at the end of life. There was consistent promotion of the delivery of high quality person centred care and several audits had been undertaken to evaluate the service with associated action plans to address improvements identified.

Patients outcomes

- Patient outcomes were mixed across the trust with staff not fully understanding the effectiveness on patient safety and care. Audits relating to the care of women, who had undergone a termination of pregnancy, had not been carried out. The maternity service also did not audit the completion of their maternal early warning score (Worcestershire Obstetric Warning) which meant we were unsure of the trust's evidence regarding compliance.
- We saw there was no dashboard or audit plan for the children and young people's services. The service was responsible for monitoring their activities and outcomes. However, we found there was no standard approach to this. This was highlighted in our last inspection and we found there continued to be no timeliness in the completion of clinical audits.
- The trust established a mortality review process with its "buddy" trust in November 2016 to ensure it had the correct guidance and processes in place to manage the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI) results. They were working towards electronically recording mortality reviews and using this system to consistently evaluate data and trends.
- The HSMR (January 2016), an indicator of trust-wide mortality that measures whether the number of in-hospital deaths was higher than the comparable peer group figure of 100 at 105 as at January 2016. The SHMI year-end figures (rolling 12 months to December 2015) which measures whether the number of deaths both in the trust and within thirty days of discharge was significantly higher at 113 against the England average of 100.
- The Sentinel Stroke National Audit Programme is the single source of stroke data in England, Wales and Northern Ireland. The trust was rated as band D (A being the best and E the worse). The key indicator level for thrombolysis had declined from level C in October to December 2015 to level D in January

to March 2016. Multidisciplinary team working had improved from level D to level C and discharge processes improved from level C to level B. However, we did not see evidence of an action plan to improve the trust's performance.

- Alexandra Hospital 2015 Heart Failure Audit was worse than the England and Wales average for two of the four standards relating to in-hospital care. It was also worse than the England and Wales average for five of the seven standards relating to discharge. However, the Worcestershire Royal Hospital results were better than the England and Wales average for four of the standards relating to in-hospital care.
- Inpatient hospital care for cardiology patients and input from specialist's scores were lower (worse) than the England average by 10% or more. Input from consultant cardiologists was the same as the England average of 67%. Echocardiogram scores were similar to the England average at 68%. Discharge care standards for referrals to heart failure liaison officers and referral to heart failure liaison officers (LCVD only) were both much worse than the England average. We did not see evidence of an action plan to improve the trust's performance.
- Both the Worcestershire Royal Hospital and Alexandra Hospital took part in the 2015 National Diabetes Inpatient Audit. However, there were variances across the sites. For example; the Alexandra Hospital scored better than the England average in all 17 metrics while Worcestershire Royal Hospital scored better than the England average in eight metrics and worse than the England average in nine metrics. The indicator regarding "insulin errors" had the largest difference versus the England average (24% worse). When comparing sites, there was a significant difference between the percentages of insulin errors; Alexandra Hospital scored 15% which was better than the England average of 23% while the Worcestershire Royal Hospital scored 47% which was also a decline from their previous result of 32%. There was also a marked difference between the percentages of medication errors; Alexandra Hospital scored 20% which was better than the England average of 38% while Worcestershire Royal Hospital scored 62% which was also a decline from their previous result of 39%. We did not see any evidence of an action plan to improve the trust performance.
- During the last inspection it was reported that the National Emergency Laparotomy Audit results for 2014 showed a non-compliance to provide a sustained 24-hour interventional radiology service which is essential for units providing emergency general surgery service. During this inspection we

found there was still no 24-hour interventional radiology service available and this had been on the risk register since 2014. The consultant interventional radiologists provided partial cover on an informal basis.

- In the 2015 Hip Fracture Audit at both the Alexandra Hospital and Worcestershire Royal Hospital was within expectations. Neither hospital met the national standard of 85% for patients having surgery on the day of or day after admission or the perioperative surgical assessment rate of 100%. However, the length of stay at the Alexandra Hospital was 18% which fell in the middle 50% of trusts while the Worcestershire Royal Hospital fell in the best 25% at 18%.
- In the 2015 Bowel Cancer Audit, 69% of patients undergoing a major resection had a post-operative length of stay greater than five days. This was the same as the national aggregate. The risk adjusted post-operative mortality rates all fell within the expected range. The 18 month temporary stoma rate in rectal cancer patients undergoing major resection was 71% made this trust a negative outlier.

Competent Staffing

- From April 2015 to August 2016, 75% of staff within the trust had received an appraisal compared to a trust target of 85%. The average appraisal rate for medical staff was 50% from April 2015 to March 2016. However, this had increased to 85% from April 2016 to August 2016.
- There was no formal clinical supervision for nursing staff across the trust.
- Untrained staff were seen to be taking care of patients to cover trained staff's absence or meal breaks. For example, in the discharge lounge at the Alexandra Hospital a bank healthcare support worker was working alone for the whole shift with no easy access to senior staff for support. This led to concerns about the arrangements in place for both patient and staff safety.

Multidisciplinary working

- A multidisciplinary approach was taken by the trust and specialist link workers were used to share best practice. For example, the trust had trained multidisciplinary link workers including nurses and physiotherapists for dementia care and infection control.
- We saw good examples of multi-disciplinary working across the trust. Staff appeared to know each other well and worked together as a team in most services. However, medical staff did

not always work effectively with the internal multidisciplinary team to ensure medical outliers (medical patients cared for on surgical wards) whose condition deteriorated were assessed and treated promptly.
- Wards operated regular multidisciplinary ward rounds, which ensured a co-ordinated and focussed approach to care planning and discharge planning.

Seven-day services

- Senior leaders had adopted a seven day a week working within the services they provided which included the end of life services.

Consent, Mental Capacity Act & Deprivation of Liberty Safeguards

- The Deprivation of Liberty Safeguards (DoLS) audit report of December 2016 identified that 85% of staff had completed their training while as of August 2016 only 37% of staff had completed their Mental Capacity Act 2005 (MCA) training.
- Not all staff had a full understanding of the MCA and their responsibilities and role in the management of patients who may lack capacity to make decisions. This included formal assessment processes and escalation of concerns.
- The Trust was 100% compliant in datix submission for DoLS applications and relevant notifications to external sources. However, the DoLS audit identified that formal capacity assessments were not evident within approximately 43% of patient records reviewed. We saw the action plan which included the provision of workshops on how to complete DoLS applications and MCA assessments as well as training workshops for medical staff. Both had a completion date of end of December 2016.
- Consent to care and treatment was obtained in line with legislation and guidance. Parents were involved in giving consent to examinations, as were children when they were at an age to have sufficient level of understanding.

Are services at this trust caring?

Good

Overall, we rated caring in the trust as good. For specific information please refer to the reports for Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital and Treatment Centre.

The team made judgements about eight services delivered across three locations, with 22 judgements for services at location level in total. All services were judged to be good for caring.

Summary of findings

- Staff were providing kind and compassionate care that was delivered in a respectful way.
- Patients and those close to them were involved in the planning of their care
- The need for emotional support was recognised and specialist and spiritual support was provided.
- The trust's Friends and Family Test performance was generally about the same as the England average between August 2015 and July 2016.

However:

- Patient's privacy and dignity was often compromised when receiving care in the corridors in the emergency departments.

Compassionate care

- The trust's Friends and Family Test performance was generally about the same as the England average between August 2015 and July 2016.
- Feedback from patients and those who were close to them was positive about the way staff treated them. We observed most people being treated with dignity, respect and kindness.
- Patients were observed being treated in corridors and non-clinical areas in the emergency departments. Confidential conversations could be overheard by other patients and visitors during clinical assessments.
- Worcestershire Royal Hospital had call buzzers installed in the emergency department corridors for patient use, and a letter had been developed to provide them with information regarding their care while being nursed in the corridor. This did not mitigate the lack of consideration for their dignity and privacy.

Understanding and involvement of patients and those close to them

- Patients told us that they were routinely involved in the planning of their care and treatment. Staff ensured that patients and those close to them had the opportunity to discuss and ask questions about their care and treatment at all times.
- We observed most doctors, nurses and therapists introducing themselves to patients using 'My name is…'
- Trust results in 2015/16 Cancer Patient Experience Survey were better than the England average and in the top 20% of all trusts for the question relating to staff asking patients what name they preferred to be called.

Summary of findings

- The trust performed about the same as the England average in the Patient-Led Assessments of the Care Environment 2016 for assessments in relation to food, privacy/dignity/wellbeing and facilities. Trust scores for facilities had improved in 2016 in comparison to 2015 scores. Scores in 2016 compared to 2015 scores stayed about the same for cleanliness. Lower scores were recorded in 2016 for food and privacy, dignity and wellbeing compared to 2015 scores.

Emotional support

- In the CQC Inpatient Survey 2015, the trust performed about the same as other trusts for all 12 questions.
- The need for emotional support was recognised. Clinical nurse specialists were employed by the trust to provide support for patients, such as stoma care.
- The bereavement midwife at Worcestershire Royal Hospital provided individualised care and support to patients and families who had experienced a pregnancy loss or stillbirth.
- Staff had access to an on-call chaplain and other spiritual advisors could be arranged to meet patients' needs.

Are services at this trust responsive?

Inadequate

Overall, we rated responsiveness in the trust as requiring improvement. For specific information please refer to the reports for Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital and Treatment Centre.

The team made judgements about eight services delivered across three locations, with 22 judgements for services at location level in total. Four of these were judged to be inadequate for responsiveness, with outpatients and diagnostic imaging rated as inadequate across all three sites. Ten services were rated as requiring improvement and eight as good for responsiveness.

- The amount of time patients spent in the emergency department waiting for treatment was consistently worse than the expected standards.
- The trust had consistently failed to achieve the Department of Health emergency department national target to admit or discharge 95% of patients within four hours of arrival since October 2014.
- The percentage of emergency admissions of patients to the emergency department waiting four to 12 hours from the decision to admit until being admitted has been consistently higher than the England average. This meant that patients could not access services in a timely way.

- There were delays when patients in the emergency department were referred to specialist teams. Only 47% of specialist doctors arrived within an hour. There was a lack of plans or strategies to correct this.
- The admitted referral to treatment time (RTT) was consistently below the trust standard of 90%.
- From January to November 2016 the cancer 62 day wait standard of 85% had only been met once.
- The flow of patients into and through the trust was not well-managed.
- There was a high volume of patient moving medical wards at night from 10pm to 6am. This contravened with the trust's patient transfer policy, which states that internal transfers between wards should occur between 7am and 9pm. At Worcestershire Royal Hospital, 57% of patients moved medical ward at least once.
- Mixed sex accommodation breaches had not been reported.
- Complaints were not always managed within the timelines set out in the trust complaints policy.

However:

- The trust had systems in place to ensure that patients living with dementia had safe care that was tailored to their needs.

Service planning and delivery to meet the needs of local people

- Planning for service delivery was made in conjunction with a number of other external providers, commissioners and local authorities to meet the needs of local people. For example, the emergency departments worked with external partners including general practices to ensure care was delivered effectively.
- There was a lack of effective planning to address the capacity issues causing overcrowding in the emergency departments at Worcestershire Royal Hospital and the Alexandra Hospital in the short or medium term. The necessary "full capacity protocol" was not being implemented during time of high demand where the emergency departments were classified and documented as "overwhelmed" by staff completing the daily safety matrix. This risk was graded as "high" on the corporate risk register (November 2016). Although many of the actions to mitigate the risk had been completed, the significant capacity issues causing crowding in the emergency departments remained.
- The average length of stay for medical elective patients at both the Alexandra Hospital and Worcestershire Royal Hospital was worse than the England average of 3.9 days at 4.3 and 4.4 days

respectively while the Kidderminster Hospital and Treatment Centre was the same as the England average. For medical non-elective patients the trust was similar to the England average across all sites.

- There were processes in place so that patients could be rapidly discharged from hospital to their preferred place of death. The trust had only just begun to monitor the number of patients who were at their end of life who were rapidly discharged from hospital to die. This meant, the trust were unable to identify potential difficulties with the capacity of the community based services or coordination of the services, including third sector providers, involved in delivering end of life care.
- The trust had systems in place to ensure patients were able to make complaints should they wish to do so. The trust had a culture of ensuring lessons were learnt from complainants feedback and used it as an opportunity to improve services.

Meeting people's individual needs

- The provision of a registered mental health nurse for a child or young person who may require one-to-one care was inconsistent. In October 2016 the figure was 0%, with November and December 2016 being at 62% and 64% respectively. The trust did not have any risk assessment to demonstrate that they had identified that a member of the paediatric nursing team providing one-to-one care had the relevant skills.
- All staff spoken with showed a good awareness and knowledge of equality and diversity and gave examples of how they previously had to alter their care to ensure patient's beliefs were respected.
- The trust supported the "This is me" passport for patients with a learning disability. This was owned by the patient and detailed personal preferences, likes/dislikes, anxiety triggers and interventions, which are helpful in supporting them during difficult times. The nurse specialist for patients with a learning disability identified, in conjunction with carers and ward staff, what reasonable adjustments were required to support the patient whilst in the trust. This could be pre-visits to suites for procedures to support desensitisation, and offering of a side-room for privacy and to reduce anxiety, flexible visiting, carers staying with the patient overnight and other individual preferences unique to that individual.
- A translation service was available for non-English speakers and staff were aware how to access this. Although we observed a commitment to providing services to patients who did not have England as their first language, we did not always see information on display concerning interpreting services.

- Whilst we observed information boards showing a range of information for patients and visitors, these boards did not provide any information in different language formats.
- There were arrangements for transitioning paediatric patients to adult services before they reached adulthood. Specific care plans had been developed for some of the specialist services.

Dementia

- The trust's electronic system had a flagging system. This included identifying patients with dementia or a learning disability.
- The butterfly scheme was implemented, which at a glance created discreet identification via the butterfly symbol for patients who had dementia related memory impairment and wished staff to be aware of it.
- The division had appointed specialist nurses for vulnerable patient groups, such as those living with dementia and those patients with a learning difficulty.
- Staff ensured patients living with dementia were appropriately screened, treated for any underlying cause that may be contributory to a delirium and were signposted for further assessment if needed. Where a patient was confirmed as living with dementia, the division had a designated care pathway supported by specialist practitioners such as therapists and specialist nurses.
- Where patients living with dementia were admitted onto a ward, staff used the butterfly scheme as a visual identified to alert staff to particular care needs and individual living with dementia may have. This was used in conjunction with a bed-side, the whiteboard symbol together with identified detailed personal preferences which were helpful in supporting patients during difficult periods.
- Staff recognised meal times could cause concerns for many patients and their family members. The trust used the red tray scheme which identified patients who required support. However, we observed a lack of red medical trays on some wards which meant that patients may not receive the appropriate support from staff with their meals.

Access and flow

- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrived to the emergency department.
- During the inspection, we observed flow of patients and reviewed current information on waiting times. Overcrowding

and poor flow were having a significant impact on patient care and experience. The trust was consistently not achieving the national target to admit or discharge 95% of patients within four hours of arrival since October 2014. There were delays when patients were referred to specialist teams. Only 47% of specialist doctors arrived within an hour.

- In November 2016, only 50% of patients arriving by ambulance were handed over to emergency department staff within 15 minutes.
- The emergency department consistently exceeded standards in terms of the amount of time patients spent in the department and waited for treatment. The amount of patients waiting four to twelve hours from the decision to admit until being admitted was consistently higher than the England average. This meant that patients could not access services in a timely way.
- Effective discharge was recognised as an area which required improvement. The trust alongside with another 26 trusts had been identified to receive support in the emergency care improvement programme.
- The main reasons for delayed transfers of care at the trust from July 2015 to June 2016, were completion of assessment (53%), followed by patients awaiting care in their own home (23%).
- The trust had employed a number of discharge coordinators to support in the transition from hospital care into the community. Staff commented on the positive impact this role had on ward pressures, progressing care packages and supporting the patient and their family toward discharge.
- Theatre utilisation within the trust varied across the hospital sites. For the period June 2016 to August 2016 the following were identified:
  - The Alexandra Hospital ranged from 68% to 92%
  - Kidderminster Hospital and Treatment Centre ranged from 31% to 77%
  - Worcestershire Royal Hospital ranged from 21% to 100%
- The trust's referral to treatment time (RTT) for admitted pathways was variable across the services. Surgery has been worse than the England overall performance while medical services were above the England average (70%). The latest figures for September to October 2016 showed 60% and 87% respectively for this group of patients being treated within 18 weeks.
- A last-minute cancellation is a cancellation for non-clinical reasons on the day the patient was due to arrive, after they have arrived in hospital or on the day of their operation. If a patient has not been treated within 28 days of a last-minute cancellation this is recorded as a breach of the standard and

the patient should be offered treatment at the time and hospital of their choice. The trust performance was above the England average from quarter 2 (2014/15) to quarter 1 (2016/17). For the period quarter 1 (2016/17) Worcestershire Acute Hospitals NHS Trust cancelled 169 surgeries, 51 of those were not treated within 28 days which meant that about 30% of patients were not treated within the appropriate time.

- Bed occupancy rates were mostly about the same as the England average, from quarter 1 (2014/15) to quarter 4 (2015/16). In quarter 4 (2014/15) and quarter 4 (2015/16) occupancy rates were slightly worse than the England average. When the level of bed occupancy rises above 85%, it is generally accepted this could start to affect the quality of care provided to patients and the orderly running of the hospital.
- The bed management team conducted meetings which took place at least four times a day in order to observed and manage flow within the emergency department. This enabled them to plan for expected admissions and discharges, while ensuring patient flow throughout the hospital was timely.
- From January to November 2016 the cancer 62 wait standard of 85% had only been met once.
- At Worcestershire Royal Hospital, from April to November 2016, the number of patients on medical wards that were transferred to another ward from 10pm to 6am at night was at 3293 across all medical wards with average bed moves of 411 per month. The trust had a patient transfer policy which states that internal transfers between wards should occur between 7am and 9pm. Out of hours internal transfers should occur if clinically indicated. Information showing the reasons why these moves had taken place during the night was not available. The service was monitoring the number of moves within the departments; however, the trust's target around bed moves was unclear and it was unclear how the trust was planning to improve this.
- From August 2015 to July 2016, 43% of patients did not move wards at Worcestershire Royal Hospital during their admission, 45% moved once and 12% of individuals moved wards twice or more during their admission. Although the trust monitored wards move figures, it was unclear what target they were working towards.
- Patient privacy and dignity was not always maintained in the theatre admissions area at Kidderminster Hospital and Treatment Centre, where we observed mixed sex accommodation breaches. Patients that were undressed in theatre gowns and dressing gowns waiting for surgery could be seen by other people, those of the opposite sex and by patients and visitors in the waiting area. From 1 December 2010, NHS

organisations are required to submit data on the number of occurrences of unjustified mixing in relation to sleeping accommodation. Sleeping accommodation includes areas where patients are admitted and cared for even where they do not stay overnight. It therefore includes all admissions and assessment units. This was not on the trusts risk register. The trust had not reported these as mixed sex accommodation breaches.

- An escalation process was in place that gave staff actions on how to manage the department during periods of extreme pressure. This involved the support from the wider hospital teams, including bed managers, matron and service managers to improve the patient flow throughout the hospital.

Learning from complaints and concerns

- A comprehensive and current complaints policy covered the complaints management process for the trust.
- Systems and processes were in place to advice patients and relatives how to make a complaint. Information and leaflets about the complaints process were displayed across the trust. Complaints could be raised in a variety of ways, in person, verbally, in writing and electronically.
- Staff directed patients to the patient advice and liaison service (PALS) to support resolution of complaints. The PALS service was based at Worcestershire Royal Hospital but covered all of three hospital sites. They were available Monday to Thursday, 8:30am to 4:30pm and Friday, 8:30am to 4pm. An answerphone operated outside office hours or when staff were engaged with another patient or on another call.
- From July 2015 to July 2016, there were 733 trust wide complaints. On average, the trust investigated and closed 69% of all complaints within 25 days. This was not in line with the trusts complaints policy, which stated that 90% of complaints should be investigated and closed within 25 days.
- The trust had identified themes across the services which were used to shape services. Areas identified included; waiting times and poor communication.

Are services at this trust well-led?

Inadequate

Overall, we rated leadership in the trust as inadequate. For specific information please refer to the reports for Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital and Treatment Centre.

The team made judgements about eight services delivered across three locations, with 22 judgements for services at location level in

total.13 services were rated inadequate for well-led. Emergency care, children's and young peoples and outpatient and diagnostics services were rated as inadequate for leadership across all three sites. Medical and surgical services judged as inadequate for leadership at both Worcestershire Royal Hospital and Alexandra Hospital. Six services required improvement in leadership and three good.

- The executive team was made up of mainly interim executive directors who were not recognisable or visible to staff through the trust.
- The trust had recently appointed a new substantive chairman. However, there remained significant concerns relating to the interim positions and future stability of the board and the impact that had on an organisation trying to make substantial improvements in the quality of care it provided for its' patients.
- The executive team did not have effective processes to ensure communication was embedded from ward to board.
- Although we saw many examples of good local leadership, many junior managers felt frustrated that they were not able to affect change due to poor communication between ward, divisional and executive levels.
- Although a revised framework for governance and assurance was in place, it was not operating effectively and the board did not have clear oversight of the risks affecting the quality and safety of care for patients.
- The trust had a poor performance in the 2015 NHS staff survey. It performed better than other trusts in one question, about the same as other trusts in 11 questions and worse than other trusts in 22 questions.
- There was not an appropriate system in place to support the fit and proper person's requirements.
- The rates of bullying for both black and minority ethnic (BME) and white staff from both patients, relatives and the public and with from other staff were high and represented a significant risk to patient care. There was no BME staff employed within the non-clinical workforce at bands 8c and above.
- There was not a Freedom to Speak-Up Guardian in place.

However:

- The trust had a proactive view of public engagement, using social media and newspapers in order communicate changes and celebrate successes.

Leadership of the trust

Summary of findings

- At our previous inspection we found that the majority of the executive directors were in interim positions and many were new to the organisation. At this inspection this was still the case with the chief executive, chief nursing officer, chief medical officer, chief operating officer and chief finance officer all in interim positions.
- Although the trust had recently appointed a new substantive chairman, there remained significant concerns relating to the interim positions and future stability of the board and the impact that had on the organisation. Turnover of trust board members adversely affecting business continuity and impairing the ability to operate services was being managed as a 'red' risk on the corporate risk register.
- Shortly prior to our inspection, interviews had taken place for the chief executive's post, with interviews for the chief nursing officer, chief medical officer and chief finance officer due to take place once the substantive chief executive had been appointed. The chairman advised us they hoped to get a substantive board in place by the beginning of the 2017/18 financial year.
- We saw effective local management and junior clinical staff generally were supported by their ward managers and matrons. However, many of these local managers felt that they were working without the support of divisional leaders and were not consulted or listened to. This was particularly evident at Kidderminster Hospital and Treatment Centre.

Vision and strategy

- The trust had a mission statement which said they would work together with their partners in health and social care to provide safe, effective personalised integrated care for local people which would be delivered consistently across all services by skilled and compassionate staff. The key identified objectives for 2016/17 included; investing in staff, delivering better performance and flow, improve safety and stabilise finances.
- The trust had adopted the acronym PRIDE which summarised their core values. These included:
  - Patients are at the centre of everything we do.
  - Respect everyone - treat patients, colleagues and the public as we would want to be treated ourselves.
  - Improve and Innovate - to deliver the best patient pathways, value patient feedback and involve stakeholders
  - Dependable services by improving safety and quality: get things right first time and learn from any mistakes.
  - Empower staff to deliver changes for the benefit of patients while taking responsibility for their actions.

- We found the understanding of the strategy for the trust by the staff was variable with many staff not aware of the plans and objectives for their services.
- This was particularly evident in the surgical services, where plans for the countywide management of emergency surgery which had not been implemented at our previous inspection were still not in place. There was no clear countywide strategy in place for surgical services and some senior staff raised concerns about lack of engagement, planning and decision making with the surgical leaders and the trust board.

Governance, risk management and quality measurement

- The trust had developed a patient care improvement plan (PCIP) which covered areas such as; urgent and patient flow, mortality and organisational development and staff engagement. Progress against the PCIP was reported monthly to the improvement board, the trust board, NHS Improvement, NHS England and the quality oversight review group. The improvement board also received reports in relation to outpatients, the high dependency unit, paediatrics and quality and governance.
- The trust had 'buddy" arrangements with Birmingham Women's, Birmingham Children's and Oxford University NHS Foundation Trusts. These arrangements supported the trust to make improvements in maternity and children's services as well as reviewing the clinical governance arrangements throughout the trust, in particular the 'ward to board' reporting arrangements. The trust had been supported by an improvement director from NHS Improvement since May 2015.
- The trust's governance system in relation to the management of risk was not effective in ensuring that senior leaders and the board had a clear oversight of risks affecting the quality and safety of care of patients. Many of the issues identified during the inspection were not found on divisional or corporate risk registers.
- An example of this was that the trust did not report the number of occurrences of unjustified mixing in relation to sleeping accommodation to NHS England, as required from December 2010. Mixed sex breaches were observed at Kidderminster Hospital and Treatment Centre. This meant the board could not rely on the processes in place or the information they were receiving in order to take assurance that risks were identified and actions taken to reduce the risks to patients.
- The governance team told emergency department consultants that reporting incidents relating to patients being cared for in

an environment they considered to be unsafe was inappropriate. This demonstrates that the trust did not have clear oversight of risks to safety of patient care as all of these incidents were not being reported and investigated.
- Morbidity and mortality meetings were not consistently held, and if they were, records of actions and learning from these meetings were not consistently taken or followed up.
- The risk that high occupancy levels across the trust could affect patient care had been on the risk register since February 2015. Actions detailed to reduce the risk had not been implemented or had not been effective in improving performance.

Culture within the trust

- The staff survey for 2015 showed that 372 (44%) of staff had completed the survey. This was equal to the England average. The results showed that 70% of staff recommended the trust as a place for treatment and that they would recommend the trust as an employer. The trust was in the bottom 20% of acute trust for 23 of the 32 key findings and worse than average in four. Examples of areas, which had significantly deteriorated, included;
- physical violence from patients/public had increased from 14% to 22%
- good communication between senior managers and staff had deteriorated from 28% to 19%

The one question for which the trust performed better that other trusts was:

- recognition and value of staff by managers and the organisation (3%)

Issues with communication with senior leaders and the feeling that they could not be instrumental in affecting change were raised by staff frequently throughout the inspection. The trust informed us they were addressing the concerns raised in the staff survey through employee engagement meetings and saw this as “fundamental to the trust’s improvement journey.”

- The trusts reported sickness levels between June 2015 and April 2016 had overall been in line with the England average.
- At the time of our inspection the trust had not appointed a ‘Freedom to Speak-Up Guardian’, despite it being a requirement of the NHS national contract that there was someone in this role by October 2016. This meant we could not be assured that

the trust supported a culture where speaking up was used to learn lessons and improve, thus contributing to improved patient safety and staff experience, and better protection for staff from suffering detriment as a result of speaking up.

Equalities and Diversity – including Workforce Race Equality Standard (WRES)

- The workforce within the trust had 12.4% black and minority ethnic (BME) workforce representation; which had slightly increased from 12% reported in 2015. The BME population in the local area was around 4.2%, and therefore, overall, the trust employed BME staff at a rate reflective of the local population.
- There was no BME staff employed within the non-clinical workforce at bands 8c and above. This denotes a significant under-representation of senior BME staff. However, BME staff were well represented at other levels within clinical areas of the trust.
- White candidates were 1.85 times more likely to be appointed from shortlisting than BME candidates. This had increased (worsened) from 1.69 times more likely in 2015.
- The percentage of BME staff who had experienced harassment, bullying or abuse from patients, relatives and the public had almost trebled from 2014 (22%) to 2015 (64%). This was significantly worse than the national average for similar trusts (28%). The figure for white staff had increased from 33% to 39% during the same period, which was worse than the national average of 33%.
- The percentage of BME staff that had experienced harassment, bullying or abuse from staff had more than doubled, from 26% to 56%. This was significantly worse than the national average in similar trusts of 28%. The comparative data for white staff showed a smaller increase from 26% to 28%, which was still worse than the national average of 25%.
- The rates of bullying for both BME and white staff from patients, relatives and the public along with other staff were remarkably high and represented a significant risk to patient care. Bullying or harassment of staff of any ethnicity was not identified as a risk on the corporate risk register. Therefore we were not assured that that the board had clear oversight of this risk to staff welfare and patient care.
- 5.5% of white staff believed that they had experienced discrimination from a colleague or manager during the previous 12 months. This had reduced from 6.5% in 2014 and

was slightly better than the national average for similar acute trusts. For BME staff the comparative figures had increased, from 19% in 2014, to 24% in 2015, which was significantly worse than the national average.

- The differential between the ethnicity of the board and the ethnicity of the workforce demographic was -12.4%, as there were no BME board members within the trust.
- The trust WRES action plan for 2016/17 was RAG (red, amber, green) rated. Identified actions included the setting up of a BME network through the staff engagement group and a further survey to establish and understand how staff felt this way. However, the action plan did not have target dates or outcomes. This meant there were not robust processes or procedures in place to manage the findings and support all staff within the trust.
- The trust did not publish its' 2016 WRES report or an associated action plan on its website.

Fit and Proper Persons

- Trusts are required to meet the Fit and Proper Persons Requirement (Regulation 5 of the Health and Social Care Act) Regulations 2014. This regulation ensures the directors of NHS are fit and proper to carry out this important role.
- We reviewed the personal files of the executive team and found there were omissions in the information required to meet this regulation. This included including photograph identification and personal identification numbers of clinical directors.
- This was escalated to the senior executive team at the time of our inspection. When the executive team personal files were reviewed during the unannounced inspection, they were found to be in order and met the regulation.

Public engagement

- The trust has a website and used social media to keep the public up-to-date with important developments. There were plans for different clinical teams to input into social media on a weekly basis in order to share information and receive feedback about the service.
- The trust had recently ratified a 'Media policy' to provide guidance to staff on best practice when communicating with the public through social media. Staff had contributed the drafting of this policy. Within the policy there was also guidance relating to how the trust worked with local pressure groups and how their views could be used to positively improve patient care.

- 'Worcestershire Way' was a newspaper which was widely available throughout the trust which was aimed at patients, staff, visitors and volunteers. It provided information about services, celebrated successes, for example, long service awards and set out the trusts' vision and values.
- Patients were given the opportunity to provide feedback on their care and treatment through the Friends and Family Test.
- The public had the opportunity to comment on the proposed future development of services within the trust through the Future of Acute Hospital Services in Worcestershire review which was due to go out to public consultation shortly after our inspection.

Staff engagement

- The trust had started a 'Listening into Action' staff engagement scheme in spring 2016. The aim was that staff got involved in changing the way the trust worked by contributing ideas and leading work streams to deliver enhanced quality of care to patients. Some positive changes that had resulted from the Listening into Action projects were;
- Hot food available for patients in the discharge lounge at the Alexandra Hospital.
- Improvements to the Early Pregnancy Assessment Unit at Worcestershire Royal Hospital.
- Improved food selection for patients receiving chemotherapy at the Millbrook suite at Kidderminster Hospital and Treatment Centre.
- Installation of a cashpoint machine at Kidderminster Hospital and Treatment Centre.
- Not all staff we spoke to were aware of the Listening into Action staff engagement scheme, and the trust estimated that less than 10% had been engaged at the time of our inspection. Listening into Action was suspended shortly after our inspection pending a re-launch of a staff engagement strategy by the incoming substantive executive team.

Innovation, improvement and sustainability

- The Future of Acute Hospital Services in Worcestershire review was due to commence its 12 week public consultation shortly after our inspection. This review had been ongoing for some time before our previous inspection. There was concern from the executive team and staff that the delay in decision making

about future service configuration was impacting on recruitment and retention of staff, making some services over reliant on agency and locum staff, and this was detailed on the corporate risk register.

- An example the trust being able to recruit staff to retain services was found in that since our last inspection both maternity and paediatric inpatient care had been temporarily centralised at Worcestershire Royal Hospital due the trust being maintain these services across two hospital sites. The Future of Acute Hospital Services in Worcestershire consultation asked for the views of the public on making these changes permanent.
- Although the trust acknowledged they were concerned about patients being cared for in the corridor in the emergency departments there were no clear plans in place to improve the privacy and dignity of these patients.

Overview of ratings

Our ratings for Worcestershire Royal Hospital

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

Overview of ratings

Our ratings for Alexandra Hospital

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

Overview of ratings

Our ratings for Kidderminster Hospital and Treatment Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Inadequate	Good	Good	Inadequate	Inadequate
Medical care	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Services for children and young people	Requires improvement	Requires improvement	Good	Good	Inadequate	Requires improvement
Outpatients and diagnostic imaging	Inadequate	N/A	Good	Inadequate	Inadequate	Inadequate
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Inadequate

Our ratings for Worcestershire Acute Hospitals NHS Trust

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

Outstanding practice and areas for improvement

Areas for improvement

Action the trust MUST take to improve
Action the hospital MUST take to improve

- Ensure patients privacy, dignity and confidentiality is maintained at all times. For example, patients staying overnight in the gynaecology assessment unit.
- Ensure that patient documentation, including risk assessments, are always completed accurately and routinely to assess the health and safety of patients. Including elderly patient risk assessments, dementia assessments, venous thromboembolism assessments, sepsis bundle assessments and fluid balance charts.
- Use a standard risk assessment to assess and identify the needs of patients admitted to wards with mental health needs. This must include details of whether the patient requires 1:1 or 2:1 care from a specialist mental health nurse, and the level of care provided.
- Ensure nursing documentation on high dependency units is contemporaneous with detailed accounts of the day's activities completed.
- Ensure that patient weights are recorded on their drug charts.
- Ensure that there is clear oversight of the deterioration of patients and the National Early Warning Score chart is completed in accurately.
- Ensure that the Paediatric Early Warning Score charts are consistently completed in a timely manner and accurately.
- Ensure that patients are escalated as a result of the Paediatric Early Warning Score where they trigger a deteriorating patient.
- Ensure that the eligibility criteria for the clinical decision unit is followed to ensure appropriate patients are admitted.
- Ensure there is access to 24-hour interventional radiology services.
- Ensure staff are aware of ligature points.
- Establish identification of female genital mutilation and child sexual exploitation training that is to be completed by all staff working in children and young people's services.
- Ensure that patients under child and adolescent mental health services receive care from appropriately trained staff at all times.
- Ensure that staff providing care for children requiring continuous positive air pressure or AIRvlo have appropriate training or up to date competencies to use this equipment safely.
- Ensure that there is an appropriate mental health room in the emergency department to care for patients presenting with mental health conditions that complies with national guidance.
- Ensure that flow in the hospital is maintained to prevent patients being treated in the emergency department corridors for extended periods of time.
- Ensure that children are not left unattended in the emergency department paediatric area.
- Ensure that there is a robust system in place to ensure that all electrical equipment has safety checks as recommended by the manufacturer.
- Ensure all equipment is in date and used, stored and maintained in line with manufacturers' instructions.
- Ensure that patients are cared for in a safe environment that has the appropriate equipment to facilitate care to a deteriorating patient.
- Ensure that medicines are always stored within the recommended temperature ranges to ensure their efficacy or safety.
- Ensure prompt investigation of any medicines which are unaccounted for and notify the relevant authority and organisations.
- Review arrangements around storage of intravenous fluids for emergency use to ensure patient safety.
- Ensure that medicines are always administered to patients as prescribed.
- Ensure infection prevention and control procedures are always carried out as per trust policy and national guidelines.
- Improve performance against the 18 week referral to treatment time, with the aim of meeting the trust target.
- Improve performance against the national standard for cancer waiting times. This includes patients with suspected cancer being seen within two weeks and a two-week wait for symptomatic breast patients.
- Ensure they are carrying out patient harm reviews to mitigate risks to patients who breach the referral to treatment times and cancer waits.

Outstanding practice and areas for improvement

- Ensure safeguarding checks are made consistently.
- Ensure information relating to the children at risk register is accessible.
- Ensure that incidents are accurately reported and investigated.
- Ensure that staff receive appropriate training to enable the correct categorising of incidents.
- Ensure that staff are not discouraged from reporting incidents relating to capacity and corridor care.
- Ensure that incidents that need reporting to external authorities are completed.
- Ensure there is an embedded risk assessment process to determine the criteria for patient moves to non-medical wards.
- Ensure all mortality and morbidity meetings are recorded and lessons are learnt.
- Ensure there are systems and processes established in surgical service to address identified risks, such as cancelled operations, bed capacity and access to emergency theatres.
- Ensure divisional management teams are aware of patient harm reviews to mitigate risks to patients who breach the referral to treatment times and cancer waits.
- Ensure divisional management teams have oversight of the patient waiting lists and of initiatives and actions taken to address referral to treatment times and cancer waits.
- Develop a clear strategy for surgical services which includes a review of arrangements for county wide management of emergency surgery.
- Develop a clearly defined business plan for paediatrics, which considers the risks to the service and incorporates a vision and plans for service improvement. The plan must have clear objectives and milestones, supported by actions to ensure objectives are realised.
- Ensure the risk register identifies and mitigates all risks.
- Ensure there is a review of the paediatric assessment area and subsequent admissions to identify and resolve potential issues with flow and capacity.
- Ensure the bed management plans for children and young people devised to deal with escalation issues for staffing shortages or high bed occupancy is up to date.
- Ensure there is a strategy is in place for diagnostic and imaging services that staff are aware of.
- Ensure patient notes are stored securely and safely.
- Ensure staff complete the required level of safeguarding training, including safeguarding children.
- Ensure staff compliance with mandatory training meets trust target of 90%.
- Ensure all staff receive an annual appraisal.
- Ensure that there are sufficient registered children's nurse in post to ensure that the emergency department has at least one registered children's nurse on duty per shift in line with national guidelines for safer staffing for children in emergency departments.
- Ensure that only an appropriately trained staff member is left in charge of a ward to care for patients.
- Ensure administration of controlled drugs are always documented contemporaneously with signature as appropriate.
- Ensure that resuscitation equipment is readily available for use when required without posing a risk.
- Ensure there is a process for collecting data regarding the effectiveness of the children's outpatients department to recognise and plan where improvements can be made.
- Ensure mixed sex breaches are reported as required.
- Increase staff awareness of the trust's incident reporting procedures and risk matrix tool.
- Ensure staff receive appropriate clinical supervision.
- Ensure patients are always assessed and treated in line with the Mental Capacity Act 2005 to gain consent.
- Ensure staff are aware of the Mental Capacity Act 2005.
- Ensure all required members of staff are present at operating team brief as per guidance.
- Ensure that there is a system in place in the emergency department to record medicines (including intravenous morphine) administered to patients by ambulance crews.
- Ensure theatres and anaesthetic rooms are compliant with national guidance, Health Technical Memorandum 03-01: Specialised Ventilation for Healthcare Premises.
- Ensure children's and young people's service carrying out clinical audits of the service to establish its effectiveness and identify and complete improvements to the service.
- Ensure there is appropriate supervision for staff.
- Ensure all patients are clinically assessed by a competent member of staff within fifteen minutes of arrival in the emergency department.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect 1. Service users must be treated with dignity and respect. 2. Without limiting paragraph (1), the things which a registered person is required to do to comply with paragraph (1) include in particular— A. ensuring the privacy of the service user; **How the regulation was not being met:** • The hospital did not ensure that patient privacy, dignity and confidentiality were maintained at all times. • Gynaecology patients were not always treated in an environment that always maintained their dignity. • Patients stayed overnight on trolleys in the gynaecology assessment unit, which was an outpatient clinic area. There was no shower in the unit and the toilet facilities were mixed sex. • All surgical wards had white electronic boards with names of patients and some aspects of their care displayed which could be seen by all visitors. • Nurse handovers on the stroke unit at the Alexandra Hospital were held at the end of the bed and included information about the patients' health/condition/ cognition and social circumstances. This could be heard by other patients and visitors. • Patients were routinely cared for within the emergency department corridor. Trolleys in corridor have no space between them and no screens are used to maintain privacy. Confidential conversations relating to patients clinical care could be heard by all patients, non-clinical staff and visitors. No privacy for assessments or handovers.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent 1. Care and treatment of service users must only be provided with the consent of the relevant person. 2. Paragraph (1) is subject to paragraphs (3) and (4). 3. If the service user is 16 or over and is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Act*. 4. But if Part 4 or 4A of the 1983 Act** applies to a service user, the registered person must act in accordance with the provisions of that Act. 5. Nothing in this regulation affects the operation of section 5 of the 2005 Act*, as read with section 6 of that Act (acts in connection with care or treatment). * Mental Capacity Act 2005**, Mental Health Act 1983 How the regulation was not being met: • Patients were not always assessed and treated in line with the Mental Capacity Act 2005 to gain consent. We found two patients were consented for surgery on incorrect consent forms (one with a Deprivation of Liberties Safeguard in place). This meant there was a risk the patient did not understand what they were agreeing to.
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 1. Care and treatment must be provided in a safe way for service users. 2. Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include— A. assessing the risks to the health and safety of service users of receiving the care or treatment; B. doing all that is reasonably practicable to mitigate any such risks;

This section is primarily information for the provider

Requirement notices

C. ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely;
D. ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way;
E. ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way;

G. the proper and safe management of medicines;

H. assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;

I. where responsibility for the care and treatment of service users is shared with, or transferred to, other persons, working with such other persons, service users and other appropriate persons to ensure that timely care planning takes place to ensure the health, safety and welfare of the service users.

How the regulation was not being met:

- Patient documentation, including risk assessments, were not always completed accurately or routinely to assess the health and safety of patients. These included elderly patient risk assessments, dementia assessments, venous thromboembolism assessments, sepsis bundle assessments and fluid balance charts. We found this occurred in various hospital services including the emergency department, medicine, surgery, critical care.
- Risk assessments were not undertaken for patients with mental health needs and 1:1 care from a suitably trained professional was not always provided.
- Nursing documentation on both high dependency units was not found to be contemporaneous with detailed accounts of the day's activities being completed at end of working shift.
- Patient weights were not recorded on their drug charts.

This section is primarily information for the provider

Requirement notices

- There was no clear oversight of the deterioration of patients. The National Early Warning Score (NEWS) chart was not completed in full. NEWS total score was not completed in seven out of 23 notes reviewed on medical wards.
- Paediatric Early Warning Score (PEWS) charts were not consistently completed in a timely manner or accurately. From trust's November 2016 audit of PEWs, 20% had a score of 3 or higher that had not been escalated.
- Medical outliers were sent to any ward where a bed was available without the move being risk assessed.
- The eligibility criteria for the clinical decision unit (CDU) was not routinely followed, resulting in patients that required care elsewhere in the hospital waiting on CDU. Out of eight patients only two met the criteria for CDU during inspection.
- The hospital did not have access to 24 hour interventional radiology.
- Staff were not always aware of ligature points.
- Training on female genital mutilation and child sexual exploitation had not been established or completed by all staff who worked within children and young people's services.
- Some staff in the maternity and gynaecology service had poor knowledge of the Mental Capacity Act 2005. Therefore, no assurance that vulnerable patients could be adequately protected by staff.
- Not all operating surgeons were present at team brief as per guidance at the Alexandra Hospital.
- One patient under child and adolescent mental health services who required one to one care, received care from a health care assistant after a registered mental health nurse failed to turn up for the shift. Paediatric ward staff, including health care assistants had not received any training in mental health.
- Some staff providing care for children requiring continuous positive air pressure or AIRvlo did not have appropriate training or up to date competencies to use this equipment safely. This meant a delay of three hours for one child to receive this treatment.
- There was not an appropriate mental health room in the emergency department to care for patients presenting with mental health conditions. There was a room that complied with some of the national guidance but furniture was not secured, there were ligature

Requirement notices

points and exits were not clear from obstacles. Patients were not cared for in this room and they were rotated in and out. Patients with mental health conditions (both adults/paediatrics) were cared for in the main emergency department with other patients. Risk assessments were carried out on all patients presenting with mental health conditions however, even if high risk this did not change where the patient was cared for.

- Patients were cared for in the emergency department corridors for extended periods of time (during inspection some over 22 hours) due to lack of flow out of the department.
- Children were left unattended in the emergency department paediatric area.
- There was not a robust system in place to ensure that all electrical equipment had been safety checked yearly. Unchecked equipment was found in the delivery suite and the birth centre
- The emergency neonatal trolley in the delivery suite was not always checked daily as per policy.
- Medical outliers were not always cared for in a safe environment that was fully equipped with resuscitation trolleys to cater for deteriorating patients. For example, the theatre assessment unit did not have the appropriate equipment, such as a resuscitation trolley, to facilitate care to a deteriorating patient.
- Medications were not always stored within the recommended temperature ranges to ensure their efficacy or safety.
- Medicines which could not be accounted for were not investigated promptly.
- Intravenous fluids for emergency use were stored in emergency trolleys which were not tamper evident.
- Medicines were not always administered to patients as prescribed at Worcestershire Royal Hospital. Patients with Parkinson's disease and diabetes did not always receive their doses of time critical medicines on time whilst being cared for in the emergency department corridor.
- Administration of controlled drugs was not always documented contemporaneously at Kidderminster Hospital and Treatment Centre, with the controlled drugs book being signed at the end of the endoscopy list. We found evidence of drugs that had been dispensed with no signature.

This section is primarily information for the provider

Requirement notices

- There was no system in place in the emergency department to record medicines (including intravenous morphine) administered to patients by ambulance crews.
- Infection prevention and control procedures were not always carried out as per trust policy and national guidelines.
- Not all staff adhered to the infection control policies with regards to hand hygiene and the use of personal protective equipment, particularly in surgical services and critical care. For example, doctors were not always 'bare below the elbow'.
- Appropriate infection control procedures were not being adhered to for patients with an infectious disease who required barrier nursing.
- Radiology equipment was found to be unsafe in that it had not been quality assessed regularly.
- Some theatres and anaesthetic rooms at the Alexandra Hospital were not compliant with national guidance, Health Technical Memorandum 03-01: Specialised Ventilation for Healthcare Premises.
- There was not a robust system in place to ensure that all electrical equipment had been safety checked yearly.
- Unchecked equipment was found in the maternity day assessment unit, discharge lounge and the medical wards. An emergency labour bag was found to be unchecked and contained IV fluids that were not tamper evident.
- There were not adequate systems in place to ensure emergency equipment was fit for purpose. For example, an oxygen cylinder on the resuscitation trolley was empty even though the checklist was signed that day and the previous day to state it was full.
- There were inadequate supplies of emergency equipment, such as suction units and call bells for ambulance patients waiting in the corridor at the Alexandra Hospital.
- Equipment was not always in date. For example, two paediatric airways were out of date on the resuscitation trolley. We also found numerous items that were out of date in the department store room and the plaster room including airways and dressings.
- The trust was not achieving the target for referral to treatment time (RTT) for surgical services. RTT for surgery was worse than the England average.

This section is primarily information for the provider

Requirement notices

- The trust was not achieving the cancer 62 day wait national target of 85% (66% in July 2016).
- The trust was not achieving the cancer two week wait national target 93% (July 2016 74.5% with 28 breaches, year to date performance 45%).
- There is a risk that patients may have suffered harm due to the long waits, i.e. preventable potential deterioration to their condition. Staff we spoke with, including executives, were unable to provide assurance that harm reviews for patients on the waiting list were being carried out. We asked the trust for assurance that harm that there was a process in place to assess this risk, however, the trust have not provided us with a response. The RTT is likely to deteriorate further due to cancellation of elective work until 16 January 2017.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment 1. Service users must be protected from abuse and improper treatment in accordance with this regulation. 2. Systems and processes must be established and operated effectively to prevent abuse of service users. 3. For the purposes of this regulation—'abuse' means— A. any behaviour towards a service user that is an offence under the Sexual Offences Act 2003(a), B. ill-treatment (whether of a physical or psychological nature) of a service user, C. theft, misuse or misappropriation of money or property belonging to a service **How the regulation was not being met:** • Safeguarding checks were not undertaken consistently. • Information relating to the children at risk register was not always accessible. Children were not flagged on arrival to the emergency department. Information was in a book contained within a triage room. If this room was in use the book was, at times, inaccessible.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

1. Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.
2. Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—

    A. assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);
    B. assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;
    C. maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;

- F. evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

How the regulation was not being met:

- Staff in the emergency department at Worcestershire Royal Hospital were discouraged to report incidents relating to high capacity and care in the corridor. We saw evidence via an email to support this. There was a risk that staff would stop reporting safety and capacity incidents.
- The critical care service at Worcestershire Royal Hospital did not always report patient incidents correctly, categorising them as near misses or as an internal incident only.
- Not all incidents that would be externally reportable as 'serious', were classified correctly and reported in critical care.
- There was no embedded process to determine the criteria for patient moves.

This section is primarily information for the provider

Requirement notices

- Perinatal mortality and morbidity meetings were not always recorded and those that were had no evidence of learning or further actions.
- There was inconsistent oversight of mortality and morbidity meetings.
- The trust had not ensured systems and processes were established and operated effectively in the surgical service. The trust did not have robust action plans in place to address identified risks, such as cancelled operations, bed capacity and access to emergency theatres.
- The divisional management team did not appear to have oversight of, or were aware of any initiatives undertaken to reduce referral to treatment times/ cancer waits and mitigate risk to patients on waiting lists.
- There was no clear strategy for a county wide surgical service, especially for the management of emergency surgery.
- The business plan lacked detail and failed to consider the vision or the service as well as the risks it faced. Clear objectives and not been set and were not supported by milestones and actions.
- The risk register failed to identify all risks faced by Worcestershire Royal Hospital.
- There had not been a review of the paediatric assessment area at Worcestershire Royal Hospital and subsequent admissions to identify potential issues with flow and capacity.
- The bed management plans for children and young people devised to deal with escalation issues for staffing shortages or high bed occupancy had not been revised since the reconfiguration had taken place. Mitigation plans therefore, were out of date.
- The divisional management team were unable to describe the strategy for outpatients and diagnostic imaging and told us that a strategy was not expected until next year.
- Medical records were not always stored securely.
- No audits were carried out in the children's outpatient services. This meant there was a risk of the effectiveness and improvements to services not being recognised and acted upon.
- The trust was not always reporting all mixed sex breaches.

This section is primarily information for the provider

Requirement notices

- Staff in children's services were not all aware of a risk matrix which provided guidance on what to report as an incident. This meant there was a risk of under reporting of incidents.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing 1. Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part. 2. Persons employed by the service provider in the provision of a regulated activity must— A. receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform, B. be enabled where appropriate to obtain further qualifications appropriate to the work they perform, and **How the regulation was not being met:** • Not all staff had the correct level of safeguarding training to enable them to carry out the duties they are employed to perform. • The level of safeguarding children's training that staff in certain roles received was not compliant with intercollegiate document 'Safeguarding Children and Young People: Roles and competencies for Health Care Staff (March 2014). • The provider had not ensured staff received mandatory training and appraisals to provide safe and effective care. Compliance with mandatory training and appraisals did not meet the trust target. • The provider had not ensured staff in the surgery service received mandatory training and appraisals to provide safe and effective care. Compliance with mandatory training and appraisals were below the trusts target. • Band 5 nurses in the children's outpatient department at Kidderminster Hospital and Treatment Centre did not receive formal clinical supervision. • There were insufficient registered children's nurse in post to ensure that the emergency department at

This section is primarily information for the provider

Requirement notices

Worcestershire Royal Hospital had at least one registered children's nurse on duty per shift in line with national guidelines for safer staffing for children in emergency departments. Only one nurse was allocated for each shift to oversee the paediatric area. To mitigate risks where possible, 10 adult nursing staff had attended a course at the local university to complete to paediatric competencies.

- The clinical decision unit at Worcestershire Royal Hospital was staffed by one registered nurse and one health care assistant per shift. When the registered nurse went on break the area was covered by only the health care assistant, caring for eight patients. Health care assistants did not have the appropriate training necessary to enable them to care for patients autonomously on a ward.
- There was not always formal clinical supervision in place for nurses.
- The discharge lounge at the Alexandra Hospital was staffed by one health care assistant per shift. When the health care assistant needed a meal or comfort break they were unable to get a prompt response to ensure cover was available.