

# Wirral University Teaching Hospital NHS Foundation Trust

## Inspection report

Arrowe Park Hospital  
Arrowe Park Road  
Wirral  
Merseyside  
CH49 5PE  
Tel: 01516785111  
www.wuth.nhs.uk

Date of inspection visit: 08 October to 14 November  
2019  
Date of publication: 31/03/2020

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

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

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

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

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

# Summary of findings

## Background to the trust

Wirral University Teaching Hospital NHS Foundation Trust serves a population of about 400,000 people across Wirral, Ellesmere Port, Neston, North Wales and the wider North West area.

A list of the acute hospitals/ community locations is below.

Wirral University Teaching Hospital NHS Foundation Trust was last inspected in May 2018. We rated the trust as required improvement overall. We rated medical services as inadequate. We assessed the well-led aspect of the trust as inadequate at the last inspection.

## Overall summary

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



## What this trust does

Arrowe Park Hospital is one of two hospital sites managed by Wirral University Teaching Hospitals NHS Foundation Trust. The hospital is the main site and provides a full range of hospital services including emergency care, critical care, a comprehensive range of elective and non-elective general medicine (including elderly care) and surgery, a neonatal unit, children and young people's services, maternity and gynaecology services and a range of outpatient and diagnostic imaging services.

The other site is Clatterbridge Hospital in Bebington and provides surgical and medical rehabilitation services together with some outpatient services.

The hospitals are located on the Wirral peninsula in the North West of England and serves the people of Wirral and neighbouring areas.

Wirral University Teaching Hospitals NHS Foundation Trust became a Foundation Trust on 1 July 2007. The trust provides services for around 400,000 people across Wirral, Ellesmere Port, Neston, North Wales and the wider North West footprint with around 855 beds trust-wide.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

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

# Summary of findings

Wirral University Teaching Hospital was last inspected in May 2018 and rated as requires improvement overall. We inspected this trust on 8-10 October 2019, 15-17 October 2019 and 12-14 November 2019. We inspected certain services at Arrowe Park hospital on the level of risk. We looked at urgent and emergency services, medical care, surgery, children's and young people's services, out patients and diagnostic services. We also inspected medical care at Clatterbridge hospital.

We inspected the well-led aspect of the overall trust leadership.

## What we found

### Overall trust

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

We rated the trust as requires improvement for safe, effective, responsive and well led. We rated caring as good. We rated seven of the trust's services at this inspection. In rating the trust, we took into account the current ratings of the services not inspected this time.

We rated well-led at the trust level as requires improvement this has improved since the last inspection.

Our decisions on overall ratings take into account, for example, the relative size of services and

we use our professional judgement to reach a fair and balanced rating.

- Services had not always completed and updated risk assessments for patients. We found that risk assessments such as those for falls or pressure ulcers had not always been completed where required. Staff did not always comply with the requirements of the surgical safety checklist and so were not minimising risks in this area.
- Medical and allied health professional staffing numbers were not always sufficient for the number of patients being cared for in services.
- Services did not always control infection risk well, with staff not always using control measures to protect patients, themselves and others from infection. There were areas that were not clean and clinical waste was not always disposed of appropriately.
- The trust did not always have suitable premises and equipment. Some areas and equipment were not properly maintained or fit for purpose. The design of the environment did not always follow national guidance or best practice.
- Although there was a system in place for tracking and monitoring deprivation of liberty safeguards applications and when they had expired, this was not robust as staff were not aware of it.
- Services did not ensure staff had the knowledge, skills or ability to care for patients with mental health needs or patients who lacked capacity. Not all staff had completed training in key skills and compliance with intermediate life support and other key modules were low in some services.
- People could not always access the service when they needed it and referral to treatment times were consistently below the national average. The service did not discharge patients in a timely way and did not minimise the number of patient moves between wards at night. There were not effective arrangements for medical staff to review any medical patients who were not on medical wards. There were times when patients were cared for in corridors in urgent and emergency services. There were a high number of cancelled operations which were not rescheduled within 28 days.

# Summary of findings

- Whilst the culture at the trust had improved since the last inspection and medical engagement had improved, there were still areas where staff did not feel supported and valued. Some staff reported they had limited opportunity to engage with the service and wider organisation to influence service developments and improvements. The visibility of executive staff in services was mixed.
- Although the trust had improved some systems to review deaths to improve learning, there were delays in the trust undertaking mortality reviews to help improve standards in care and there was a risk that senior managers were unaware of how reviews were progressing as no timeframes had been identified in policies.
- Leaders and teams did not always use systems to manage performance effectively. Whilst they identified and escalated relevant risks and issues, agreed plans had not reduced their impact and issues identified at the previous inspection were still apparent in some services.

However:

- The service had effective arrangements in place to recognise and respond appropriately to patients. Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.
- Staff understood how to protect patients from abuse and the service worked with other agencies to do so. Staff received training in safeguarding.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Staff assessed and monitored patients and gave pain relief in a timely way in the majority of services. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The trust had developed appropriate strategies which directly linked to the vision and values of the trust.
- Services managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Our full Inspection report summarising what we found and the supporting evidence appendix containing detailed evidence and data about the trust is available on our website – .

## Are services safe?

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

- There were not always adequate number of middle grade doctors in the emergency department and children's and young people's services to provide safe care and treatment. In other areas there were high levels of turnover rates for medical staff with an increasing number of vacancies.
- There were not always enough allied health professional staff available in medical care services to provide care for patients.
- The trust did not comply with the child protection information sharing standard designed to safeguard children who were looked after or in protection.
- There were areas where patients did not have access to calls bells in an emergency and areas used which posed a risk to patient safety. For example, corridors in the emergency department.
- Some areas and equipment were not properly maintained or fit for purpose. The design of the environment did not always follow national guidance or best practice.

# Summary of findings

- Not all equipment in the MRI department had been labelled with standard MRI safe/MRI not safe labels; this meant there was reliance on staff to understand the colour coded tape used on some equipment.
- Staff did not always comply with the requirements of the surgical safety checklist and so were not minimising risks in this area.
- Services did not always control infection risk well, with staff not always using control measures to protect patients, themselves and others from infection. There were areas that were not clean and clinical waste was not always disposed of appropriately.
- There were areas where staff did not always keep detailed paper records of patients' care and treatment.
- The trust provided mandatory training in key skills to all staff but not everyone had completed it and in some modules compliance was low. For example, immediate life support training in medical services.
- Staff did not consistently complete and update risk assessments for each patient. They did not always share key information to keep patients safe when handing over care to others or complete risk assessments when patients moved wards.
- There were records that were not stored securely at all times to maintain patient confidentiality.

However

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Electronic records were clear, up-to-date and easily available to all staff providing care.
- In the majority of services, they had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

## Are services effective?

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

- Staff did not always fully and accurately assess patients' nutrition and hydration needs when required.
- Outcomes for patients were not always positive, consistent and did not meet all expectations and national standards.
- Diagnostic services did not have a policy or standard operating procedure for the management of MRI induced burns.
- Staff in diagnostic services were not always following best practice guidance in relation to the checking the allergy status of patients before administering care.
- In some areas of the trust staff did not have an understanding of Gillick Competence and Fraser Guidelines despite, for the purposes of treatment, services considered young adults aged 16 and over as adults.
- Diagnostic reference levels were not consistently displayed in the diagnostic imaging treatment rooms. Local diagnostic reference levels which were displayed did not appear to include a date for when they were last reviewed and there was no evidence that local paediatric diagnostic reference levels were in place.

# Summary of findings

- Formal written consent forms for different types of procedures were not always in place in diagnostic services for the intravenous administration of contrast media for different types of diagnostic procedures.
- There was no mental health awareness training in children's and young people's services despite staff regularly caring for children and adolescents with symptoms of mental health illness. They did not receive training to support those who lacked capacity to make their own decisions in these services.
- Doctors, nurses and other healthcare professionals did not consistently work together as a team to benefit patients in all services
- There was not a robust system for tracking and monitoring deprivation of liberty safeguards applications and when they expired.

However,

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way in the majority of services. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Key services were available seven days a week to support timely patient care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Are services caring?

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

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

## Are services responsive?

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

- People could not always access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards and there was a high number of patients who were still in hospital despite being medically fit for discharge. There was also a number of patients who were not on the ward for the speciality they required. The trust was working with the wider system to help improve flow throughout the hospital.
- There were a high number of cancelled operations which were not rescheduled within 28 days.

# Summary of findings

- Patients cared for on wards which were not their speciality, medical outliers, did not always receive a review from a doctor at weekends.
- There were a large number of patients who moved ward a night that was not part of their care pathway.
- Not all facilities and premises were appropriate for the services being delivered.

However

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care in the majority of services.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Are services well-led?

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

- Staff told us that the visibility of executive staff in services was mixed. There was no forward planned programme of visits, though these did occur on the day of the board meeting where the decision to visit services was made.
- Leaders and teams did not always use systems to manage performance effectively. Whilst they identified and escalated relevant risks and issues, agreed plans had not reduced their impact and issues identified at the previous inspection were still apparent in some services.
- The trust monitored performance against key quality and performance indicators. However, there were a number of indicators they were failing to meet performance thresholds identified.
- Since the last inspection systems had improved to review deaths however, there were delays in the trust undertaking mortality reviews and there was a risk that senior managers were unaware of how reviews were progressing as no timeframes had been identified in policies.
- The trust had a vision for what it wanted to achieve and whilst the majority of services had a strategy the trust overall five-year strategy was no longer in line with the direction of the trust and at the time of the inspection there was no refresh of the five year strategy in place. Since the inspection the trust informed us that they were transitioning to a new 2020 strategy.
- Whilst the culture at the trust had improved since the last inspection, there were still areas where staff told us that they did not feel supported and valued. Some staff reported they had limited opportunity to engage with the service and wider organisation to influence service developments and improvements.
- There was an ineffective governance process in place for the monitoring of action plans at trust level following complaints and the monitoring of response timeframes.

However:

- Since the last inspection the senior leadership structure had been reviewed and was providing further support to services. The executive team was more stable, and an improved leadership programme had been put in place.
- There had been improvements in medical engagement scores since the last inspection. The three largest percentage improvements were having purpose and direction, participation in decision making and change and climate for positive learning.

# Summary of findings

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. Leaders in services were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.
- Since the last inspection the governance structures had been reviewed and strengthened which were beginning to support improvements across services. Divisional leaders were clear about their roles and accountabilities.

## Ratings tables

The ratings tables in the report show the ratings overall and for each key question, for each service and for the whole trust. They also show the current ratings for services or parts of them not inspected this time.

## Outstanding practice

We found examples of outstanding practice at trust level.

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

## Areas for improvement

We found areas for improvement including 22 breaches of legal requirements that the trust must put right. We found 75 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

## Action we have taken

Due to the nature of some concerns we had following this inspection, we issued actions required by the trust. This meant the trust had to be compliant with the relevant regulation.

We issued requirement notices. Our action related to breaches of one legal requirement at a trust-wide level and five in core services at Arrowe Park hospital.

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

## What happens next

We will make sure that the trust continues to take the necessary action to improve its services following this inspection. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

- The trust had a perioperative pharmacy team based in surgical elective admission lounge supporting perioperative care. Previously 75% of people had incorrectly managed medicines perioperatively. The number of operations cancelled due to medicines had reduced to only one in the last year.



# Summary of findings

- The trust had employed pharmacy staff in a housekeeping role, ensuring smart use of 'onestop' prescribing and reducing medicines waste by implementing a medicine returns service. This innovation had provided a trust cost saving and created two new posts.
- The trust was accredited with the Navajo Merseyside Kite Mark for LGBT following assessment. This indicated that the organisation was in line with statutory requirements and promoted best practice in engaging with the LGBT community.
- There was also a focus on supporting staff with long term and terminal illnesses and the trust recognised that a terminal illness was a protected characteristic. There were monthly support 'cafés'. The trust was also signed up to the TUC dying to work charter. This was to help alleviate some of the stresses and set out an agreed way in which an employee should be treated and supported in the event of a terminal diagnosis.
- The Trust is was an active member of the Cheshire and Mersey AHP council and AHP Faculty. Through these channels they were working through regional requirements for professions and posts developing level 6 apprenticeships and working with external higher education organisations.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations.

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

### Trust-wide

- The trust must ensure that improvements are taken to ensure that patients have timely access to care and treatment. Regulation 17(2)
- The trust must continue to work with stakeholders to improve treatment times and referral to treatment times. Regulation 17(2)

### Urgent and emergency services

- The service must improve the effectiveness of internal professional standards for patients who need a specialist review and reduce delays in decision to admit times. Together with improving specialist review times. (Regulation 12)
- The service must improve standards of privacy and dignity for patients cared for in the emergency department. (Regulation 9)

### Medical care services – Arrowe Park Hospital

- The service must ensure all staff follow infection prevention and control measures and implement effective processes to prevent and control outbreaks of infection. (Regulation 12)
- The service must ensure all premises and equipment are clean, suitable for purpose and properly maintained. It must ensure oxygen is stored in line with health and safety best practice guidance and all portable equipment is tested regularly. (Regulation 15)
- The service must ensure the confidentiality of patients is maintained at all times in the discharge lounge. (Regulation 17)
- The service must ensure staff complete risk assessments and associated care plans for patients. (Regulation 12)

# Summary of findings

- The service must ensure that staff share key information, in line with trust policy, when handing over the care of patients who are medical outliers or moved into escalation areas. It must ensure these patients receive regular senior medical reviews. (Regulation 12)
- The service must ensure there is an effective system to track and monitor deprivation of liberty safeguards applications. (Regulation 17)
- The service must ensure patients have timely access to care and treatment. It must ensure patient care is planned effectively to reduce length of stay and the number of patients moved between wards at night. It must ensure effective discharge planning take place for patients. (Regulation 17)
- The service must act to ensure people receive care and treatment promptly. It must act to reduce referral to treatment times particularly for gastroenterology, dermatology and rheumatology services. (Regulation 12)
- The service must act to ensure performance is monitored effectively and there are clear plans to improve patient outcomes. (Regulation 17)

## Surgery

- The service must ensure that staff comply with all aspects of the surgical safety checklist. (Regulation 12)
- The service must ensure that it reduces its number of surgical site infections. (Regulation 12)
- The service must ensure that the pre-operative assessments area is improved to make it appropriate for staff and patients. (Regulation 15)
- The service must implement clear plans, with set timescales and actions, to improve patients access to care and to achieve their timely discharge from hospital. (Regulation 17)

## Children's and young people's services

- The service must comply with the national information sharing standard designed to safeguard children who were looked after or in protection. (Regulation 13)
- The service must undertake the required patient risk assessments including pain, nutrition and pressure area assessments and implement a robust process for the monitoring of care and treatment received by patients. (Regulation 12)

## Out patients

- The service must ensure that the trust standard operating procedure is followed when decontaminating equipment. (Regulation 12)
- The service must ensure that flooring in the ophthalmology department is compliant with infection control guidance. (Regulation 12)

## Diagnostics

- The diagnostic imaging service must ensure the risk to patients of MRI induced burns is mitigated by the development and implementation of a policy or standard operating procedure for staff to follow in the event of such an incident. (Regulation 17)
- The diagnostic imaging service must ensure that policies and procedures are evidence based and where appropriate linked to relevant professional guidelines. (Regulation 17)

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

# Summary of findings

Action the trust **SHOULD** take:

## Trust-wide

- The trust should ensure it takes measures to ensure executive visibility in services is increased.
- The trust should ensure that the overall five-year strategy is reviewed and refreshed where appropriate.
- The trust should ensure that mortality reviews are undertaken in a timely way.
- The trust should ensure that culture within the trust is improved across all services.
- The trust should consider ways in which engagement with the wider public is improved.

## Urgent and emergency services

- The service should ensure there are enough suitably qualified doctors in the emergency department to meet patient need.
- The service should ensure that all staff complete mandatory training.
- The service should ensure that all documentation is fully completed.
- The service should ensure that records trolleys are locked when not in use.
- The services should ensure that patients have access to call bells at all times.
- The service should ensure that all areas are clean and tidy in the department.
- The service should ensure that all patients risk assessments are fully completed in the emergency department.
- The service should ensure that there are effectively managed governance and performance systems in place.

## Medical care services

### **Clatterbridge:**

- The service should review the two wards and where appropriate set out a plan to improve the environment, equipment and space for rehabilitation services being delivered.
- The service should ensure that there is local ownership of risks and actions across all areas of the hospital.
- The service should ensure that there is timely access and discharge from services at the hospital.
- The service should consider how all healthcare professionals work together consistently to benefit patients.
- The service should consider how best to have an effective track and monitoring of deprivation of liberty safeguarding applications.
- The service should consider the availability of information leaflets for health promotion.

### **Arrowe Park Hospital**

- The service should act to improve completion rates for mandatory training for nursing and medical staff. It should ensure relevant staff complete intermediate life support training.
- The service should ensure plans to provide substantive staffing numbers in the acute medical assessment unit are actioned and embedded.
- The service should act to minimise the number of times nursing staff are moved to cover escalation areas and areas outside of their speciality to help improve concerns of staff.

# Summary of findings

- The service should ensure sufficient allied health professional staff are deployed to ensure patients receive the right care and treatment.
- The service should ensure that all patients have their care pathway reviewed by relevant staff and consultants, especially those on escalation wards.
- The service should ensure staff complete fluid and nutritional balance charts for patients.
- The service should work with others in the wider local system to ensure care is planned and provided in a way that meets the needs of local people.
- The service should ensure patients care plans reflect individual needs and preferences.
- The service should ensure plans to deliver the divisional strategy are robust and align with the organisational strategy.
- The service should act to provide opportunities for all staff to engage with the organisation and contribute to service improvement and development.

## Surgery

- The service should ensure that staff adhere to infection prevention control practices.
- The service should continue to develop its surveillance of surgical site infections.
- The service should review the reasons for increasing sickness rates within the nursing teams and develop a long-term action plan.
- The service should review the reasons for the increasing turnover rates and vacancy rates for medical staff and develop a long-term action plan.
- The service should consider introducing a standardised agenda for safety huddles which includes specific opportunities to discuss incident, complaints or compliments.
- The service should ensure that staff complete nutritional and hydration assessments.
- The service should continue to discuss ways to improve patient outcomes.
- The service should improve the patient and family room areas to provide more information regarding health promotion and services for people at the hospital and within the community.
- The service should continue to monitor adherence with Deprivation of Liberty Safeguards documentation requirements.
- The service should consider ways to make the surgical wards more dementia friendly.
- The service should continue to monitor staff adherence to the trust's values and behaviours.

## Children's and young people's services

- The service should take steps to improve staff compliance with mandatory training and ensure that staff are provided with adequate training to undertake their role effectively.
- The service should improve the standard of infection, prevention, control and cleanliness within it.
- The service should ensure that routine equipment checks are undertaken consistently, the safe storage of supplies within the neonatal area and the service continues to work towards meeting the national guidance on minimum cot space.

# Summary of findings

- The service should review the provision of resuscitation equipment between the neonatal and maternity departments and ensure that availability of resuscitation equipment is in line with expectations.
- The service should seek to fill medical vacancies within the neonatal department.
- The service should continue to work in reducing the occurrence of medicine errors.
- The service should look at ways to improve achieving the standards of the National Paediatric Diabetes Audit such as annual test for albuminuria and thyroid function.
- The service should look at ways of reducing patients re-admitted following an emergency admissions and multiple readmissions of diabetic and epileptic patients.
- The service should work in collaboration with other provider to ensure appropriate assessment of children and young people attending with symptoms of acute mental health illness.
- The service should consider ways to improve support and advice given to children and young people to lead healthier lives.
- The service should consider tailoring the entrance to the women's and children's department to the needs of children accessing its service.
- The service should continue with plans to recruit additional play specialists to increase the establishment within the service.
- The service should review the suitability of all areas used by children and young people within the hospital outside of the dedicated children's service and ensure it has oversight of these patients.
- The service should review the format and language availability of patient information offered.
- The service should ensure that all children are reviewed by a consultant within 14 hours of admission.
- The service should ensure initial health assessments for looked after children are undertaken within the designated timeframes.
- The service should continue to consider ways to resolve issues with transitional pathways for patients with complex care needs.
- The service should find ways to include the patient voice, community groups, and relevant stakeholders in developing its strategy and services.
- The service should ensure all staff have an understanding of and know how to access guardians such as freedom to speak up and Caldicott.
- The service should continue to develop sepsis pathways within in and ensure it is represented appropriately at trust wide steering groups.

## Out patients

- The service should follow standard operating procedures when using cleaning products.
- The service should continue to maintain paper record security whilst in the main outpatient department.
- The service should consider installing a hearing loop at the ear, nose and throat clinic.
- The service should follow trust process for maintaining equipment in ophthalmology.
- The service should continue to monitor and improve referral to treatment times for all specialities within outpatients.

# Summary of findings

- The service should address the infection risk of assessing patients in a room with a sluice hopper.

## Diagnostics

- The diagnostic imaging service should ensure that standard MRI safety labels are used on equipment within the MRI unit to identify equipment that is MRI Safe or MRI Not Safe.
- The diagnostic imaging service should consider the benefits of providing more distraction toys or books for children in the waiting areas.
- The diagnostic imaging service should, in line with evidence-based practice and the requirements for the control of substances hazardous to health, ensure that sluice rooms and cleaning cupboards are kept locked when not in use.
- The diagnostic imaging service should consider the benefits of having regular band seven experience scheduled on night shifts.
- The diagnostic imaging service should ensure that appropriate changing facilities are in place so that patients are not left alone in controlled areas when not undergoing a scan.
- The diagnostic imaging service should consider the benefit of including awareness of Gillick competency Guidelines in relevant mandatory training.
- The diagnostic imaging service should consider if there would be any benefits in implementing quality assurance sampling of a percentage of images and reports to support the early identification of discrepancies or quality concerns.
- The diagnostic imaging service should consider how it could minimise the risks of delayed identification of deteriorating persons in the MRI waiting room.
- The diagnostic imaging service should consider how it can improve the privacy and dignity for patients in the CT changing/inpatient waiting area.
- The diagnostic imaging service should consider how it can effectively support the further reporting development of radiographer staff in reporting on common types of CT scans.

## Is this organisation well-led?

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

- There had been improvements since the last inspection in the monitoring of incidents and opportunities to learn and make improvements following incidents. However, there were occasions when incidents had not been reported in line with policy which meant there was a risk of missed opportunities for learning in a timely way to help prevent a further incident happening.
- Since the last inspection the systems to review deaths had improved, however, there were delays in the trust undertaking mortality reviews and there was a risk that senior managers were unaware of how reviews were progressing as no timeframes had been identified in policies.
- Whilst the culture at the trust had improved since the last inspection, there were still areas where staff did not feel supported and valued. Recommendations from investigations into culture were at time slow in being implemented.

# Summary of findings

- The visibility of executive staff in services was mixed. There was no forward planned programme of visits, though these did occur on the day of the board meeting where the decision to visit services was made.
- The five-year strategy was no longer in line with the direction of the trust and at the time of the inspection there was no refresh of the strategy in place, although the trust had other supporting strategies in place. Since the inspection the trust informed us that they were transitioning to a new 2020 strategy.
- The trust was working with external stakeholders to improve the performance of the trust in relation to access and flow of patients through the hospital, but this remained a challenge for the trust. We had limited assurances that the trust was making effective use of all the internal measures available to improve access and flow throughout the trust.
- At the time of the inspection there were a high number of patients who were fit for discharge but still waiting to be discharged and a high number of patient moves which was not part of the care pathway. There were also a number of areas that had been opened for overnight stays during the inspection which had not always appropriate. They were a high number of patients who were in a bed on other wards that were not of the speciality they required. The trust's referral to treatment times were lengthy and there were a high number of cancelled operations due to beds not being available.
- The trust monitored performance against key quality and performance indicators. However, there were a number of indicators, 20 out of 57, they were failing to meet the performance thresholds identified and some had not had a threshold identified. One of the key indicators that had not been met in the last 12 months was the target for discharges before noon to help flow through the hospital. The trust target was more than 33% and the highest it had been in the last 12 months was 19%.
- Improvements in performance were not always made in a timely manner. We saw during our inspection that children and young people's services had not improved in terms of ratings and meeting regulations for a number of years.
- Whilst the board were sighted on the significant risk within the system for both the trust and commissioners and achieving the financial plan for 2019/20, there were significant unfunded cost pressures which needed to be addressed with appropriate board oversight.
- There were areas that required improvement to ensure full commitment to continually learning and improving services. There was an ineffective governance process in place for the monitoring of action plans at trust level following complaints and the monitoring of response timeframes.

However

- Since our last inspection the leadership team had stabilised. There was a broad mix of skills and abilities to run the organisation. They understood the priorities and most of the issues the organisation faced. They supported staff to develop their skills and take on more senior roles. The trust had made an improvement in ensuring that all executive and non-executive directors were meeting the relevant requirements that they were fit and proper to carry out this important role.
- Since the last inspection the trust had made improvements in the leadership programme to support staff to develop their skills and take on more senior roles. There had already been a number of staff who had begun this programme at the time of the inspection and there were clear plans in place for other staff to access this training.
- There was a named executive lead and non-executive lead for freedom to speak up.
- The service had a vision for what it wanted to achieve, and the values had been reviewed since the last inspection following feedback from staff and patients. Leaders and staff understood the vision and strategies in place and knew how to apply them and monitor progress.

# Summary of findings

- The trust had in place structures, systems and processes to support the delivery of its strategies. This included sub-board committees.
- Since the last inspection the trust had reviewed and strengthened governance structures which were beginning to support improvements across the trust. Divisional leaders were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the services and trust as well as the management of risk. Since the last inspection divisional performance reviews had been put in place to help improve service delivery.
- At the last inspection there was a lack of medical engagement. At this inspection, this had improved. The three largest percentage improvements were having purpose and direction, participation in decision making and change and climate for positive learning.
- The service promoted equality and diversity in daily work and provided opportunities for career development. The trust had an open culture where patients and their families were informed when care fell below the standards expected.
- Safeguarding processes had improved since the last inspection and there was an effective system in place for the application of deprivation of liberty safeguards.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients. However, senior leaders recognised that more work was required to engage with the wider public.
- Senior leaders had a growing understanding of quality improvement methods and were improving skills to use them. There was evidence of targeted action planning and reviewed governance. Leaders encouraged innovation and participation in research.



## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Jan 2020	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2020	Requires improvement ↑ Jan 2020	Requires improvement ↔ Jan 2020

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

## Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Arrowe Park Hospital	Requires improvement ↔ Jan 2020	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2020	Requires improvement ↑ Jan 2020	Requires improvement ↔ Jan 2020
Clatterbridge Hospital	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2020	Requires improvement ↔ Jan 2020	Requires improvement ↔ Jan 2020
<b>Overall trust</b>	Requires improvement ↔ Jan 2020	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2020	Requires improvement ↔ Jan 2020	Requires improvement ↔ Jan 2020

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

## Ratings for Arrowe Park Hospital

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

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

## Ratings for Clatterbridge Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good ↑ Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Requires improvement ↓ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020
Surgery	Requires improvement Mar 2016	Good Mar 2016	Outstanding Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016
Outpatients	Requires improvement Mar 2016	N/A	Good Mar 2016	Requires improvement Mar 2016	Requires improvement Mar 2016	Requires improvement Mar 2016
Diagnostic imaging	Requires improvement Mar 2016	N/A	Good Mar 2016	Requires improvement Mar 2016	Requires improvement Mar 2016	Requires improvement Mar 2016
<b>Overall*</b>	Requires improvement →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Requires improvement →← Jan 2020	Requires improvement →← Jan 2020	Requires improvement →← Jan 2020

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

# Arrowe Park Hospital

Arrowe Park Road  
Wirral  
Merseyside  
CH49 5PE  
Tel: 0151 678 5111  
[www.wuth.nhs.uk](http://www.wuth.nhs.uk)

## Key facts and figures

Arrowe Park Hospital is one of two hospital sites managed by Wirral University Teaching Hospitals NHS Foundation Trust. The hospital is the main site and provides a full range of hospital services including emergency care, critical care, a comprehensive range of elective and non-elective general medicine (including elderly care) and surgery, a neonatal unit, children and young people's services, maternity and gynaecology services and a range of outpatient and diagnostic imaging services.

The hospital was last inspected in March 2018 and a focussed inspection of accident and emergency services was last undertaken in March 2019.

We reviewed information provided to us before, during and after the inspection, including patient records. We spoke with staff of different grades, including registered and unregistered nurses, doctors and managers of different roles and levels.

We also spoke with relatives and patients to help us understand what they thought of the care and the treatment that they had received.

## Summary of services at Arrowe Park Hospital

**Requires improvement** ● → ←

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

- There were not always enough staff available to keep people safe such as medical staff and allied health professional staff.
- Not all staff completed training in key skills and compliance with intermediate life support training was low.
- Staff did not consistently assess risks to patients, or act on them or keep good care records.
- The service did not always control infection risk well. Not all equipment and areas of the premises were kept visibly clean.
- Patient outcomes did not meet all national standards and expectations.

# Summary of findings

- People could not always access the service when they needed it and referral to treatment times were consistently below the national average. The service did not discharge patients in a timely way and did not minimise the number of patient moves between wards at night. There were not effective arrangements for medical staff to review any medical patients who were not on medical wards. There were times when patients were cared for in corridors in urgent and emergency services.
- Not all staff felt respected, supported and valued. Not all staff had opportunities to engage well with the service and influence service development.
- Services did not ensure staff had the knowledge, skills or ability to care for patients with mental health needs or patients who lacked capacity.
- There were services which did not align to significant challenges faced within it such as the care and treatment of children and young people suffering from mental health symptoms and gaps within governance processes such as local audits meant a lack of assurance.

However,

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff reviewed patient's medicines regularly and provided specific advice to patients and carers about their medicines. The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.
- Service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

The trust has one emergency department and other urgent and emergency care services at Arrowe Park Hospital. We did not include the other urgent and emergency care services as part of this inspection.

The emergency department provides care and treatment to approximately 250 adults and 30-40 children a day. Services are provided to both adults and children for medical and surgical emergencies and trauma. The department has three rooms to manage mental health patients, including a room for patients who were brought to the department by the police under a Mental Health Act Section 136 order. Mental health liaison services are provided by a local mental health trust.

At the time of our inspection the main Emergency Department (ED) was open 24-hours, seven days a week. The paediatric ED was open from 10am to 12am Friday to Sunday and from 9am to 11pm Monday to Thursday.

We visited the department on 8,9,10 and 17 October 2019. There was a lead inspector, a second inspector, a mental health inspector and two specialist advisors with experience of working in emergency departments.

We reviewed evidence from the trust before the inspection and during the inspection we looked at policies and procedures, we visited the emergency department, the emergency review department, the reverse cohort area and the paediatric emergency department. We attended several bed meetings, a medical handover meeting and a safety huddle. We spoke with five consultants, five middle grade doctors and three staff grade doctors, two acute physicians, a respiratory consultant and a community geriatrician. We met with the assistant director for the ED, the matron and the ED manager, a shift leader the practice development nurse, a streaming nurse, two emergency nurse practitioners, two advanced nurse practitioners, three band six nurses, three band five nurses, four health care assistants and two receptionists, a paramedic, a physiotherapist and an occupational therapist. We also spoke with representatives from the women's and children's directorate in relation to paediatric services.

We observed care of patients in the department and we spoke with five patients and four carers. We reviewed 18 sets of paper records, 11 electronic records and ten mental health records including the case tracking of five patients.

## Summary of this service

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

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

- There were not enough middle grade doctors to keep people safe and there was a lack of privacy and dignity for patients being cared for in the emergency department corridors. Patients were accommodated in these areas for extended periods of time and staff carried out examinations without access to privacy screens.
- Patients were cared for in corridors during times of high demand. Although a qualified nurse and care support workers were assigned to care for these patients, the environment did not ensure they could deliver safe care.
- ED doctors did not have the authority to make a decision to admit to medical or surgical specialties. which led to lengthy delays to patient care. All of the staff we spoke with in ED said they felt that care delivered in corridors was unsafe.
- The service had a vision for what it wanted to achieve and a strategy. However, we did see any evidence how this strategy was going to be turned into action or how this was going to be monitored.

# Urgent and emergency services

- Leaders did not always operate effective governance and performance processes, throughout the service and with partner organisations. These included the management of the environment and additional systems to help improve flow through the department. There were a number of key performance indicators that were not being met or improvement sustained as well as action plans and audits to improve and failure in performance still occurring.

However

- The service had enough nursing staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Induction processes were robust. Staff assessed risks to patients and acted on them. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided evidence based care and treatment. They gave pain relief when patients needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. They provided emotional support to patients, families and carers to minimise their distress. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The culture of the department was open.

## Is the service safe?

**Requires improvement** ● → ←

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

- There were not enough middle grade doctors in the department to provide safe care and treatment. When there were gaps in medical rotas these were covered by staff doing additional shift.
- Patients were cared for in corridors during times of high demand. Although a qualified nurse and care support workers were assigned to care for these patients, the environment did not ensure they could deliver safe care. For example, patients did not have emergency call bells and we observed patient vital signs being completed in very cramped conditions with privacy and dignity not always being maintained.
- ED doctors did not have the authority to make a decision to admit to medical or surgical specialties. which led to lengthy delays for patients requiring ongoing patient care.
- All of the staff we spoke with in ED said they felt that care delivered in corridors was potentially unsafe
- Staff did not always keep detailed paper records of patients' care and treatment. Not all trolleys containing patient records were locked when not in use.
- Not all areas of the ED were clean and clinical waste was not always disposed of appropriately.
- Staff did not always fully complete risk assessments for each patient in the emergency department.



# Urgent and emergency services

However

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Electronic records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff identified and quickly acted upon patients at risk of deterioration.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

## Is the service effective?

Good ● ↑

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. Where patient outcomes were not meeting standards, there were action plans in place to help improve.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide care.
- Key services were available seven days a week to support timely patient care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limited patients' liberty.

## Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness and took account of their individual needs.

# Urgent and emergency services

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

## Is the service responsive?

**Requires improvement** ● → ←

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

- People could not always access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.
- Staff did not always make reasonable adjustments to help patients access services. They did not always coordinate care with other services and providers

However

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service well-led?

**Requires improvement** ● ↑

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

- The service had a vision for what it wanted to achieve and a strategy. However, we did not see any evidence how this strategy was going to be turned into action or how this was going to be monitored. Evidence provided by the services did not include workable plans with key actions, milestones and accountability identified or how this was going to be monitored.
- Leaders did not always operate effective governance processes, throughout the service and with partner organisations. Management of the environment and additional systems to help improve flow through the department were not always effectively managed. For example, the reverse cohort area and working with internal and external partners to help improve patient experience.
- Leaders and teams used systems to manage performance. However, they were not always effective. They identified and escalated relevant risks and issues and identified actions to reduce their impact or improve standards, However, there were times when these had not been implemented in a timely way. There were a number of key performance indicators that were not being met or improvement sustained as well as action plans and audits to improve and failure in performance still occurring.

However

# Urgent and emergency services

- Leaders had the skills and abilities to run the service. They understood and the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Areas for improvement

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

# Medical care (including older people's care)

Requires improvement  

## Key facts and figures

The medical care service at Wirral University Teaching Hospital NHS Foundation Trust provides care and treatment for geriatrics, diabetics, cardiology, gastroenterology, respiratory, endoscopy, dialysis, dermatology, rehabilitation, haematology and nephrology. There are 503 medical inpatient beds located across 20 wards/ units and two sites.

Arrowe Park Hospital has 421 inpatient beds located within 17 wards/units, ward 25 (infection control), wards 21, 22 and 27 (elderly medicine), ward 23 (acute stroke unit), wards 24, 26, 32, 33 and 36 (general medical), ward 30 (haematology), wards 37 and 38 (respiratory), medical short stay ward, older people's assessment unit, acute medical unit, acute medical assessment unit, coronary care unit. There is also a discharge lounge and ward one escalation area.

The trust had 50,464 medical admissions from March 2018 to February 2019. Emergency admissions accounted for 26,192 (51.9%), 1,383 (2.7%) were elective, and the remaining 22,889 (45.4%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 11,865
- Gastroenterology: 10,216
- Geriatric medicine: 8,077

*(Source: Hospital Episode Statistics)*

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected medical care services, including care of the elderly between 8 and 10 October 2019.

During the inspection we visited all medical care wards. We also visited ward one, surgical day case unit, the acute medical assessment unit and the discharge lounge.

We spoke with 78 members of staff including senior managers, members of the infection prevention and control team, ward sisters as well as registered nurses and doctors, therapy staff and health care assistants. We also spoke to 16 patients and relatives.

We observed care and treatment and looked at 15 patient care records and 82 electronic medicine administration records as well as service performance data.

## Summary of this service

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

- At our last inspection we rated the service as inadequate in safe and well-led. We rated effective, caring and responsive as requires improvement. At this inspection we rated safe, effective, responsive and well-led as requires improvement and caring as good.
- The service did not have enough allied health professional staff to always care for patients. Not all staff completed training in key skills and compliance with intermediate life support training was low. The service did not always control infection risk well. Staff did not consistently assess risks to patients, or act on them or keep good care records.

# Medical care (including older people's care)

- The service did not always control infection risk well. The service had an outbreak of clostridium difficile in 2019. Not all equipment and areas of the premises were kept visibly clean.
- The service did not consistently provide good care and treatment. Patient outcomes did not meet all national standards and expectations. Staff did not always work well together for the benefit of patients.
- Care did not always meet the needs of local people. It did not take account of patients' individual needs, People could not always access the service when they needed it and referral to treatment times were consistently below the national average. The service did not discharge patients in a timely way and did not minimise the number of patient moves between wards at night. There were not effective arrangements for medical staff to review any medical patients who were not on medical wards.
- The leadership team and structure had changed following our previous inspection. This meant leaders had not been able to fully implement and embed all necessary changes and improvements. Not all staff felt respected, supported and valued. Local governance and systems to manage performance were not always effective. Not all staff had opportunities to engage well with the service and influence service development.

However,

- Staff understood how to protect patients from abuse, and managed safety well. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure the majority of staff were competent. Staff advised patients on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service made it easy for people to give feedback.
- Staff were supported to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. They were focused on the needs of patients receiving care.

## Is the service safe?

**Requires improvement** ● ▲

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

- The service provided mandatory training in key skills to staff but not everyone had completed it. Nursing and medical staff did not meet the trust target in any of the required modules and compliance with some key modules was low. For example, compliance with intermediate life support training was 43.9%. At our last inspection, we told the service it should improve compliance with mandatory training across all staff groups.
- The service did not always control infection risk well. Staff did not consistently use equipment and control measures to protect patients, themselves and others from infection. Not all equipment and areas of the premises were kept visibly clean. The service had an infection outbreak in 2019 and at the time of our inspection, there were no dedicated infection control link nurses for medical care service in place. Infection control practitioners were not always consulted when decisions were made to open wards with a known infection outbreak or infection control risk.

# Medical care (including older people's care)

- Some areas and equipment were not properly maintained or fit for purpose. The design of the environment did not always follow national guidance or best practice. We found out of order toilets and bathrooms in four wards. Oxygen was not stored securely in line with manufacturer guidance on four wards. At our last inspection we found the service did not store substances hazardous to health securely, we found this on three wards on this inspection.
- The use of the discharge lounge did not maintain patient confidentiality. The discharge to assess team were based within the bay area of the discharge lounge and we saw confidential paperwork was left on desks and confidential telephone conversations took place in the bay area. This was an issue we raised at our last inspection.
- Staff did not consistently complete and update risk assessments for each patient. They did not always share key information to keep patients safe when handing over care to others or complete risk assessments when patients moved wards. Staff did not consistently carry out 'rounding' for patients staying in escalation areas. Patient 'rounding' is a process of regular nursing checks to ensure patient's fundamental care needs are being met.
- Though the number of nursing staff deployed had improved from our previous inspection we found some wards did not always have the expected number of registered nursing staff on shift. For example, in September 2019 published fill rates showed three wards had less than 75% of expected registered nursing staff on shift, with medical short stay ward as low as 51.5% of expected registered nurses on the day shift.
- The service did not have enough allied health professional staff to provide the right care and treatment to patients. Though the service generally deployed enough nursing staff to provide safe care and treatment, staff were moved during shifts to provide cover in escalation areas. Ward one escalation ward was staffed by bank and agency nursing staff only out of hours and at weekends.
- Ward 25 did not have dedicated doctors as all patients were considered medical outliers as they were placed there for infection control purposes. This was an issue we highlighted during our last inspection
- At our last inspection, we found patient records were stored on unlocked trolleys. Since then the service had introduced new lockable records trolleys. However, we found records were not stored securely in all areas.
- The service did not always include all relevant professionals and staff in meetings to review incidents.

However,

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. This was an improvement from our previous inspection where we told the service it must improve compliance with safeguarding training for staff.
- The service had made improvements to the environment and facilities in the discharge lounge and ward one escalation ward since our last inspection.
- Following our last inspection, the service made improvements to the storage of substances hazardous to health.
- Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff reviewed patient's medicines regularly and provided specific advice to patients and carers about their medicines. The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

# Medical care (including older people's care)

- The service mainly managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

**Requires improvement** ● → ←

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

- Staff did not always fully and accurately complete patients' fluid and nutrition charts to ensure that they had their nutritional needs met at all times.
- Outcomes for patients were not always positive, consistent and did not meet all expectations and national standards. For example, the service performed poorly in the speech and language therapy domain for both team centred and patient centred performance and there was no action plan to improve this. The service did not always meet the standards in national audits.
- Some staff groups told us it was difficult to access appropriate training for their role.
- At our last inspection we told the service to should ensure patients accommodated on escalation wards have access to a dedicated multidisciplinary team. At this inspection we found patients on the infectious disease ward did not have their care reviewed by a relevant specialist consultant, as the ward did not have dedicated doctors.
- Doctors, nurses and other healthcare professionals did not consistently work together as a team to benefit patients.
- Although the trust had a system for tracking and monitoring deprivation of liberty safeguards and when they expired, this was not robust as information was not always shared with appropriate staff in a timely way.

However,

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff monitored the effectiveness of care and treatment.
- The service made sure the majority of staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Most key services were available seven days a week to support timely patient care.

## Is the service caring?

**Good** ● ↑

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

# Medical care (including older people's care)

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

## Is the service responsive?

**Requires improvement** ● → ←

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

- The service planned and provided care in a way that did not consistently meet the needs of local people and the communities served. It did not work effectively with others in the wider system and local organisations to plan care. Not all facilities and premises were appropriate for the services being delivered.
- The service did not always take account of patients' individual needs and preferences, as care plans could not be tailored to individual needs.
- People could not always access the service when they needed it and care and treatment was not always provided promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were consistently lower than national standards.
- Patients cared for on wards which were not their speciality, medical outliers, did not always receive a review from a doctor at weekends. This was the same as at our last inspection.
- At our last inspection, we found the service was struggling to cope with the number of patients requiring care. This meant that the hospital was often operating at full capacity. Additionally, patients were not always discharged as quickly as they should be and there were a large number of patients who moved ward a night that was not part of their care pathway. We found the same at this inspection.

However,

- The service was inclusive, and staff made reasonable adjustments to help patients access services.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. This was an improvement from our previous inspection.

## Is the service well-led?

**Requires improvement** ● ↑

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

- The leadership team and structure had changed following our previous inspection. This meant leaders had not had time or capacity to fully implement and embed all necessary changes and improvements.
- The divisional strategy did not link to wider trust strategy as the trust strategy did not fully reflect recent changes in vision and strategy across the organisation. The divisional strategy was described by leaders as 'a work in progress'.



# Medical care (including older people's care)

- Some staff groups told us during this inspection they did not feel respected, supported and valued. However, there had been some improvement in other areas since the last inspection
- Local governance processes were not always fully effective. Not all key issues identified at the last inspection had been acted on to improve medical care services. We found areas of poor practice which had not been identified through governance processes.
- Though leaders and teams used systems to manage performance, these were not always effective. Staff could identify risks for the service, but we found there was little local ownership of risks and actions. Actions identified in the risk register did not always fully mitigate the risk or risks were not acted on in a timely manner.
- Some staff reported they had limited opportunity to engage with the service and wider organisation to influence service developments and improvements.

However

- Leaders understood the priorities and challenges the service faced. Leaders were visible and approachable in the service for patients and staff. This was an improvement from our previous inspection.
- The service had a vision for what it wanted to achieve. This trust visions were widely displayed throughout the service and staff could clearly articulate these.
- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.

## Areas for improvement

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

# Surgery

Requires improvement   

## Key facts and figures

The surgery division provides non-elective, elective and day case surgery for several specialities. These include general surgery, ear, nose and throat, orthopaedic, ophthalmology, urology, colorectal and maxillofacial surgery.

The trust has eight surgical wards at Arrowe Park hospital. The trusts speciality services include; upper gastrointestinal surgery, vascular surgery, colorectal surgery, urology, trauma and orthopaedics. The trust has 19 surgical assessment unit and 165 inpatient beds at Arrowe Park hospital.

There are nine theatre suites at Arrowe Park Hospital, each with attached anaesthetic room. The hospital has a 12 bedded recovery area including one dedicated paediatric bay. Three of the theatres are laminar flow for implant surgery.

The trust had 33,907 surgical admissions from March 2018 to February 2019. Emergency admissions accounted for 10,578 (31.2 %), 18,848 (55.6%) were day case, and the remaining 4,481 (13.2 %) were elective.

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

We inspected the division of surgery between 15 and 17 October 2019. Our inspection was unannounced. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

During the inspection the inspection team visited the following areas:

Ward 10, 11 and 12 - Trauma & Orthopaedics Ward

Wirral Acute Femoral Fracture Unit

Ward 14 - Colorectal Ward

Ward 18 - General Surgery

Ward 20 - Urology Ward

Emergency Surgery Assessment Unit

Surgical Elective Admissions Lounge

We visited several theatres, the recovery areas and anaesthetic room. We also observed a morning ward handover, safety huddles, multidisciplinary team meetings, and a workforce meeting.

The inspection team spoke with 12 patients and carers who were using the service, and 69 members of staff including managers, consultants, nurses, healthcare assistants and administrative staff. We reviewed 7 patient records and six WHO checklists. We observed staff interactions with patients, team meetings and huddles.

The service was last inspected in March 2018, with the report published in July 2018. Surgery was previously rated as requires improvement.

## Summary of this service

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

# Surgery

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

## Is the service safe?

**Requires improvement** ● → ←

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

- Staff did not always comply with the requirements of the surgical safety checklist and so were not minimising risks in this area.
- The service did not always control infection risk well, with staff not always using control measures to protect patients, themselves and others from infection. The service had systems to identify surgical site infections, albeit that it was undertaking the minimum requirements.
- The design of the pre-operative facilities did not meet the needs of patients or staff.
- The service's nursing sickness rates were increasing, and there were high levels of turnover rates for medical staff with an increasing number of vacancies. There were systems in place to ensure that wards were staffed appropriately during periods of sickness.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

# Surgery

- Staff kept equipment and the premises visibly clean. The maintenance of premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing, medical and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

## Is the service effective?

**Requires improvement** ● → ←

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

- Staff did not fully and accurately assess patients' nutrition and hydration needs when required.
- Outcomes for patients were not always positive, consistent or met expectations, such as national standards.
- Staff did not always complete Deprivation of Liberty Safeguards documentation appropriately.

However:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment and participated in relevant national clinical audits.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff mostly gave patients practical support and advice to lead healthier lives.

# Surgery

- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

**Good** ● → ←

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

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

## Is the service responsive?

**Requires improvement** ● → ←

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

- People could not access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards. There were a high number of cancelled operations which were not rescheduled within 28 days.

However:

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

## Is the service well-led?

**Requires improvement** ● → ←

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

- Leaders and teams did not use systems to manage performance effectively. Whilst they identified and escalated relevant risks and issues, agreed plans had not reduced their impact and issues identified at the previous inspection were still apparent.

# Surgery

However:

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

## Areas for improvement

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

# Services for children and young people

Requires improvement   

## Key facts and figures

The children's and young people department is housed within the women's and children's building at the Arrowe Park site of Wirral University Teaching Hospital NHS Foundation Trust. The service is also within the women's and children's directorate and has the trusts medical director as the executive sponsor.

The service comprises of an out-patient department, children's ward and a paediatric assessment unit based within the children's emergency department.

We carried out an unannounced inspection of the service between the 15 and 17 October 2019 during this time we were told that the service was in a period of change and development having recently appointed a consultant nurse to offer clinical leadership to advanced clinicians as well as several new appointments of key leaders within it.

During our inspection we spoke with seven patients and relatives, several medical, nursing and allied health members of staff as well as senior leaders within the department.

We reviewed 13 sets of patient records and several policies and procedures.

## Summary of this service

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

- The service had not provided training in key skills to staff, had not assessed risks to patients, was not compliant with key information sharing standards and had failed to control infection risk. There were not enough medical staff within the neonatal department and the design, use and maintenance of premises and equipment did not keep people safe.
- Staff did not monitor patients pain regularly and the service did not ensure staff had the knowledge, skills or ability to care for patients with mental health needs or patients who lacked capacity.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- The strategy for the service did not align to significant challenges faced within it such as the care and treatment of children and young people suffering from mental health symptoms and gaps within governance processes such as local audits meant a lack of assurance.

## Is the service safe?

Requires improvement   

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

# Services for children and young people

- Staff did not complete updated nursing risk assessments for each child and young person and there was no designated mental health assessment provision for children outside of office of hours. This meant staff could not effectively identify children and young people at risk of harm or deterioration.
- The service did not comply with the child protection information sharing standard designed to safeguard children who were looked after or in protection. Since the inspection the trust have reported that they have activated the system and integrated the national database into their standard procedures and processes.
- Mandatory training in key skills was available however not all staff had completed it.
- The service did not control infection risk well. Not all staff had completed the infection prevention and control training and infection prevention and control audits demonstrated repeated issues with the cleanliness of premises within the neonatal area.
- The design, maintenance and use of facilities, premises and equipment did not keep people safe as clinical areas within the neonatal unit were used as storage areas. The national standard for cot space could not be met and we identified numerous gaps in daily checks of equipment within the paediatric assessment unit.
- The service did not have enough medical staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment.

However,

- Staff understood how to protect children, young people and their families from abuse. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service had enough registered nursing staff to provide the right care and treatment. Managers reviewed and adjusted staffing levels and skill mix and gave bank and locum staff a full induction.
- Staff kept detailed records of children and young people's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from safety alerts were implemented and monitored.
- The service used monitoring. Staff collected safety information and shared it with staff, children, young people, their families and visitors.

## Is the service effective?

**Requires improvement** ● ↓

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

- The service did not always make sure staff were competent for their roles. There was no mental health awareness training in children's and young people's services despite staff regularly caring for children and adolescents with symptoms of mental health illness. There was only a pilot that was being undertaken at the time of the inspection. They did not receive sufficient training to support those who lacked capacity to make their own decisions in these services.



# Services for children and young people

- Staff did not assess children and young people regularly to see if they were in pain, and therefore could not be certain pain relief was given in a timely way.
- Staff did not receive training to support children, young people and their families who lacked capacity to make their own decisions.

However

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people.
- Staff gave children, young people and their families enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for children, young people and their families' religious, cultural and other needs.
- Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.

## Is the service caring?

Good ● → ←

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

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

## Is the service responsive?

Good ● ↑

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- People could access the service when they needed it and there were appropriate systems in place for the referral and assessment of urgent and emergency patients.

# Services for children and young people

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

However,

- The service did not always take account of children, young people and their families' individual needs and preferences such as those attending outpatient appointment in the main hospital.

## Is the service well-led?

**Requires improvement** ● → ←

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

- The service had a vision for what it wanted to achieve and was in the process of developing a strategy to turn it into action. However, there was little involvement of relevant stakeholders or the patient voice and the focus was not always aligned to key areas within the service such as mental health of children and young people.
- Governance processes were in place throughout the service however were not always effectively implemented for example pain management policies were not always followed and local audits designed to examine care and treatment did not consider key areas such as nursing risk assessments.
- Collaboration with service users, equality groups and the public to help improve services for children and young people did not assist in the planning and managing of such services.
- Information systems were integrated and secure. Notifications were submitted to external organisations as required. There were times when lack of training had resulted in inaccurate data being recorded.

However,

- Leaders had the skills and abilities to run the service. They were visible and approachable in the service for children, young people, their families and staff. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. The service provided opportunities for career development and had an open culture where children and young people, their families and staff could raise concerns without fear.

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods. Leaders encouraged innovation and participation in research.

- The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. There were occasions when actions to mitigate risk were not always specific.

## Areas for improvement

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

# Outpatients

**Requires improvement** ●

## Key facts and figures

Outpatient services at the trust are delivered in a number of settings including the two main hospital sites, two community hospitals and GP Practices.

The outpatient clinics in GP Practices are part of Healthy Wirral agreements between NHS England, Wirral CCG, Wirral Community Trust and Wirral University Teaching Hospital trust.

Outpatient services cover a range of routine, urgent and two-week rule cancer slots.

Most outpatient clinics are run by the outpatient department, which sits in the diagnostic and clinical support division. However, the following specialties are responsible for their own outpatient clinics; ophthalmology, oral and maxillofacial, ear nose and throat, dermatology, and orthopaedics.

The trust had 466,636 first and follow up outpatient attendances from March 2018 to February 2019. The graph below represents how this compares to other trusts.

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

We inspected the outpatient department between 12th and 14th November 2019. Our inspection was unannounced. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

We visited the main outpatient department at Arrowse Park Hospital. We also visited the booking and scheduling team, the allied health professional service, phlebotomy, cardiology clinic, fracture clinic and the ophthalmology service.

The inspection team spoke with patients, relatives and carers, members of staff including managers, consultants, nurses, clinical support workers and administrative staff. We reviewed five patient records and observed one consultation and other interactions between staff and patients.

The service was last inspected in September 2015. At the time we jointly inspected the outpatients and diagnostic services.

## Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with the previous ratings. We rated it as requires improvement because:

- The service did not always control infection risk well. Staff used some control measures to protect patients, themselves and others from infection. The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Nursing staff in ophthalmology did not use a tool to identify deteriorating patients.
- People requiring routine treatment could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national expectations.

However:

# Outpatients

- There were enough nursing staff to safely care for patients and mandatory training levels had been achieved. Safeguarding processes were in place and staff knew how to recognise and report abuse. They kept the premises visibly clean. The service used systems and processes to safely prescribe, administer, record and store medicines. The service managed patient safety incidents well.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. The service had a vision for what it wanted to achieve and a strategy to turn it into action. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with staff and the community to plan and manage services and all staff were committed to improving services continually.

## Is the service safe?

### Requires improvement

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with the previous ratings. We rated it as requires improvement because:

- The service did not always control infection risk well. The service did not follow trust standard operating procedures for the decontamination of flexible nano-optic endoscopes. We found opened endotracheal tubes in the airway management tray on the ophthalmology resuscitation trolley which were removed during our inspection.
- During our inspection we found products used for cleaning being used without personal protective equipment (gloves and apron) in the ophthalmology service. This was not in line with the trust standard operating procedure.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe. In the ophthalmology department the flooring in one of the clinic rooms was in a very poor condition, it was cracked and peeling. In the main outpatient area patient assessments were taking place in a room with a sluice hopper (a conical bowl into which waste material is poured).
- The service did not consistently have enough suitable equipment to help them to safely care for patients. On the ophthalmology department we found that most equipment that was in use had not been serviced, this was an issue during our last inspection.
- Nursing staff in ophthalmology told us they did not use a tool to identify deteriorating patients and escalated to the consultants on the clinic which was not in line with the trust policy.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.

# Outpatients

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

## Is the service effective?

We do not rate the effective domain for outpatient services. However, we found:

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- The trust did not provide a seven-day outpatient service, although clinics could be arranged for evening and weekends when appropriate.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

**Good** 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with the previous ratings. We rated it as good because:

# Outpatients

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

## Is the service responsive?

### Requires improvement

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with the previous ratings. We rated it as requires improvement because:

- People requiring routine treatment could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national expectations.

However:

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

## Is the service well-led?

### Good

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with the previous ratings. We rated it as good because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

# Outpatients

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and managers used systems to manage performance. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service collected reliable data and analysed it. Staff could find the data they needed, in accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Areas for improvement

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

# Diagnostic imaging

Good 

## Key facts and figures

Diagnostic imaging services at the trust are delivered across the two main hospital sites, Arrowe Park Hospital and Clatterbridge Hospital and in two community hospitals (St Catherine's and Victoria Central Hospital). The diagnostic imaging department at Arrowe Park Hospital hosted an interventional radiology theatre; nine X-ray rooms of which two provided fluoroscopy imaging; five ultrasound rooms in the main department and two ultrasound rooms in the women and children's department; three CT scanners; and two MRI scanners.

We only inspected the diagnostic imaging service at Arrowe Park Hospital during this visit.

A comprehensive range of diagnostic services are provided including x-ray and fluoroscopy, CT, MRI, ultrasound, and interventional radiology. The diagnostic imaging service runs a 24/7 on-call interventional and general radiology on-call.

*(Source: Routine Provider Information Request (RPIR) – Context tab)*

### Activity

Between November 2018 and October 2019, the trust's diagnostic imaging service completed:

- 49940 routine and 6355 urgent general X-ray examinations
- 763 routine and 202 urgent musculoskeletal X-ray examinations
- 18299 routine and 1749 urgent ultrasound scans
- 242 routine and 14 urgent musculoskeletal ultrasound scans
- 2951 routine and 1802 urgent CT scans
- 2861 routine and 463 urgent MRI scans
- 1519 routine and 103 urgent musculoskeletal MRI scans.

We visited the X-ray, fluoroscopy and interventional radiology suite, the ultrasound unit, the computerised tomography (CT) unit and the magnetic resonance imaging (MRI) unit. We also observed a morning ward handover, safety huddles, multidisciplinary team meetings, and a workforce meeting.

The inspection team observed four diagnostic imaging procedures, spoke with ten patients and carers who were using the service, and 14 members of staff including managers, radiologists, radiographers, and clinical support workers. We observed staff interactions with patients during four imaging procedures and reviewed a range of documents during our visit.

The service was last inspected in March 2015, with the report published in March 2016. Diagnostic imaging was previously reported as part of a combined core service with the outpatients' service. The previous combined core service rating was requires improvement.

## Summary of this service

We have not previously rated diagnostic imaging as a distinct service at this hospital. We rated it as good because:



# Diagnostic imaging

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

However,

- The diagnostic imaging services did not always provide care and treatment, or manage facilities, in line with good governance principles around evidence based practice.

## Is the service safe?

**Good** ●

We have not previously rated safe in diagnostic imaging as a distinct service at this hospital. We rated it as outstanding because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service mostly controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough radiologist staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

# Diagnostic imaging

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

However,

- Not all equipment in the MRI department had been labelled with standard MRI safe/MRI not safe labels; this meant there was reliance on staff to understand the colour coded tape used on some equipment.
- There was no line of sight of patients/visitors waiting in the MRI waiting area, which could pose a potential risk if a patient or visitor deteriorated in the waiting room

## Is the service effective?

We do not rate the effective domain for diagnostic imaging services. However, we found:

The service did not have a policy or standard operating procedure for the management of MRI induced burns. Since the inspection the trust informed us that there was a draft standard operating procedure in place at the time of the inspection.

- Staff were not, in line with evidence-based practice, consistently checking allergy status with patients before administering contrast media, relying solely on previously recorded allergy status.
- Staff we asked did not have an understanding of Gillick Competence Guidelines despite, for the purposes of treatment, the service considered young adults aged 16 and over as adults.
- We were unable to find evidence that any quality sampling process was in place for the quality of images or reporting for established staff. This meant that potential quality issues might only be picked up if the image or report results were queried by the referrer.
- Formal written consent forms for different types of procedures were not always in place for the intravenous administration of contrast media for different types of diagnostic procedures.
- The sluice room and a cleaning cupboard on the CT unit were not locked in line with evidence-based practice and control of substances hazardous to health requirements.

However,

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff monitored patients to see if they were in discomfort or pain.
- Staff monitored the effectiveness of care and treatment. Managers and staff used the results to improve patients' outcomes.

# Diagnostic imaging

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Radiologists, radiographers and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Due to the nature of diagnostic imaging services there was limited scope for staff to promote health. However, staff provided safety netting advice (to attend the emergency department if they experienced any bad reactions) to patients after scans, particularly when contrast media had been used.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

**Good** ●

We have not previously rated caring in diagnostic imaging as a distinct service at this hospital. We rated it as good because:

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

## Is the service responsive?

**Good** ●

We have not previously rated responsive in diagnostic imaging as a distinct service at this hospital. We rated it as good because:

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

However,

# Diagnostic imaging

- Staff told us that some patients were left, unsupervised, within the controlled area of the CT scan rooms when changing their clothes.
- Patient information leaflets were available but only in English.

## Is the service well-led?

**Good** ●

We have not previously rated well led in diagnostic imaging as a distinct service at this hospital We rated it as good because:

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

However,

- Some staff expressed frustration at a perceived reluctance to develop radiographer staff in the reporting of some common types of images.

## Areas for improvement

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

# Clatterbridge Hospital

Clatterbridge Road  
Wirral  
Merseyside  
CH63 4JY  
Tel: 0151 556 5000  
[www.whnt.nhs.uk](http://www.whnt.nhs.uk)

## Key facts and figures

Clatterbridge Hospital is a general hospital located on Clatterbridge Health Park in Bebington, Wirral, England. It is managed by Wirral University Teaching Hospital NHS Foundation Trust

Services at the hospital include surgical services, medical rehabilitation together with some out patient services.

The hospital is located on the Wirral peninsula and serves the people of Wirral and neighbouring areas.

## Summary of services at Clatterbridge Hospital

### Requires improvement ●

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

- Not all facilities and premises were appropriate for the rehabilitation services being delivered. The therapy room was small and there was no designated activity room for patients to help with rehabilitation goals. There were times when the environment was cold for patients on the wards.
- There were times then services did not work effectively with others in the wider system and other local organisations to plan care. People could not always access the service when they needed it and care and treatment was not always provided promptly. We found that waiting times from referral to treatment were consistently lower than national standards. The average length of stay was higher than the England average for certain services. There was also a higher than expected relative risk of readmission for some services and discharges were delayed.
- We found there was little ownership of risk and actions despite systems being in place to manage performance.
- We found that staff were not aware of a robust system for tracking and monitoring deprivation of liberty safeguard applications.
- There were no leaflets available on the wards about health awareness and support groups to aid health promotion.

However,

- Staff had training and understood how to protect children, young people and families from abuse and the service worked well with other agencies to do so. Staff also had mandatory training and completed this to help keep protect patients.

# Summary of findings

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. We found that staff had the ability to assess and respond to patient risk and were aware of who to contact if deterioration occurred.

# Medical care (including older people's care)

## Key facts and figures

The medical care service at Wirral University Teaching Hospital NHS Foundation Trust provides care and treatment for geriatrics, diabetics, cardiology, gastroenterology, respiratory, endoscopy, dialysis, dermatology, rehabilitation, haematology and nephrology. There are 503 medical inpatient beds located across 20 wards/ units; Ward 25, 21, 22, 23, 24, 26, 27, 30, 32, 33, 36, 37, 38, MSSW, OPAU, AMU, CCU, Ward D1, M1 and CGH Rehab.

The trust provides acute services from two sites:

- Arrowe Park Hospital: 421 beds are located within 17 wards / units
- Clatterbridge Hospital: 82 beds are located within three wards

*(Source: Routine Provider Information Request AC1 - Acute context)*

The trust had 50,464 medical admissions from March 2018 to February 2019. Emergency admissions accounted for 26,192 (51.9 %), 1,383 (2.7 %) were elective, and the remaining 22,889 (45.4%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 11,865
- Gastroenterology: 10,216
- Geriatric medicine: 8,077

*(Source: Hospital Episode Statistics)*

The Clatterbridge Rehabilitation Centre CRC is a 30 bedded rehabilitation unit staffed 24 hours a day and has consultant pharmacy, social work, physiotherapy and occupational therapy input Monday to Friday. The age group accepted is from 18 years onwards both male and female.

M1 Medical Rehabilitation ward is a 40 bedded rehabilitation unit with 40 beds and takes both adult males and females.

We visited both wards as part of the inspection and spoke with staff at various levels as well as patients and carers.

# Medical care (including older people's care)

## Summary of this service

We rated it as good because:

- Services at Clatterbridge hospital provided mandatory training in key skills to most staff, however the information given by the trust could not map staff to individual wards.
- Staff understood how to protect children, young people and families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew when and how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. We found that staff had the ability to assess and respond to patient risk and were aware of who to contact if deterioration occurred.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The trust reported no never event for medicine at Clatterbridge.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. Whilst the service did not participate in national audits it did participated in a number of local clinical audits as part of an ongoing clinical audit programme.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service adjusted for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and development.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff recognised the specific needs of patients and were sensitive and discreet in their practice.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Leaders had the integrity, skills and abilities to run the service and this was being done whilst teams and the whole service were going through transitional changes, including job roles.
- They understood and managed the priorities and issues the service faced and sought support to enhance leadership. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The trust had created a set of clear visions which were widely displayed throughout the service and which staff could clearly articulate. However, these were not supported by a clear organisational strategy or a clear strategy on rehabilitation.



# Medical care (including older people's care)

- Staff satisfaction was generally good. The service gave staff opportunities to raise concerns or provide feedback. However, some staff groups told us that the previous year had been difficult, but they now felt respected, supported and valued.

However;

- The design, maintenance of ward M1 clearly impacted on its use and it was out dated and its environment had been placed on the risk register. There were times when the ward was cold dependant on the weather.
- The service planned and provided care in a way that at times did not consistently meet the needs of local people and the communities served. It sometimes did not work effectively with others in the wider system and local organisations to plan care.
- Not all facilities and premises were appropriate for the rehabilitation services being delivered. The therapy room was small and there was no designated activity room for patients to help with rehabilitation goals.
- The service was inclusive, and staff made reasonable adjustments to help patients access services. However, the service did not always take account of patients' individual needs and preferences, as care plans could not be tailored to individual needs.
- The service did not take part in national patient outcome audits to help improve patient outcomes. There was also a higher relative risk of readmission.
- People could not always access the service when they needed it and care and treatment was not always provided promptly. Discharge of patients was sometimes delayed because of blockages in systems and referral to treatment times were lower than national standards as well as a higher than national average length of stay
- Though leaders and teams used systems to manage performance, these were not always clear or effective. Staff could identify risks for the service, but we found there was little local ownership of risks and actions.

## Is the service safe?

**Good** ●

We rated it as good because:

- Services at Clatterbridge hospital provided mandatory training in key skills to most staff, however the information given by the trust could not map staff to individual wards.
- Staff understood how to protect children, young people and families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew when and how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. We found that staff had the ability to assess and respond to patient risk and were aware of who to contact if deterioration occurred.
- The service had enough staff with the right qualifications, skills, training and experience to keep people and adults safe from avoidable harm and to provide the right care and treatment. However staffing levels could be tight and at times it had an impact on quality of rehabilitation.

# Medical care (including older people's care)

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff reviewed patient's medicines regularly and provided specific advice to patients and carers about their medicines. The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The trust reported no never event for medicine at Clatterbridge.

However;

- The design, maintenance of ward M1 clearly impacted on its use and it was outdated and its environment had been placed on the risk register. There were times when the ward was cold dependant on the weather.
- Not all facilities and premises were appropriate for the rehabilitation services being delivered. The therapy room was small and there was no designated activity room for patients to help with rehabilitation goals,
- People could not always access the service when they needed it and care and treatment was not always provided promptly. We found that waiting times from referral to treatment were consistently lower than national standards. The average length of stay was higher than the England average for certain services.

## Is the service effective?

We rated it as good because:

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieve better outcomes for patients. The service participated in a number of clinical audits as part of an ongoing clinical audit programme.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service adjusted for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and development.
- Most key services were available seven days a week to support timely patient care.
- The wards assessed each patient's needs when they were admitted and provided support dependent on the assessment, so they could lead a healthier lifestyle.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However

# Medical care (including older people's care)

- Whilst Staff monitored the effectiveness of care and treatment and used the findings to make improvements, the service did not take part in national patient outcome audits to help improve patient outcomes. There was also a higher relative risk of readmission
- Doctors, nurses and other healthcare professionals did not consistently work together as a team to benefit patients.
- The service did provide us with robust evidence that they have a system for tracking and monitoring deprivation of liberty safeguards applications.
- We did not see any leaflets available about health awareness and support groups to aid health promotion.

## Is the service caring?

We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff recognised the specific needs of patients and were sensitive and discreet in their practice.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The Friends and Family Test (FFT) is an important feedback tool that provides feedback on patient experience. The test asks people if they would recommend the services they have used and offers a range of responses. The number of responses to the questionnaire in Clatterbridge was 3 times higher than its equivalent medicine wards in Arrowe Park but was still over 90% in patient satisfaction.

## Is the service responsive?

**Requires improvement** ●

We rated it as requires improvement because:

- The service planned and provided care in a way that at times did not consistently meet the needs of local people and the communities served. It sometimes did not work effectively with others in the wider system and local organisations to plan care. All staff worked towards the benefit of patients but the system to discharge patients was fragmented and complex, with too many pathways each working separately towards their own aims.
- Whilst the service was inclusive, and staff made reasonable adjustments to help patients access services. there was a risk that the environment may have an impact on patients achieving their personal goals.
- People could not always access the service when they needed it and care and treatment was not always provided promptly. The average length of stay was consistently higher than expected by staff teams.
- The directorate did not include staff from Clatterbridge in transfer decisions from Arrowe Park to Clatterbridge. No data was kept on the number of transfers from the Arrowe Park main hospital site to the two wards.
- Discharge of patients was sometimes delayed and although the trust told us they had commissioning targets for rehabilitation services they did not provide us with this information. This meant we were not able to assess if these were having any impact on access to services and discharge for patient.

# Medical care (including older people's care)

However;

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service well-led?

**Good** ●

We rated it as good because:

- Leaders had the skills and abilities to run the service and this was being done whilst teams and the whole service were going through transitional changes, including job roles.
- They understood and managed the priorities and issues the service faced and sought support to enhance leadership. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The trust had created a set of clear visions which were widely displayed throughout the service and which staff could clearly articulate. However, these were not supported by a clear organisational strategy or a clear strategy on rehabilitation for services at Clatterbridge hospital.
- Staff satisfaction was generally good. The service gave staff opportunities to raise concerns or provide feedback. However, some staff groups told us that the previous year had been difficult, but they now felt respected, supported and valued.
- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- We found local governance processes were effective across medical services on the two wards in Clatterbridge.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and started to openly engage with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.

However;

- Though leaders and teams used systems to manage performance, these were not always clear or effective. Staff could identify risks for the service, but we found there was little local ownership of risks and actions.

## Areas for improvement

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

Diagnostic and screening procedures  
Maternity and midwifery services  
Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

#### Regulated activity

Diagnostic and screening procedures  
Maternity and midwifery services  
Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Diagnostic and screening procedures  
Maternity and midwifery services  
Treatment of disease, disorder or injury

#### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

#### Regulated activity

Diagnostic and screening procedures  
Maternity and midwifery services  
Treatment of disease, disorder or injury

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

#### Regulated activity

Diagnostic and screening procedures  
Maternity and midwifery services

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

# Our inspection team

Judith Connor, Head of Hospital Inspection oversaw the inspection and an Inspection Manager led the inspection. An executive reviewer, supported our inspection of well-led for the trust overall.

The team included seven inspectors, a further inspection manager and specialists advisers and an expert by experience.

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