

The Royal Wolverhampton NHS Trust

Inspection report

Wolverhampton Road
Heath Town
Wolverhampton
West Midlands
WV10 0QP
Tel: 01902307999
www.royalwolverhamptonhospitals.nhs.uk

Date of inspection visit: 5th August 2019 to 20th
September 2019
Date of publication: 14/02/2020

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 trust quality rating

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

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

The Royal Wolverhampton NHS Trust provides acute and tertiary hospital services for approximately 450,000 people in Wolverhampton, Cannock and the surrounding areas. The trust has three main hospital sites: New Cross Hospital, Cannock Chase Hospital and West Park Hospital.

The trust provides acute inpatient care and treatment for specialties including cardiothoracic surgery, care of the elderly, clinical haematology, diabetes, ear nose and throat, gastroenterology, gynaecology, maxillo-facial surgery, neonatal intensive care, oncology, ophthalmology, paediatrics, cardiology and general surgery, renal, respiratory conditions, trauma and orthopaedics and urology. In addition, the trust provides outpatient and day-case services for plastic surgery.

The trust also provides a range of services in the community, including children's nursing, district nursing, hospital at home, occupational therapy, physiotherapy, rehabilitation and school nursing.

In addition, the trust provides a number of primary medical care services in the Wolverhampton area.

The trust employs over 9,000 staff and has 887 inpatient beds.

(Source: Routine Provider Information Request (RPIR) – Context acute tab; trust website)

Hospital sites at the trust

Details of the trust's hospital sites are below. The trust noted that different services cover different geographical areas.

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

Overall summary

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

What this trust does

The Royal Wolverhampton NHS Trust provides acute and tertiary hospital services for approximately 450,000 people in Wolverhampton, Cannock and the surrounding areas. The trust has three main hospital sites: New Cross Hospital, Cannock Chase Hospital and West Park Hospital.

The trust provides acute inpatient care and treatment for specialties including cardiothoracic surgery, care of the elderly, clinical haematology, diabetes, ear nose and throat, gastroenterology, gynaecology, maxillo-facial surgery, neonatal intensive care, oncology, ophthalmology, plastic surgery, renal, respiratory conditions, trauma and orthopaedics and urology.

The trust also provides a range of services in the community, including children's nursing, district nursing, hospital at home, occupational therapy, physiotherapy, rehabilitation and school nursing.

In addition, the trust provides a number of primary medical care services in the Wolverhampton area.

The trust employs over 9,000 staff and has 887 inpatient beds.

(Source: Routine Provider Information Request (RPIR) – Context acute tab; trust website)

Hospital sites at the trust

Summary of findings

Details of the trust's hospital sites are below. The trust noted that different services cover different geographical areas.

Summary of findings

Facts and data about the trust:

- Total number of inpatient beds – 887 as at May 2019
- Total number of outpatient clinics per week - 1994
- 9,414 staff as at May 2019
- A and E attendances from August 2017 to July 2018: 77,306 attendances
- From March 2018 to February 2019 there were 186,959 attendances at the trust's urgent and emergency care services. Of these attendances; 28,166 were under 18.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

Between 6 – 8 August we inspected services for children and young people, critical care and outpatients at New Cross Hospital.

Between 13 – 15 August 2019 we inspected urgent and emergency care at New Cross Hospital and outpatients at Cannock Chase Hospital.

Between 20 – 22 August 2019 we inspected medical care (including older peoples care) at New Cross Hospital.

Between 28 and 30 August 2019 we inspected community adults and community inpatient services at West Park Hospital.

We carried out the well led review from 18 - 20 September 2019.

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

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

What we found

Overall trust

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

Summary of findings

- We rated caring as outstanding; effective, responsive and well led as good and safe as requires improvement.
- We took into account the current ratings of the eight core services across the two acute locations and the two community core services not inspected at this time. Hence, 14 services across the trust are rated overall as good, one services are rated requires improvement and two services are rated as outstanding
- The overall ratings for Cannock Chase Hospital improved, while New Cross Hospital remained the same.

Are services safe?

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

- Four core services at New Cross Hospital, two at Cannock Chase Hospital and one community core service was rated as requires improvement.
- Five core services at New Cross Hospital, four at Cannock Chase Hospital and three community cores services were rated as good.

Are services effective?

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

- Six cores services at New Cross Hospital, four at Cannock Chase Hospital and three community core services were rated as good.
- One core service at New Cross Hospital and one community core service were rated as requires improvement.
- Outpatients and diagnostic imaging core services are not rated for effective.

Are services caring?

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

- Two core services at New Cross Hospital and two community core services were rated as outstanding.
- Seven core services at New Cross Hospital, six at Cannock Chase Hospital and two community core services were rated a good.

Are services responsive?

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

- Nine core services at New Cross Hospital, five at Cannock Chase Hospital and three community core services were rated as good.
- One community core service was rated as outstanding.
- One core service at Cannock Chase Hospital was rated requires improvement.

Are services well-led?

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

- Nine cores services at New Cross Hospital, five at Cannock Chase Hospital and one community core service was rated as good.
- Two community core services were rated as outstanding.
- One core service at Cannock Chase Hospital and one community core service was rated as requires improvement.

Summary of findings

Ratings tables

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

Outstanding practice

We found examples of outstanding practice in urgent and emergency care, critical care, services for children and young people and community services for adults.

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

Areas for improvement

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

We also found 56 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve the quality of its services.

Action we have taken

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

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

What happens next

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

Outstanding practice

New Cross Hospital

Urgent and emergency care

- Within the paediatric ED, medical students were employed to work as medical assistants. They were employed to work alongside consultants from 3pm until 11pm seven days per week and undertook several duties. These included taking patient histories, scribing for consultants and undertake tasks such as completing patient observations, cleaning rooms, supporting patients with food and drink and undertaking comfort rounds.
- A practice education facilitator had developed a 12-week emergency nursing programme as part of a master's degree; which was being put forward for university accreditation at the time of the inspection.
- The trust were enabling a 12 month pilot of a youth justice team project. This was funded by the police commissioner and was run by St Giles Trust; a charity working to help people out of gang membership and activity. The staff worked with any patients between 11 and 25 who attended ED with violence related injuries (except domestic violence).
- Staff could access information about patient medicines they were already taking through a shared GP system for any patients with a Wolverhampton GP.

Summary of findings

Critical Care

- Staff within the service had made considerable improvement to their organ donation service moving from a level 4 to a level 2 trust in two years. They had developed a new pathway for organ donation to provide support to both patients and staff, which had facilitated the improvements. They had seen the numbers of consented and successful donations significantly increase.
- The staff within the outreach service had improved the care provided for tracheostomy patients throughout the hospital. They had helped to develop a national tracheostomy passport for patients to keep and were successfully running a tracheostomy community clinic that was responsive to patients' needs.

Service for Children and Young People

- In 2017 the neonatal unit developed a parent education programme called the STORK programme (Supportive Training Offering Reassurance and Knowledge). The reason for the programme was to raise awareness of factors associated with infant mortality in Wolverhampton due to the high mortality rates in the city. STORK was an interactive programme for parents and carers of new born babies in the Wolverhampton area. Information and training for parents included basic life support, choking advice, common neonatal problems and healthy weaning. The target group being all parents of babies admitted to the neonatal unit. The service delivered 603 programmes from April 2016 to March 2018.

Community Adults

- The admission avoidance team consultant delivered a weekly training slot focussing on a specific subject to keep nursing staff updated on the most recently updated learning critical to their role.
- The service was trialling a team which prevented visits from GPs. At the time of inspection, this team had five full time staff members who were operating the service based on a limited number of GP surgeries. During the trial this team had saved 491 hours of GP time, which amounted to £44,212.50 in savings. The service planned to expand this team to cover all of Wolverhampton.
- If patients did not attend clinic appointments staff would attempt to arrange visits in the community for the same day if it was possible to ensure that the patient still received care and treatment that day.
- The trust had undertaken vertical integration with GPs in Wolverhampton. The integration of primary care and community care had benefits for patients. There was closer working between community staff and GPs with regards to plans for end of life care. Community and GP staff caring more proactively for frail patients and those at high risk of admission at home.
- The trust was introducing a computer records system in order to provide staff with complete patient records. The computer system would allow staff from all services within the city to access all records related to the individual person. This has resulted in better multidisciplinary meetings as they now have the data available in one place. Community staff could focus more on person centred care and spend more time discussing patients rather than accessing multiple information systems.
- The service was working towards transforming the Shelford acuity tool so it can be applied to community services. This acuity tool was an acute hospital tool. The revised Shelford acuity tool will simplify the current dependency tool used by community staff.

Areas for improvement

Action the trust MUST take to improve

Summary of findings

New Cross Hospital

Urgent and Emergency care

- The service must ensure all patients who may lack capacity to consent to care and/ or treatment are appropriately assessed, and that this assessment is recorded within patient records. (Regulation 11).
- The service must ensure that patient documentation meets national standards. (Regulation 17).

Medical Care

- The trust must ensure medicines are stored and recorded safely. (Regulation 12).

Services for Children and Young People

- The provider must ensure they follow their own policy in relation to the management of children and young people at risk of under nutrition and that the policy is robust. (Regulation 17).
- The provider must ensure they have systems in place to monitor the time taken to triage children and young people on the paediatric assessment unit. (Regulation 17).
- The provider must ensure that neonatal staffing complies with BAPM standards. (Regulation 18) .

Community Services

Community Health Inpatient services

- The trust must ensure that all staff aligned to community inpatient services have received the required level of safeguarding training for their role in line with National guidance. (Regulation 13).
- The trust must ensure that statutory notifications for notifiable events are submitted to the CQC in line with the Care Quality Commission (Registration) Regulations 2009.(Regulation 17)
- The trust should ensure that the safeguarding policy is up to date with national guidance. (Regulation 17).
- The trust must ensure that all records within community inpatients are stored securely. (Regulation 17).
- The trust must ensure that medications within community inpatients are prescribed and administered in line with trust policy with accurate and legible records kept. (Regulation 12).
- The trust must ensure that medications used within community inpatients are stored in line with trust policy. (Regulation 12).
- The trust must ensure that the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2010 are correctly and consistently applied. (Regulation 11).

Action the trust SHOULD take to improve:

Urgent and Emergency care

- The service should ensure all relevant staff are aware of the potential needs and management of people with mental health conditions, learning disability and autism.
- The service should ensure that documentation pertaining to safeguarding risks are completed in all instances.
- The service should ensure that the trust training target for required safeguarding training is met for all identified staff.
- The service should ensure that all patients are able to access a functional call bell whilst in ED.
- The service should consider completing a falls risk assessment for patients who present in ED.

Summary of findings

- The service should ensure any discharge advice provided to patients is documented within patient notes.
- The service should ensure that personal and sensitive patient information is not left on display.
- The service should ensure only the most recent versions of documents are available in hard copy form within the department; and in particular version control of major incident policies is maintained.

Medical Care

- The trust should ensure infection prevention and control compliance on all wards is inline with policy.
- The trust should ensure all clinical environments are appropriate for the services delivered from them.
- The trust should ensure all relevant staff receive training on caring and treating patients with complex needs.
- The trust should ensure all relevant patient assessments are carried out in line with trust policy.
- The trust should ensure ligature risk assessments are carried out and appropriate mitigation put in place.
- The trust should ensure staffing levels on medical wards are safe and reduce the risk of patient harm. This includes reviewing, monitoring and recording patient acuity.
- The trust should ensure all relevant staff are aware of the procedures for monitoring fridge temperatures.
- The trust should ensure patient outcomes improve for all directorates within division two.
- The trust should ensure all patients receive information on what the electronic patient tracking system is and provide sufficient information to patients.
- The trust should ensure a vision and strategy for all directorates within division two is developed and actioned.
- The trust should ensure ward meetings take place regularly to disseminate information important to the patient safety and treatment.

Critical Care

- The trust should ensure they meet the key standards for critical care workforce in relation to allied health professionals, in line with the guidelines for the provision of intensive care services (GPICS) Edition 2, 2019.
- Staff should ensure old I am clean stickers are removed before new ones are added.
- Staff should ensure they are recording and documenting when cleaning has been completed on the cleaning rotas in line with the cleaning schedule and trust policy.
- Senior staff should ensure there is a medicine fridge cleaning rota so staff can document when the fridges have been cleaned.
- Staff should ensure all old service stickers are removed from equipment once a new test has been completed to stop confusion.
- Staff should ensure they are consistently timing entries and including their printed names and professional registration numbers when writing in patient records.
- Senior staff should ensure all staff are fully aware of the different ventilation modes in the isolation rooms, to ensure patients are not put at risk if the ventilation system is set incorrectly.
- Senior staff should consider putting a sign up for visitors so they know where the main reception is on entering the unit.

Summary of findings

- Senior staff should implement a recognised best practice tool to assist staff in assessing pain for patients who are unable to communicate.
- Senior staff should continue to develop a business plan for increasing critical care pharmacy support to meet the Guidelines for the Provision of Intensive Care Services standards.
- Senior staff should look at ways to increase the number of patient toilet facilities on the unit, so it is easier for staff to accommodate patients waiting for discharge without breaching mixed-sex accommodation standards.
- Senior staff should continue to develop a formal, documented, service specific vision and strategy and ensure all staff know their role in supporting delivery of the vision and strategy.
- Senior staff should continue to implement plans to improve the culture amongst staff groups working on the unit.

Services for Children and Young People

- The provider should ensure they continue to complete, review and monitor risks concerning children and young people with an identified mental health need, including individual and environmental risk assessments including ligature risk assessments.
- The provider should ensure all staff have training in mental health and learning disabilities.
- The provider should ensure that there is a clear policy in place for the abduction of a child that relates to all areas of the division.
- The provider should ensure issues around tailgating on ward A21 are resolved.
- The provider should ensure all areas continue to complete hand hygiene audits on a regular basis.
- The provider should ensure that cleaning rotas are clear how often tasks should be completed.
- The provider should ensure they provide support to manage mental health presentations.
- The provider should ensure all checks of resuscitation equipment are completed in line with hospital policy.
- The provider should work towards a better understanding of readmission rates.
- The provider should continue to work towards improvements for the sensory room, such as fixing or replacing broken equipment.
- The provider should consider making children's records available in the paediatric assessment unit for the same period of time they have open access.
- The provider should consider routinely participating in audits relating to mental health and wellbeing.
- The provider should consider how children and young people's confidentiality could be respected on electronic information boards.
- The provider should consider how it can improve participation in the Friends and Family Test on the neonatal unit.
- The provider should consider having specific task sheets that the cleaning team signed to know that tasks had been completed and by who.
- The provider should consider bringing the next sepsis audit planned for 2020 forward to an earlier date.

Outpatient services

- The trust should ensure that it continue to work on referral to treatment times.

Summary of findings

- The trust should ensure that information on how to make a complaint is clearly displayed in the main outpatient department.
- The trust should ensure that staff are aware of information available for patients in languages other than English.
- The trust should ensure they measure patient outcomes.

Community Services

Community Adults

- The service should consider providing staff with access to machines which could measure blood glucose of patients

Community Health Inpatient services

- The trust should ensure that all emergency call bells within the community inpatients wards are easily accessible.
- The trust should ensure that all COSHH substances are stored in line with national guidance upon community inpatient wards.
- The trust should ensure proactive recruitment into nursing roles in community inpatients continues.
- The trust should ensure that records kept in community inpatients are complete and person centred.
- The trust should ensure that pharmacy have effective oversight of all medication and prescription charts within community inpatients.
- The trust should ensure that fortified food supplements are in date and stored in line with manufacturers recommendations.
- The trust should ensure that a range of literature in different languages is available to patients on the community inpatient wards.

Is this organisation well-led?

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

We rated well led at the trust as good. This rating has stayed the same from the previous inspection. We rated as good because:

- Trust board had the appropriate range of skills, knowledge and experience to perform its role. Board was cohesive and focused on working together to secure best outcomes. The senior leadership team had the appropriate range of skills, knowledge and experience to ensure appropriate scrutiny and challenge.
- The trust was focused on developing its staff and leaders, including a comprehensive approach to succession planning. When senior leadership vacancies arose the recruitment team reviewed capacity and capability needs well.
- Leadership development opportunities were available, including opportunities for staff below team manager level. Succession planning was in place throughout the trust.
- There was a programme of board visits to services and staff fed back that leaders were approachable.

Summary of findings

- Fit and Proper Person checks were in place.
- The trust had a clear vision and set of values with quality and sustainability as the top priorities.
- The trust strongly aligned its strategy to local plans in the wider health and social care economy and had developed it with external stakeholders. This included active involvement in sustainability and transformation plans.
- At all levels of the trust, there was a positive culture that supported and valued staff and focused on delivering best care and experiences for patients every day. This sense of common purpose was based on shared values, respect and inclusive leadership.
- The trust worked appropriately and positively with trade unions.
- Staff felt equality and diversity were promoted in their day to day work. Staff networks were in place promoting the diversity of staff. The trust sought to actively engage with people and staff in a range of equality groups.
- The trust had appointed a Freedom To Speak Up Guardian and provided them with sufficient resources and support to help staff to raise concerns. Staff knew how to use the whistle-blowing process and about the role of the Speak Up Guardian.
- The trust had strong effective structures, systems and processes in place to support the delivery of its strategy. Leaders regularly reviewed these structures to ensure they remained dynamic and relevant to monitoring trust strategy and performance.
- Structures below director level were sufficient to ensure accountability and the flow of information from leaders.
- Robust arrangements were in place for identifying, recording and managing risks, issues and mitigating actions. Recorded risks were aligned with what staff said were on their 'worry list'. Staff had access to the risk register either at a team or division level and were able to effectively escalate concerns as needed.
- Staff had access to the risk register either at a team or division level and were able to effectively escalate concerns as needed.
- Where cost improvements were taking place there were arrangements to consider the impact on patient care. Managers monitored changes for potential impact on quality and sustainability.
- IT systems and telephones were generally working well and sometimes helped to improve the quality of care.
- The trust had a structured and systematic approach to engaging with people who use services, those close to them and their representatives.
- Communication systems such as the intranet and newsletters were in place to ensure staff, patients and carers had access to up to date information about the work of the trust and the services they used.
- Staff had access to support for their own physical and emotional health needs through occupational health.
- The trust recognised staff success by staff awards and through feedback.
- Trust demonstrated exceptional drive and capability to promote innovation. This was supported by well thought plans to support delivery, both internally to the trust and as a respected leader in the system.
- The trust took appropriate learning and action as a result of concerns raised.
- The trust applied Duty of Candour appropriately. However, letters and responses lacked consistent oversight.
- Effective systems were in place to identify and learn from unanticipated deaths.
- The trust had a strategy for meeting the needs of patients with a learning disability, autism or dementia diagnosis.

Summary of findings

However:

- The board received holistic information on service quality and sustainability. Team managers had access to a range of information to support them however, analysis of information was not used fully to support improvement.
- Appropriate governance arrangements were not always in place in relation to Mental Health Act administration and compliance. A partnership arrangement was in place for the provision of psychiatric liaison services with appropriate governance arrangements.

Use of resources

www.cqc.org.uk/provider/RL4/Reports.

Ratings tables

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

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

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

Ratings for the whole trust

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

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

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
New Cross Hospital	Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Outstanding ↑ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019
Cannock Chase Hospital	Good ↑ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↑ Nov 2019	Good ↑ Nov 2019
Overall trust	Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Outstanding ↑ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019

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

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement →← Nov 2019	Good →← Nov 2019	Outstanding ↑ Nov 2019	Good →← Nov 2019	Good →← Nov 2019	Good →← Nov 2019
Community	Good →← Nov 2019	Good →← Nov 2019	Outstanding →← Nov 2019	Good →← Nov 2019	Good →← Nov 2019	Good →← Nov 2019
Overall trust	Requires improvement →← Nov 2019	Good →← Nov 2019	Outstanding →← Nov 2019	Good →← Nov 2019	Good →← Nov 2019	Good →← Nov 2019

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

Ratings for New Cross Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Nov 2019	Requires improvement ↓ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019
Medical care (including older people's care)	Requires improvement ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019
Surgery	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Critical care	Good ↑ Nov 2019	Good ↔ Nov 2019	Outstanding ↑ Nov 2019	Good ↔ Nov 2019	Good ↑ Nov 2019	Good ↑ Nov 2019
Maternity	Good Jun 2018	Good Jun 2018	Outstanding Jun 2018	Good Jun 2018	Good Jun 2018	Good ↔ Jun 2018
Services for children and young people	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019	Good ↔ Nov 2019
End of life care	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Outpatients	Good ↔ Nov 2019	Not rated	Good ↔ Nov 2019	Good ↔ Dec 2019	Good ↔ Nov 2019	Good ↔ Nov 2019
Diagnostic imaging	Good Jun 2018	Not rated	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018

*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 Cannock Chase Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Medical care (including older people's care)	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Surgery	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
End of life care	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Outpatients	Good Nov 2019	Not rated	Good Nov 2019	Good Nov 2019	Good Nov 2019	Good Nov 2019
Diagnostic imaging	Requires improvement Sept 2015	Not rated	Good Sept 2015	Requires improvement Sept 2015	Good Sept 2015	Requires improvement Sept 2015

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

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good →← Nov 2019	Good →← Nov 2019	Outstanding →← Nov 2019	Outstanding ↑ Nov 2019	Outstanding ↑ Nov 2019	Outstanding ↑ Nov 2019
Community health services for children and young people	Good Jun 2018	Good Jun 2018	Outstanding Jun 2018	Good Jun 2018	Outstanding Jun 2018	Outstanding Jun 2018
Community health inpatient services	Requires improvement →← Nov 2019	Requires improvement ↓ Nov 2019	Good →← Nov 2019	Good →← Nov 2019	Requires improvement ↓ Nov 2019	Requires improvement ↓ Nov 2019
Community end of life care	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018

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

Acute health services

Background to acute health services

The trust provides a number of acute services across The Royal Wolverhampton NHS Trust (RWT).

We inspected five acute services at new Cross hospital. These were:

- Medicine
- Outpatients
- Urgent and emergency care
- Children and young people
- Critical care

The services we did not inspect at New Cross hospital were:

- Surgery
- Maternity
- Diagnostics
- End of life care

We inspected one core service at Cannock Chase Hospital. This was:

- Outpatients

The services we did not inspect at Cannock Chase hospital were:

- Medical Care
- Surgical Services
- Diagnostic services

Summary of acute services

Good   

Our overall rating for the services provided by the trust was good. Details of the findings from this inspection can be found in the main summary report.

Cannock Chase Hospital

Brunswick Road
Cannock
Staffordshire
WS11 5XY
Tel: 01543572757
www.royalwolverhampton.nhs.net

Key facts and figures

Cannock chase hospital is part of the Royal Wolverhampton NHS trust and is approximately 10 miles from the New Cross Hospital site. It provides medical care, surgical services and a range of outpatient services, which includes general surgery, orthopaedics, breast surgery, urology, dermatology, and medical day case investigations and treatment (including endoscopy).

There are two main wards located at the Cannock Chase Hospital with 27 inpatient beds on the orthopaedic ward and 27 on the rehabilitation ward including elderly care. There are also facilities for day case surgery and several outpatient clinics.

There was a shuttle bus service provided by the trust for patients and staff travelling between New Cross Hospital and Cannock Chase Hospital.

Summary of services at Cannock Chase Hospital

Good 

Outpatients has previously been inspected and rated alongside diagnostics. This is the first time this core service has been inspected alone. We rated it as good because:

We rated safe, effective, caring, responsive and well led as good.

Outpatients

Good 

Key facts and figures

The trust has specialty-specific outpatient departments for specialties including head and neck, respiratory, rheumatology and urology. In addition, New Cross Hospital and Cannock Chase Hospital each have a general outpatients department providing care and treatment for multiple specialties.

The general outpatient department at New Cross Hospital covers specialties including breast, colorectal, neurology and renal. List of all specialties who see patients in the main outpatient department; care of the elderly, dietetics, gastroenterology, general surgery, medical investigations, neurology, pain management, plastic surgery, radiology, renal, respiratory medicine and TB nursing.

The general outpatient department at Cannock Chase Hospital covers specialties including colorectal, dermatology, orthopaedics and ear nose and throat (ENT). This report covers the outpatient service at Cannock Chase Hospital.

During this inspection we visited the main outpatient department and the eye centre. We spoke with 11 patients and their relatives and 26 members of staff, including nurses, doctors, clinical nurse specialists, consultants, therapists, receptionists and other support staff. We observed care and treatment, followed patients on their journey through the outpatient department and looked at medical and nursing care records.

Summary of this service

Outpatients has previously been inspected and rated alongside diagnostics. This is the first time this core service has been inspected alone.

Our rating of this service was good because:

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

Outpatients

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

Is the service safe?

Good ●

Outpatients has previously been inspected and rated alongside diagnostics. This is the first time this core service has been inspected alone.

We rated safe as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. 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 staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, 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.

Is the service effective?

Outpatients has previously been inspected and rated alongside diagnostics. This is the first time this core service has been inspected alone.

We do not rate the effective domain for outpatients however we found the following:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Outpatients

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and 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 five days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Staff had access to an electronic records system that they could update.

Is the service caring?

Good ●

Outpatients has previously been inspected and rated alongside diagnostics. This is the first time this core service has been inspected alone.

We rated caring as good because:

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

Is the service responsive?

Good ●

Outpatients has previously been inspected and rated alongside diagnostics. This is the first time this core service has been inspected alone.

We rated responsive 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.
- 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. The service was experiencing delays in the ophthalmology pathway and had a plan to improve this.

Outpatients

- 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 ●

Outpatients has previously been inspected and rated alongside diagnostics. This is the first time this core service has been inspected alone.

We rated well-led 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. 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.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. 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.
- 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.
- 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.
- Staff were committed to continually learning and improving services. Leaders encouraged innovation.

Areas for improvement

Action the trust should take to improve

- The trust should ensure that it continues to improve referral to treatment times.

New Cross Hospital

Wolverhampton Road
Heath Town
Wolverhampton
West Midlands
WV10 0QP
Tel: 01902307999
www.royalwolverhamptonhospitals.nhs.uk

Key facts and figures

The trust provides acute hospital services to the local population in the City of Wolverhampton and surrounding areas. New Cross hospital is the largest of the three sites that form the Royal Wolverhampton NHS Trust and acts as the main headquarters for the trust. It is situated approximately one mile from the city centre, with good transport links nearby. The hospital provides urgent care, medical care, surgery, children and young people services, maternity services, outpatients, diagnostics, end of life and critical care services. A regional heart and lung specialist centre is located on the site. We inspected urgent and emergency services, medical care, services for children and young people, urgent and emergency services, critical care and outpatients.

Summary of services at New Cross Hospital

Good ● → ←

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

We rated effective caring, responsive and well led as good and safe as requires improvement.

Urgent and emergency services

Good  

Key facts and figures

Details of emergency departments and other urgent and emergency care services

New Cross Hospital emergency department. Open 24 hours a day, seven days a week.

Cannock Chase Hospital minor injuries unit. Open from 10.30am to 6.30pm, seven days a week.

Phoenix walk-in centre, Phoenix Health Centre, Parkfields Road, Wolverhampton, WV4 6ED. Open from 10 am to 7 pm on weekdays and from 10am to 4 pm on weekends and bank holidays.

(Source: Routine Provider Information Request (RPIR) – Sites tab; trust website)

During this inspection we inspected the ED at New Cross Hospital. We did not inspect the minor injuries unit at Cannock chase Hospital or the Phoenix walk in centre.

Activity and patient throughput

The percentage of A&E attendances at this trust that resulted in an admission remained similar in 2018/19 compared to 2017/18. In both years, the proportions were lower than the England averages.

(Source: NHS England)

The trust reported 16122 admissions to the hospital from March 2018 to February 2019. Please note that this data excludes ambulatory patients and those who spent time in the Clinical Decisions Unit. (DR210)

During our inspection, we spoke with 51 members of staff which included medical staff, nursing staff, support staff, allied health professionals, local managers, divisional leaders and directorate management. This number included staff who worked within the trust but were employed by third party organisations.

We spoke with eight patients, and five relatives during our inspection.

We reviewed 23 sets of patient records; nine of which were for paediatric patients. We observed numerous episodes of care provided across all areas of the emergency department. We also attended a bed meeting held on site at the hospital.

The department had a general waiting room for all patients who came in via the front door. The ED was then split into an adults' section and a paediatric section for patients up to the age of 18. Three back doors were used for patients who arrived by ambulance. Two opened directly into the adult ED area, and one directly into the paediatric area to maintain separation.

The adults' section of ED comprised two resuscitation rooms one with four patient spaces, and one with one patient space. The larger room had equipment by one station to see both adults and paediatrics. The smaller room was also set up to see paediatric patients if necessary. There were five rapid assessment and treatment (RAT) cubicles to be used for rapid assessment of patients who were assessed as having a major injury or illness. In addition, there were 25 'majors' cubicles for patients after they had been assessed. Two of these were separate rooms for infected patients. In addition, the department had 10 'minors' cubicles to see patients with minor injuries or illness.

There was also a ready to admit area with four spaces which could be used for patients that had been admitted but were awaiting a space on a ward. This was staffed when needed.

Urgent and emergency services

There were several consulting rooms and two triage rooms. The nurse triage rooms had two doors; one of which opened out into the main waiting room.

The paediatric section of the ED had a separate entrance from that to the adults' unit. There was a separate waiting area, and a two bedded resuscitation bay. Six cubicles were available for patient use along with consulting rooms.

The department had dedicated rooms for plastering patients, for undertaking ECGs and for performing minor surgical procedures. The radiology department was situated in close proximity; and a clinical decision unit was located on the floor above; along with an ambulatory emergency care unit.

Summary of this service

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

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

However,

- Not all patient records contained information to keep patients safe. This was a breach of the Health and Social Care Act: Regulation 12.
- Staff did not document how they decided that a patient may lack capacity to consent to care or treatment; or document what assessment process had taken place. This was a breach of the Health and Social Care Act: Regulation 11.
- It was not always immediately clear when medical staff had prescribed medicines on discharge.
- Not all medical staff had training on how to recognise and report abuse. Not all documentation pertaining to safeguarding children and young people was completed.

Urgent and emergency services

- We found that falls assessments were not specifically completed on arrival to ED, despite this being identified as an area of concern for the trust.

Is the service safe?

Good  

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

- The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it.
- Staff understood the need to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff mostly managed clinical waste well.
- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough coverage of medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Records were mostly clear, up-to-date, and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised 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.

However,

- Not all patient records contained information to keep patients safe.
- Not all medical staff had training on how to recognise and report abuse. Not all documentation pertaining to safeguarding children and young people was completed.
- We found that falls assessments were not specifically completed on arrival to ED, despite this being identified as an area of concern for the trust.
- Nursing staff told us it was not always immediately clear when medical staff had prescribed medicines on discharge.

Urgent and emergency services

Is the service effective?

Requires improvement ● ↓

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

- Staff did not document how they decided that a patient may lack capacity to consent to care or treatment; or document what assessment process had taken place. This was a breach of the Health and Social Care Act: Regulation 11.
- Some national audits showed the service did not meet all national standards.

However:

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

Urgent and emergency services

Is the service responsive?

Good ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. 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.

Is the service well-led?

Good ● → ←

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

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

Urgent and emergency services

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

Outstanding practice

- Within the paediatric ED, medical students were employed to work as medical assistants. They were employed to work alongside consultants from 3pm until 11pm seven days per week and undertook several duties. These included taking patient histories, scribing for consultants and undertake tasks such as completing patient observations, cleaning rooms, supporting patients with food and drink and undertaking comfort rounds.
- A practice education facilitator had developed a 12-week emergency nursing programme as part of a master's degree; which was being put forward for university accreditation at the time of the inspection.
- The trust were enabling a 12 month pilot of a youth justice team project. This was funded by the police commissioner and was run by St Giles Trust; a charity working to help people out of gang membership and activity. The staff worked with any patients between 11 and 25 who attended ED with violence related injuries (except domestic violence).
- Staff could access information about patient medicines they were already taking through a shared GP system for any patients with a Wolverhampton GP.

Areas for improvement

Action the trust must take to improve:

- The service must ensure all patients who may lack capacity to consent to care and/ or treatment are appropriately assessed, and that this assessment is recorded within patient records. (Regulation 11)
- The service must ensure that patient documentation meets national standards. (Regulation 12)

Action the trust should take to improve:

- The service should ensure all relevant staff are aware of the potential needs and management of people with mental health conditions, learning disability and autism.
- The service should ensure that documentation pertaining to safeguarding risks are completed in all instances.
- The service should ensure that the trust training target for required safeguarding training is met for all identified staff.
- The service should ensure that all patients are able to access a functional call bell whilst in ED.
- The service should consider completing a falls risk assessment for patients who present in ED.
- The service should ensure any discharge advice provided to patients is documented within patient notes.
- The service should ensure that personal and sensitive patient information is not left on display.
- The service should ensure only the most recent versions of documents are available in hard copy form within the department; and in particular version control of major incident policies is maintained.

Medical care (including older people's care)

Good   

Key facts and figures

We inspected medical care as part of the new phase of our inspection methodology. Our inspection of the service was unannounced and was part of our routine activity.

The medical care service at New Cross Hospital provides care and treatment for specialties including cardiology, care of the elderly, dermatology, gastroenterology, neurology, oncology, renal and respiratory medicine.

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

The hospital has 429 medical inpatient beds located across 17 wards and units:

Ward/unit	Specialty or description	Inpatient beds
	Acute medical unit	49
	Acute stroke unit	49
Ward B14	Cardiology	35
Ward 26	Clinical haematology unit	26
Deanesly ward (C35)	Oncology	17
Durnall unit	9 triage (5 chairs and 4 single bedded side rooms) 0 9 day case chairs	
Ward A7	Care of the elderly	28
Ward A8	Care of the elderly	28
Ward C15	Diabetes	21
Ward C16	Diabetes	28
Ward C17 (previously B7)	Renal	17
Ward C18	Respiratory	28
Ward C19	Respiratory	27
Ward C22	Care of the elderly	20
Ward C24	Renal	27
Ward C25	Renal	28
Ward C41	Gastroenterology	27

Medical care (including older people's care)

(Source: Routine Provider Information Request (RPIR) - Sites tab)

Medical care was part of the emergency and medical services division. The division was split into the medical group, rehabilitation and ambulatory group and the oncology and haematology group. Within each group was specialised directorates. For example, renal and diabetes directorates sat within the medical care group and the care of the elderly and stroke directorates sat within the rehabilitation and ambulatory group. The oncology and haematology directorates sat within the oncology and haematology directorate.

The trust had 63,275 medical admissions from March 2018 to February 2019. Emergency admissions accounted for 20,886 (33.0%), 839 (1.3%) were elective, and the remaining 41,550 (65.7%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 31,345
- Clinical oncology: 7,971
- Gastroenterology: 7,139

(Source: Hospital Episode Statistics)

During the inspection visit, the inspection team:

- Visited 17 medical wards, which included but was not limited to the acute medical, acute stroke and clinical haematology units. We also visited the discharge lounge.
- Spoke with 19 patients and two relatives;
- Reviewed 12 patient records;
- Reviewed trust policies;
- Reviewed performance information and data about the trust;
- Obtained patient feedback;
- Spoke with 20 members of staff at different grades from band two to band eight including matrons, ward managers, nurses, physiotherapists, pharmacists, doctors in training, consultants, discharge coordinators, administration and housekeeping;
- Met with the deputy chief operating officer, divisional medical directors, head of nursing for emergency and medical services, clinical directors, group managers and directorate managers.

The Care Quality Commission last inspected the service in June 2018 and rated medical care (including older people's care) as good overall with safe rated as requires improvement with caring, effective, responsive and well led rated as good. Medical care was issued with six requirement notices and six recommendations for service improvements in the safe and effective domains. During our inspection, we looked at the changes medical care had made to address these concerns.

Summary of this service

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

Medical care (including older people's care)

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

However,

- The service did not always have enough staff to care for patients and keep them safe. There were occasions when the service did not control infection risk well. There were environment and equipment issues which presented potential risks to patient care. Patient risk assessments were not always carried out by staff and care records were not always secure. Medicines management was not consistently safe.
- Outcomes for patients were not always good.
- Not all services had a vision for what they wanted to achieve.

Is the service safe?

Requires improvement ● → ←

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

- The service did not always use measures to control infection risk well.
- The Durnall Unit clinical environment was unsuitable and there was equipment within the division which required updating.
- Staff did not always complete and update risk assessments for each patient to remove or minimise risks.
- The service did not always have 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. However, managers regularly reviewed and adjusted staffing levels and skill mix to reduce the risk of harm, were making efforts to recruit additional nursing and support staff and gave bank and agency staff a full induction.
- There were gaps in consultant posts which had the potential to impact services. There were instances when staff did not ensure records were stored securely. The systems and processes used to prescribe, administer, record and store medicines were not always safe.

Medical care (including older people's care)

However;

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff used equipment to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of most facilities, 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.
- Managers regularly reviewed and adjusted nursing and medical staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service did have enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care but there were previous compliance issues.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements.
- 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.

Medical care (including older people's care)

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

However;

- The division did not always achieve good outcomes for patients.

Is the service caring?

Good   

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

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

Is the service responsive?

Good   

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. 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.

Is the service well-led?

Good   

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

Medical care (including older people's care)

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

However;

Not all services within the division had a vision with a formal strategy to achieve it.

Areas for improvement

Action the hospital MUST take to improve:

- The trust must ensure medicines are stored and recorded safely. (Regulation 12)

Action the hospital SHOULD take to improve:

- The trust should ensure infection prevention and control compliance on all wards is in line with policy.
- The trust should ensure all clinical environments are appropriate for the services delivered from them.
- The trust should ensure all relevant staff receive training on caring and treating patients with complex needs.
- The trust should ensure all relevant patient assessments are carried out in line with trust policy.
- The trust should ensure staffing levels on medical wards are safe and reduce the risk of patient harm.
- The trust should ensure all relevant staff are aware of the procedures for monitoring fridge temperatures.
- The trust should ensure patient outcomes improve for all directorates within division two.

Medical care (including older people's care)

- The trust should ensure all patients receive information on what the electronic patient tracking system is and provide sufficient information to patients.
- The trust should ensure a vision and strategy for all directorates within division two is developed and actioned.
- The trust should ensure ward meetings take place regularly to disseminate information important to the patient safety and treatment.

Critical care

Good  

Key facts and figures

Critical care includes areas where patients receive more intensive monitoring and treatment for life-threatening conditions. The Department of Health have defined levels of care dependent on the severity of the patient's condition. The integrated critical care service at New Cross Hospital includes care at levels 2 and 3. Patients that require a more detailed observation or intervention that includes an extended post-operative care, receiving support for a single failing organ system and requiring additional respiratory, renal, neurological or dermatological support fall under level 2 care. Patients that require support for multi-organ failure and basic respiratory support, or for advanced respiratory support alone fall under level 3 care.

(Source: Department of Health Comprehensive Critical Care 2000)

We inspected critical care services at New Cross Hospital on 6, 7 and 8 August 2019 and the inspection was unannounced. This meant staff did not know we were coming. Our inspection team consisted of one lead inspector, an assistant inspector, a specialist critical care nurse advisor and a specialist critical care consultant advisor.

During our inspection, we visited the integrated critical care unit, spoke with 31 members of staff including consultants, nurses, allied health professionals, health care assistants and domestic services staff. We reviewed 13 patient records and spoke with 10 patients and their relatives.

The unit was last inspected in June 2015. The service was rated requires improvement overall and for safe and well led, they were rated good for effective, caring and responsive.

Our ratings of the service from this inspection had improved. We rated it as good overall with an improvement in the safe, caring and well-led key lines of enquiries. The service had largely performed well and had addressed most of the must actions and all of the should actions identified in the 2015 inspection.

However, we saw there was still improvement needed with the consistency of recording some safety checks and governance processes. The leadership team on the unit were new in post and needed to further develop and formalise the vision and strategy of the unit and improve the culture amongst staff. The service was also not fully compliant with the guidelines for the provision of intensive care key standards in relation to allied health professionals supporting the unit.

Summary of this service

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

- The service had enough medical and 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. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.

Critical care

- Staff always treated patients with compassion and kindness. They truly respected patients' privacy and dignity, and valued patients as individuals. There was a strong and visible patient-centred culture. Patients and relatives valued their relationships with the staff team and felt that staff often went 'the extra mile' for them when providing care and support. Staff helped patients understand their conditions and empowered patients and those close to them to have a voice, ensuring they were active partners when making decisions about their care and treatment. Staff always provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders supported staff to develop their skills. Staff were clear about their roles and accountabilities and were focused on the needs of patients receiving care. The service engaged well with patients and the community to plan and manage services and staff were committed to improving services continually.

However;

- Governance systems were not always effective and leaders did not always have access to reliable information. Opportunities for leaders to meet, discuss and learn from the performance of the service had been limited. The service vision was not formally documented and the strategy to turn the vision into action was in development at the time of our inspection. Staff satisfaction was mixed and some staff felt unvalued and unappreciated.
- The service was not fully compliant with the guidelines for the provision of intensive care services 2019. They did not have enough allied health professionals to care for patients and keep them safe at all times.

Is the service safe?

Good ● ↑

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service 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 nursing and health care support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

Critical 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.
- 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.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However;

- The service was not fully compliant with GPICS standards in relation to allied health professionals. They did not have enough allied health professionals to adequately support the critical care unit.
- Staff did not always record when cleaning had been completed in line with trust policy.
- Staff did not always remove old "I am clean" stickers and old service stickers from equipment.
- Staff did not always consistently record safety checks on all equipment.
- There was a lack of signage to signpost the reception area when visitors entered the unit.
- Nursing staff did not always record times, printed names or professional registration numbers when writing in patient records.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They 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 gave additional pain relief to ease pain when needed.
- 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 mostly worked together as a team to benefit patients. They supported each other to provide good care.
- Most key services were available seven days a week to support timely patient care.

Critical care

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

However;

- Staff did not have a formal pain assessment tool to use as guidance for those patients unable to communicate.

Is the service caring?

Outstanding  

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

- Staff always treated patients with compassion and kindness. They truly respected patients' privacy and dignity, and valued patients as individuals. There was a strong and visible patient-centred culture on the unit. Patients and relatives valued their relationships with the staff team and felt that staff often went 'the extra mile' for them when providing care and support.
- Staff always provided emotional support to patients, families and carers to minimise their distress. They recognised and respected the entirety of patients' needs taking into account patients' personal, cultural and religious needs.
- Staff always supported and involved patients, families and carers to understand their condition. They empowered patients and those close to them to have a voice and to be active partners when making decisions about their care and treatment.

Is the service responsive?

Good   

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

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

However;

- The unit did not fully comply with NHS mixed-sex accommodation framework standards.

Critical care

Is the service well-led?

Good  

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had an informal vision for what it wanted to achieve. The vision was focused on sustainability of services and aligned to local plans within the wider health economy. Staff understood the trust's vision, values and strategy and knew their role in achieving it.
- Leaders saw culture and staff satisfaction as a high priority. Staff were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear. There were processes for providing staff with development they needed.
- Staff mostly escalated performance issues appropriately through clear structures and processes. They clearly documented escalation of risk, issues and performance on local meeting action plans. We saw most local risks and issues being raised at divisional group governance meetings and discussion around updating the risk register as a result.
- Staff at all levels were clear about their roles and accountabilities.
- The information systems were integrated and secure.
- Leaders and staff actively and openly engaged with patients and staff 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 and participation in research.

However:

- Governance systems were not always effective. Opportunities for leaders to meet, discuss and learn from the performance of the service had been limited.
- Senior staff had not identified and escalated all risks on the unit. The risk of breaching mixed-sex standards in relation to patient toilet facilities was not on the risk register
- Data collected and analysed was not always reliable. The new clinical dashboard system was not in an easily accessible format. Staff could not always find the data they needed, to understand performance, make decisions and improvements.
- The leadership team had undergone a restructure shortly before our inspection visit. There was a clear vision for service improvement but this was not formally documented. The service strategy to turn the vision into action was not developed at the time of our inspection visit.
- Staff satisfaction was mixed and some staff felt unvalued and unappreciated.
- Notifications were not consistently submitted to external organisations as required. The unit was not reporting mixed-sex accommodation breaches in line with current national guidance.

Outstanding practice

- Staff within the service had made considerable improvements to their organ donation service moving from a level 4 to a level 2 trust in two years. They had developed a new pathway for organ donation to provide support to both patients and staff, which had facilitated the improvements. They had seen the numbers of consented and successful donations significantly increase.
- The staff within the outreach service had improved the care provided for tracheostomy patients throughout the hospital. They had helped to develop a national tracheostomy passport for patients to keep and were successfully running a tracheostomy community clinic that was responsive to patients' needs.

Areas for improvement

Action the trust should take to improve:

- The trust should ensure they meet the key standards for critical care workforce in relation to allied health professionals, in line with the guidelines for the provision of intensive care services (GPICS) Edition 2, 2019.
- Staff should ensure old I am clean stickers are removed before new ones are added.
- Staff should ensure they are recording and documenting when cleaning has been completed on the cleaning rotas in line with the cleaning schedule and trust policy.
- Senior staff should ensure there is a medicine fridge cleaning rota so staff can document when the fridges have been cleaned.
- Staff should ensure all old service stickers are removed from equipment once a new test has been completed to stop confusion.
- Staff should ensure they are consistently timing entries and including their printed names and professional registration numbers when writing in patient records.
- Senior staff should consider putting a sign up for visitors so they know where the main reception is on entering the unit.
- Senior staff should implement a recognised best practice tool to assist staff in assessing pain for patients who are unable to communicate.
- Senior staff should look at ways to increase the number of patient toilet facilities on the unit, so it is easier for staff to accommodate patients waiting for discharge without breaching mixed-sex accommodation standards.
- Senior staff should continue to develop a formal, documented, service specific vision and strategy and ensure all staff know their role in supporting delivery of the vision and strategy.
- Senior staff should continue to implement plans to improve the culture amongst staff groups working on the unit.
- Senior staff should ensure all reportable notifications are submitted externally in line with national guidance.

Services for children and young people

Good   

Key facts and figures

The trust has 22 inpatient paediatric beds and 26 cots based at New Cross Hospital. This site has two paediatric wards.

Ward/unit	Specialty or description	Inpatient beds
Neonatal unit (D6)	-	14 cots
Ward A21	Paediatrics	22
Ward D9	Transitional care	12 cots

Ward D9 is a transitional care ward that accommodates two types of patients:

- Babies whose mothers are not well enough to be discharged home where the baby does not require a neonatal cot.
- Babies that are not ill enough to require a neonatal cot but need transitional care before discharge onto the maternity ward or to home.

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

The trust had 7,744 spells from March 2018 to February 2019.

Emergency spells accounted for 92% (7,149 spells), 7% (565 spells) were day case spells, and the remaining 30 spells were elective.

Percentage of spells in children's services by type of appointment and site, from March 2018 to February 2019, The Royal Wolverhampton NHS Trust.

Total number of children's spells by Site, The Royal Wolverhampton NHS Trust.

Site name	Total spells
New Cross Hospital	7,744
England Total	1,146,418

(Source: Hospital Episode statistics)

We spoke with nine children, young people or their families, 29 staff including consultants, nursing staff, medical director, administration staff, play leaders, and practice educators. We looked at 19 children and young people's records which included admission documents, pews and care plans.

Summary of this service

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

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

Services for children and young people

- Staff understood how to protect children and young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service-controlled infection risk well. Staff used equipment and control measures to protect children, young people, themselves and others from infection. They kept equipment and the premises visibly clean.
- 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 children, young people and their families honest information and suitable support.
- 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 children and young people subject to the Mental Health Act 1983.
- Staff gave children and young people 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 and young people's religious, cultural and other needs.
- Staff assessed and monitored children and young people regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit children and young people. They supported each other to provide good care.
- 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.
- 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.
- 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.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for children, young people 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 children, young people s receiving care. The service provided opportunities for career development. The service had an open culture where children, young people, their families and staff could raise concerns without fear.
- Leaders overall 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.

Services for children and young people

- Leaders and staff actively and openly engaged with children and young people, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for children and young people and their families.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However,

- Staff did not always complete and update risk assessments for each child or young person to remove or minimise risks.
- Staff did not always follow their own policy to identify children or young people at risk of malnutrition.
- The service did not always meet nurse staffing standards on the neonatal unit. Managers regularly reviewed and adjusted staffing levels and skill mix.
- Staff did not always keep accurate records of children and young peoples' care and treatment.
- Leaders were not required to routinely participate in audits relating to mental health and emotional wellbeing.
- The electronic board behind the nurses' station on the children's' ward displayed the names and ages of children and young people.
- There was a low response rate for the Friends and Family Test on the neonatal unit.
- Some of the equipment in the sensory room was not working.
- Leaders and teams used systems to manage performance. However, they did not always identify relevant risks in relation to children and young people to reduce their impact.
- We identified areas where oversight could be improved such as maintaining accurate and complete records. Gaps and errors in recording fell into areas such as observational charts, pain scores, the recording of children and young people's height
- There was no recent audit on how many children presenting at the paediatric assessment unit received an initial triage within 15 minutes although the 2017 audit showed poor compliance.

Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect children and young people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service-controlled infection risk well. Staff used equipment and control measures to protect children, young people, 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.

Services for children and young people

- The service had enough medical staff with the right qualifications, skills, training and experience to keep children and young people safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- The service used systems and processes to safely prescribe, administer, 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 children, young people and their families honest information and suitable support.
- **However,**
- Staff did not always complete and update risk assessments for each child or young person to remove or minimise risks.
- The service did not always meet nurse staffing standards on the neonatal unit. Managers regularly reviewed and adjusted staffing levels and skill mix.
- Staff did not always keep accurate records of children or young person's care and treatment.
- The ward environment was not conducive for children and young people requiring protective isolation.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of children and young people subject to the Mental Health Act 1983.
- Staff gave children and young people 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 and young people's religious, cultural and other needs.
- Staff assessed and monitored children and young people regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit children and young people. They supported each other to provide good care.
- Key services were available seven days a week to support timely care for children, young people and their families.
- Staff gave children, young people and their families advice to lead healthier lives.

Services for children and young people

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

However;

- Leaders were not required to routinely participate in audits relating to mental health and emotional wellbeing.
- Staff did not always follow their own policy to identify children and young people at risk of malnutrition.

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.
- 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.

However,

- The electronic board behind the nurses' station on the children's ward displayed the names and ages of children and young people.
- There was a low response rate for the Friends and Family Test on the neonatal unit.

Is the service responsive?

Good  → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children and young people access services. They coordinated care with other services and providers.
- Managers monitored waiting times and made sure children and young people could access services when needed and received treatment within agreed timeframes and national targets.
- 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 young people and their families in the investigation of their complaint.

However,

- Some of the equipment in the sensory room was not working.

Services for children and young people

Is the service well-led?

Good   

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for children, young people and staff. They supported staff to develop their skills and take on more senior roles.
- The service was in the process of developing a strategy to turn it into action. Staff were aware of and demonstrated they followed the trusts values.
- Staff felt respected, supported and valued. They were focused on the needs of children, young people receiving care. The service provided opportunities for career development. The service had an open culture where children, young people, their families and staff could raise concerns without fear.
- Leaders overall 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.
- Leaders and staff actively and openly engaged with children, young people, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for children and young people and their families.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However,

- Leaders and teams used systems to manage performance. However, they did not always identify relevant risks in relation to children and young people to reduce their impact.
- We identified areas where oversight could be improved such as maintaining accurate and complete records. Gaps and errors in recording fell into areas such as observational charts, pain scores, the recording of children and young people's height; additionally,
- There was no recent audit on how many children presenting at the paediatric assessment unit received an initial triage within 15 minutes although the 2017 audit showed poor compliance.

Outstanding practice

- In 2017 the neonatal unit developed a parent education programme called the STORK programme (Supportive Training Offering Reassurance and Knowledge). The reason for the programme was to raise awareness of factors associated with infant mortality in Wolverhampton due to the high mortality rates in the city. STORK was an interactive programme for parents and carers of new born babies in the Wolverhampton area. Information and training for parents included basic life support, choking advice, common neonatal problems and healthy weaning. The target group being all parents of babies admitted to the neonatal unit. The service delivered 603 programmes from April 2016 to March 2018.

Services for children and young people

Areas for improvement

We found areas for improvement in this service.

Action the trust MUST take to improve

- The provider must ensure they follow their own policy in relation to the management of children and young people at risk of under nutrition and that the policy is robust. Regulation 17 Good Governance.
- The provider must ensure they have systems in place to monitor the time taken to triage children and young people on the paediatric assessment unit. Regulation 17 Good Governance.
- The provider must ensure they maintain complete and contemporaneous records in respect of all children and young people. Regulation 17 Good Governance.
- The provider must ensure that neonatal staffing complies with BAPM standards. Regulation 18 Staffing.

Action the trust should take to improve

- The provider should ensure they continue to complete, review and monitor risks concerning children and young people with an identified mental health need, including individual and environmental risk assessments including ligature risk assessments.
- The provider should ensure all staff have training in mental health and learning disabilities.
- The provider should ensure that there is a clear policy in place for the abduction of a child that relates to all areas of the division.
- The provider should ensure issues around tailgating on ward A21 are resolved.
- The provider should ensure all areas continue to complete hand hygiene audits on a regular basis.
- The provider should ensure that cleaning rotas are clear how often tasks should be completed.
- The provider should ensure they provide support to manage mental health presentations.
- The provider should ensure all checks of resuscitation equipment are completed in line with hospital policy.
- The provider should work towards a better understanding of readmission rates.
- The provider should continue to work towards improvements for the sensory room, such as fixing or replacing broken equipment.
- The provider should consider making children's records available in the paediatric assessment unit for the same period of time they have open access.
- The provider should consider routinely participating in audits relating to mental health and wellbeing.
- The provider should consider how children and young people's confidentiality could be respected on electronic information boards.
- The provider should consider how it can improve participation in the Friends and Family Test on the neonatal unit.
- The provider should consider having specific task sheets that the cleaning team signed to know that tasks had been completed and by who.
- The provider should consider bringing the next sepsis audit planned for 2020 forward to an earlier date.

Outpatients

Good ● → ←

Key facts and figures

The trust has specialty-specific outpatient departments for specialties including head and neck, respiratory, rheumatology and urology. In addition, New Cross Hospital and Cannock Chase Hospital each have a general outpatients department providing care and treatment for multiple specialties.

The general outpatient department at New Cross Hospital covers specialties including breast, colorectal, neurology and renal. List of all specialities who see patients in the main outpatient department; care of the elderly, dietetics, gastroenterology, general surgery, medical investigations, neurology, pain management, plastic surgery, radiology, renal, respiratory medicine and TB nursing.

The trust has a number of other outpatient clinics who see people in their own departments, these include; therapies, children and young people, sexual health, rheumatology and dermatology, urology, head and neck, fracture clinic, cardiac and gynaecology.

There is an outpatient audiology service based at West Park Hospital.

The trust provides a number of outreach services at local health centres.

During this inspection we visited the trusts main outpatient department and the specialist outpatient departments in rheumatology, dermatology, the fracture and orthopaedic clinic, cardiac outpatient department, urology and the therapy services outpatients. We spoke with 19 patients and their relatives and 51 members of staff. We observed care and treatment and looked at 11 medical and nursing care records.

Summary of this service

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

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

Outpatients

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

However

- Some of the areas that had previously been identified as underperforming for referral to treatment times at our last inspection continued to do so at this inspection.
- In the main outpatient department information on how to make a complaint was not clearly displayed.
- The service did not have information leaflets available in languages other than English.

Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough 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 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 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 outpatients however we found the following:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Outpatients

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available five days a week.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Is the service caring?

Good ● → ←

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

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

Is the service responsive?

Good ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Outpatients

- 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,

- Some of the areas that had previously been identified as underperforming for referral to treatment times at our last inspection continued to do so at this inspection.
- In the main outpatient department information on how to make a complaint was not clearly displayed.
- The service did not have information leaflets available in languages other than English.

Is the service well-led?

Good   

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

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

Areas for improvement

Action the trust should take to improve

Outpatients

- The trust should ensure that it continue to work on referral to treatment times.
- The trust should ensure that information on how to make a complaint is clearly displayed in the main outpatient department.
- The trust should ensure that staff are aware of information available for patients in languages other than English.

Community health services

Background to community health services

The trust provides a number of community services across The Royal Wolverhampton NHS Trust (RWT).

We inspected two community services at The Royal Wolverhampton NHS Trust. These were:

- Community health inpatient services
- Community health services for adults

The community services we did not inspect were:

- Community health services for children and young people
- Community end of life care

Summary of community health services

Our rating of these services stayed the same. We rated them as good. Details of the findings from this inspection can be found in the main summary report.

Community health services for adults

Outstanding  

Key facts and figures

The Royal Wolverhampton NHS Trust provides community adult services for patients the Wolverhampton area. The service is made up by three district nursing teams, assessment avoidance teams, allied health professional teams and community clinics. These services operate out of various locations across Wolverhampton. Between 1 September 2018 and August 31 2019, staff at the service provided care and treatment for 34,244 patients across the across the Wolverhampton area.

This inspection took place as part of the routine inspection schedule. Our inspection was unannounced to enable us to observe routine activity.

During this inspection we visited four locations. We spoke with one divisional lead, one consultant, three locality managers, one team manager, six clinical nurse specialists, two sisters, eight community nurses, one allied health professional lead, two allied health professionals, two healthcare assistants, one administrator, 16 patients, six relatives or carers, went on 15 home visits, viewed one community clinic and reviewed ten care records.

Summary of this service

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

- Patient feedback was always extremely positive throughout the inspection. 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 was responsive to the needs of the population and relieved pressure on wider healthcare community. The service took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.
- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Managers monitored the effectiveness of the service and ensured staff were competent and had access to further learning. Staff worked extremely 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 provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Key services were available seven days a week

Community health services for adults

Is the service safe?

Good ● → ←

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment and their work area 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 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.
- 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.
- 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 used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public. There was ongoing, consistent progress towards safety goals reflected in a zero-harm culture.
- 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 stayed the same. We rated it as good because:

- The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Community health services for adults

- Staff, teams and services were committed to working collaboratively and had found efficient ways to deliver more joined-up care to people who used services. There was a holistic approach to planning people's transfer or transition to other services, which is done at the earliest possible stage.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery. They worked with other agencies to support patients who could not cook or feed themselves.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Outstanding   

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

- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that is kind and promotes people's dignity. Relationships between people who use the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.
- Staff recognised and respected the totality of people's needs. They always took people's personal, cultural and social needs into account, and find ways to meet them. People's emotional and social needs were seen as being as important as their physical needs. Staff 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.

Is the service responsive?

Outstanding  

Our rating of responsive improved. We rated it as outstanding 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 and relieved pressure on acute inpatient services. The services were flexible, provide informed choice and ensure continuity of 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.

Community health services for adults

- People can access services and appointments in a way and at a time that suits them. Access to care was managed to take account of people's needs, including those with urgent needs.
- 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?

Outstanding ☆ ↑

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

- 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 strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership. Leaders and staff understood and knew how to apply them and monitor progress.
- There was a fully embedded and systematic approach to improvement. Improvement was seen as the way to deal with performance and for the organisation to learn. Staff were empowered to lead and deliver change. Safe innovation was encouraged and celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care.
- Governance arrangements are proactively reviewed and reflect best practice. A systematic approach is taken to working with other organisations to improve care outcomes. 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. There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviewed how they function and ensure that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- Staff felt respected, supported and valued. Staff were proud of the organisation as a place to work and spoke highly of the culture. 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 staff, patients and their families could raise concerns without fear.
- Leaders and staff actively and openly engaged with patients, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients. The service took a leadership role in its health system to identify and proactively address challenges and meet the needs of the population.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Leaders and staff actively and openly engaged with staff and internal organisations to plan and manage services.

Community health services for adults

Outstanding practice

- The admission avoidance team consultant delivered a weekly training slot focussing on a specific subject to keep nursing staff updated on the most recently updated learning critical to their role.
- The service was trialling a team which prevented visits from GPs. At the time of inspection, this team had five full time staff members who were operating the service based on a limited number of GP surgeries. During the trial this team had saved 491 hours of GP time, which amounted to £44,212.50 in savings. The service planned to expand this team to cover all of Wolverhampton.
- If patients did not attend clinic appointments staff would attempt to arrange visits in the community for the same day if it was possible to ensure that the patient still received care and treatment that day.
- The trust had undertaken vertical integration with GPs in Wolverhampton. The integration of primary care and community care had benefits for patients. There was closer working between community staff and GPs with regards to plans for end of life care. Community and GP staff caring more proactively for frail patients and those at high risk of admission at home.
- The trust was introducing a computer records system in order to provide staff with complete patient records. The computer system would allow staff from all services within the city to access all records related to the individual person. This has resulted in better multidisciplinary meetings are now well as they have the data available in one place. Community staff could focus more on person centred care and spend more time discussing patients rather than accessing multiple information systems.
- The service was working towards transforming the Shelford acuity tool so it can be applied to community services. This acuity tool was an acute hospital tool. The revised Shelford acuity tool will simplify the current dependency tool used by community staff.

Areas for improvement

Areas the trust should do to improve:

- The service should consider providing staff with access to machines which could measure blood glucose of patients

Community health inpatient services

Requires improvement  

Key facts and figures

The trust's community inpatient services have three wards based at West Park Hospital, Wolverhampton. A specialist ten bed neurorehabilitation unit, a 22 bed mixed sex stroke rehabilitation ward and a 24 bed mix sex care of the elderly rehabilitation ward. Since our last inspection the community bed base at West Park Hospital had decreased due to merging two single sex care of the elderly wards into one mixed sex care of the elderly ward.

West Park Hospital mainly provided rehabilitation care for patients registered with a Wolverhampton based GP. Referrals came from New cross Hospital, community teams and GP's, referrals were accepted from out of area for patients with specific rehabilitation needs.

Care was delivered by nurses and therapists with support staff across all three wards. Staff worked in designated wards due to their specialities however would assist in other wards when needed due to low staffing.

Summary of this service

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

- The service did not always have enough nursing and support staff with the right qualifications, skills, training and experience.
- Staff did not always keep detailed records of patients' care and treatment. Records were not always clear, up-to-date or stored securely.
- The service did not always use systems and processes to safely prescribe, administer, record and store medicines.
- Not all staff had undertaken competency assessments relevant to their roles.
- Staff did not always follow national guidance to gain patients' consent or document their wishes. They did not always use agreed personalised measures that limit patients' liberty effectively.

However

- 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.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- 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.
- Services were planned and provided care in a way that met the needs of most local people.
- People could access the service when they needed it and received the right care in a timely way.

Community health inpatient 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.

Is the service safe?

Requires improvement ● → ←

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

- The service did not always have enough nursing and support staff with the right qualifications, skills, training and experience.
- Equipment was not always stored or maintained in a way that kept people safe.
- Staff did not always keep detailed records of patients' care and treatment. Records were not always clear, up-to-date or stored securely.
- The service did not always use systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well however, staff did not always recognise and reported incidents and near misses in a timely way.

However,

- 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.
- The design and use of facilities and premises kept people safe. 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 used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public.

Is the service effective?

Requires improvement ● ↓

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

- Not all staff had undertaken competency assessments relevant to their roles.
- Staff did not always follow national guidance to gain patients' consent or document their wishes. They did not always use agreed personalised measures that limit patients' liberty effectively.

However

- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.

Community health inpatient services

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Is the service caring?

Good ● → ←

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

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

However,

- Privacy and dignity of patients was not always maintained.

Is the service responsive?

Good ● → ←

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

- Services were planned and provided care in a way that met the needs of most local people.
- 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 in a timely way.
- 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 went down. We rated it as requires improvement because:

- Not all staff felt respected, supported and valued. A small number of staff told us the management style was stern and this meant they did not fully enjoy their jobs
- Not all risk relevant to the service had been appropriately identified and escalated with actions identified to reduce their impact.

Community health inpatient services

- Governance processes were in place but not always used effectively. There were not always effective structures, processes and systems of accountability to support the delivery of good quality, sustainable services. We were not assured that the provider was fully meeting the requirements of Regulation 18: Notification of other incidents of the Care Quality Commission (Registration) Regulations 2009 for safeguarding and deprivation of liberty notifications.

However

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.
- 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 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 staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Areas for improvement

We found 14 areas for improvement in this service. Please see the areas for improvement section above.

- The trust must ensure that statutory notifications for notifiable events are submitted to the CQC in line with the Care Quality Commission (Registration) Regulations 2009 (Regulation 18).
- The trust must ensure that all records within community inpatients are stored securely (Regulation 17c)
- The trust must ensure that medications within community inpatients are prescribed and administered in line with trust policy with accurate and legible records kept (Regulation 12g)
- The trust must ensure that medications used within community inpatients are stored in line with trust policy (Regulation 12g)
- The trust must ensure that the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2010 are correctly and consistently applied (Regulation 11).
- The trust should ensure that the safeguarding policy is up to date with national guidance.
- The trust must ensure that all staff aligned to community inpatient services have received the required level of safeguarding training for their role in line with National guidance. (Regulation 13)
- The trust should ensure that all emergency call bells within the community inpatients wards are easily accessible.
- The trust should ensure that all COSHH substances are stored in line with national guidance upon community inpatient wards.
- The trust should ensure proactive recruitment into nursing roles in community inpatients continues.
- The trust should ensure that records kept in community inpatients are complete and person centred.
- The trust should ensure that pharmacy have effective oversight of all medication and prescription charts within community inpatients.

Community health inpatient services

- The trust should ensure that fortified food supplements are in date and stored in line with manufacturers recommendations.
- The trust should ensure that a range of literature in different languages is available to patients on the community inpatient wards.

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)

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Our inspection team

The inspection was led by Victoria Watkins, Head of Hospital Inspection and Bridgette Hill, Inspection Manager.

The team included 15 inspectors, one of which was a mental health inspector and two pharmacist inspectors, one executive reviewer, 16 specialist advisers, and one 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.