

Wye Valley NHS Trust

Inspection report

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

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

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

Ratings

Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

Are resources used productively?

Inadequate 

Combined quality and resource rating

Requires improvement 

Summary of findings

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

Background to the trust

Wye Valley NHS Trust was established on 1st April 2011 and is a provider of health services in Herefordshire.

The Trust provides community services and hospital care (acute and community) to a population of just over 180,000 people in Herefordshire. They also provide urgent and elective care to a population of more than 40,000 people in mid-Powys, Wales.

The combined (acute and community) trust runs an acute hospital and community services at multiple locations.

Overall summary

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



What this trust does

Wye Valley NHS Trust provides community services and hospital care (acute and community) to a population of just over 180,000 people in Herefordshire. They also provide urgent and elective care to a population of more than 40,000 people in mid-Powys, Wales.

The trusts' catchment area is characterised by its rural nature and remoteness, with more than 50 per cent of service users living five miles or more from Hereford city or a market town. The average age of the population is older than the national average.

The trust provides:

- 332 inpatient beds
- 3299 staff (February 2018)

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

Summary of findings

We inspected the following acute health services as part of our continual checks on the safety and quality of healthcare provision:

- Urgent and emergency care.
- Surgery.
- Outpatients.
- Maternity.
- Medicine.
- Children and young people.

We inspected the following community health services as part of our continual checks on the safety and quality of healthcare provision:

- Community health inpatient.
- Community health end of life care.

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 for the trust overall. What we found is summarised in the section headed: Is this organisation well-led?

What we found

Our overall rating of acute health services stayed the same. We took into account the current ratings of services not inspected this time. We rated services as requires improvement because:

- We rated safe, effective and responsive as requires improvement and caring and well-led as good.
- We rated four of the trust's eight services requires improvement and four as good.

Our rating of community health services stayed the same. We took into account the current ratings of services not inspected this time. We rated services as requires improvement because:

- We rated safe, effective and responsive as requires improvement and caring and well-led as good.
- We rated two out of the trust's five services as requires improvement and three as good.

Overall trust

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

- We rated safe, effective, responsive and well-led as requires improvement and caring as good.
- We rated seven of the trust's 13 services as good and six as requires improvement. In rating the trust, we took into account the current ratings of the five services not inspected this time.
- We rated well-led for the trust overall as requires improvement.
- During this inspection, we did not inspect critical care or acute end of life care services. We also did not inspect community health services for adults, community health services for children, young people or community dental services. The ratings we published following the previous inspections are part of the overall rating awarded to the trust this time.

Summary of findings

Are services safe?

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

- Urgent and emergency care, surgery and outpatient services at Hereford Hospital, were rated as requires improvement. Not all risks to patient care had been assessed and not all services had enough staff with the right qualifications, skills, training and experience to provide the right care and treatment.
- Community health inpatient and community health end of life care services were rated as requires improvement. Not all services had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse.
- Medicine, maternity and children and young peoples services at Hereford Hospital were rated good.

Are services effective?

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

- Medicine, surgery, maternity and children and young peoples services at Hereford Hospital, were rated requires improvement. There was variable performance in some national audits and not all services had action plans to drive improvements.
- Community health inpatient and community health end of life care services were rated as requires improvement. Not all patient outcomes were monitored and not all staff had received training and appraisals in order to provide effective care and treatment.
- Urgent and emergency care services at Hereford Hospital were rated good. We inspect but do not rate effective for outpatients.

Are services caring?

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

- All services were rated good, apart from children and young people services, which were rated as outstanding.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff provided emotional support to patients to minimise their distress. Staff involved patients and those close to them in decisions about their care and treatment.

Are services responsive?

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

- Surgery services at Hereford Hospital were rated inadequate. Patients could not access the service when they needed it. There were delays from referral to treatment time.
- Urgent and emergency care, medical and outpatient services at Hereford Hospital were rated as requires improvement. Patients could not always access the service when they needed it.
- Community health inpatient services were rated as requires improvement. The service did not always take account of patients' individual needs.
- Community health end of life care was rated as good.

Are services well-led?

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

Summary of findings

- Urgent and emergency care, medical, children and young people services and outpatient services at Hereford Hospital were rated as good. They had managers with the right skills, abilities and dedication to run services providing high-quality sustainable care. Surgery services at Hereford Hospital were rated requires improvement.
- Community health end of life care services were rated as good for well-led. Staff felt supported, respected and valued. Community health inpatient services were rated as requires improvement.

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 maternity services, outpatient services, children and young person's services at Hereford Hospital.

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

Areas for improvement

We found areas for improvement including 13 breaches of legal requirements that the trust must put right. We found 37 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

Action we have taken

We found that significant improvement was required by the trust to ensure that patients receive care and treatment in a timely manner due to the significant delays from referral to treatment. We issued a Health and Social Care Act 2008 Section 29A warning notice, which tells the trust it must improve. We will check that the trust has taken action.

We also issued requirement notices to the trust. Our action related to breaches of 9 legal requirements at a trust-wide level and four in three core services.

What happens next

We will make sure 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

We found the following outstanding practice:

Outpatients:

- The sleep specialist team offered telemedicine service to patients living with sleeping difficulties, who required a continuous positive airway pressure (CPAP) therapy. A CPAP therapy is used to help a person who has obstructive

Summary of findings

sleep apnoea (sleep disorder) breathe more easily during sleep. The service was particularly offered to patients with difficulties in attending hospital appointments. Staff had electronic access to the device and could change the therapy and settings from a distance. Patients had been issued an app on their phones and had received training on how to use the CPAP device.

Children and young people:

- The service took account of the views of children and young people and had an established young ambassadors group, who were involved in improving services hospital-wide. We were given many examples of improvement initiatives they had been involved in. For example, the young ambassadors highlighted some problems with transitional care and produced a film about transition from children to adult services. This film has been used nationally to help a child transition through health services. They had also been involved in creating more child-friendly environments in the children's unit and emergency department, the recruitment of paediatric consultants and safeguarding lead, and the development of patient information leaflets. In May 2017, the trust was selected to showcase their young ambassadors, including examples of service improvements they had made, at the Royal College of Paediatrics and Child Health national conference.
- The service had a progressive and pro-active approach to providing care and treatment to children with mental health concerns. Since our previous inspection in July 2016, and in collaboration with the local community provider, the service had expanded its child and adolescent mental health service (CAMHS) provision. They had also developed a comprehensive risk assessment and care pathway for children and young people with mental health needs. Staff told us they felt empowered to look after children and young people admitted with mental health concerns. Several members of staff had been appointed as CAMHS champions, having undertaken additional specialist training in mental health. The service was also in the process of employing paediatric emotional health and wellbeing practitioners and support workers, to ensure the emotional health and wellbeing needs of children and young people within the trust were met.
- The cystic fibrosis team went above and beyond to assist their patients transition from children to adult services and to ensure they were able to maximise their own health and wellbeing. They arranged a bespoke transition for three patients who transitioned at the same time. Two transition clinics were held; one at Hereford County Hospital, and the other at the local tertiary trust where the adult cystic fibrosis service was provided. All members of the multidisciplinary team, such as consultant, nurse, dietitian and physiotherapist, attended from both sites. The team also arranged a transition evening for these patient's parent's, so they could speak with the multidisciplinary team and meet other parents of young people with cystic fibrosis. This illness can be very isolating as patients with cystic fibrosis cannot mix because of the increased infection risk. We saw that other specialist services, such as diabetes and epilepsy, provided similar support and encouraged patients and parents to be active partners in their care and treatment. There was a consultant lead for transition.
- In the 2016 National Neonatal Audit Programme, Hereford County Hospital was one of only nine units who reported data for 100% of babies assigned to the unit.

Maternity:

- The hospital was one of the first five trusts nationally to implement the electronic version of customised fetal growth charts. The electronic charts fed directly to the Perinatal Institute and enabled early detection and management of intrauterine growth restricted (IUGR) babies. As a result, the maternity service was now above (better) than the national average for the detection of IUGR babies at birth.
- The maternity service was also one of the first NHS trusts to offer a fetal RhD screening service. The test predicts fetal RhD status (blood group) with high accuracy from a sample of maternal blood. This service improved the care for RhD-negative women by preventing unnecessary administration of anti-D prophylaxis (a medication that prevents RhD-negative women developing an immune response to a RhD-positive fetus).

Summary of findings

Areas for improvement

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

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

- The trust **MUST** ensure that venous thromboembolism risk assessments are carried out in line with national guidance.
- The trust **MUST** ensure all patients are screened for sepsis in line with national guidance.
- The trust **MUST** ensure all staff have completed the level of safeguarding children and adult training appropriate to their role.
- The trust **MUST** ensure the second obstetric theatre (the intervention room) is compliant with national standards and is regularly risk assessed.
- The trust **MUST** ensure all policies and guidelines are up to date and reflect national guidance and recommendations.
- The trust **MUST** ensure the maternity service audits the identification and treatment for sepsis to evidence that practice is in line with national and trust guidance.
- The trust **MUST** ensure that all executives' employment files are maintained to provide assurance of checks to ensure that directors meet the Fit and Proper Persons Requirement.
- The trust **MUST** ensure all staff working within outpatients are aware of where emergency equipment is located.
- The trust **MUST** ensure all equipment across outpatient and community inpatients services areas have been service tested and suitable for purpose.
- The trust **MUST** ensure compliance with mandatory training including resuscitation.
- The trust **MUST** ensure medicines stored within resuscitation trolleys are secure.
- The trust **MUST** ensure that there are sufficient staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to meet the needs of patients in community inpatient services.
- The trust **MUST** ensure all staff have completed their mandatory training.

Action the trust **SHOULD** take to improve

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services.

- The trust should ensure the maternity service and community inpatient services comply with infection prevention and control best practice.
- The trust should review the current environment for women in the recovery area on delivery suite, ensuring it promotes a positive patient experience.
- The trust should ensure staff complete pressure area risk assessments for women in labour, in line with national recommendations.
- The trust should ensure staff complete all sections of the adapted World Health Organisation surgical safety checklist.

Summary of findings

- The trust should ensure that patient personal identifiable information is not displayed or at risk of being within earshot of unauthorised persons and that confidential patient information is always secure.
- The trust should ensure staff attendance at perinatal mortality and morbidity meetings is quorate.
- The trust should ensure emergency medicines, carried by community staff, have been appropriately risk assessed to confirm they are effective and safe for patient use.
- The trust should ensure waiting times in the antenatal clinic and the triage unit are formally monitored, to evidence that women are assessed and reviewed in a timely manner.
- The trust should improve the local audit programme and its management, ensuring that all audits completed within the service are recorded, audit meetings are minuted and staff attendance is quorate.
- The trust should ensure that actions are taken following internal and national audits results.
- The trust should ensure that governance systems and structures are in place to continually improve the quality of its services.
- The trust should ensure privacy and dignity of patients is maintained during vision tests.
- The urgent and emergency service should meet the 15 minute target for time to initial assessment.
- The trust should review the nursing to patient ratio, in the resuscitation area.
- The urgent and emergency service should increase medical consultant cover in line with national guidance.
- The medicine service should continue to measure clinical outcomes and improve standards in line with the England average.
- The trust should ensure that utilisation of outpatient clinics capacity is planned to meet demand.
- The trust should ensure that ward layouts take into consideration patients living with dementia or other disabilities.
- The trust should ensure that medicine services are providing seven day services, to enable medical consultants to complete a minimum of three daily ward rounds at weekends, on all wards, in line with London Quality Standards.
- Should monitor the effectiveness of care and treatment and the process of using the findings to improve services. For example, mortality rates.
- The trust should ensure that complaint responses are managed in line with the trust's complaints policy timescales.
- The trust should review the nurse scheduling system within community services to minimise the risk of failure of the system while the new system is being piloted and implemented.
- The trust should review the syringe driver and verification of death training attendance of nurses at the community hospitals, so that the recent training provided in the weeks following the inspection has captured all relevant staff.
- The trust should review trust processes for identifying patients in the last 12 months of life, particularly for those with non-malignant conditions.
- The trust should review how the specialist palliative and community end of life care services can better support patients with non-malignant conditions.
- The trust should review how the trust can identify the preferred place of care for patients at the end of life not known to the specialist palliative care team in a timely way.
- The trust should review the end of life care strategic objectives and ensure these have board level support and are supported by an end of life care strategy.

Summary of findings

- The trust should ensure risks relating to community end of life care are recorded on the risk register, so that all relevant risks are identified and monitored.
- The trust should review how the community end of life care services fit with other services across the county, ensuring that staff concerns are raised appropriately and addressed with other providers.
- The trust should ensure compliance for all staff to have an annual appraisal to identify learning and development opportunities in community inpatients services.
- The trust should improve the processes for medicines management to ensure all medicines are managed, and stored securely at all times.
- The trust should ensure that storage rooms containing hazardous substances cannot be accessed by unauthorised people and the risk of fire hazard is reduced by keeping fired doors shut.
- The trust should ensure nursing care is delivered to patients in a timely manner in community inpatients services.
- The trust should ensure staff follow best practice for record keeping, with particular attention on completeness of records all entries are signed and audit compliance.
- The trust should review the process for the dissemination of lessons learned from incidents so that such learning is shared across the whole team and wider service and ensure that action are taken as a result.
- The trust should review pain assessment and patient outcomes for community inpatient services.
- The trust should review the routine access to medical assessments and therapies for patients admitted at weekends and evenings in community inpatient services.

Is this organisation well-led?

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

We rated well-led at the trust as requires improvement because:

- The trust did not always have the governance systems and structures in place to continually improve the quality of its services. There was some concern about the capacity and purpose of some of the committees and gaps identified in reporting lines, for example for the medicine safety committee and the board assurance framework.
- The trust had ongoing areas of risk including financial, high mortality rates and poor referral to treatment performance.
- The trust did not always promote learning from when things go wrong. Complaints were not always responded to in a timely way and actions were not always completed following incident investigations.
- The trusts implementation of the equality and diversity standards was delayed and the staff survey results included 18 key findings that were worse than the average for similar trusts.
- The trust's staff survey engagement score was below (worse than) average when compared with trusts of a similar type. Not all leaders were visible throughout the trust or had detailed oversight required for their role.

Summary of findings

- Whilst staff reported that medical engagement had improved since the current operational medical director has been in post there were still areas of concern such as some complacency among consultants and staff not feeling challenge was respected, for example adherence to infection control policies.
- Not all the employment files had been maintained to provide assurance of checks to ensure that directors met the Fit and Proper Persons Requirement.

However:

- Although there were some vacancies within the management structure, the trust had managers at all levels with the right skills and abilities to adequately run the service. There was a formal arrangement providing some leadership roles from South Warwickshire NHS Foundation trust, including the chief executive officer. All executive posts were filled. There had also been the development of a leadership charter and an increase in leadership roles with divisional restructure.
- There were active regular board workshops, clear terms of reference for the trust management board as a decision making forum and the governance arrangements for safeguarding people were clear.
- The trust were starting to provide staff with the tools to innovate and improve such as quality service improvement and redesign (QSIR) training. Learning from deaths reviews and processes were in place, although it was not clear if the trust was engaging meaningfully with bereaved families and carers.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The trust worked with alliance of providers and commissioners, to support transformation of the health and social care system within Herefordshire.
- The trust collected, analysed, managed and used information well to support its activities, using secure electronic systems with security safeguards. The trust prioritised digital strategy as part of its nine point plan and information governance incidents were reported and investigated.
- The trust had systems for identifying risks, planning to eliminate or reduce them, including risk registers, risk management strategy, and risk governance meetings.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There was a freedom to speak up guardian providing a route for staff to raise concerns.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients and key groups representing the local community. The trust had a nine point plan that it intended to deliver in the next 12 months.

Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating.

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 →← Oct 2018	Requires improvement →← Oct 2018	Good →← Oct 2018	Requires improvement ↑ Oct 2018	Requires improvement →← Oct 2018	Requires improvement →← Oct 2018

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.

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement →← Oct 2018	Requires improvement →← Oct 2018	Good →← Oct 2018	Requires improvement ↑ Oct 2018	Good ↑ Oct 2018	Requires improvement →← Oct 2018
Community	Requires improvement ↓ Oct 2018	Requires improvement →← Oct 2018	Good →← Oct 2018	Requires improvement →← Oct 2018	Good →← Oct 2018	Requires improvement →← Oct 2018

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 Hereford County Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Requires improvement ↔ Oct 2018
Medical care (including older people's care)	Good ↔ Oct 2018	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Requires improvement ↔ Oct 2018
Surgery	Requires improvement ↓ Oct 2018	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Inadequate ↔ Oct 2018	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018
Critical care	Good Jul 2016	Good Jul 2016	Good Jul 2016	Requires improvement Jul 2016	Good Jul 2016	Good Jul 2016
Maternity	Good Oct 2018	Requires improvement Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Services for children and young people	Good ↔ Oct 2018	Requires improvement ↔ Oct 2018	Outstanding ↑ Oct 2018	Good ↔ Oct 2018	Good ↑ Oct 2018	Good ↑ Oct 2018
End of life care	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Outpatients	Requires improvement Oct 2018	N/A	Good Oct 2018	Requires improvement Oct 2018	Good Oct 2018	Requires improvement Oct 2018
Overall*	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Requires improvement ↑ Oct 2018	Good ↑ Oct 2018	Requires improvement ↔ Oct 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 community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Sept 2015	Good Sept 2015	Outstanding Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Community health services for children and young people	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Community health inpatient services	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018	Requires improvement ↔ Oct 2018
Community end of life care	Requires improvement ↓ Oct 2018	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Good ↑ Oct 2018	Good ↔ Oct 2018	Requires improvement ↔ Oct 2018
Community dental services	Good Sept 2015	Good Sept 2015	Good Sept 2015	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015
Overall*	Requires improvement ↓ Oct 2018	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Requires improvement ↔ Oct 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

Wye Valley NHS Trust provides a range of hospital and community health services to a population of approximately 180,000 in Herefordshire and the surrounding areas. The trust also provides urgent and elective care to a population of more than 40,000 in mid-Powys, Wales. The trust provides a full range of district general hospital services at Hereford County Hospital.

This includes urgent and emergency care, critical care, maternity beds, and children's inpatient services. There are eight main theatres providing planned and emergency surgical facilities for trauma and orthopaedics, general surgery, gynaecology, max-fax, urology, ENT, ophthalmology as well as a wide range of day procedures. The trust runs 875 outpatient clinics per week and employs 3299 staff. From January 2017 to December 2017, there were 393,183 outpatient appointments (-1% compared to the same time 2016), 46,621 inpatient admissions (+12% compared to the same time 2016), and 58,958 accident and emergency department attendances (no change compared to the same time 2016).

The trust is registered to provide the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983.
- Diagnostic and screening procedures.
- Maternity and midwifery services.
- Surgical procedures.
- Termination of pregnancies.
- Treatment of disease, disorder or injury.

We carried out an unannounced inspection from 12 June to 14 June 2018 of six core services:

- Urgent and emergency care
- Medical care
- Surgery
- Maternity
- Services for children and young people
- Outpatients

Summary of acute services

Requires improvement   

Summary of findings

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

- We rated safe, effective, responsive and well-led as requires improvement, and caring as good. We took into account the current ratings of the two services not inspected this time.
- Urgent and emergency care, medical care, surgery, maternity and outpatients overall ratings remained the same. Services for children and young people overall rating improved from requires improvement to good.
- Urgent and emergency care overall was rated as requires improvement. Safety and responsive remained requires improvement, effective, caring and well-led remained good. Patients could not access the service when they needed it. The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the ED. From April 2017 to March 2018 the trust consistently failed to meet the four-hour standard of 95% of patients being discharged or transferred, and with the exception of April 2017, performance was consistently worse than the England average. However: in March 2018, the department had five consecutive days of meeting this standard at 90% and above. However, the service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment for the majority of shifts. The department also had processes in place to ensure adults and children in vulnerable circumstances were safeguarded from abuse and harm. There was an up to date policy and staff could access the safeguarding lead for the trust for advice.
- Medical care overall was rated as requires improvement. Safety, caring and well-led remained good, effective and responsive remained requires improvement. Mortality rates were higher (worse) than expected, however the trust had a number of areas of work in progress to reduce this. While generally the service took account of patients' individual needs, the ward environments, other than Gilwern ward, were not dementia or disability friendly. However, staff cared for patients with compassion. Patients and their relatives were treated well and with kindness. Staff provided emotional support to patients to minimise their distress. Despite the high vacancy rates, the service managed staffing to ensure they had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Surgery overall was rated as requires improvement. Safe went down from good to requires improvement. Effective and well-led remained requires improvement, caring remained good and responsive remained inadequate. Patients could not access the service when they needed it. The average referral to treatment performance 2017/18 for England admitted pathways against the standard target of 90% of patients being seen within 18 weeks from referral, was 59.2%. At the end of May 2018 161 patients had waited for more than 52 weeks from referral to treatment. Staff assessed most risks to patients and monitored their condition. However, risk assessments to assess patient's risk of developing blood clots after surgery and risk of sepsis were not always completed and a timely response to the identified risks was not always achieved. Criteria developed to keep people safe in times of pressure, were not always followed. However, staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Although staff training levels did not meet trust targets, staff we spoke with had a good working knowledge of safeguarding issues and they were able to provide examples of safeguarding referrals or concerns they had reported. Staff kept appropriate records of patients' care and treatment. The service mostly managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Staff were able to identify learning from incidents. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Maternity overall was rated good. Safety and effective remained requires improvement, caring remained as good. Responsive and well-led improved from requires improvement to good. Staff cared for women and babies with compassion, dignity and respect. Women felt involved in their care and were given informed choice of where to give birth. The service planned and reviewed staffing levels and skill mix to ensure that women and their babies received safe care, and at the time of our inspection, the service had enough staff to keep people safe from avoidable harm and abuse. The midwife to birth ratio was better than the national average and women always received one-to-one

Summary of findings

care in labour. However, the service did not always have suitable premises. The second obstetric theatre was not compliant with national standards and the recovery area on delivery suite was not designed in a way that protected women's privacy and dignity, and promoted a good patient experience. Medical staff compliance with safeguarding children training was below the trust target.

- Services for children and young people overall was rated good. Safety and responsive remained good, effective remained requires improvement. Caring improved from good to outstanding, well-led improved from requires improvement to good. There was a strong, visible patient- and family-centred culture. Staff were highly motivated and inspired to provide care and treatment that was kind, compassionate and promoted patients' dignity, and respected the totality of people's needs. Patient's emotional and social needs were seen as being as important as their physical needs. Staff were fully committed to working in partnership with patients and their families, and empowered them to have a voice. However, we found some policies and guidance had expired their review date. This meant there was a risk staff were referring to out-of-date guidance. At the time of our inspection (June 2018), 39% of paediatric guidelines were under review. We found expired guidelines had not been included on the service's risk register. We were not assured that perinatal mortality and morbidity meetings were regularly held and multidisciplinary attendance was variable. We also found specialty meeting minutes often lacked detail.
- Outpatients overall was rated requires improvement. Safety remained requires improvement, caring remained good. Responsive improved from inadequate to requires improvement and well-led improved from requires improvement to good. From March 2017 to February 2018, the trust's referral to treatment time (RTT) for non-admitted pathways had been worse than the England overall performance. Figures for February 2018, showed 83% of this group of patients were treated within 18 weeks versus the England average of 89%. In June 2018, the RTT on incomplete pathways within 18 weeks had dropped to 75% which was below England average of 87%. We saw 13 out of 17 specialties were below the England average for non-admitted RTT within 18 weeks. The hospital's action plan for reducing their waiting lists included running additional clinics to meet the demand for outpatient services. However, the service managed patient safety incidents well and staff were confident to report incidents. Standards of cleanliness and hygiene were generally well maintained. Reliable systems were in place to prevent and protect people from a healthcare associated infection.

Hereford Hospital

County Hospital
Union Walk
Hereford
Herefordshire
HR1 2ER
Tel: 01432355444
www.wyevalley.nhs.uk

Key facts and figures

Hereford Hospital is the main site for the provision of acute health services for the Wye Valley NHS Trust. It provides services for adults and children and young people including urgent and emergency care 24 hours a day, seven days a week.

There are 14 wards/departments providing 234 acute inpatient beds. The number of staff employed by the hospital as of February 2018 was 3,299. The hospitals services are commissioned by the Herefordshire Clinical Commissioning Group.

The urgent and emergency care department saw 58,958 attendances, 10,641 of these were children between Jan 2017 to December 2017. There were 393,183 Outpatient attendances and 1,667 babies delivered at the maternity department at Hereford Hospital between January 2017 and December 2017. Within the children and young person's services the hospital had 4,976 attendances from January 2017 to December 2017.

Medical admissions within the trust from January 2017 to December 2017 were 19,103. Emergency admissions accounted for 10,238 (54%), 245 (1%) were elective, and the remaining 8,620 (45%) were day case.

The trust had 19,436 surgical admissions at Hereford Hospital from January to December 2017. Emergency admissions accounted for 5,585 (29%), 11,352 (58%) were day case, and the remaining 2,499 (13%) were elective.

During this inspection, we spoke with 103 patients and their relatives, 212 staff, attended multi-disciplinary meetings, handovers and checked 104 healthcare records.

We carried out an unannounced inspection from 11 to 14 June 2018.

Summary of services at Hereford Hospital

Requires improvement   

At this inspection, we inspected urgent and emergency care, surgery, outpatient, maternity, medicine and children and young people services. We did not inspect critical care or acute end of life care services at this inspection, but we combine the last inspection ratings to give the overall rating for the hospital.

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

- Our rating for safe remained requires improvement overall. Not all services had staff with the right skills, experience and qualifications. Risks to patients were not always assessed.

Summary of findings

- Our rating for effective remained requires improvement overall. Not all guidance was up to date. Staff were competent for their roles and in most areas
- Our rating for caring remained the same as good overall. Staff were caring for patients with respect and compassion and feedback from patients was positive. We rated children and young people services outstanding for caring.
- Our rating for responsive improved. We rated it as requires improvement overall. We rated surgery as inadequate. Patients could not always access services when they needed and they were not meeting referral to treatment targets.
- Our rating for well led improved. We rated it as good overall. Managers promoted a positive culture that supported and valued staff, to provide patient care and treatment.

Urgent and emergency services

Requires improvement   

Key facts and figures

The emergency department (ED) at Wye Valley NHS Trust is located at Hereford County Hospital. It provides a 24-hour service, seven days a week, to its local population and surrounding areas.

The department has a waiting room and two triage rooms, one of which, is a dedicated triage room for children. There are 10 cubicles in majors, three cubicles in the minor's area, two paediatric cubicles with a separate waiting room for children, five rapid assessment cubicles and a resuscitation room with three bays.

There is a clinical assessment unit (CAU), separate from the ED. This had 10 cubicles, one triage space and 10 reclining chairs for ambulatory patients.

From April 2016 to March 2017 there were 90,929 attendances at the trust's urgent and emergency care services. (Source: NHS England)

From April 2017 to March 2018 there were 55,601 attendances, 8,527 of these were children.

Our inspection was unannounced to ensure to observe routine activity. During our inspection, we used a variety of methods to help gather evidence to assess the urgent and emergency care services at Hereford County Hospital.

We visited the ED and CAU. We spoke with 20 members of staff, seven patients and six ambulance crews. We also reviewed 20 sets of patient's electronic records.

We interviewed the clinical lead consultant, matron, the general manager for emergency services, divisional operations director for medicine and the divisional nurse director. We spoke with professionally qualified and support staff. We observed the environment and the care provided to patients. We also looked at a wide range of documents including, policies, meeting minutes, audits and action plans.

Summary of this service

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

- Patients could not access the service when they needed it. The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the ED.
- From April 2017 to March 2018 the trust consistently failed to meet the four-hour standard of 95% of patients being discharged or transferred, and with the exception of April 2017, performance was consistently worse than the England average. However: in March 2018, the department had five consecutive days of meeting this standard at 90% and above.
- An average of 5% of patients left the trust before being seen compared to an England average of 3%. This had declined since the last inspection when 3.1% patient left without being seen.
- Risks to most patients were assessed and their safety monitored and managed so they were supported to stay safe. However: the department were not meeting the 15-minute target for initial time to assessment.
- Complaints were not managed in a timely manner.

Urgent and emergency services

- There were 1.6 whole time equivalent permanent consultants for the department. However, the reduced number of permanent consultants was reflected on the services risk register.
- There were two never events of the same type recorded in the department for May 2018.
- They did not always meet the standards of the Royal College of Emergency Medicine audits, but did have action plans to deliver improvements.
- Out of hours, there was no radiographer that could complete trauma CTs onsite, the superintendent of the radiology department was mitigating this risk, by ensuring that an appropriately trained radiographer was on the on-call list. This was on the risk register.
- The hospital had no onsite security in place. The porters had undertaken training to support teams when responding to challenging behaviour.
- Nursing and medical staff's compliance with mandatory training had declined slightly since the last inspection in July 2016.

However:

- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment for the majority of shifts.
- The department had processes in place to ensure adults and children in vulnerable circumstances were safeguarded from abuse and harm. There was an up to date policy and staff could access the safeguarding lead for the trust for advice.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service planned for emergencies and staff understood their roles if one should happen. Staff responded appropriately and identified changing risks to people who used the service.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and key groups. For example, the local ambulance trusts. The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Staff from different disciplines worked together as a team to benefit patients. Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff recognised incidents and reported them appropriately. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Patients pain was assessed and managed using pain assessment tools. Assessment of pain in patients with difficulties communicating was assessed using a specific pain management tool and managed well.

Urgent and emergency services

Is the service safe?

Requires improvement   

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

- The service did not have enough medical staff with the right qualifications, skills and experience to ensure that patients were kept safe from avoidable harm and provide the right care and treatment. There were 1.6 WTE permanent consultants for the department. The department used regular locum consultants and managed 12 hours a day, seven days a week cover. The Royal College of Emergency Medicine (2010) guidelines, recommended that EDs provide 16 hours a day, seven days a week consultant cover.
- While risks to most patients were assessed and their safety monitored the department was not meeting the 15-minute target for initial time to assessment, the average wait was 21 minutes.
- There were two never events incidents recorded in the department for May 2018, both relating to the same issue.
- Nursing and medical staff's compliance with mandatory training had declined slightly since the last inspection in July 2016. The trust's target was 90% for mandatory training. Over 90% of ED nursing staff had up to date training in moving and handling level two and health and safety, but were below the target in all other subjects. Medical staff were compliant with the health and safety module, but below target in all other mandatory subjects. However: as of May 2018, overall completion rates for mandatory training was at 81% for nursing staff but medical staffing was still at 76% compliance.
- Out of hours, there was no radiographer that could complete trauma CTs onsite, the superintendent of the radiology department was mitigating this risk, by ensuring that an appropriately trained radiographer was on the on-call list. This was on the risk register.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service generally had suitable premises and equipment and looked after them well. Detailed checks were carried out of resuscitation equipment. Staff had sight of patients while in the waiting areas.
- The service planned for emergencies and staff understood their roles if one should happen. Staff responded appropriately and identified changing risks to people who used the service. Risks to most patients were assessed and their safety monitored and managed so they were supported to stay safe.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment for the majority of shifts. Nurse staffing levels and skill mix were planned in line with guidance on safe staffing in emergency settings. There were shifts which were short and needed the use of bank and agency.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Staff completed contemporaneous electronic based patient records, which demonstrated clear evidence of care provided and decision-making processes. They were secure and could be accessed by any staff that needed to while creating an audit trail.

Urgent and emergency services

- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time. The ED used an automated electronic medicine dispensing system. This was accessed by the staff's fingerprint. It was used for all medicines, including medicines that patients could be prescribed to take home.
- The service usually managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Care was delivered in line with recommended national guidance for emergency departments and medicine. This included specific pathways for patients presenting with head injuries, sepsis, stroke, myocardial infarction (heart attack) and fractured neck of femur.
- Unplanned reattendance to ED had been worse than the national average. The staff in the ED and the local mental health community trust were working together to look at frequent attenders and the wider health economy. The approach was working well and the department hoped to see a decline of re-attendance rate in the future. From December 2017 and January 2018, the data had already shown a decline (improvement) below the England average.
- 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. Nursing staff had a competency folder that had a standardised approach specific to urgent and emergency care nursing. As of June 2018, data showed that now, 100% of nursing staff and 92% of medical staff had received their appraisals.
- Staff gave patients enough food and drink to meet their needs and improve their health. Staff used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Patients pain was assessed and managed using pain assessment tools. Assessment of pain in patients with difficulties communicating was assessed using a specific pain management tool and managed well.
- Staff from different disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- National priorities to improve the population's health were supported within the department. Health promotion topics were displayed in the department.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- We spoke with nursing and medical staff that were able to describe the relevant consent and decision-making requirements relating to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) in place to protect patients. Patient's consent was gained as per trust policies.

However:

Urgent and emergency services

- They compared local results with those of other services to learn from them. The ED measured their performance against the RCEM national clinical audits. However: they did not always meet the standards in line with the England average, but did have action plans to deliver improvements.

Is the service caring?

Good   

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

- Staff cared for patients and those close to them with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Patient and those close to them were treated with respect, including when receiving personal care. The staff were kind and had a caring, compassionate attitude. They had positive relationships with people using the service and those close to them.
- Staff provided emotional support to patients to minimise their distress. Appropriately trained volunteers provided additional emotional support to patients and those close to them. Both medical and nursing staff understood the emotional impact of the patients' care and treatment potentially had on the patient's and their relative's overall wellbeing.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients told us they felt involved in planning their care, making choices and informed decisions about their care and treatment. Staff communicated with patients in a way that they could understand. Patients felt they could ask questions if they did were unsure about the information given to them.
- Relatives and those close to the patients felt involved. Families were involved in the care and treatment plans of children. Staff explained medicines, treatment and further plans of care. Parents told us they were informed and the staff took the time to explain everything, even repeating it if necessary.

Is the service responsive?

Requires improvement   

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

- Patients could not access the service when they needed it. The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the ED. From April 2017 to March 2018 the trust consistently failed to meet the standard and except for April 2017, performance was consistently worse than the England average. The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust did not meet the standard over the whole period from February 2017 to January 2018 and was worse than the England average.
- Although waiting times between four hours and 12 hours from their decision to admit was mostly better, or similar to the England average. From April 2017 to March 2018, three patients waited longer than 12 hours after the decision to admit to being admitted. From April 2017 to March 2018 the trust's average total time in A&E for all patients was consistently higher than the England average. Performance against this metric showed a trend of decline.
- An average of 5% of patients left the trust before being seen compared to an England average of 3%. This had declined since the last inspection when 3.1% patient left without being seen.

Urgent and emergency services

- Complaints were not managed in a timely manner.

However:

- The trust planned and provided services in a way that met the needs of local people. Facilities were mostly appropriate their needs.
- Planning for service delivery was made in conjunction with a number of external providers, commissioners and local authorities to meet the needs of local people. For example, the service worked with external providers to provide GP support in the department. This was in line with the Royal College of Emergency Medicine guidance on how to achieve safe, sustainable care in emergency departments. The department had the ability to stream patients to the minor's department, where they could see a GP or emergency nurse practitioner. This was in line with NHS Improvement, Good Practice Guide: improving patient flow 2017.
- The service took account of patients' individual needs. Services were generally planned and delivered in a way that took into account the needs of different people such as age, disability, gender, race, religion or belief and sexual orientation. Patients with complex needs such as learning disabilities or those with mental health concerns were cared for in an appropriate environment for their needs.
- Nursing staff worked collaboratively with senior management and the operations team to facilitate flow through the department.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. There was clear guidance on display in the ED for those using the service to make a complaint or express their concerns. There were leaflets for the patient advice and liaison service (PALS), they could also access PALS at the main entrance of the hospital if needed.

Is the service well-led?

Good   

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Staff told us and we observed that the leaders of this service were visible and approachable.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and key groups. For example, the local ambulance trusts. Staff were aware of the vision and values.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The culture was open and inclusive with leaders displaying a passion for emergency care which helped morale to be high and team work to be effective.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. The department held a weekly flow academy. This was designed to make sustainable improvements, delivered by the staff on the 'frontline', and where the team takes ownership of ideas and decisions.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Arrangements for managing and recording risks were detailed. There was a holistic understanding of performance, which integrated the needs of other areas in the trust and the needs of the community while focusing on patient safety and quality improvements within the departments.

Urgent and emergency services

- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. For example, the computer screens were locked after use.
- The service engaged well with patients, staff and the public to plan and manage appropriate services. Feedback through the friends and Family test which showed 90-95% of patients, would recommend the department for January and February 2018. This was better than the England average.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. Learning and continuous improvement was managed through the departments weekly leaflet system. These were produced each week and given to all staff and covered a range of issues.

Areas for improvement

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

Medical care (including older people's care)

Requires improvement   

Key facts and figures

The medical care service at Wye Valley NHS Trust provides care and treatment for general medicine, geriatric medicine and endoscopy. There are 124 medical inpatient beds located across nine areas; Arrow ward (respiratory), CAU, coronary care unit, Frome AAU (acute admissions and gastroenterology), Lugg ward (cardiology and geriatric medicine), Wye ward (stroke), Gilwern assessment unit (specialist area in assessing geriatric patients) endoscopy unit, discharge lounge (no beds).

Inpatient medical care is provided through the following teams: respiratory, cardiology, gastroenterology, geriatric medicine and stroke. The acute medical take is managed by a team of acute physicians during the working week and overnight and on weekends through our consultant on call team.

The medical teams are supported by a mix of physician assistants and advanced nurse practitioners.

The trust had 19,103 medical admissions from January 2017 to December 2017. Emergency admissions accounted for 10,238 (54%), 245 (1%) were elective, and the remaining 8,620 (45%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 9,156
- Clinical haematology: 2,582
- Gastroenterology: 2,392

Summary of this service

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

- Mortality rates were higher (worse) than expected, however the trust had a number of areas of work in progress to reduce this.
- The trust did not have an active dementia strategy at the time of inspection and ward environments, other than Gilwern ward, were not dementia or disability friendly.
- The service provided mandatory training in key skills to all staff but did not ensure it was completed by everyone.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, not all staff had training on how to recognise and report abuse.
- Confidential patient information was not always secure. Medical notes trolleys were often left unlocked and on occasions left open with notes displayed, records for patients who had been discharged, were stored on desks on the ward.
- A number of trust produced guidance documents on the intranet that could be accessed by staff that of out of date or passed time for review.
- Seven day services were not always available. Medical consultants were not completing a minimum of three daily ward rounds at weekends, on all wards, which was not in line with London Quality Standards

Medical care (including older people's care)

- Waiting times for treatment were longer than the England average. However, improvements to arrangements to admit, treat and discharge patients were in line with good practice.
- Concerns and complaints response was not always in line with their complaints policy timescales. The trust took an average of 50 working days to investigate and close complaints.

However:

- Staff cared for patients with compassion. Patients and their relatives were treated well and with kindness. Staff provided emotional support to patients to minimise their distress.
- Despite the high vacancy rates, the service managed staffing to ensure they had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- Patients we spoke with confirmed that they had received pain relief medication when they required it.
- Staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients.
- Staff generally understood their roles and responsibilities under the Mental Health Act (MCA) 1983 and the Mental Capacity Act 2005.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The risks present on the register reflected the views of the staff we spoke to at all levels.

Is the service safe?

Good   

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

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- Despite the high vacancy rates, the service managed staffing to ensure they had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.

Medical care (including older people's care)

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service had suitable premises and equipment and looked after them well.

However:

- The service provided mandatory training in key skills to all staff but did not ensure it was completed by everyone. At the time of inspection compliance for resuscitation adult basic life support (ABLS) was reported as 51% and 67% for Level four in 31 May 2018 which was still below the trust target of 90 but an improvement from the figures provided for January 2018
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, not all staff had training on how to recognise and report abuse. Child safeguarding level 2 was below the trust training target of 90% for medical and dental and nursing staff at 76% and 78% respectively.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. However, confidential patient information was not always secure. Medical notes trolleys were often left unlocked and on occasions left open with notes displayed, records for patients who had been discharged, were stored on desks on the ward.

Is the service effective?

Requires improvement   

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

- Mortality rates were higher (worse) than expected, however the trust had a number of areas of work in progress to reduce this.
- We found a number of trust produced guidance documents on the intranet that could be accessed by staff that of out of date or passed time for review. These included, Parkinson's disease, the emergency treatment of which was to be reviewed in November 2014, deep vein thrombosis pathway due for review October 2013, diabetic ketoacidosis due for review February 2016 and aspiration pneumonia due for review in June 2017.
- Seven day services were not always available. The medical consultants provided five-day cover on most wards between 8am and 8pm, with on call facilities out of hours. Medical consultants were not completing a minimum of three daily ward rounds at weekends, on all wards, which was not in line with London Quality Standards.

However:

- The service monitored the effectiveness of care and treatment and were in the process of using the findings to improve services. They compared local results with those of other services to learn from them.
- Staff gave patients enough food and drink to meet their needs and improve their health. Staff used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Patients we spoke with confirmed that they had received pain relief medication when they required it.

Medical care (including older people's care)

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- National priorities to improve the population's health were supported within the wards. We saw a wide range of health promotion material available to patients during our inspection.
- Staff generally understood their roles and responsibilities under the Mental Health Act (MCA) 1983 and the Mental Capacity Act 2005. Most staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Some wards were better at recording MCA than others. However, training compliance was below the trust target of 90%.

Is the service caring?

Good   

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

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

Is the service responsive?

Requires improvement   

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

- Generally the service took account of patients' individual needs although, the trust did not have an active dementia strategy at the time of inspection and ward environments, other than Gilwern ward, were not dementia or disability friendly.
- People could not always access the service when they needed it. Waiting times for treatment were longer than the England average. However, improvements to arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. However, their response was not always in line with their complaints policy timescales. From April 2017 to February 2018, there were 39 complaints about medical care. The trust took an average of 50 working days to investigate and close complaints.
- The service planned and provided services in a way that met the needs of local people working collaboratively with external agencies to improve services. This included working with the clinical commissioners to identify the needs for the local community and planning of clinical pathways to meet demands. The trust had recognised the high proportion of older people living in the area.

Medical care (including older people's care)

Is the service well-led?

Good   

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The management team, worked to make improvements in the effectiveness and responsiveness of care. They supported staff to take ownership of the issues, reflect and consider their practice and be open to new ways of working.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The service had its own strategy which was in line with the trust's strategy. Staff told us they felt they were included in discussions about changes to the service.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There were clearly defined management structures, staff told us they felt able to approach leaders across professional boundaries
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. However, we found a number of trust produced guidance documents on the intranet that could be accessed by staff that of out of date or passed time for review
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The risks present on the register reflected the views of the staff we spoke to at all levels
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. However, some confidential patient information was visible in the reception area.
- The service engaged well with patients and staff, and involved them in planning services. Feedback, whether positive or negative, was shared with medical service staff.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

Areas for improvement

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

Surgery

Requires improvement   

Key facts and figures

The trust provides general surgery services at Hereford County Hospital and podiatric surgery at Vaughan building.

Surgical specialities cover the following specialities; colo-rectal, upper gastrointestinal, breast, urology, ENT, vascular, trauma and orthopaedics, max-fax, oral surgery, orthodontics and ophthalmology.

Teme ward is the elective orthopaedic ward, which specialises in the care of arthroplasty surgery, but also provides beds for other 'clean surgery,' within accepted criteria. Redbrook ward is a trauma and orthopaedic ward.

The two main surgical wards are Monnow (male) and Leadon (female) and these wards specialise in the care of all the other major surgical procedures and conditions

The ophthalmology service centres its services in the Victoria eye unit and provides both planned care and emergency clinics and ophthalmology. Day surgery lists run each day through a dedicated area in the day surgery unit. Services provided by the Victoria eye unit are reported in the outpatient's report.

The trust had 19,436 surgical admissions at Hereford Hospital from January to December 2017. Emergency admissions accounted for 5,585 (29%), 11,352 (58%) were day case, and the remaining 2,499 (13%) were elective.

Trust activity from January to December 2017 increased by 7% for elective, by 16% for emergency and by 22% for day admissions in comparison to the same period in 2016.

We carried out an inspection from 12 June to 14 June 2018. Our inspection was unannounced (staff did not know we were coming). Prior to the inspection we reviewed information we had about the service and information from stakeholders.

The inspection team consisted of an inspector, two specialist advisors and our national professional advisor for surgery. We visited all four surgical and orthopaedic wards, the day case unit and the operating theatres.

During the inspection visit the inspection team:

- Spoke with nine patients who were using the service
- Spoke with the managers or the nurse in charge for each of the wards
- Spoke with 30 members of staff including senior managers, doctors, nurses, theatre staff, support workers, administrative staff and allied health professionals.
- Reviewed 22 patient records relating to assessments, care plans, and observations plus six medicines administration charts.

At our last inspection in July 2016 we rated surgical services as requires improvement overall. We rated safe as good, effective and well led as requires improvement and responsive as inadequate.

Summary of this service

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

Surgery

- Patients could not access the service when they needed it. The average referral to treatment performance 2017/18 for England admitted pathways against the standard target of 90% of patients being seen within 18 weeks from referral, was 59.2%. At the end of May 2018 161 patients had waited for more than 52 weeks from referral to treatment.
- Staff assessed most risks to patients and monitored their condition. However, risk assessments to assess patient's risk of developing blood clots after surgery and risk of sepsis were not always completed and a timely response to the identified risks was not always achieved. Criteria developed to keep people safe in times of pressure, were not always followed.
- The service did not always have enough nursing and theatre staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Ward staffing levels were reviewed and agreed, but these were not always achieved.
- The service did not always have enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service monitored the effectiveness of care and treatment and but did not always use the findings to improve. There was variable performance in national audits and most did not have an action plan to drive improvements. This had not improved since our inspection in July 2016 when we identified similar issues.
- Systems and processes were in place to prevent and control infection but they were not always followed. The service monitored staff adherence to most infection prevention and control procedures through audits, although actions taken to address lack of adherence were not effective.
- The trust did not use a systematic approach to continually improving the quality of its services and safeguarding high standards of care. Governance processes were in place although further development and consistency of approach was required.
- Increased numbers of medical and surgical emergency patients impacted on access to elective surgery and resulted in patients not being placed in the wards most suitable for them.
- Records were not always stored securely. Medical records were observed to be stored in areas accessible to the public on the wards. Staff did not always have access to up to date policies and guidance and they were difficult to locate.
- The trust had systems for identifying and reviewing risks, and coping with both the expected and unexpected. However, some of the risks on the risk register had remained there for a number of years. There were delays in obtaining pressure relieving equipment in busy periods and outside office hours.
- Staff sometimes felt they were not listened to and were overridden by the wider site management teams. The service had vacancies for some management posts impacting on their management capacity to drive forward improvements.
- Complaints were not dealt with in the timescales set out by the trust and there was no evidence of discussion of themes from complaints at surgical governance meetings.
- Some patients were without food and drink prior to their operation for longer periods than necessary.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Although staff training levels did not meet trust targets, staff we spoke with had a good working knowledge of safeguarding issues and they were able to provide examples of safeguarding referrals or concerns they had reported.
- Staff kept appropriate records of patients' care and treatment. The service mostly managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Staff were able to identify learning from incidents. When things went wrong, staff apologised and gave patients honest information and suitable support.

Surgery

- Staff gave patients enough food and drink to meet their needs. They assessed their nutritional risk and when necessary monitored the amount they ate and drank.
- The service managed patient's pain well. Patients told us they received pain relief promptly and staff monitored its effectiveness.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided training to enable them to develop their skills.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities in relation to consent for surgical procedures. Knowledge of the Mental Health Act 1983 and the Mental Capacity Act 2005 was variable amongst nursing staff; however they had access to advice from the trust lead nurses.
- Staff cared for patients with compassion and kindness. Patients, praised staff, saying they were friendly, reassuring and respectful. Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients felt in control of the decisions and listened to by staff.
- The trust had a newly developed clinical strategy which provided a clear direction for the future provision of surgical services. The surgical division had identified objectives for the current year. The premises and environment were generally maintained to provide a safe environment and plans were in place to develop a new surgical block.

Is the service safe?

Requires improvement  

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

- The service did not always have enough nursing and theatre staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Ward staffing levels were reviewed and agreed, but these were not always achieved.
- The service did not always have enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Systems and processes were in place to prevent and control infection but they were not always followed. The service monitored staff adherence to most infection prevention and control procedures through audits, although actions taken to address lack of adherence were not effective.
- Staff assessed most risks to patients and monitored their condition. However, risk assessments to assess patient's risk of developing blood clots after surgery and risk of sepsis were not always completed. In addition, a timely response to the identified risks was not always achieved. Criteria developed to keep people safe in times of pressure, were not always followed.
- There were delays in obtaining pressure relieving equipment in busy periods and outside office hours.
- Records were not always stored securely. Medical records were observed to be stored in areas accessible to the public on the wards.

However:

Surgery

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Although staff training levels did not meet trust targets, staff we spoke with had a good working knowledge of safeguarding issues and they were able to provide examples of safeguarding referrals or concerns they had reported.
- The service provided mandatory training in key skills to staff. The trust's target for mandatory training was met for most modules by nursing staff although completion of some training modules by medical staff was below the trust target.
- Staff kept appropriate records of patients' care and treatment.
- The service mostly managed patient safety incidents well. However, staff were not always clear as to when shortfalls in staffing or a delay in obtaining equipment should be reported as an incident. Staff were able to identify learning from incidents. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The premises and environment were generally maintained to provide a safe environment and plans were in place to develop a new surgical block.

Is the service effective?

Requires improvement   

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

- The service monitored the effectiveness of care and treatment and but did not always use the findings to improve. There was variable performance in national audits and most did not have an action plan to drive improvements. This had not improved since our inspection in July 2016 when we identified similar issues.
- Staff did not always have access to up to date policies and guidance and they were difficult to locate.
- Some patients were without food and drink prior to their operation for longer periods than necessary.
- While patients admitted for a surgical emergency were reviewed by a consultant, seven days a week not all patients were reviewed by a consultant at the weekend.

However:

- Staff gave patients enough food and drink to meet their needs. They assessed their nutritional risk and when necessary monitored the amount they ate and drank.
- The service managed patient's pain well. Patients told us they received pain relief promptly and staff monitored its effectiveness.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided training to enable them to develop their skills.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities in relation to consent for surgical procedures. Knowledge of the Mental Health Act 1983 and the Mental Capacity Act 2005 was variable amongst nursing staff; however, they had access to advice from the trust lead nurses.

Surgery

Is the service caring?

Good   

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

- Staff cared for patients with compassion and kindness. Patients, praised staff, saying they were friendly, reassuring and respectful. Personal issues were dealt with sensitively and patients' privacy and dignity respected and maintained.
- Staff provided emotional support to patients to minimise their distress. Patients stated staff listened to their concerns.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients felt in control of the decisions and listened to by staff.

Is the service responsive?

Inadequate   

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

- Patients could not access the service when they needed it. The average referral to treatment performance 2017/18 for England admitted pathways against the standard target of 90% of patients being seen within 18 weeks from referral, was 59.2%. At the end of May 2018 161 patients had waited for more than 52 weeks from referral to treatment.
- Increased numbers of medical and surgical emergency patients impacted on access to elective surgery and resulted in patients not being placed in the wards most suitable for them.
- Complaints were not dealt with in the timescales set out by the trust and there was no evidence of discussion of themes from complaints at surgical governance meetings.
- Adaptation of the environment and facilities for people living with dementia were limited.

However:

- The service mostly took account of patients' individual needs.
- Surgical services in a way that met the needs of local people and worked with local commissioners to do so. They were partners in alliance to support the transformation of services in Herefordshire.

Is the service well-led?

Requires improvement   

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

- The service did not use a systematic approach to continually improve the quality of its services and safeguarding high standards of care. Although governance processes were in place, evidence provided of meetings within the division, did not clearly identify that the expected governance issues were covered.

Surgery

- While the service had systems for identifying and reviewing risks, and coping with both the expected and unexpected some of the risks on the risk register had remained there for a number of years.
- The service had vacancies for some management posts impacting on their management capacity to drive forward improvements.
- Staff sometimes felt they were not listened to and were overridden by the wider site management teams.

However:

- The trust had a newly developed clinical strategy which provided a clear direction for the future provision of surgical services. The surgical division had identified objectives for the current year.
- Staff showed a sense of common purpose based on shared values. They focused on patients and doing the best they could for them. Managers had a grasp of the major challenges and were working together to try to take the service forward.
- The service recognised the importance of engaging with patients and the public and involved them in planning services. For example, the patient engagement forum was involved in the plans to replace the huttred wards.

Maternity

Good 

Key facts and figures

Wye Valley NHS Trust provides maternity services to women living across Herefordshire and is the smallest maternity service in the West Midlands region.

Inpatient maternity services are provided solely on the Hereford County hospital site. Outpatient maternity services are provided on the Hereford County hospital site, at the trust's community hospitals and within children centres and GP practices. There are six community midwifery teams based in various locations across the county, which cover North West city, North East city, South city, South rural and North rural.

The maternity service at Hereford County hospital provides consultant and midwife-led antenatal, intrapartum and postnatal care. There are 22 inpatient beds, spread across the delivery suite and the joint antenatal and postnatal maternity ward. Outpatient services include antenatal clinics, a day assessment unit, a triage unit and some screening services. Community midwifery services are provided at local children's centres, GP practices or the women's' home address.

From January 2017 to December 2017, there were 1,667 deliveries at the trust. This was similar to the number of deliveries for the previous year at 1,670 births. Of the 1,667 births, 57.7% were normal (non-assisted) deliveries, which is slightly below the England average (59.2%) and 11.3% were instrumental deliveries (ventouse or forceps), which is also in line with the England average (12.5%). Additionally, 15.7% were elective caesarean deliveries, which is slightly higher than the England average (12.4%) and 15.3% were emergency caesarean deliveries, which is similar to the England average (15.6%).

We carried out an unannounced inspection of the maternity service on 12 to 14 June 2018. We visited clinical areas in the service including the delivery suite, theatre, antenatal and postnatal ward, antenatal clinic, the day assessment unit and triage. We spoke with 15 women and their relatives, and 34 members of staff, including hospital midwives, community midwives, consultants, anaesthetists, senior managers, student midwives and support staff. We observed care and treatment and reviewed 12 patient electronic care records, six prescription charts and 14 observation charts.

At the last comprehensive inspection in July 2016, we rated four key questions for the service as requires improvement (safe, effective, responsive and well-led) and one key question (caring) as good. We previously inspected maternity jointly with the gynaecology service, so we cannot compare our new ratings with previous ratings.

Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Staff cared for women and babies with compassion, dignity and respect. Women felt involved in their care and were given informed choice of where to give birth.

Maternity

- The service planned and reviewed staffing levels and skill mix to ensure that women and their babies received safe care, and at the time of our inspection, the service had enough staff to keep people safe from avoidable harm and abuse. The midwife to birth ratio was better than the national average and women always received one-to-one care in labour.
- The maternity service worked closely with commissioners, clinical networks and other stakeholders to plan delivery of care and treatment for the local population. This collaborative working ensured future planning covered recommendations laid out by NHS England and the Department of Health.
- The maternity service generally took account of women's individual needs, including those who were in vulnerable circumstances or had complex needs. Bereavement care provision was in place to support families from their initial loss, throughout their time in hospital and return home.
- The service had managers at all levels with the right skills and abilities to adequately run a service. They promoted a positive culture that supported and valued staff.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. We saw many examples of this during our inspection.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action. The vision and strategy was developed with involvement from staff, patients and key groups representing the local community.
- The service worked collaboratively with a neighbouring trust, other stakeholders, and service users to establish a local maternity system (LMS), in response to national recommendations. We found there was good staff awareness of the LMS, and we saw workstreams had been developed to support its development and delivery.

However:

- The service did not always have suitable premises. The second obstetric theatre was not compliant with national standards and the recovery area on delivery suite was not designed in a way that protected women's privacy and dignity, and promoted a good patient experience.
- Medical staff compliance with safeguarding children training was below the trust target.
- Staff had not audited their sepsis management to assure themselves their care and delivery was effective and in line with trust and national guidance. Not all policies had been reviewed in a timely manner.
- There was no process to monitor how frequently the staffing escalation policy was used.
- The service had not yet established a systematic clinical audit programme, which adequately shared learning with staff.
- Complaints were not always dealt with in a timely manner.
- Pressure area risk assessments, to identify women who were at risk of developing a pressure sore, were not consistently completed. We observed that staff did not introduce themselves to a woman in theatre, which was not in line with their adapted version of the World Health Organisation's (WHO) surgical safety checklist. This meant that the team may not have known who to contact in the event of an emergency.

Is the service safe?

Good 

Maternity

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The service planned and reviewed staffing levels and skill mix to ensure that women and their babies received safe care, and at the time of our inspection, the service had enough staff to keep people safe from avoidable harm and abuse. The midwife to birth ratio was better than the national average and women always received one-to-one care in labour.
- At the time of the inspection, medical staffing levels within the maternity service were sufficient to keep patients safe from avoidable harm and abuse and to provide the right care and treatment. Staffing skill mix levels were in line with the England average and the service's sickness and turnover rates for medical staff were lower (better) than the trust target.
- Staff kept appropriate records of patients' care and treatment which were stored appropriately. Records seen were accurate, were clear, up-to-date and available to all staff providing care.
- Training completion rates for maternity specific training for both medical and midwifery staff met the trust target.
- Midwifery staff met or exceeded the trust's completion targets for all safeguarding training.
- The service generally controlled infection risk well. Staff kept themselves, equipment and the premises clean.
- The service generally prescribed, gave, and recorded medicines well. Patients received the right medication at the right dose at the right time.
- Overall, the service managed patient safety incidents well. 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. Staff generally recognised incidents and reported them appropriately.
- Staff confirmed they had sufficient equipment to meet the needs of women and their babies, and processes were in place to ensure emergency equipment was checked daily.
- Women and babies received assessments, treatment and observations in a timely manner.
- The service planned for emergencies and major incidents well. There were appropriate policies in place regarding business continuity and major incident planning, and staff understood their roles and what steps to take in the event of a major incident.

However:

- The service did not always have suitable premises as the second obstetric theatre was not compliant with national standards.
- While staff understood the need to protect patients from abuse and worked well with other agencies to do so, not all medical staff had completed training at the required level to ensure they had the appropriate knowledge to do so.
- The service provided mandatory training in key skills to all staff and but did not make sure everyone completed it. The trust target for completion of mandatory training was met for about half the courses.
- There was no process to monitor how frequently the staffing escalation policy was used.
- Staff did not always complete an incident report when there were staffing issues within the service.
- Pressure area risk assessments used to identify women at risk of developing a pressure sore were not consistently completed. We observed staff did not introduce themselves to a woman in theatre, which was not in line with their

Maternity

adapted version of the World Health Organisation's (WHO) surgical safety checklist. This meant that the team may not have known who to contact in the event of an emergency. There were some gaps in the management of infection control risks, we saw that some non-wipeable soft furnishings present in clinical areas, including noticeboards and chairs.

- We could not be assured that emergency medicines, carried by the community midwives, were stored appropriately. The medicines were left in the midwives' cars for prolonged periods during periods of extreme weather.
- Although the service completed the national maternity safety thermometer at a local level, they did not share the results with women and visitors, or report the results nationally.

Is the service effective?

Requires improvement



We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- Not all policies had been reviewed in a timely manner. We also reported this as a concern following our last inspection in July 2016.
- Although the service generally used current evidence-based guidance to inform their practice, we were unable to determine whether the service was compliant with some national recommendations, such as venous thromboembolism risk assessments and cardiotocography peer reviews. This was because regular record keeping audits were not undertaken.
- The service did not formally monitor the time from women requesting an epidural to the time the anaesthetist attended, which meant they could not benchmark themselves against national recommendations.
- Not all staff had received an appraisal in line with trust policy.
- Staff had not audited their sepsis management to assure themselves their care and delivery was effective and in line with trust and national guidance.

However:

- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. The service acted promptly to address any patient outcomes that were not in line with the trust's thresholds or national averages. The service had reduced its perinatal mortality rate.
- The maternity service made sure staff were competent for their roles to deliver effective care and treatment to women and their babies. There were processes in place to ensure that newly qualified midwives gained the skills and experience they needed.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support women experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Women's and babies' nutrition and hydration needs were identified, monitored and met. The service made adjustments for women's religious, cultural and other preferences. Breastfeeding rates were better than the national average.

Maternity

- Staff effectively assessed and managed women's pain on an individual basis.
- The multidisciplinary team worked together to benefit patients. Medical staff, midwives, anaesthetists and other healthcare professionals supported each other to provide good care.
- Women had access to midwifery, obstetric and anaesthetic support seven days per week. Some services, such as the day assessment unit and magnetic resonance imaging had a reduced level of service. However, arrangements were in place to keep women and their babies safe.
- Women who used the maternity service were supported to live healthier lives and manage their own health, care and wellbeing.

Is the service caring?

Good ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Staff cared for women and babies with compassion. Feedback from women and relatives confirmed that staff treated them well and with kindness. This was supported by our observations of staff providing care.
- Staff provided emotional support to women and their families to minimise their distress. Women's emotional and social needs were as important to staff as the woman's physical needs.
- Staff involved women and those close to them in decisions about their care and treatment. They received the information they needed in order to make these decisions.

Is the service responsive?

Good ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The maternity service worked closely with commissioners, clinical networks and other stakeholders to plan delivery of care and treatment for the local population. This collaborative working ensured future planning covered recommendations laid out by NHS England and the Department of Health.
- The maternity service generally took account of women's individual needs, including those who were in vulnerable circumstances or had complex needs. Bereavement care provision was in place to support families from their initial loss, throughout their time in hospital and return home.
- Women could access the right care at the right time. The service had not closed the unit on any occasions in the last 12 months.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.

Maternity

- Although the facilities in the maternity unit were not always appropriate for the services delivered, staff were acting to improve the service provisions for women and their families.

However:

- The recovery area on the delivery suite was not designed in a way that protected women's privacy and dignity or promoted a good patient experience.
- Not all complaints were dealt with in a timely manner.

Is the service well-led?

Good 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The service worked collaboratively with a neighbouring trust, other stakeholders, and service users to establish a local maternity system (LMS), in response to national recommendations. We found there was good staff awareness of the LMS, and we saw workstreams had been developed to support its development and delivery.
- The service had managers at all levels with the right skills and abilities to adequately run a service. Staff spoke positively about the senior management team and ward managers. They felt well supported and were provided with opportunities to attend development courses.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There were arrangements in place to promote the safety and wellbeing of staff.
- The arrangements for governance were clear and operated effectively, with appropriate escalation to the trust board, where indicated.
- Staff at all levels could clearly articulate the main risks in the service and what was being done to address them, and the service generally had effective systems for identifying risks and planning to eliminate or reduce them.
- The maternity service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Staff understood their responsibilities regarding accessing and storing confidential information.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. We saw many examples of this during our inspection.
- Although not all clinical areas held regular team meetings, staff felt empowered to share and implement ideas for service improvement. The service engaged well with women and their families, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action. The vision and strategy was developed with involvement from staff, patients and key groups representing the local community.

However:

- The service had not yet established a systematic clinical audit programme, which adequately shared learning with staff.

Maternity

- The service had failed to identify the concerns relating to the environment of the recovery area on the delivery suite.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above

Areas for improvement

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

Services for children and young people

Good  

Key facts and figures

Wye Valley NHS Trust provides child health services to children and young people living in Herefordshire and the surrounding areas, including parts of Powys, Worcestershire, Gloucestershire, Shropshire and Monmouthshire.

The children's service at Hereford County Hospital provides outpatient and inpatient facilities, as well as emergency and elective surgery for children up to the age of 17. Young people aged 17 and over are treated under adult services. The service consists of a level one special care baby unit (SCBU), a children's ward, as well as a children's outpatient department.

The children's ward has 20 inpatient beds, four day case beds and a four-bedded paediatric assessment unit. In addition, the ward has play areas and facilities for children and teenagers, including an outdoor play area, and parents' unit with sitting room, bathroom and two bedrooms. There is a dedicated children's outpatient department. Outpatient service provisions include general clinics and specialist clinics for various conditions, such as diabetes, epilepsy, asthma and cystic fibrosis. The special care baby unit has 12 cots. It has been designated as a level one unit, but also undertakes additional work, providing short-term intensive care to babies of 30 weeks gestation and above.

From January to December 2017, the trust reported 5,992 patient spells. Of these, 3,491 (58%) were emergency (not planned), 2,328 (39%) were day cases, and the remaining 173 spells (3%) were elective (planned).

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We visited clinical areas in the service, including the children's ward, children's outpatient department, special care baby unit and theatre recovery area. We spoke with five patients, 12 parents, 30 members of staff and reviewed 11 medical care records and eight prescription charts. We also reviewed the trust's performance data.

At the last comprehensive inspection in July 2016, we rated two key questions for the service requires improvement (effective and well-led), and three key questions as good (safe, caring and responsive). We rated the service requires improvement overall, so we re-inspected all five key questions.

The inspection team consisted of one CQC hospital inspector, one CQC mental health inspector, and two specialist advisors with expertise in paediatrics.

Summary of this service

Our overall rating of this service has improved since our July 2016 inspection when we rated it requires improvement. At this inspection in June 2018, we rated the service good because:

- There was a strong, visible patient- and family-centred culture. Staff were highly motivated and inspired to provide care and treatment that was kind, compassionate and promoted patients' dignity, and respected the totality of people's needs.
- Patient's emotional and social needs were seen as being as important as their physical needs. Staff were fully committed to working in partnership with patients and their families, and empowered them to have a voice.
- Leadership was strong, supportive and visible. The leadership team understood the challenges to service provision and actions needed to address them. Staff were committed to providing the best possible care for children, young people and their families. Staff felt ownership for the service and were proud to be part of the children's service.

Services for children and young people

- The service had a vision of what it wanted to achieve and clear objectives to ensure the vision was met. The vision and strategy was developed with involvement from staff, patients, and key groups within the local community.
- Staff understood their responsibilities to raise concerns and report patient safety incidents. There was an effective governance and risk management framework in place to ensure incidents were investigated and reviewed in a timely way. Learning from incidents was shared with staff and changes were made to the delivery of care because of lessons learned.
- The service made sure staff were competent for their roles. Mandatory training in key skills was provided to all staff and the service made sure everyone completed it. Staff were encouraged to develop their knowledge, skills and practice. The number of staff who had received an annual appraisal exceeded the trust target.
- Service provision met the needs of local people. They worked closely with commissioners, clinical networks, stakeholders and service users to plan and improve the delivery of care and treatment for the local population.
- The service generally provided care and treatment based on national guidance and evidence of its effectiveness. Local and national audits were completed and actions were taken to improve care and treatment when indicated.
- The children's unit was imaginatively decorated, and equipment and toys were used creatively to create a fun, warm and child-friendly environment. Play was seen as an essential part of children's care. There was a wide range of age appropriate toys, games and books for children and young people, including a separate teenage room for adolescents and outside play area. Play therapists supported the care and treatment of children and young people and arranged special activities and days out for long-term patients.
- The service met and generally exceeded national standards in relation to paediatric consultant availability. Patients could generally access the service when they needed it and waiting times for treatment were similar to the England average.

However:

- We found that many policies and guidance had expired their review date. At the time of our inspection (June 2018), 39% of paediatric guidelines were under review. We found expired guidelines had not been included on the service's risk register.
- We found multidisciplinary attendance at perinatal mortality and morbidity meetings was variable. We also found specialty meeting minutes often lacked detail.
- Nurse staffing levels did not always meet planned levels or national recommendations. However, we found there was generally enough staff to keep people safe from avoidable harm and to provide the right care and treatment.
- The service's most recent audit results showed that sepsis screening tools were not always completed in line with trust guidance.

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. The trust target of 90% completion rate was met for the majority of mandatory training courses.

Services for children and young people

- 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. Measures and controls were in place to minimise the risk of baby or child being abducted from the unit.
- Standards of cleanliness and hygiene were maintained. The service controlled infection risk well. Staff kept themselves, equipment and the premises clean, and used control measures to prevent the spread of infection, such as handwashing and use of personal protective equipment.
- The service generally had suitable premises and equipment and looked after them well. Equipment required for resuscitation was available for all age ranges and processes were in place to ensure emergency equipment was checked daily.
- We found that risks to patients were managed and patients received assessments, treatment and observations in a timely way, with the exception of sepsis screening. Since our previous inspection in July 2016, the service had developed a comprehensive risk assessment and care pathway for children and young people with mental health needs. The service planned for emergencies and staff understood their roles if one should happen.
- The service's sickness, vacancy and turnover rates for nursing staff were all lower (better) than trust targets.
- Medical staffing levels within the children's service were sufficient to keep people safe from avoidable harm and abuse and to provide the right care and treatment. The service met and generally exceeded national standards in relation to paediatric consultant availability. The service's sickness and turnover rates for medical staff were lower (better) than trust targets. The vacancy rate however, was higher (worse) than the trust target.
- Staff generally kept appropriate records of patients' care and treatment. Records seen were clear, up-to-date and available to all staff providing care. Staff ensured that patients' individual care records were well managed and stored appropriately. However, audit results showed compliance with the completion of medical records in accordance with trust and national standards was variable.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medicine at the right dose at the right time. There were effective governance arrangements in place to ensure controlled medicines and storage temperatures were checked daily and that out-of-range temperatures were acted upon, when indicated.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. This was an improvement from our previous inspection in July 2016. From April 2017 to March 2018, no never events or serious incidents were reported by the service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- We found some ligature risks on the children's ward from tap and sink fittings. However, mitigating actions had been taken to reduce this risk.
- The service's most recent audit results showed that sepsis screening tools were not always completed in line with trust guidance.
- Nurse staffing levels did not always meet planned levels or national recommendations. However, we found there was generally enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

Services for children and young people

Is the service effective?

Requires improvement   

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

- We found that many policies and guidance had expired their review date. We also reported this as a concern following our previous inspections in July 2016 and September 2015. However, the service generally provided care and treatment based on national guidance and evidence of its effectiveness.
- Audit results showed the pain assessment tool used by neonatal staff was generally not completed in line with trust guidance and children did not always receive adequate pain relief following day case surgery.

However:

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. There was access to dietary and infant feeding specialists to assist women and babies when needed. Breastfeeding rates of babies born before 33 weeks gestation were significantly higher than the national average.
- During our inspection, we observed that staff managed patients' pain effectively and regularly. Nursing staff and play therapists used distraction techniques to distract children from painful procedures.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. The service had significantly improved its outcomes for patients with diabetes and performed better than the England average.
- The service made sure staff were competent for their roles. Staff were encouraged and supported to develop their knowledge, skills and practice. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. The number of staff who had received an annual appraisal exceeded the trust target.
- The multidisciplinary team worked together to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Staff worked jointly with child and adolescent mental health services, to ensure the mental health needs of children and young people were met.
- Children, young people and families were supported to live healthier lives and manage their own health, care and wellbeing, including those living with long-term conditions such as diabetes, asthma and epilepsy and cystic fibrosis. Parenthood education, including breastfeeding advice and support, was provided to parents with babies admitted to the special care baby unit.
- Staff understood their roles and responsibilities under the Mental Health Act 1983, the Mental Capacity Act 2005 and the Children Act 2004. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Is the service caring?

Outstanding  

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

Services for children and young people

- Staff cared for patients with kindness and compassion. Feedback from patients and those close to them was continually positive about the way staff treated them. Relationships between patients and those close to them were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.
- When we entered the children's ward, special care baby unit and children's outpatient department, we were struck by the warm, friendly and enthusiastic staff we observed. There was a strong, visible patient- and family centred culture. Staff were highly motivated and inspired to provide care that was kind, compassionate and promoted patients' dignity, and respected the totality of people's needs. We saw that staff took the time to talk to patients and their parents, and regularly asked how they were feeling and whether they needed anything. Staff told us, "It was a privilege to care for children and make parents lives easier".
- We observed staff went above and beyond to make children and young people feel safe and comfortable in the hospital environment. They interacted and treated children, young people and parents in a friendly, caring and compassionate manner at all times. We spoke with one young child and their mother, who were very positive about their experience on the ward. They regularly attended the ward and had to use other services at times. They told us, "This was the best ward they had been too; staff were highly caring and went above and beyond".
- Staff provided emotional support to patients to minimise their distress. Patient's emotional and social needs were seen as important as their physical needs. Staff recognised and respected the totality of people's needs and found innovative ways to meet them. The play specialists arranged regular activities and events, such as trips to the cinema, eateries and a pamper day, for the children and young people to support their social and emotional wellbeing.
- When staff described how they supported patients experiencing mental or emotional distress they did so with empathy and respect. They described how they saw patients as individuals, each with their own unique needs. They explained how they were able to use their knowledge, skills and compassion to provide emotional support to children and young people. We read a very positive letter of thanks from a young person who stated they had benefitted hugely from the mental health and emotional support they had received.
- Children, young people and their parents were active partners in their care and treatment. Staff were fully committed to working in partnership with patients and their families, and empowered them to have a voice.
- All of the children, young people and parents we spoke with felt involved in their care and had received the information they needed to understand their treatment and care. Children were involved in the planning of their care and older children were able to speak to healthcare professionals on their own if they did not want their parents to be present.
- The service highly valued input from patients and families and empowered those who used the service to realise their potential. We saw that the cystic fibrosis team went above and beyond to assist their patients transition from children to adult services, and to ensure they were able to maximise their own health and wellbeing. Specialist services, such as diabetes and epilepsy, provided similar support.

Is the service responsive?

Good   

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

- The service planned and provided services in a way that met the needs of local people. Patients, families and stakeholders were involved in service development and there was an established 'voice of the child' ambassadors group.

Services for children and young people

- Transition processes were in place to enable young people with long-term health conditions to transition seamlessly from children to adult services. This included patients with diabetes, epilepsy and cystic fibrosis.
- The needs and preferences of patients' and their families were taken into account when delivering and coordinating services. Consideration was given to patients' age and gender, as well as any long-term conditions or disabilities. Play was seen as an essential part of children's care. There was a wide range of age appropriate toys, games and books for children and young people, including a separate teenage room for adolescents and outside play area.
- Patients could generally access the service when they needed it. Waiting times for treatment were similar to the England average. Arrangements to admit, treat and discharge patients were in line with good practice.

However:

- The service received few formal complaints but generally took longer to close them than the trust target. However, the service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

Is the service well-led?

Good ● ↑

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Staff spoke positively about the senior management team and ward managers. They felt well supported and were driven to continuously improve.
- The service had a vision of what it wanted to achieve and workable plans to turn it into action, which had been developed with involvement from staff, patients, and key groups representing the local community. The vision and strategy included the development and expansion of transitional care for neonates and the paediatric assessment unit.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were committed to improving the quality of care and patient experience. Staff felt ownership for the service and were proud to be part of the children's service.
- Governance processes had improved since our last inspection in July 2016. We found the arrangements for governance were clear and generally operated effectively. Staff understood their roles and accountabilities.
- The service generally had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The service had an established young ambassadors group who were involved in improving services hospital-wide. However, the service's Friends and Family Test response rate was significantly lower (worse) than the England average. The service had taken action to improve this.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- We found multidisciplinary attendance at perinatal mortality and morbidity meetings was variable. We also found specialty meeting minutes often lacked detail.

Services for children and young people

- We found expired guidelines had not been included on the risk register.

Areas for improvement

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

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above

Outpatients

Requires improvement



Key facts and figures

The main outpatient's department at Wye Valley NHS Trust provides clinics for surgical specialities and medicine. The ophthalmology outpatient unit, ear nose and throat outpatient department and maxillo facial outpatient department, also provide outpatient services with a range of registered and unregistered personnel providing the core clinical nursing and administrative support for these services.

Outpatient clinics are available from 8.30am to 5.30pm, Monday to Friday, with additional Saturday clinics. Outpatient clinics are held in the Oxford and Eign Suites, Fred Bulmer Clinic and the Diabetes Centre. The Oxford and Eign Suites are located on the ground floor of the Hereford County Hospital. The Fred Bulmer Clinic and Diabetes Centre are situated a short distance from the main site. Each area has its own reception and waiting areas.

The clinical support directorate surgical division delivers approximately 70% of outpatient services for the trust as a supportive function to the specialties. These are delivered both at Hereford County Hospital site and in the community at Ross on Wye Community Hospital; Leominster Community Hospital; Ledbury Community Health and Care Centre and Bromyard Community Hospital.

Number of appointments by site

The following table shows the number of outpatient appointments by site, a total for the trust and the total for England, from February 2017 to January 2018.

Site Name	Number of Spells
Hereford County Hospital	282,222
Gaol Street Clinic	21,535
Ross On Wye Community Hospital	18,104
Leominster Community Hospital	17,328
Ledbury Community Health and Care Centre	12,837
This Trust	384,675
England	105,531,002

(Source: Hospital Episode Statistics)

During our inspection, we visited outpatient clinics held across Hereford County Hospital. Outpatient clinics were available from 8.30am to 5.30pm, Monday to Friday, with additional Saturday clinics.

Outpatient clinics were held in the Oxford and Eign Suites, Fred Bulmer Clinic and the Diabetes Centre. The Oxford and Eign Suites were located on the ground floor of the Hereford County Hospital. The Fred Bulmer Clinic and Diabetes Centre were situated a short distance from the main site. Each area had its own reception and waiting areas.

Outpatients

We carried out an announced inspection at Hereford County Hospital from 12 to 14 June 2018. We visited several outpatient clinics, including, cardiology, dermatology, trauma and orthopaedics, ophthalmology, diabetes, transient ischemic attack (TIA), respiratory and sleep clinics.

We spoke with 30 patients and their relatives and 42 staff, including consultants, nurses, healthcare assistants, allied health professionals, reception staff and medical secretaries. We also reviewed the trust's performance data.

We previously inspected outpatients jointly with the diagnostic imaging service, so we cannot compare our new ratings with previous ratings.

Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- From March 2017 to February 2018, the trust's referral to treatment time (RTT) for non-admitted pathways had been worse than the England overall performance. Figures for February 2018, showed 83% of this group of patients were treated within 18 weeks versus the England average of 89%. In June 2018, the RTT on incomplete pathways within 18 weeks had dropped to 75% which was below England average of 87%.
- We saw 13 out of 17 specialties were below the England average for non-admitted RTT within 18 weeks. The hospital's action plan for reducing their waiting lists included running additional clinics to meet the demand for outpatient services.
- The design and use of facilities and premises met patients' needs. However, the maintenance and use of equipment did not always keep patients safe. Some equipment had not been serviced tested and out of date equipment was found in some areas. This meant that we could not be assured that all equipment was suitable for purpose. We raised this with senior staff who took immediate actions to get this equipment service tested.
- Although there were processes in place to recognise and care for patients who became unwell within the outpatient's department, not all staff were aware of where emergency equipment was located. We could not be assured that in the event of an emergency, staff would be able to locate emergency equipment required to keep patients safe.
- Whilst systems were in place to manage the safe storage of medicines, there were intravenous fluids stored on resuscitation trolleys which were not secure. This contravened the Resuscitation Council November 2016 guidance. New tamper evident trolleys had been ordered.
- We found that vision tests including blood pressure checks were administered on the corridor in vision lanes with no screens and there was no means of protecting patient's privacy because the corridor was accessible to staff, patients and their relatives or friends. This meant that privacy and dignity of patients was not maintained. This had been highlighted during our last inspection.

However:

- The service managed patient safety incidents well and staff were confident to report incidents.
- Standards of cleanliness and hygiene were generally well maintained. Reliable systems were in place to prevent and protect people from a healthcare associated infection.
- Medical staffing levels and skill mix was planned and reviewed so that patients received safe care and treatment in line with relevant tools and guidance.

Outpatients

- Staff kept appropriate records of patients' care and treatment. Records were clear and entries were dated, timed and signed. However not all patient records were stored securely, some trolleys were not locked.
- Outpatient services delivered care and treatment in line with the National Institute for Health and Care Excellence (NICE) and national guidelines where appropriate.
- Staff had opportunities for development and received an annual appraisal. Competency assessment frameworks were developed to ensure staff had the skills necessary to undertake their job role.
- Staff received an annual appraisal that was constructive and provided a formal opportunity to review their progress and identify further training needs.
- Patients were treated with compassion, kindness, dignity and respect.
- Staff had good awareness of patients with specific needs and those patients who may require additional support should they display anxious or difficult behaviour during their visit to the service.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The trust performed better than the 93% operational standard for people being seen within two weeks of an urgent GP referral.
- Staff we spoke with said two-week waits were well managed and an increase in clinic capacity had made a big difference over the last few months.
- Staff reported that leadership within the department was strong, with visible, supportive and approachable managers. Staff felt there was a positive working culture and in all areas we visited staff felt there was a good sense of teamwork.
- Staff told us that local leadership was good and felt they could approach managers with concerns. Managers told us they had an 'open door' policy and they encouraged staff to share any issues, concerns or ideas they may have.

Is the service safe?

Requires improvement



We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- Although there were processes in place to recognise and care for patients who became unwell within the outpatient's department, not all staff were aware of where emergency equipment was located.
- The maintenance and use of equipment did not always keep patients safe. Some equipment had not been serviced tested and out of date equipment was found in some areas. This meant that we could not ensure that all equipment was suitable for purpose. We raised this with senior staff who took immediate actions to get this equipment service tested.
- While systems were in place to manage the safe storage of medicines, there were intravenous fluids stored on resuscitation trolleys which were not secure. This contravened the Resuscitation Council November 2016 guidance. New tamper evident trolleys had been ordered.
- Not all patient records were stored securely, some trolleys were not locked.

Outpatients

However:

- Mandatory training covered a range of topics, which included health and safety, manual handling, infection prevention control, fire safety, equality and diversity and basic life support. All staff within the outpatient department were aware of the need to attend mandatory training. The service was above the trust target for four of the nine mandatory training courses, the others were slightly below the target.
- Standards of cleanliness and hygiene were generally well maintained. Reliable systems were in place to prevent and protect people from a healthcare associated infection.
- The design and use of facilities and premises met patients' needs.
- Despite the high vacancy rates, the service managed staffing to ensure they had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Medical staffing levels and skill mix was planned and reviewed so that patients received safe care and treatment in line with relevant tools and guidance.
- Staff kept appropriate records of patients' care and treatment. Records were clear and entries were dated, timed and signed.
- The service managed patient safety incidents well and staff were confident to report incidents.

Is the service effective?

We inspected, but did not rate the service for effectiveness. We found:

- Outpatient services delivered care and treatment in line with the National Institute for Health and Care Excellence (NICE) and national guidelines where appropriate.
- Staff monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Specialities participated in national benchmarking clinical audits, where appropriate, such as bowel cancer screening, diabetes management and chronic pulmonary obstructive disease (COPD). This was in line with NICE recommendations.
- Pain relief could be prescribed within the outpatient department and subsequently dispensed by the pharmacy department as required.
- Staff had opportunities for development and received an annual appraisal. Competency assessment frameworks were developed to ensure staff had the skills necessary to undertake their job role.
- Staff received an annual appraisal that was constructive and provided a formal opportunity to review their progress and identify further training needs.
- Outpatient teams worked with speciality teams across the trust and external providers to plan and deliver care and treatment.
- National priorities to improve the population's health were supported within the outpatient department. A wide range of health promotion material was available to patients during our inspection.
- Staff demonstrated a good knowledge and understanding of obtaining consent, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff could access these policies from the trust intranet.

Outpatients

However:

- Specialities participated in national benchmarking clinical audits, where appropriate, such as bowel cancer screening, diabetes management and chronic pulmonary obstructive disease (COPD). This was in line with NICE recommendations. We were not provided with results of clinical audits which had been carried out.

Is the service caring?

Good 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Patients were treated with compassion, kindness, dignity and respect.
- Staff provided emotional support to patients to minimise their distress. Specialist staff were available to provide additional knowledge and support. Patients said staff listened to their concerns.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Patients told us the risks and benefits of treatments were explained and information was provided.
- Staff communicated with patients so that they were involved in their care, treatment and condition.
- Staff took the time to interact with children and young people and those close to them in a respectful and considerate manner.
- Staff had good awareness of patients with specific needs and those patients who may require additional support should they display anxious or difficult behaviour during their visit to the service.

Is the service responsive?

Requires improvement 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- Patients were unable to access most services in a timely way for initial assessments, diagnoses or treatment. There were long waiting lists with patients waiting up to 52 weeks for outpatient services.
- From March 2017 to February 2018, the trust's referral to treatment time (RTT) for non-admitted pathways had been worse than the England overall performance. Figures for February 2018, showed 83% of this group of patients were treated within 18 weeks versus the England average of 89%. In June 2018, the RTT on incomplete pathways within 18 weeks had dropped to 75% which was below England average of 87%.
- We saw 13 out of 17 specialties were below the England average for non-admitted RTT within 18 weeks. The hospital's action plan for reducing their waiting lists included running additional clinics to meet the demand for outpatient services.

Outpatients

- We found that vision tests including blood pressure checks were administered on the corridor in vision lanes with no screens and there was no means of protecting patient's privacy because the corridor was accessible to staff, patients and their relatives or friends. This meant that privacy and dignity of patients was not maintained. This had been highlighted during our last inspection.
- Information on how to raise a complaint was displayed on notice boards in outpatient and diagnostic test areas. However, we did not see within the service specific learning or changes in practice from patient complaints. Complaints were not managed in a timely manner.

However:

- The service generally planned and provided services in a way that met the needs of local patients. For example, the introduction of 'one stop' clinics to reduce the number of appointments patients needed to attend.
- Staff we spoke to had good awareness of patients with complex needs and those patients who may require additional support.
- The trust had recommenced formal reporting of all RTT standards in January 2017 (for December 2016 performance) after undertaking a significant risk based data cleansing exercise and significant developments to improve the management of elective pathways.
- The trust performed better than the 93% operational standard for people being seen within two weeks of an urgent GP referral.
- Staff we spoke with said two-week waits were well managed and an increase in clinic capacity had made a big difference over the last few months.

Is the service well-led?

Good 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Staff reported that leadership within the department was strong, with visible, supportive and approachable managers. Staff felt there was a positive working culture and in all areas we visited staff felt there was a good sense of teamwork.
- Staff told us that local leadership was good and felt they could approach managers with concerns. Managers told us they had an 'open door' policy and they encouraged staff to share any issues, concerns or ideas they may have.
- The service had a clear vision and a set of values. Quality and safety were the key priorities.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- All staff including bank and agency staff had sufficient access to information.
- Patients and relatives, we spoke with were generally positive about the service and care they received in outpatients.
- The service had identified the main issues within the ophthalmic service and initiated the ophthalmology transformation programme. Staff showed a willingness to engage with managers to bring about improvement. We saw examples where staff acknowledged lack of space as an issue.

Outpatients

However:

- Staff told us additional clinics were being held to address the issues with the referral to treatment time. However, there were no clear targets as to how many clinics or clinic slots needed to be created over a timescale in order to address the issues and operational staff lacked knowledge of this.
- We found equipment which was out of date within various outpatient areas. We also found equipment which had not been service tested and fridge temperatures which had not been checked regularly as per manufacturer's guidance. We were not assured that leaders within outpatient areas had an oversight on servicing and checking of equipment.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

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

Community health services

Background to community health services

Wye Valley NHS Trust provides acute and community NHS health services across Herefordshire. The trust delivers these community services from eight locations. We last inspected community health services in September 2015.

The trusts' community healthcare services include:

- Adult Community Teams
- Children's Community Teams
- Community Palliative Care
- Community Stroke Rehabilitation
- Community Dentistry
- District Nursing
- End of Life Care
- Falls Service
- Health Visiting
- Parkinson Disease Nurse Specialists
- Physiotherapy
- Podiatry
- School Nursing
- Speech and Language Therapy

The trust provides community inpatient care at Leominster Community Hospital Ross on Wye Community Hospital and Bromyard Community Hospital. The trust also provides community dental services at Dishley Street Dental Clinic, Gaol Street Dental Clinic and Ross on Wye Community Hospital. Community services for adults, children and young people and end of life care are also provided by the trust.

We carried out an unannounced inspection from 5 June to 7 June 2018 of community inpatient and end of life care services.

Summary of community health services

Requires improvement   

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

Summary of findings

- We rated safe, effective and responsive as requires improvement, and caring and well-led as good. We took into account the current ratings of services not inspected this time.
- We rated three of the trust's five services as good and two as requires improvement.
- Lessons were not always learned and improvements made when things go wrong. We were told that incidents in the community relating to prescribing anticipatory medicines had been addressed but were not routinely reported via the electronic reporting system. This meant that trends and opportunities for learning were not necessarily identified.
- Comprehensive risk assessments were carried out on patients at the end of life in community hospitals and in their own homes. However, we saw one example where the action and learning from an incident relating to a pressure ulcer did not address all of the factors relating to the potential cause such as staffing and workload concerns.
- Patients were not always identified who may need extra support. For example, patients in the last 12 months of their lives were not always identified, particularly when they had non-malignant conditions. This meant they may not receive the range of support and services available to them.
- The service provided mandatory training in key skills to all staff but did not make sure that everyone completed it. Mandatory training compliance rates were below the trust target. Registered nursing staff and health care assistant staff at all community hospital sites did not meet the trust target of 90% compliance with mandatory training.
- The service did not always control infection risk well. Staff did not always keep themselves, equipment and the premises clean at all times across all sites. They sometimes used control measures to prevent the spread of infection.
- The service had suitable premises to meet patient's needs; however, the environment was not always kept secure as doors were found to be unlocked at times.

However:

- Patients received specific advice about their medicines in line with current national guidance and evidence, including the use of anticipatory medicines and medicines for use in a palliative crisis.
- Training attendance for the specialist palliative care team was above the trust target in eight out of nine mandatory training modules for the team.
- Safeguarding training attendance for the specialist palliative care nurses was above trust target. Community nursing staff demonstrated a good understanding of safeguarding processes when caring for patients in their own homes.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Although not all staff had training on how to recognise and report abuse most staff had knowledge of the safeguarding policy and knew how to apply it.
- Risks to people who used services were assessed, and their safety was monitored and maintained. We reviewed 15 sets of records which demonstrated that patients had received a holistic assessment which included using national risk assessment tools in, for example, nutrition (Malnutrition Universal Screening Tool (MUST)) falls risks, skin integrity (Waterlow) and pressure areas.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The information was used to improve the service.

Community health inpatient services

Requires improvement   

Key facts and figures

Wye Valley NHS Trust provides community health inpatient services at three hospital sites:

- Leominster Community Hospital – Leominster Ward – 26 beds.
- Ross on Wye Community Hospital – Peregrine and Merlin Wards – 32 beds.
- Bromyard Community Hospital – Bromyard Ward – 18 beds.

Hillside Intermediate Care Centre provided community inpatient services on Hillside Ward but the ward closed on 16 April 2018.

The trust's community inpatients service provides sub-acute clinical care and inpatient rehabilitation to adult patients. Primarily patients are transferred from an acute setting, with an additional small number of step-up admissions from locality GP practices. Care at the community hospitals is delivered by nursing, healthcare and therapy staff. The hospitals are supported by local GPs or a junior hospital doctor from Wye Valley Trust. Medical cover overnight, at weekends and on bank holidays is provided by the local out-of-hours GP service via the 111 system.

The community inpatient service provides care and rehabilitation services to patients transferred from Hereford County Hospital. GPs are also able to admit patients directly from the community if they require an inpatient bed for pain management or end of life care for example, if patients do not require an acute hospital admission.

The trust uses the community beds to support improved flow across the whole health economy through an admissions hub based at Hereford County Hospital from where the bed flow is managed. The ward areas are nurse led and are all staffed by multidisciplinary teams (MDT) supporting holistic patient needs. Medical cover is provided by local GP's at Leominster and Bromyard Community Hospitals and from junior doctor and local GP's cover at Ross on Wye Community Hospital. The patient cohort is predominantly the frail older person; however, admission criteria allows the flexibility for admissions to all adult patients whose needs can be purposefully met within a Community Hospital setting.

Each community ward area provides person centred care with the aim of supporting the patient to regain their functional ability in order for them to return to their usual place of residence. The hospital teams work with social workers and community nursing and rehabilitation teams to support early discharge home where appropriate, or to facilitate transitions to on-going care/ nursing homes as swiftly as appropriate.

Community inpatient services are managed by the division of integrated care. The last CQC inspection of the community inpatient service at Wye Valley Trust was in September 2015 when the service was rated as requires improvement overall.

We carried out an unannounced inspection (staff did not know we were coming) from 5 June to 7 June 2018 and on 13 June 2018. We visited three community hospital sites during this inspection, Leominster Community Hospital, Ross on Wye Community Hospital, and Bromyard Community Hospital. During our inspection we spoke with 23 staff including nurses, doctors, physiotherapy and occupational therapy staff, health care assistants and housekeeping staff. We spoke with 15 patients and relatives and reviewed 15 sets of patient records. We attended nursing handovers and multidisciplinary team (MDT) meetings. We observed two meal service sessions. We also reviewed data provided by the trust.

Community health inpatient services

Summary of this service

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

- The service provided mandatory training in key skills to all staff but did not make sure that everyone completed it. Mandatory training compliance rates were below the trust target. Registered nursing staff and health care assistant staff at all community hospital sites did not meet the trust target of 90% compliance with mandatory training.
- The service did not always control infection risk well. Staff did not always keep themselves, equipment and the premises clean at all times across all sites. They sometimes used control measures to prevent the spread of infection.
- The service had suitable premises to meet patient's needs; however, the environment was not always kept secure as doors were found to be unlocked at times.
- Equipment had not always been regularly tested for safety in accordance with policy. The asset register for equipment and compliance log was kept by Hereford County Hospital but we saw that there was no local oversight of this process. We were not assured that processes were in place for monitoring equipment compliance locally or that there was a robust process for ensuring the equipment at the community hospitals was safe to use.
- The service did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Although actual staffing levels generally met planned staffing levels, we saw that there were delays in providing patient care at times during the inspection.
- Medicines were not consistently prescribed, given or recorded according to best practice. Patients did not always receive the right medication at the right dose at the right time. Medication was not always safely stored and some medication was found to be expired.
- Staff were not always competent for their roles. Managers did not consistently appraise staffs' work performance through an annual performance review process. Supervision meetings were not held regularly between managers and staff in order to provide support and monitor the effectiveness of staff.
- The service did not demonstrate that it consistently provided care and treatment based on national guidance or evidence of its effectiveness. Managers did not have policies or processes in place to ensure that staff followed guidance and best practise.
- Effectiveness of care and treatment was not always monitored, although nursing teams used clinical audit findings to improve practise. Local results were not routinely compared with those of other services to learn from them. Some limited outcome measures were used by therapists but there was no audit of patient outcomes.
- The service did not always take account of patients' individual needs.
- Arrangements to admit, treat and discharge patients were not always in line with good practice; routine medical and therapy services were not readily available over the weekends.
- The service treated concerns and complaints seriously, and investigated them, however, they did not always respond to complaints within the trust target timeline. Lessons learned from the results of complaint investigations, were not shared with all staff.
- The trust did not routinely collect, analyse, manage or use information well to support all its activities. Secure electronic systems with security safeguards were not in place for record keeping or sharing transfer of care information.

However:

Community health inpatient services

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Although not all staff had training on how to recognise and report abuse most staff had knowledge of the safeguarding policy and knew how to apply it.
- Risks to people who used services were assessed, and their safety was monitored and maintained. We reviewed 15 sets of records which demonstrated that patients had received a holistic assessment which included using national risk assessment tools in, for example, nutrition, fall risks, skin integrity and pressure areas.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The information was used to improve the service.
- The service generally managed patient safety incidents appropriately. Most staff recognised incidents and reported them. Managers investigated incidents, although lessons learned were not always shared with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff worked together as a team to benefit patients. Doctors, nurses, therapists and other healthcare professionals supported each other to provide good care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

Is the service safe?

Requires improvement   

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

- The service did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Although actual staffing levels generally met planned staffing levels, we saw that there were delays in providing patient care at times during the inspection.
- The service provided mandatory training in key skills to all staff but did not make sure that everyone completed it. Mandatory training compliance rates were below the trust target with only two courses meeting the target.
- The service did not always control infection risk in line with best practice. Staff did not always keep themselves, equipment and the premises clean at all times across all sites. They sometimes did not use control measures to prevent the spread of infection.
- Medicines were not consistently prescribed, given or recorded according to best practice. Patients did not always receive the right medication at the right dose at the right time. Medication was not always safely stored and some medication was found to be expired.
- The service had suitable premises to meet patient's needs: however, the building was not always kept secure as doors were found to be unlocked at times. Equipment had not always been regularly tested for safety in accordance with policy.

Community health inpatient services

- Although staff kept appropriate records of patients' care and treatment which were available to all providing care, records were not always fully completed and it was not always clear who had written in the records.

However:

- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The information was used to improve the service.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Although not all staff had training on how to recognise and report abuse most staff had knowledge of the safeguarding policy and knew how to apply it.
- Risks to people who used services were assessed, and their safety was monitored and maintained. Patients at risk of deteriorating were monitored and issues were escalated when required.
- Patient safety incidents were generally managed appropriately. Most staff recognised incidents and reported them. Managers investigated incidents, although lessons learned were not always shared 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?

Requires improvement ● ➡ ➡

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

- Effectiveness of care and treatment was not always monitored, although nursing teams used clinical audit findings to improve practise. Local results were not routinely compared with those of other services to learn from them. Some limited outcome measures were used by therapists but there was no audit of patient outcomes.
- The service did not demonstrate that it consistently provided care and treatment based on national guidance or evidence of its effectiveness. Managers did not have policies or processes in place to ensure that sure staff followed guidance and best practise.
- We did not find evidence of any pain assessment scoring tools routinely being used, although patients told us that their pain was adequately controlled.
- Staff were not always competent for their roles. Managers did not consistently appraise staffs' work performance through an annual performance review process. Supervision meetings were not held regularly between managers and staff in order to provide support and monitor the effectiveness of staff.

However:

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Adjustments were made to reflect patients' religious, cultural and other preferences.
- Staff worked together as a team to benefit patients. Doctors, nurses, therapists and other healthcare professionals supported each other to provide good care. We found that at all the community hospitals there were embedded multidisciplinary working practices. Each hospital had a team of nursing staff, doctors and therapists who worked together to provide coordinated care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act (MCA) 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. However, not all staff had completed MCA training.

Community health inpatient services

Is the service caring?

Good ● → ←

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

- Staff provided emotional support to patients and carers to minimise their distress. We observed that staff treated patients holistically and understood when their anxiety and emotions impacted on their physical wellbeing. We saw that staff provided a supportive attitude to patients who were distressed or frightened.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff communicated with people so that they understood their care, treatment and condition.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

However:

- Some patients told us that staff did not have enough time to care.

Is the service responsive?

Requires improvement ● → ←

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

- The service did not always take account of patients' individual needs. For example, documents for patients living with dementia to detail their preferences, routines and choices was generally omitted or left blank.
- Patients could not always access aspects of the service when they needed it; patients admitted at evenings and weekends did not have timely access to routine medical assessment. Therapy services were not readily available over the weekends. However, there was a general decrease in the percentage of patients who experienced discharges that were delayed. The service did not always respond to complaints within the trust target timeline. Lessons learned from the results of complaint investigations, were not shared with all staff.

However:

- The trust generally planned and provided services in a way that met the needs of local people. There was coordination between the community hospitals, acute services and community services.
- The service treated concerns and complaints seriously, and investigated them.
- There was a general decrease in the percentage of patients who experienced discharges that were delayed.

Is the service well-led?

Requires improvement ● → ←

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

Community health inpatient services

- The trust did not always use a systematic approach to continually improving the quality of its services or to safeguard high standards and excellence of clinical care. Whilst there were structures, processes and systems of accountability in place across the division there were no meeting minutes to provide evidence of the effectiveness of this.
- The trust did not routinely collect, analyse, manage or use information well to support all its activities. Secure electronic systems with security safeguards were not in place for record keeping or sharing transfer of care information.
- Staff were unclear of the trust values and there was limited engagement and involvement from staff in developing these.
- There were not established processes in place to ensure consistent practices across the community hospitals.

However:

- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Most staff reported they felt respected.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. However, we did not see clear plans to address some of these risks, such as the staffing concerns raised.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action. Draft objectives had been developed which related to the trust objectives and linked to the local integrated care alliance model.

Areas for improvement

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

Community end of life care

Requires improvement   

Key facts and figures

Wye Valley NHS Trust provides end of life care through a specialist palliative care team which spans the acute and community hospitals, Herefordshire community and Mid Powys. Palliative care medicine input is also provided into Mid Powys. Between December 2016 and November 2017 there were 873 in-hospital deaths across the trust, including community hospitals. Referrals to the community specialist palliative care team were 80% for patients with a cancer diagnosis and 20% for those with non-cancer.

The specialist palliative care nursing team is an integrated team across acute and community services. The community component of the specialist palliative care nursing team is based at a local hospice. The team is led by a lead clinical nurse specialist working across the integrated team in both acute and community settings. There are ten specialist palliative care nurses working across the community providing the whole time equivalent cover of 7.3 staff.

The consultant in palliative medicine works across both Wye Valley NHS Trust acute and community services and has an honorary contract with clinical responsibility for half the hospice inpatient beds.

The community team are available seven days a week to provide advice on pain/symptom control, psychological and spiritual support and information and advice to health and social care professionals.

Care after death is supported by a care after death policy. Mortuary services are based at the acute hospital with additional body stores available at Ross and Bromyard community hospitals.

(Sources: RPIR Acute – Context; RPIR CHS – Context)

End of life care is delivered across the community within community inpatient hospital beds at Ross, Bromyard and Leominster Community Hospitals. In addition, community nursing teams deliver end of life care across the county within patient's own homes.

During our inspection we visited all three community hospital sites at Ross, Bromyard and Leominster. We went on ten home visits with both palliative care clinical nurse specialists and community nurses. We reviewed 22 care records including 15 do not attempt resuscitation (DNACPR) forms, eight care records including three for patients with a multidisciplinary care record and four medicine records.

We spoke with 40 staff including the specialist palliative care lead nurse, the consultant in palliative medicine and the lead nurse for integrated care. In addition, we spoke with a range of staff including ward nurses and ward sisters, healthcare assistants, medical staff and GPs, allied healthcare professionals, clinical nurse specialists, a complex discharge coordinator, a community dementia nurse, healthcare assistants, district nurses, student nurses and a therapy support worker.

We spoke with ten patients and five relatives.

Summary of this service

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

- Lessons were not always learned and improvements made when things go wrong. We were told that incidents in the community relating to prescribing anticipatory medicines had been addressed but were not routinely reported via the electronic reporting system. This meant that trends and opportunities for learning were not necessarily identified.

Community end of life care

- Comprehensive risk assessments were carried out on patients at the end of life in community hospitals and in their own homes. However, we saw one example where the action and learning from an incident relating to a pressure ulcer did not address all of the factors relating to the potential cause such as staffing and workload concerns.
- Patients were not always identified who may need extra support. For example, patients in the last 12 months of their lives were not always identified, particularly when they had non-malignant conditions. This meant they may not receive the range of support and services available to them.
- The trust did not have an end of life care strategy in place and there was no trust wide end of life care forum in place. The Trust were signed up to a Clinical Commissioning Group end of life strategy alongside other stakeholders and were part of a county wide end of life care forum. The county wide end of life care forum did not meet regularly and staff were unclear what the focus of the meetings were between end of life care and mortality oversight. Objectives identified by the specialist palliative care team had not been agreed at trust board level and there was no clear plan for how the objectives would be achieved.
- There were arrangements in place for managing risks relating to end of life care services. However, only one risk had been identified on the risk register relating to the loss of an end of life care facilitator post in November 2017, despite additional risks being identified.
- Systems that manage information about patients who use services did not always support staff, carers and partner agencies to deliver safe care and treatment. A community nurse scheduler was described as 'not fit for purpose' and at the time of our inspection had temporarily failed, leading to one end of life care patient not being seen as planned.
- Staff did not always have appropriate training to meet their learning needs. Nursing staff working in the community hospitals had not all had update training in the use of syringe drivers and the verification of death.
- The assessment of mental capacity relevant to discussions around 'do not attempt cardiopulmonary resuscitation' was not recorded in five out of seven cases where patients were not involved in discussions or decisions due to an identified lack of mental capacity.
- The services provided generally reflected the needs of the population served. However, the specialist palliative care team had identified a need to increase their support for patients with non-malignant conditions but it was not clear how this was to be taken forward.
- Patients were supported to die in their preferred place of care where this had been identified. However, not all patients had a record of their preferred place of care at the end of life, particularly those who did not receive support from the specialist palliative care team.
- Staff expressed concerns about potential duplication of service in relation to services from other providers across the county. This view was supported by a May 2018 county wide end of life care service review where it was identified there was a potential for duplication or gaps in service because of a lack of governance and strategy across the service.
- The maintenance and use of equipment and the design and use of facilities and premises did not always keep patients safe. Syringe drivers in community hospitals were not always maintained in line with the trust policy and unsafe manual handling techniques were observed in the body store at Ross community hospital.
- The trust did not provide assurance that standards of hygiene and cleanliness were maintained within the body stores at Ross and Bromyard Community Hospitals as cleaning logs and records were not always maintained.

However:

- Patients received specific advice about their medicines in line with current national guidance and evidence, including the use of anticipatory medicines and medicines for use in a palliative crisis.

Community end of life care

- Training attendance for the specialist palliative care team was above the trust target in eight out of nine mandatory training modules for the team.
- Safeguarding training attendance for the specialist palliative care nurses was above trust target. Community nursing staff demonstrated a good understanding of safeguarding processes when caring for patients in their own homes.
- Patients' physical, mental health and social needs were holistically assessed, and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance.
- Information about the outcomes of patient's care and treatment was routinely collected and monitored by the specialist palliative care team. This information was used to raise awareness amongst staff teams.
- Staff had access to one-to-one meetings, appraisals, clinical supervisions and mentoring in order to delivery effective care and treatment. The specialist palliative care team exceeded the trust target for the achievement of 90% of staff appraisals in the last year.
- Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved through the use of regular multi-disciplinary meetings.
- The specialist palliative care service was available seven days a week in the community. This meant that access to services was maintained over the weekend and bank holidays and that continuity of care was available.
- Staff were committed to ensuring the patient experience at the end of life was as positive as possible. There was positive feedback from patients and their relatives and we were told of situations where staff had gone beyond what was expected of them in their support of patients at the end of life.
- Patients were supported to be actively involved in making decisions about their care. For example, choices and wishes about end of life care were recorded as part of the multidisciplinary care record in use at the end of life.
- Patients privacy and dignity were respected. Results from a bereaved relative's survey showed 100% satisfaction with how dignity was respected by the specialist palliative care team.
- Specialist palliative care staff worked across all community services to coordinate patient's involvement with families and carers at the end of life.
- Where identified, patients who may be approaching the end of their life were supported to make informed choices about their care. There was evidence of decisions about care recorded in patient records that included the wishes or family members as well as the patient.
- Patients had timely access to the specialist palliative care team. The majority of patients referred to the team were contacted within three days.
- There was a clear vision to deliver quality and sustainable end of life care across all community services we visited.
- The culture of end of life care services were centred on the needs and experience of patients who use services.
- Patients views and experiences were gathered and acted on to shape and improve the specialist palliative care service and culture
- There was evidence of service improvement and innovation. For example, the specialist palliative care team were leading on the implementation of a quality improvement programme to support care homes in the community.

Is the service safe?

Requires improvement  

Community end of life care

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

- Lessons were not always learned and improvements not always made when things go wrong. The specialist palliative care team demonstrated a culture where learning from incidents was apparent, not all incidents from across the trust relating to end of life care were reported for investigation.
- Risks were not always appropriately mitigated following incidents. We saw one example where the action and learning from an incident relating to a pressure ulcer did not address all of the factors relating to the potential cause such as staffing and workload concerns.
- The maintenance and use of equipment did not always keep patients safe. Syringe drivers in community hospitals were not always maintained in line with the trust policy. Inpatient nursing staff had not received regular training updates for the use of syringe drivers.
- The design, maintenance and use of facilities and premises did not always keep patients safe. Manual handling techniques within the body store at Ross community hospital did not always follow safe practice.
- Systems that manage information about patients did not always support staff, carers and partner agencies to deliver safe care and treatment. An electronic appointment scheduler had failed at the time of our inspection and there were gaps in back-up copies of appointments, resulting in one patient at the end of life not receiving a scheduled visit.
- The trust did not provide assurance that standards of hygiene and cleanliness were always maintained within the mortuaries at Ross-on-Wye and Bromyard Community Hospitals, as cleaning logs were not always available.

However:

- Comprehensive risk assessments were carried out for patients at the end of life in community hospitals and in their own homes. Patients at the end of life were regularly reviewed at multidisciplinary meetings where risks were identified and action taken to address them.
- Staff received effective training in safety systems, processes and practices. The mandatory training attendance for the specialist palliative care nurses was above trust target in all but one course. Training rates had been exceeded in areas such as equality and diversity, health and safety and dementia. Medicines management training was 15% below the trust target of 90%.
- Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff. Safeguarding training attendance for the specialist palliative care nurses was above trust target. Nursing staff demonstrated a good understanding of their responsibilities in relation to safeguarding.
- Actual staffing levels and skill mix of the specialist palliative care team met with the planned levels.
- Staff followed hand hygiene procedures and were seen to be bare below the elbows.
- Patient's individual care records, including clinical data, were written and managed in line with best practice. This included clear records of conversations with the patient and family members about decision making at the end of life.
- Patients received specific advice about their medicines in line with current national guidance and evidence, including the use of anticipatory medicines and medicines for use in a when a patient's condition deteriorated in the community. Anticipatory medicines were correctly stored and administered. Prescribing of anticipatory medicines was in line with prescribing guidance in the community hospitals.

Is the service effective?

Requires improvement   

Community end of life care

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

- Non-palliative care staff did not always have appropriate training to meet their learning needs that covered the scope of their work. For example, staff working across the community told us they did not always have time to attend training in end of life care, although a range of training was available to them. Palliative care link staff were not always able to be released from the wards to attend link nurse training and meetings.
- Patients were not always identified who may have needed extra support. For example, the proportion of patients with non-malignant conditions supported by the specialist palliative care team was low at 20%, compared with 80% of patients with cancer. The specialist palliative care team told us they did not have capacity to support an increase in the number of patients with non-malignant conditions who may benefit from specialist palliative care.
- Staff had a good understanding of the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004 and other relevant national standards and guidance. However, an assessment of mental capacity relevant to discussions around 'do not attempt cardiopulmonary resuscitation' was not always recorded. This had also been identified as an issue in our 2015 inspection.

However:

- Patient's physical, mental health and social needs were holistically assessed, and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance. This included relevant NICE (The National Institute for Health and Care Excellence) guidance and the Leadership Alliance Five Priorities of Care at the end of life to achieve effective outcomes.
- Patient's nutrition and hydration needs (including those related to culture and religion) were identified, monitored and met.
- Pain was assessed and managed, including for patients who had difficulty communicating. We observed staff taking time to assess pain and other symptoms and patients and relatives told us their pain was controlled very well with input from staff.
- Information about the outcomes of patient's care and treatment was routinely collected and monitored by the specialist palliative care team. This information was used to raise awareness amongst staff teams.
- The specialist palliative care team exceeded the trust target for the achievement of 90% of staff appraisals in the last year. Staff had access to appraisals in order to deliver effective care and treatment.
- Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved, through the use of regular multi-disciplinary meetings.
- The specialist palliative care service was available seven days a week in the community. Telephone and face-to-face support was available to patients and staff.

Is the service caring?

Good   

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

Community end of life care

- The service ensured that patients were treated with kindness, respect, and compassion, and that they were given emotional support when needed. Staff were committed to ensuring the patient experience at the end of life was as positive as possible. Patient's privacy and dignity were respected. We observed staff respecting patient's privacy and dignity. Communication was used to build rapport and understanding.
- Staff understood the impact that a person's care, treatment or condition had on their wellbeing and on those close to them, both emotionally and socially. Palliative care team staff had received training in advanced communication skills and support patients and their families with complex psychosocial issues.
- Patients were supported to be actively involved in making decisions about their care. Patient's choices and wishes about end of life care were recorded as part of the multidisciplinary care record in use at the end of life.

Is the service responsive?

Good  

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

- Patients had timely access to the specialist palliative care team. For example, 96% of patients were contacted within three days of an initial referral.
- Where identified, patients who may have been approaching the end of their life were supported to make informed choices about their care.
- Decisions about the withdrawal of or changes to treatment were managed openly and sensitively so that patients were able to have a comfortable and dignified death.
- Concerns, complaints and compliments were used as an opportunity to learn and drive continuous improvement.
- The specialist palliative care team supported patients to die in their preferred place of care with records showing that 83% of patients had achieved this.
- Data was collected on the proportion of patients not involved with the specialist palliative care team in relation to those who had a record of their preferred place of care at the end of life.
- Staff provided a holistic approach to care in order to meet people's needs and we saw that patients with additional needs received the support they required.

However:

- Not all patients had a record of their preferred place of care at the end of life, in particular those who did not receive support from the specialist palliative care team.
- The services provided generally reflected the needs of the population served. However, the specialist palliative care team had identified a need to increase their support for patients with non-malignant conditions and it was not clear how this would be taken forward.

Is the service well-led?

Good   

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

Community end of life care

- The specialist palliative care leaders understood the challenges to quality and sustainability, and could identify the actions needed to address them. Staff told us there was positive leadership for end of life care within their teams.
- There was a clear vision to deliver quality and sustainable end of life care across all community services we visited. A Herefordshire wide end of life strategy was in place which was applicable to Wye Valley NHS Trust. While there was not a trust wide strategy in place, the development of this had been identified as a key objective for the service.
- The culture of end of life care services was centred on the needs and experience of patients who used services. All staff we spoke with consistently demonstrated an understanding of the needs of patients within their care and were prepared to go out of their way to ensure that these needs were met. Staff felt supported, respected and valued.
- Patient's views and experiences were gathered and acted on to shape and improve the specialist palliative care service and culture.
- There were positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the patients at the end of life. The specialist palliative care team worked collaboratively with community based teams and other service providers.
- The service engaged with staff involved in the delivery of end of life care through a variety of multidisciplinary meetings and specialist link meetings where staff had the opportunity to have input into services.
- There was evidence of service improvement and innovation. The specialist palliative care team had developed a multidisciplinary care record for patients at the end of life that was being adopted by other services across the county.

However:

- Locally there were meetings where governance issues were discussed. It was unclear how higher levels of governance and management functioned effectively in relation to end of life care at the trust. There was no trust wide forum involving a range of leaders across services providing end of life care. A countywide forum was in operation but staff were unclear about the frequency and purpose of these meetings.
- There were arrangements in place for managing risks relating to end of life care services. However, not all risks identified by the specialist palliative care team were on the risk register.
- Performance measures were in place to provide assurance, however improvement plans were not consistently in place. Where the improvement was required beyond the scope of the specialist palliative care team it was unclear where the responsibility for this lay.

Areas for improvement

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Surgical procedures

Treatment of disease, disorder or injury

Regulation

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

Our inspection team

Bernadette Hanney, CQC Head of Hospital Inspection led this inspection. An executive reviewer, Dr Peter Turkington supported our inspection of well-led for the trust overall.

The team included nine further inspectors, a CQC pharmacy specialist, three CQC national professional advisors, two executive level specialist advisors, 13 specialist advisers, and an expert by experience.

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