

Northern Lincolnshire and Goole NHS Foundation Trust

RJL

Community health services for adults

Quality Report

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Summary of findings

Locations inspected

This report describes our judgement of the quality of care provided within this core service by Northern Lincolnshire and Goole NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Northern Lincolnshire and Goole NHS Foundation Trust and these are brought together to inform our overall judgement of Northern Lincolnshire and Goole NHS Foundation Trust

Summary of findings

Ratings

Overall rating for the service

Good



Are services safe?

Good



Are services well-led?

Good



Summary of findings

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Summary of findings

Overall summary

During this inspection, we rated this service as good overall. This was because there had been improvements since our last inspection in October 2015. At our previous inspection, we rated safe and well led as requires improvement because:

- We found that cleaning schedules were not completed and equipment was out of date for electrical safety testing and maintenance in line with manufacturers' recommendations. We also saw a policy relating to the use of equipment that was out of date.
- Mandatory training compliance was variable with one service only achieving 33% compliance for resuscitation training. This was not identified as a risk and we did not see any plans in place to address this.
- Medicines management in relation to controlled drugs was of concern. Staff we spoke with used different methods when disposing of controlled drugs that were no longer required by a patient. When asked, the trust failed to provide evidence that policies were in place to protect patients and staff. We also found medications and hazardous substances in unlocked cupboards at a clinic location.
- Staff knew their responsibilities and their role in reporting incidents to make sure they made improvements when things went wrong. We found that reported incidents were investigated however, there was limited evidence from operational staff and team meetings of any lessons learned being shared within teams.
- Staff reported a disconnect between community and hospital services.

During this inspection we found:

- Mandatory training figures had improved across adult community services however overall teams had not reached the trust target of 95%.
- The service prioritised protecting patients from avoidable harm and abuse. Incident reporting was good but greater evidence, that lessons learned were shared across the trust, was required.
- We saw a clear policy in place for the management of controlled drugs, to support staff and protect patients. This included the storage and disposal of medicines in the patient's own home. Staff were aware of this policy and this had begun to be audited monthly.
- Record keeping had improved with the use of electronic systems. A recent audit had shown 100% compliance for legible entries and 95% for contemporaneous entries. However, some services were not detailing patient's religious or spiritual needs.
- Business continuity plans were available for all services and staff were aware of these.
- Major incident training was provided by the trust for community service staff. There had been a major information technology incident prior to our inspection which staff told us had been dealt with well by managers.
- Staff described the vision and strategy for community services and those of their own service, which included local and national developments.
- The management structure for community services had been reconfigured in November 2015. Staff we spoke with said that the changes had been positive and they felt more involved in decisions about service provision.
- The disconnect between acute and community services had improved with the reconfigured structure however some staff told us that this still required improvement.
- Staff told us that their immediate managers were supportive and visible but that they did not see the higher management team very often.
- There was a risk register for the service. We saw risks were reviewed at the community and therapy service governance meetings.

Summary of findings

Background to the service

Northern Lincolnshire and Goole NHS Foundation Trust provides acute hospital and community services to a population of more than 350,000 people.

The Community and Therapy Service (CaTs) was established within the Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) as part of “Fit for the Future” consultation in April 2011. The Community and Therapy group have a budget value of £27 million with 658 whole time equivalent staff across medical, nursing, allied health professionals, support staff, administration and clerical staff.

Adult Community and Therapy Services included the following services:

- Community nursing (integrated care teams), including district nurses, community matrons and specialist nursing
 - Community therapy teams

- Community intermediate care
- Community rehabilitation services
- Community outpatient and diagnostic services.

During this inspection, we spoke with 22 members of staff. This included nurses at a community nurse base, specialist nurses at the chronic wound and dermatology clinics, allied health professionals such as podiatrists, physiotherapists, and occupational therapists from the general and stroke rehabilitation services and nursing and therapy staff working in an intermediate care facility.

The community services teams worked out of a number of locations across the trust. During our inspection, we visited three of these locations.

We reviewed the paper and electronic records of 20 patients. We also spoke with or witnessed the care or staff interactions with nine patients.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

- The trust should assure itself that there is effective learning and sharing of lessons across community teams.
- The trust should ensure that community staff are compliant with mandatory training in line with the trust targets.
- The community teams should continue to develop strategies and visions for their services.

Northern Lincolnshire and Goole NHS Foundation Trust

Community health services for adults

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

Summary

Following our inspection in October 2015, we rated safe as requires improvement. Following this inspection we rated safe as good because:

- The trust had policies and procedures in place to protect patients, relatives and staff from abuse. Staff understood the process for safeguarding vulnerable adults and knew when to raise a concern.
- Mandatory training compliance remained variable with adult teams. It was acknowledged that adult community service teams had not yet attained the trust target of 95% as a whole, however some services including chronic wound management had 100% compliance and the overall figures had increased significantly with the lowest rate being 82%.
- Staffing levels were a concern in some therapy services, but this was improving and the trust saw recruitment as a priority.
- Harm-free care over the three community nursing teams was above the England average of 95% for eleven

months from September 2015 to August 2016. There was one month which was below 95%, which was September 2015 at 94.2%. We saw evidence during this inspection that equipment staff used when caring for patients was tested for electrical safety and that equipment was serviced in line with the manufacturer's guidelines.

- We saw staff using equipment such as gloves and aprons for infection prevention and control. We saw that the areas we visited were visibly clean and that cleaning schedules were completed. Cleaning of equipment was consistent across all areas.
- Staff knew about plans to reduce the effects of anticipated risks such as severe winter weather or major incidents.

However we also found:

- Staff knew their responsibilities and their role in reporting incidents to make sure they made

Are services safe?

improvements when things went wrong. We found that reported incidents were investigated. However, there was still limited evidence of any lessons learned being shared within the wider teams.

Detailed findings

Safety performance

- The Commissioning for Quality and Innovation (CQUINs) payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and improvement in healthcare.
- The NHS safety thermometer, an element of CQUIN, is an audit tool that allows organisations to measure and report patient harm in four key areas (pressure ulcers, urine infection in patients with catheters, falls and venous thromboembolism (VTE)) and the proportion of patients who are 'harm free'. The 2015/16 CQUIN scheme rewarded submission of data generated from use of the NHS safety thermometer. The England average for harm free care is 95%.
- Harm free care over the three community nursing teams was above the England average of 95% for eleven months from Sept 2015 to August 2016. There was only one month which was below 95% which was Sept 2015 at 94.2%.
- We spoke to staff from community nursing teams and they were aware of the safety thermometer. We saw this information displayed at the community nursing bases that we visited.
- A community nurse patch team leader told us that each community nurse collated safety thermometer data on a specified date each month. An administrator inputted this centrally and matron and the managers reviewed it to identify any trends and investigate any concerns where safe care was less than 95%. A manager told us that she discussed safety thermometer data at team meetings.

Incident reporting, learning and improvement

- Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. Each never event type has the potential to cause serious patient harm or death. However, serious harm or death is not

required to have happened as a result of a specific incident occurrence for that incident to be categorised as a never event. This core service had no reported never events.

- A community nurse patch team leader told us that they were made aware of never events and other serious incidents that had occurred elsewhere in the trust through the senior nurse forum. Feedback to staff about these and local incidents was through team meetings as well as via news bulletins and e-mail.
- The trust supplied information that indicated that Northern Lincolnshire and Goole NHS Foundation Trust was a high reporting trust. Adult community services reported 559 low harm or no harm incidents between October 2015 and October 2016. The majority of these were related to pressure sore incidents.
- Community adult services reported 2 serious incidents. One of these was a pressure sore incident and the other one was a safeguarding concern.
- Staff we spoke with told us that they report all pressure damage including category one damage. We saw that staff completed root cause analysis for all category 3 and 4 pressure damage. We saw that these had been appropriately reviewed and discussed at clinical governance meetings.
- Managers from the community clinics, therapy and nursing teams told us that staff reported incidents using the electronic incident reporting system. Managers then reviewed, graded and investigated the incidents.
- Staff working in the community knew how to report incidents. We spoke with five community nurses and three therapy staff who told us that they felt confident to do so.
- We saw the minutes of a community nursing team meeting. These showed that there had been a discussion about incidents, such as pressure damage and medication errors.
- Following our inspection, we looked at six sets of team meeting minutes from various community service teams. We found that only two sets of minutes showed trust-wide incidents were shared with staff.
- We saw incidents discussed in the minutes from the community and therapy services clinical governance meetings in June, July and August 2016.

Are services safe?

Safeguarding

- The executive board lead for safeguarding in the trust was the chief nurse. The trust's strategic operational lead was the head of safeguarding. This role covered both children's and adult safeguarding.
- We saw three safeguarding alerts that the service had raised using the electronic incident reporting system. One of these related to a therapist who had concerns about the standard of care given to a patient in a care home and the appropriate actions had been taken in a timely way to protect the patient.
- Figures from the trust showed that overall 95.2% of staff working in community services had completed adult safeguarding training. Most teams had achieved 100% compliance. The lowest level of compliance was 92%. This meant that most staff had training to enable them to recognise and respond to safeguarding concerns.
- Staff also completed children's safeguarding training in accordance with the Intercollegiate Document 2014. Compliance with this was 91% for level 2 training and 93% for level 1 training. This meant that most staff could recognise and respond to concerns about a child. We spoke with five staff who understood that the health or behaviour of a patient could have an impact on a child's welfare.
- A community nurse manager told us that staff escalated safeguarding concerns. The trust safeguarding team also provided support. Staff we spoke with knew how and who to contact for advice.

Medicines

- The trust provided the quarterly incident analysis report and the bi-monthly medical incident report.
- Pharmacy staff at the trust told us that the safer medicines group reviewed all medication incidents. We saw three sets of minutes for this group and observed documented actions, which arose from discussions.
- Community staff had received medicines management training. The compliance level at October 2016 was 97%, which was above the trust target of 95%. Therefore staff had the knowledge and skill with which to manage medicines safely.
- Two trust wide medicines management nurses disseminated the learning from incidents. Community

reports were also included in this and there were fifteen hours per month of pharmacist support to community nurse prescribers. Staff we spoke with who were nurse prescribers, had received prescribing training updates.

- During our inspection in 2015, we found that staff were unclear about the storage and disposal of controlled drugs in patients' homes and were unaware of a policy. During this inspection, we saw that there was a policy and procedures in place, which was ratified in May 2016. This included information about use of controlled drugs within patients' homes, with clear instructions about disposal of medications that were no longer required. Staff we spoke with knew about the policy and where to find it on the intranet. There was a plan to audit compliance monthly.
- We saw that a community staff nurse had identified a prescribing error by a general practitioner (GP) on a home visit. This was highlighted to the GP in a timely manner, who reviewed and altered the prescription. This meant that a near miss medication error was avoided.
- Community nurses were able to access medications out of hours through duty chemists. Lists of opening times were available for staff. Community nursing staff did not carry medications.

Environment & equipment

- We saw that clinic rooms had appropriate equipment in place for the services provided. For example, specialist electronic chairs were in place in all rooms where chronic wound management clinics took place. However, there was a lack of podiatry chairs. We saw that this was on the service risk register. A financial request had been submitted and an action to mitigate the risk was in place.
- There was no resuscitation equipment within the clinic area. Staff we spoke with told us that wall mounted defibrillators had been removed from the building. The reception staff at a GP practice told us that they had a resuscitation trolley and would respond to an emergency elsewhere in the building.
- During our inspection in 2015, we had concerns about the unsafe storage of medications and chemicals in the clinic environment. When we visited the clinic at this inspection we saw that all chemicals and medications were now securely stored and that storerooms were locked.

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- During our last inspection, we had concerns that some equipment had not been tested for electrical safety or serviced in line with manufacturers' guidelines. At this inspection, we saw that all equipment was safely stored and was in date for testing and maintenance.
- Community nurses did not routinely have their car boots audited, but a patch team leader we spoke to told us that they did spot checks when they accompanied staff on visits. We did not see any documented evidence of this. Staff did carry dressings and sharps waste receptacles.
- Community team staff told us that that hoists and other equipment with moving parts in patients' homes were safety checked each year. This included a weight bearing load check for hoists.
- Walking aids such as walking sticks and Zimmer frames did not have checks unless a patient reported any problems with their equipment. Therapists said that they checked equipment used by patients in accordance with changing need.
- A member of nursing staff told us that an external cleaning company was responsible for the domestic cleaning within the building. Staff told us that they raised any concerns they had with the standard of cleaning.
- Staff told us that they cleaned medical devices between patients.
- We observed a dressing change procedure in the wound clinic and saw that infection prevention and control procedures were followed, including the use of PPE and 'bare below the elbows' policy.
- A maintenance schedule showed that quarterly and yearly servicing was completed for the two autoclaves in the clean room of the decontamination area of the clinic we visited.
- We saw good levels of infection prevention and control training for staff at 95.3% compliance against the trust target of 95%.
- A patch team leader told us that community nurses continued to perform peer audits and self-assessment in relation to hand hygiene, aseptic non-touch technique and catheterisation. We were not able to see results for these. Staff told us that they considered that performance was good due to low numbers of wound infections and catheter induced urinary tract infections in the service.

Cleanliness, infection control and hygiene

- All areas we visited were visibly clean. We saw the daily cleaning schedules displayed for October 2016. These were fully completed. Hand hygiene posters were on display on notice boards within the clinical areas.
- Personal protective equipment (PPE) such as gloves and aprons and alcohol hand gels were available for staff. We saw staff using appropriate PPE and washing their hands before providing care to patients.
- We spoke to one member of staff working in the Ironstone Centre who told us that she was the infection control link for the chronic wound team.
- We saw that that cleaning schedules were displayed and these were fully completed. Environmental audits were also completed. We saw the infection control and environmental audit from the wound clinic, which was completed in September 2016. This showed 86% overall compliance against ten standards and was rated red, amber or green (RAG). The lowest was 66% for the general environment but 100% for the clinical environment and the safety of sharps.
- There was a process of feedback to community teams about environmental audits and if RAG rating was amber or red, this information was passed to the community infection prevention and control team who would visit and assess the area, and if necessary an action plan would be developed.

Quality of records

- We saw a trust wide record-keeping audit for community service teams. Seven hundred records were audited against ten compliance measures during 2015/216. Compliance rates varied but the audit showed some improvement in key areas which included 99 % compliance for records completed contemporaneously, and 100% of written records were accessible for audit and linked to NHS numbers. They were legible and written in accordance with professional guidance, for example the Nursing and Midwifery Council record-keeping guidance for nurses.
- Only 53% of records audited showed evidence that the patient had been asked about their religious or cultural beliefs. This had been highlighted at our previous inspection and meant that not all patients may be receiving the acknowledgment of their beliefs in their care

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- A community nurse patch team leader told us that two sets of records from each cluster were audited each month. This was established practice that had been ongoing since the previous inspection.
- We looked at electronic treatment records for two patients attending the chronic wound clinic and found these were fully completed.
- We looked at ten sets of paper records for community nursing patients and found that each had a set of generic care plans. All records had pressure area care, hydration and positioning care plans. However, three of these in the records we reviewed were not fully completed so we were not assured that these were individualised for patients' care needs.

Mandatory training

- The trust target for mandatory training compliance was 95%. Information received following our inspection showed that overall compliance with mandatory training for community service staff was 93% with six therapy teams compliant with the target. This was an improvement on the previous year.
- Training in resuscitation varied between 79.6% and 100% across teams. Overall compliance across all teams was under the trust target of 95%. This meant that a number of staff were not up to date with this training and staff might not be competent when dealing with an emergency situation. Staff told us that this was because it was difficult to book the training, which always appeared full.
- Staff completed moving and handling training modules. Compliance for non-patient handling (module 1) was 97%, 100% of medics and community nurses had completed module 1. Staff required to complete module 2 (reduced handling – chair only) were 83.6% compliant and module 4L showed 86% compliance for community adult teams. Staff and patients are at risk when staff are not up to date with moving and handling training as this can result in injuries to both staff and patients.
- District nurses and therapy staff we spoke with told us that they had been supported to complete mandatory training.
- The trust acknowledged that not all staff had completed mandatory training and that whilst in some areas such as infection control, figures were good, other areas were variable. We were told that this was being addressed

with the development of more bespoke training for teams, relevant to the service and staff would be able to access e- learning more flexibly now that laptops had been issued.

Assessing and responding to patient risk

- Staff we spoke with, were clear about the process of dealing with a patient whose condition had deteriorated. We saw there was a procedure for escalation. This depended on the level of the problem but varied from seeking advice from the patient's GP or facilitating immediate admission to hospital.
- A manager described the processes that were in place to ensure that staff knew about safety alerts. This involved all staff receiving an e-mail about the alert and then checking their own equipment and removing any defective or faulty equipment in a timely manner.
- We saw that staff in the chronic wound clinic completed pressure ulcer, infection control, wound and malnutrition risk assessments for all patients attending. These assessments were then reviewed monthly or as necessary dependant on patient risk factors.
- Patients attending the chronic wound clinic also had a doppler test if required. A doppler ultrasound test uses reflected sound waves to see how blood flows through a blood vessel. It helps doctors evaluate blood flow through major arteries and veins and is used to assess blood flow for patients who are suffering from conditions such as leg ulcers.
- Nurses working in the community told us that they used a traffic light triage system to prioritise patient need. Staff said that all patients stay red until they have had an initial assessment.
- Patients admitted to the intermediate care facility had a full nursing assessment completed by a nurse employed by the trust, within 24 hours. This included pressure area, infection control, falls and malnutrition screening.

Staffing levels and caseload

- Information provided by the trust showed that there were vacancies within adult community service teams.
- There was one whole time equivalent (wte) vacancy within the dietetic and nutrition team and two wte within the speech and language team (SALT). SALT services were using a locum.

Are services safe?

- The vacancies in the speech and language therapy service had been put on the community risk register and were being reviewed at the time of our inspection. Mitigating actions had been taken such as cross service cover.
- There were two band 5, three band 6 and two band 7 whole time equivalent (wte) vacancies in the physiotherapy service. There were two band 5, one band 6 and one band 3 vacancies in occupational therapy in community services.
- A team leader said that staffing in community nursing teams had been problematic in the past due to vacancies and increased demands of the service. Currently there were six whole time equivalent (wte) band 5 vacancies and one wte band 6 vacancy over the three teams in community nursing. There were no other vacancies in bands 2, 3, and 4. There were 2.8 wte vacancies in specialist nursing teams.
- Community-nursing staff used the 'Warrington Workload Tool' and that staff caseload was planned on this acuity tool.
- We were told that the community nursing service had taken actions to mitigate staff shortfalls. This included intermediate care nursing staff taking referrals in their area and community nursing staff being included in the enhancement pay for bank shifts.
- Two band 5 community nurses told us that they felt that teamwork was good across the teams which allowed safe and effective care for patients.
- We saw that the community equipment team had a number of staff members on long-term sick leave. This had caused a delay in the seven day working service being established. This had been mitigated by the use of bank staff. The problem had been acknowledged as a risk and placed on the community risk register
- Staff we spoke with, told us that the stroke teams for Scunthorpe and Grimsby consisted of band 6 and 7 physiotherapists and occupational therapists, band 6 speech and language therapists, band 3 and 4 support staff who worked to generic competencies. There were also clinical psychologists and stroke social workers. As we found on our previous inspection, there was a

secondary prevention advisor in the Scunthorpe location who was able to review medications, advise on smoking cessation and complete mood screening at week 6 and 26 following a stroke.

- Senior staff at the intermediate care centre told us that the staffing establishment was appropriate for the service provided.
- The core therapy team provided seven-day cover for the rehabilitation patients in the intermediate care facility despite vacancies in the team.

Managing anticipated risks, Major incident awareness and training

- We saw business continuity plans for teams within adult community services. Community staff in both nursing and therapy teams were aware that these were in place for events such as adverse weather. Most staff told us that they would report to their nearest base. Managers told us that business continuity plans were on the intranet.
- Staff also said that a list of staff that drive four wheel drive vehicles was available and that 'pool cars' had been changed to four wheel drive vehicles.
- All staff we spoke with, were aware of the policy in relation to adverse weather.
- The trust had a lone worker policy. Therapy staff told us that they carried lone worker devices or mobile phones to ensure that safe practices were in place for staff who worked alone. They also told us that they used a safe word and a system of logging in and out of a building. Staffs visits were logged on a white board and in a book.
- Therapy staff told us that there was an alert process used on the electronic system, which identified any risks for home visits, for example if there was a dog in the house.
- The trust had policies in place for major and significant incidents. There had been a major incident declared prior to this inspection regarding an information technology virus. Staff informed us that this had been well dealt with at all levels and had not stopped routine patient care.
- Staff working in clinics told us that clinics could be cancelled and they could be redeployed elsewhere in the event of a major incident or to maintain essential services during adverse weather conditions.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary

Following our inspection in October 2015 we rated well led as requires improvement because:

- There was limited evidence that staff within community services were aware of any vision or strategies for their services.
- There was a governance structure in place and community & therapy services clinical governance group meetings took place however, staff told us that they did not receive or access feedback/learning from incidents. We were therefore not assured that learning from incidents was effective.
- Not all risks were identified on the risk register. Senior staff we spoke with, knew about the risk register and could explain the risks for community services although at a more senior level there appeared to be limited action taken to address or mitigate the risks.
- Some staff felt that there was a disconnect between community and acute services and that integration had been slow. However, locally leaders were working to address this and to ensure the community staff voice was heard at board and senior management level.

Following this inspection we rated well led as good because:

- Staff we spoke with told us that they felt the community vision of care had improved since the last inspection and there had more effort on the behalf of senior managers to be visible.
- Senior staff we spoke to knew about the risk register and could explain the risks for community services.
- Risks were discussed at governance meetings and actions to mitigate risks had been taken.
- Some senior staff felt that there was still a low level of disconnect between community and acute services and that integration had been slow, however this was improving.
- Staff told us that feedback and learning from incidents was shared more effectively.
- Frontline staff we spoke with told us managers were supportive, visible and approachable, which helped them to provide good quality care.

- Staff were proud of the services that they worked in.
- Senior staff had been proactive in sharing good practice across the trust, for example running the unscheduled care workshops.
- Senior staff told us that the culture in the community teams was welcoming and teamwork was good. Staff supported and responded to each other's needs and those of the service.
- Patient feedback was positive across all services provided in the community.
- Staff told us about a number of initiatives for their services.

Detailed findings

Service vision and strategy

- Staff we spoke with told us that they felt the community vision of care had improved since the last inspection and senior managers were more visible.
- Senior managers told us that they were aware of the trust vision and strategy.
- Staff told us that they felt that strategic developments over the last year, including the unscheduled care service and the rapid assessment time limited service (RATL), had made a difference in patient choice to be nursed at home and community nurses said they felt supported in their work out of hours and at the weekend.

Governance, risk management and quality measurement

- There was a clear governance structure for community services and governance meetings took place. These meetings included discussion about overall trust governance issues. However, there was limited evidence that the information from the governance meetings was shared with frontline staff.
- Senior staff we spoke to were aware of the risk register for the community service teams and could explain the risks for their services. Although they told us they were aware of the need to escalate risks, not all risks, for example compliance with mandatory training and staffing in community services, were identified as risks.

Are services well-led?

The trust had a high compliance rate of 95% and training figures for community services were not significantly lower than this and there were mitigating actions taken such as managers ensuring staff were given protected time for completion.

- We saw that six risks on the community risk register had a review date of October 2016, we did not see evidence that these risks had been reviewed however, this date was only one month prior to our inspection. We saw evidence of ongoing review of the risk register in governance meeting minutes.
- We saw that a high level (94%) of policies in community services, were monitored for compliance against national best practice recommendations and guidance, for example The National Institute for Health and Care Excellence (NICE) guidelines.

Leadership of the service

- Staff we spoke with, said that the matron for community services was engaged, supportive, approachable and visible.
- We saw from managers meetings that there were regular visits to community areas.
- Staff in the chronic wound clinic spoke positively about the leadership of the service. The manager was visible and approachable although they were less aware of senior managers and their understanding of the service.
- Staff in all therapy teams told us that their team leader is visible and approachable.
- Staff in all teams we spoke to told us that they did not often see the trust senior management team in community settings. However, some staff said that they felt supported by the senior management team and that saw the senior nurse regularly.
- Staff told us that the chief executive had an open door policy.

Culture within this service

- Staff told us that staff morale in some teams had been poor due to staffing problems. However, staff consistently told us that they were proud of the teams they worked in and that their immediate managers were supportive.
- Six staff that we asked told us that they felt they could raise concerns without fear of recrimination.
- A physiotherapist told us that they felt well supported by their team and their manager.

- A member of staff from the chronic wound team felt that they provided an excellent service and two staff we spoke to were proud to work within the team. Staff said that increased resource and development of staff would reduce waiting times.
- Five community nurses told us that the team had close working relationships with colleagues from the local authority and had a positive attitude. Although staffing had been difficult at times, the team had pulled together to maintain the cover. These nurses told us that they were proud of the service.
- Managers told us that the trust had a strategy of 'growing its own staff' and encouraged students on placements from local colleges and universities to apply for posts. For example, five occupational therapy students had been recruited and would soon be in post.

Public engagement and staff engagement

- We saw evidence of monthly team meetings. Some frontline staff we spoke with, told us that they were not always able to attend, due to work pressures, however the minutes from these meetings were distributed to all staff.
- The trust had an active website and private social media accounts for staff.
- The trust's website included the recent friends and family test, which stated that 95.5% of patients would recommend the service to friends and family. There was also an example of a positive patient testimony for community staff on this site.
- The trust had a number of engagement activities for staff, which included the monthly staff lottery. In addition there was a summer draw as well as the annual 'Our Stars' event.
- A weekly bulletin was published sharing up to date news about the trust.

Innovation, improvement and sustainability

- A member of the speech and language therapy staff had received a Health Service Journal award for innovative work on voice banking.
- We saw that there had been a workshop to raise awareness about unscheduled care services 2016. The aim was to start to develop common pathways and work streams across service such as ambulatory care and then rapid assessment time limited service (RATL).
- The community services had developed a stronger equipment procurement system and a central service to

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supply equipment. A panel meets weekly to discuss the allocation of disabled facilities grants (DFG) for non-core equipment across the two sites. The move from monthly to weekly panels has meant a more timely response to patient need.

- The community therapies team had restructured and had put in a DFG team, which works in the same building as social care colleagues.
- The orthotic service had introduced alternatives strategies to improve patient access. This included offering physiotherapy intervention to patients who would benefit from this service and offering more hours and a competency framework to orthotic assistants. We saw that the waiting list for this service had reduced from several months to seven weeks.

- The community equipment team were to be integral to the seven-day service. However, there had been delays due to staff sickness.
- Podiatry services had developed training sessions for patients to care for their own feet if this was considered appropriate. Patients were discharged if this was successful and waiting lists had fallen. We were told that there was to be a cross site review of podiatry services to improve patient access.
- Staff in the chronic wound clinic told us that they were encouraged and supported to develop their skills and expertise.
- Managers told us that service specific mandatory training would be developed.