

# Worcestershire Acute Hospitals NHS Trust

## Inspection report

Worcestershire Royal Hospital  
Charles Hastings Way  
Worcester  
Worcestershire  
WR5 1DD  
Tel: 01905763333  
[www.worcsacute.nhs.uk](http://www.worcsacute.nhs.uk)

Date of inspection visit:  
Date of publication: 17/01/2018

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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

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

# Summary of findings

## Background to the trust

Worcestershire Acute Hospitals NHS Trust was established in April 2000 and provides a service across five sites: Worcestershire Royal Hospital; Alexandra Hospital; Kidderminster Hospital and Treatment Centre; Evesham Hospital; and Malvern Community Hospital. Worcestershire Acute Hospitals NHS Trust provides acute healthcare services to a population of around 580,000 in Worcestershire and the surrounding counties.

### Details of sites and locations registered with CQC

- Worcestershire Royal Hospital
- Alexandra Hospital
- Kidderminster Hospital and Treatment Centre
- Evesham Community Hospital
- Malvern Community Hospital

## Overall summary

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

## What this trust does

The trust provides a range of elective, non-elective, surgical, medical, women's, children's, diagnostic and therapeutic services, rehabilitation services, including stroke services and cardiac stenting.

There are approximately 734 inpatient and day case beds, of which 73 are maternity and 32 are critical care. In late October 2015, the obstetric and neonatal services were deemed no longer sustainable at Alexandra Hospital and in November 2015 these services were centralised at Worcestershire Royal Hospital. In September 2016, the paediatric inpatient service was centralised on the Worcestershire Royal Hospital site.

Trust activity for August 2016 to July 2017:

- 187,598 A&E attendances (-1% change compared to the same time 2015/16)
- 134,003 inpatient admissions (+3% compared to the same time 2015/16)
- 846,688 outpatient appointments (+3% compared to the same time 2015/16)
- 1,902 deaths (0% compared to the same time 2015/16)
- 5,192 births (-5% compared to the same time 2015/16)
- 33,906 surgical bed days (+4% compared to the same time 2015/16)
- 1,769 critical care discharges (-4% compared to the same time 2015/16)

The trust is structured under seven divisions:

- Asset management and information technology
- Corporate services
- Clinical support

# Summary of findings

- Medicine
- Surgery
- Women and children
- Urgent care

The trust employs 5,036 staff as of August 2017, including 583 doctors, 1,384 nursing staff and 3,069 other staff. All staff turnover peaked at 13.0% in November 2016. Both medical and nursing vacancies remain a high risk for the trust with some 513.4 WTE reported in November 2017 (8% vacancy rate), the trust target was 7%. (*Source: November 2017 board report*).

## 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 registered service providers and registered managers who fail to comply with legal requirements, and help them to improve their services.

## What we inspected and why

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

Between 1 and 3 November 2017, we inspected two of the core services provided by Worcestershire Acute Hospitals NHS Trust at both Worcestershire Royal Hospital and Alexandra Hospital. There were urgent and emergency care and medical care (including older people's care).

Over the last two years the trust has been subject to rigorous and frequent regulatory action. The CQC completed a comprehensive inspection of Worcestershire Acute Hospitals NHS Trust in November 2016, with the evidence collected contributing to a Section 29a Warning Notice issued in January 2017. Overall the trust was rated inadequate. CQC then completed an unannounced inspection in April 2017. The evidence collected contributed to a further Section 29a Warning Notice being issued in July 2017.

The Section 29a Warning Notices included detail about the concerns CQC found during the inspections. The trust had failed to comply with the requirements and therefore needed to make significant improvement in the healthcare provided. As a result, the trust remains in special measures. Trusts are placed in special measures when there are concerns about the quality of care.

At our inspection in November 2016 we rated urgent and emergency care and medical care (including older people's care) as inadequate overall. Urgent and emergency care and medical care (including older people's care) services also featured within the Section 29a Warning Notices, therefore we decided to inspect these core services.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed *Is this organisation well-led?* We inspected the Governance part of the well-led key question on 7 and 9 November 2017.

# Summary of findings

## What we found

### Overall trust

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

- Safe, responsive and well-led was rated inadequate. Effective requires improvement and caring was good.
- Urgent and emergency overall at Worcestershire Royal Hospital was rated as inadequate. Safety improved from inadequate to requires improvement. Effective improved from requires improvement to good. Responsive and well-led remained as inadequate. Caring remained as good. Not all issues highlighted in the section 29A warning notices and previous inspections had been addressed in the emergency department (ED); the department remained severely crowded and measures previously identified to prevent this had produced little significant improvement, the patient safety matrix did not contain guidance about what to do in these circumstances; routine use of the corridor to care for patients over long periods of time was previously highlighted as a major patient safety concern and continued. Compliance with mandatory training to safeguarding children's training did not meet the trust target or national recommendations. Adult nurse staffing levels within the department meet national guidance. Since November 2017, there were sufficient registered children's nurses in post to ensure that the ED had at least one registered children's nurse on duty per shift in line with national guidelines for safer staffing for children in EDs. Many patients could not access the service when they needed it. There was no documented local strategy for the department. Risk management processes remained an area of concern. However, staff cared for patients with compassion; staff kept appropriate records of patients' care and treatment; there was an audit programme that monitored the implementation of guidance from national clinical organisations; and results of two of the three Royal College of Emergency Medicine (RCEM) audits were as good as, or better than, other departments in England.
- Medical care (including older people's care) services at Worcestershire Royal Hospital overall improved from inadequate to requires improvement. Safety and well-led improved from inadequate to requires improvement. Effective and responsive remained requires improvement. Caring remained as good. Mandatory training compliance had improved, however, did not meet the trust target of 90%; although staff were able to describe examples of abuse and incidents where safeguarding concerns had been escalated, training compliance was poor against both safeguarding adult and children training; the theatre assessment unit did not have facilities and equipment to meet patient's care needs; wards were regularly working with reduced numbers of qualified nursing staff; and medical cover overnight consisted of one registrar who was responsible for all inpatient areas.
- Urgent and emergency care at Alexandra Hospital overall improved from inadequate to requires improvement. Safety improved from inadequate to requires improvement. Effective and responsive remained requires improvement. Well-led remained inadequate. Caring remained as good. Staff had not all received training in key skills to undertake their roles; medical staffing in the department was not always sufficient to maintain patient safety; learning from mortality, incidents and complaints was not always effectively identified, implemented, reviewed or shared; patients were not always assessed within 15 minutes of arrival; and hand hygiene best practice was not always followed; there was no documented local strategy for the department; we could not be assured that performance was being monitored or managed effectively; and risk management processes remained an area of concern.
- Medical care (including older people's care) at Alexandra Hospital overall improved from inadequate to requires improvement. Safety and well-led improved from inadequate to requires improvement. Effective and responsive remained requires improvement. Caring remained as good. Mandatory training compliance had improved, however, did not meet the trust target level of 90%; staff understood how to protect patients from abuse however, did not always have training on how to recognise and report abuse and how to apply the learning; there was no documented local strategy for the service; and there was variable performance in a number of national audits relating to patient safety and treatment.

# Summary of findings

- On this inspection we did not inspect surgery, critical care, maternity, services for children and young people, end of life care, outpatients or diagnostics. The ratings we gave to these services on the November 2016 inspection are part of the overall rating awarded to the trust this time.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

## Are services safe?

- Our rating of safe stayed the same for the trust. We took into account the current ratings of services not inspected this time. We rated it as inadequate because:
- Urgent and emergency Worcestershire Royal Hospital went up from inadequate to requires improvement for being safe. The patient safety matrix often showed that the department was overwhelmed but it was not clear what action was taken as a result. Routine use of the corridor to care for patients over long periods of time was previously highlighted as a major patient safety concern and continued and patients were not always in line of sight of nursing staff. There were delays of up to six hours for specialist doctors to respond to patients who had been referred to them for treatment. The trust performance remained inconsistent for the number of patients who were kept waiting for over 60 minutes before being handed over to ED staff and was performing worse than the England average. Compliance with mandatory and safeguarding children's training did not meet the trust target. Since November 2017, there were sufficient registered children's nurses in post to ensure that the ED had at least one registered children's nurse on duty per shift in line with national guidelines for safer staffing for children in EDs; there was a plan in place to resolve this by the end of November 2017. However, staff kept appropriate records of patients' care and treatment. Adult nurse staffing levels within the department meet national guidance. Hand hygiene best practice was followed to prevent the spread of infection. Patients were assessed within 15 minutes of arrival.
- Medical care (including older people's care) services at Worcestershire Royal Hospital improved to requires improvement for being safe. Mandatory training compliance had improved, however, did not meet the trust target of 90%; although staff were able to describe examples of abuse and incidents where safeguarding concerns had been escalated, training compliance was poor against both safeguarding adult and children training; the trauma assessment unit did not have facilities and equipment to meet patient's care needs; wards were regularly working with reduced numbers of qualified nursing staff; and medical cover overnight consisted of one registrar who was responsible for all inpatient areas. However, we also found staff kept appropriate patient records; all patients were assessed using a medical admission and nursing admission templates; and managed patient safety incidents well.
- Urgent and emergency care at Alexandra Hospital improved to requires improvement for being safe. Staff had not all received training in key skills to undertake their roles; medical staffing in the department was not always sufficient to maintain patient safety; learning from mortality, incidents and complaints was not always effectively identified, implemented, reviewed or shared; patients were not always assessed within 15 minutes of arrival; and hand hygiene best practice was not always followed. However, the service had suitable premises and equipment; there was a dedicated room for conducting assessments of adults and children with mental health conditions; and staff kept appropriate records of patients' care and treatment.
- Medical care (including older people's care) at Alexandra Hospital improved to requires improvement for being safe. Mandatory training compliance had improved, however, did not meet the trust target level of 90%; staff understood how to protect patients from abuse but did not always have training on how to recognise and report abuse and how to apply the learning; not all staff followed the trust infection control and prevention policy; and wards were regularly working with reduced numbers of qualified nursing staff. However, the service prescribed, gave, recorded and stored medicines well; most staff recognised incidents and reported them appropriately; and medical notes contained comprehensive and detailed patient reviews, referrals to other clinicians, and clear treatment plans.

# Summary of findings

- At our November 2016 inspection, urgent and emergency care and medical care (including older people's care) were rated as inadequate for safe at both Worcestershire Royal Hospital and Alexandra Hospital.

## Are services effective?

Our rating of effective stayed the same. We took into account the current ratings of services not inspected this time. We rated it as require improvement because:

- Urgent and emergency at Worcestershire Royal Hospital improved to good for being effective. The emergency department (ED) provided care and treatment that was based on national guidance; effective pain relief was given in a timely manner and its effects were monitored; there was an audit programme that monitored the implementation of guidance from national clinical organisations; results of two of the three Royal College of Emergency Medicine (RCEM) audits were as good as, or better than, other departments in England; and there was a structured competency framework for nurses that was aligned with the Royal College of Nursing national curriculum for emergency nurses. However, results from the RCEM audit on consultant sign-off of records were not as good as other departments in England; and the rate of patients re-attending the ED did not meet the national standard.
- Medical care (including older people's care) services at Worcestershire Royal Hospital remained as requires improvement for being effective. There was variable performance in a number of national audits relating to patient safety and treatment; the endoscopy department had their Joint Advisory Group accreditation deferred following a recent inspection; appraisal rates did not meet the trust target of 90%; and staff were aware of Mental Capacity Act 2005 training; however, compliance for nursing and medical staff remained poor. However, the service provided care and treatment based on national guidance; patients' pain was assessed and treated effectively; and staff were competent for their roles.
- Urgent and emergency care at Alexandra Hospital remained as requires improvement for being effective. Although audits were being undertaken, actions to improve were not always implemented or reviewed; results from local and national audits were variable; and the emergency department did not meet any of the Royal College of Emergency Medicine standards for moderate and severe acute asthma or consultant sign-off prior to discharge. However, evidence-based pathways had been introduced; staff worked collaboratively with the trust-wide mental health liaison team for the benefit of patients; and staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment
- Medical care (including older people's care) at Alexandra Hospital remained as requires improvement for being effective. There was variable performance in a number of national audits relating to patient safety and treatment; the endoscopy department had their Joint Advisory Group accreditation deferred following a recent inspection; appraisal rates did not meet the trust target of 90%; and Mental Capacity Act 2005 and Deprivation of Liberty training compliance was poor. However, patients had their needs assessed and their care was planned and delivered in line with evidence-based guidance, standards and best practice; staff from different disciplines worked together as a team to benefit patients; and patients' pain was assessed and treated.
- At our November 2016 inspection, urgent and emergency care and medical care (including older people's care) were rated as requires improvement for being effective at both Worcestershire Royal Hospital and Alexandra Hospital.

## Are services caring?

Our rating of caring stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:



# Summary of findings

- Urgent and emergency care at Worcestershire Royal Hospital remained good for caring. Staff cared for patients with compassion. We observed patients and those close to them receiving compassionate care from staff across the emergency department (ED); patients with dementia and a learning disability were given special consideration; and emotional support was provided for patients and their relatives in the department. However, there was no privacy and little confidentiality for patients waiting on trolleys in the corridor.
- Medical care (including older people's care) services at Worcestershire Royal Hospital remained as good for being caring. Staff cared for patients with compassion; patients confirmed that staff treated them well and with kindness; and staff involved patients and those close to them in decisions about their care and treatment.
- Urgent and emergency care at Alexandra Hospital remained as good for caring. Staff cared for patients with compassion; patients confirmed that staff treated them well and with kindness; and staff involved patients and those close to them in decisions about their care and treatment. However, patients' privacy and dignity was not respected during their initial clinical assessments and patient feedback was limited.
- Medical care (including older people's care) at Alexandra Hospital remained as good for caring. Staff cared for patients with compassion; patients confirmed that staff treated them well and with kindness. However, staff did not always introduce themselves or explain the purpose of a bedside meeting to patients.
- At our November 2016 inspection, urgent and emergency care and medical care (including older people's care) were rated as good for caring at both Worcestershire Royal Hospital and Alexandra Hospital.

## Are services responsive?

Our rating of responsive stayed the same. We took into account the current ratings of services not inspected this time. We rated it as inadequate because:

- Urgent and emergency Worcestershire Royal Hospital remained as inadequate for responsive. Many patients could not access the service when they needed it. Patients spent longer in this emergency department (ED) than at other trusts in England. The monthly total time spent in ED for all patients was consistently worse than the England average from November 2016 to September 2017. EDs in England are expected to ensure that 95% of their patients are admitted, transferred or discharged within four hours of arrival. The standard had not been met in any month at the Worcestershire Royal Hospital since November 2013. Complaints were not responded to in a timely way. However, the ED performed better than the England average for the percentage of patients who left the department without being seen from November 2016 to October 2017; reasonable adjustments had been made for patients living with dementia and a learning disability; and 98% of patients with a mental health problem were seen by a specialist team within one hour.
- Medical care (including older people's care) services at Worcestershire Royal Hospital remained as requires improvement for responsive. The stroke service did not have consultants on call at weekend and therefore did not provide transient ischaemic attack clinic at weekends, which is a requirement of national guidance; there was a high number of patient bed moves out of hours; signage across the hospital to find the discharge lounge was out of date; and there remained a backlog of complaints. However, the trust planned and provided services in a way that met the needs of local people; and there had been changes in the allocation of patient beds to improve patient flow.
- Urgent and emergency care at Alexandra Hospital remained as requires improvement for responsive. The ED's four-hour target performance remained below the national standard of 95% and the trust's own trajectory; patients faced delays due to the timeliness of specialty doctors arriving to ED; the ED had not improved their compliance with NHS England's Accessible Information Standard to identify, flag, share and meet the information and communication

# Summary of findings

needs of patients with a disability or sensory loss; and complaints were not responded to in a timely way. However, the trust planned and provided services in a way that met the needs of local people; patient flow through the hospital had improved since the November 2016 inspection; and the ambulatory care and frailty pathways were operating effectively in the ED and contributing to improved patient flow.

- Medical care (including older people's care) at Alexandra Hospital remained as requires improvement for responsive. The service did not always treat concerns in line with trust policy; the service reported a high number of patient bed moves out of hours; and the patient led assessments of care environment for the dementia care audit, was slightly better than the previous audit results but worse than the national average. However, the trust planned and aimed to provide services in a way that met the needs of local people; and the capacity review had resulted in changes in the allocation of patient beds to improve patient flow.
- At our November 2016 inspection, urgent and emergency care at Worcestershire Royal Hospital was rated inadequate for being responsive. Urgent and emergency care at Alexandra Hospital and medical care (including older people's care) at both Worcestershire Royal Hospital and Alexandra Hospital were rated as requires improvement for being responsive.

## Are services well-led?

Our rating of well-led stayed the same. We took into account the current ratings of services not inspected this time. We rated it as inadequate because:

- Urgent and emergency Worcestershire Royal Hospital remained as inadequate for well-led. Not all issues highlighted in the section 29A warning notices and previous inspections had been addressed in the emergency department (ED). There was no documented local strategy for the department. The ED did not have its own risk register. The ED performance remained inconsistent. However, the local leadership team were highly visible in the department and often worked clinically to support their staff; people's views and experiences were gathered and we saw some evidence that they were acted upon; and a cultural improvement programme to the hospital and senior ED staff felt this was having a positive effect.
- Medical care (including older people's care) services at Worcestershire Royal Hospital improved to requires improvement for well-led. There was no documented local strategy for the service; we were given variable accounts of clinical leadership, with some specialities being reported as disjointed because of differing opinions of consultants; a trust-wide focus on implementing a change in culture across the organisation continued however, this was not fully embedded at the time of our inspection; and staff feedback about feeling satisfied and proud to work at the trust had declined. However, the medicine divisional dashboard clearly demonstrated performance measure against key indicators; the service had a risk register, which detailed actual and potential risks and any actions taken to mitigate the risk, across all medical services; senior staff said the leadership reconstruction of the divisions was an improvement, which they felt, had allowed divisional leads to progress to the benefit of the services.
- Urgent and emergency care at Alexandra Hospital remained as inadequate for well-led. There was no documented local strategy for the department; we could not be assured that performance was being monitored or managed effectively; clinical governance meetings were not always minuted and there was limited evidence to show information was disseminated to staff; and risk management processes remained an area of concern. However, staff felt positive about the emergency department being managed under the new, smaller urgent care division and felt that leadership and support had improved; local leadership team were highly visible; and work was ongoing to improve mental health care for patients in the department.
- Medical care (including older people's care) at Alexandra Hospital improved to requires improvement for well-led. There was no documented local strategy for the service; a trust-wide focus on implementing a change in culture across the organisation continued however, this was not fully embedded at the time of our inspection; and not all



# Summary of findings

data across the trust was managed effectively to ensure it was accurate and reliable. However, the medicine divisional dashboard clearly demonstrated performance measure against key indicators; and the service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

- At our November 2016 inspection, urgent and emergency care and medical care (including older people's care) were rated as inadequate for well-led at both Worcestershire Royal Hospital and Alexandra Hospital.

## Ratings tables

The ratings tables in our full report 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. Evesham Hospital only provides one core service therefore this was not taken into account in the overall ratings.

## Outstanding practice

We found examples of outstanding practice at Worcestershire Royal Hospital in the emergency department and in medical care.

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

## Areas for improvement

We found areas for improvement including breaches of five regulations that the trust must put right. We also found 44 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve the quality of services.

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

## Action we have taken

We issued requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of legal requirements in urgent and emergency services and medical care (including older people's care).

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

## What happens next

We will make sure that the trust 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

The Worcestershire Royal Hospital emergency department (ED) had its own pharmacy team which undertook medicine reconciliation to ensure patients medicines were available as well as checking for safe prescribing.

Evergreen ward provided a rehabilitation area for inpatients waiting for discharge. The ward was ran by two ward managers, one a registered nurse and the other a physiotherapist, who worked collaboratively to ensure that patients

# Summary of findings

were discharged safely. The ward accepted medically stable patients who were waiting for additional support for discharge, such as, care packages, rehabilitation or placement in a care home. Whilst patients were waiting to go home, staff promoted an as “normal to home environment as possible”, encouraging patients to participate in everyday activities, wear their own clothing and gentle exercises to improve mobility and strength. This meant that patients improved whilst waiting for discharge and were fit to go as soon as discharge arrangements were in place. Nursing staff reported that they specialised in complex discharges and regularly had multiple discharges in one day. The ward managers were particularly focused on developing the service further and the joint working between nursing and allied health professionals meant that the ward was focused on promoting holistic care.

Senior staff in the ED were working with the mental health liaison team to improve services for patients who attended the department for mental health reasons. Staff had identified 20 patients who frequently attended the ED for mental health reasons only (no medical condition or injury). The mental health liaison team then developed management plans for each patient that included contact details for their community support workers, with the aim of preventing unnecessary admission to ED. Each patients’ management plan was accessible in the ED and also to ambulance crews so that patients could access the most appropriate support without being taken to hospital, where appropriate. The plan was in its infancy as it had only been implemented in the weeks prior to the inspection, so data to show the impact on ED attendances and care for patients with mental health was not yet available. The work was being monitored as part of a Commissioning for Quality and Innovation.

Work was ongoing to improve mental health care for patients in the department; in particular, those who were assessed as requiring alcohol detox. The alcohol liaison nurse had recently completed a six-month pilot of offering alcohol detox therapy in outpatient clinics. Patients who presented to the ED and were assessed as appropriate for the programme were offered follow-up appointments, to prevent unnecessary hospital admissions. The pilot was found to have saved 84 bed days for 15 patients and was to be continued.

## 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 the quality of services.

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

We told the trust that it must take action to bring services into line with legal requirements. This action related to tow core services and the trust overall. The services were urgent and emergency care and medical care (including older people’s care).

#### For the overall trust:

- The trust must ensure that systems are embedded and operating fully effectively in order to assess and monitor the service.
- The trust must ensure that divisional reporting of improvement plans to address gaps in care provide assurance that learning and improvement from the mortality review process is occurring.
- The trust must ensure that the corporate risk register is comprehensive, graded, reviewed and includes mitigating actions or control measures.

#### In urgent and emergency services at Worcestershire Royal Hospital:

- The trust must ensure patients are given privacy where possible.

# Summary of findings

- The trust must ensure complaints are responded to in a timely way, in line with trust policy.
- The trust must ensure risk registers are comprehensive, graded, reviewed and includes mitigating actions or control measures.
- The trust must ensure that all staff complete the appropriate level of safeguarding adults and children training.
- The trust must ensure there is improved medical cover in the emergency department to meet the RCEM recommendation of 16 hours of consultant presence per day.
- The trust must ensure patients are reviewed by specialty doctors within one hour of referral.

## **In medical care (including older people's care) services at Worcestershire Royal Hospital:**

- The trust must ensure all staff follow the trust infection prevention and control policy regarding hand hygiene procedures.
- The trust must ensure that venous thromboembolism assessments are repeated after 24 hours of admission to hospital.
- The trust must ensure that medicines are stored securely.
- The trust must ensure that complaints are managed in line with trust policy.
- The trust must ensure that all staff complete Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training.
- The trust must ensure that all staff have access to and complete all mandatory training.
- The trust must ensure that all staff complete the appropriate level of safeguarding adults and children training.
- The trust must ensure that all clinical areas are staffed, equipped and monitored to ensure safe patient care.
- The trust must ensure that medicines prescribed as a variable dose are always recorded with the actual amount administered.

## **In urgent and emergency services at Alexandra Hospital:**

- The trust must ensure patients' privacy and dignity is maintained during their initial assessments.
- The trust must ensure that all staff comply with the trust's infection prevention and control policy on hand hygiene.
- The trust must ensure complaints are responded to in a timely way, in line with trust policy.
- The trust must ensure fridge temperatures are recorded in line with trust policy.
- The trust must ensure risk registers are comprehensive, graded, reviewed and includes mitigating actions or control measures.
- The trust must ensure mortality and morbidity are reviewed in detail and learning from deaths is implemented.
- The trust must ensure learning from all incidents, investigations and complaints are discussed and effectively shared throughout the department.
- The trust must ensure that all staff have the relevant training, knowledge and skills to care for and resuscitate patients in an emergency.
- The trust must ensure that all staff have access to and complete all mandatory training.
- The trust must ensure that all staff receive training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

# Summary of findings

- The trust must ensure that all staff complete the appropriate level of safeguarding adults and children training.
- The trust must ensure there is improved medical cover in the emergency department to meet the RCEM recommendation of 16 hours of consultant presence per day.

## **In medical care (including older people's care) services at Alexandra Hospital:**

- The trust must ensure all staff follow the trust infection prevention and control policy regarding hand hygiene procedures.
- The trust must ensure that venous thromboembolism assessments are repeated after 24 hours of admission to hospital.
- The trust must ensure that complaints are managed in line with trust policy.
- The trust must ensure that all staff complete Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training.
- The trust must ensure that all staff have access to and complete all mandatory training.
- The trust must ensure that all staff complete the appropriate level of safeguarding adults and children training.

## **Action the trust SHOULD take to improve:**

### **For the overall trust:**

- The trust should ensure that all divisional leads have the necessary experience, knowledge, capacity or capability to lead effectively.
- The trust should ensure that there is a clear strategy in place.

### **In urgent and emergency services at Worcestershire Royal Hospital:**

- The trust should improve the emergency department governance structure in order to reduce existing fragmentation.
- The trust should ensure there is a documented strategy for the emergency department that can be used to monitor progress.
- The trust should improve the responsiveness of senior hospital managers when the emergency department safety matrix indicates that safety levels are critical or overwhelmed.
- The trust should consider changing the layout of the children's treatment area to reduce the number of times that staff have to leave the area.
- The trust should review the plans using primary care staff to "stream" emergency department patients.
- The trust should ensure there are robust plans in place to meet the Royal College of Emergency Medicine standard for 95% of patients receiving an initial clinical assessment within 15 minutes of arrival.
- The trust should ensure there are robust plans in place to meet the Department of Health's standard that 95% of patients should be admitted, transferred or discharged within four hours of arrival.
- The trust should ensure the quality and safety of services are assessed, monitored and improved.
- The trust should consider where people could access food during the night.
- The trust should ensure performance information is used at departmental level to improve services.
- The trust should ensure there is patient flow through the trust to make available bays in the emergency department for newer patients and limit corridor care.

# Summary of findings

- The trust should ensure there is a ratified full capacity policy.
- The trust should ensure that patients can access urgent and emergency services when they needed it, including patients arriving by ambulance.

## **In medical care (including older people's care) services at Worcestershire Royal Hospital:**

- The trust should ensure that there is adequate medical staffing at night to ensure patient safety across all clinical areas.
- The trust should ensure that all staff have annual appraisals.
- The service should ensure that multidisciplinary team meetings are conducted regularly to monitor the service and patient care.
- The service should ensure that all specialities work collaboratively to provide seamless care across all sites.
- The trust should ensure that there is adequate signage for visitor call bells to ward areas to enable visitor's timely access to inpatient areas.
- The trust should ensure that medicine charts are collocated/ attached to supplementary medicine charts.
- The trust should ensure that controlled drugs are checked daily, and recorded in controlled drug books.
- The trust should ensure that medicines trolleys are available to all clinical areas and used for all medicine rounds.

## **In urgent and emergency services at Alexandra Hospital:**

- The trust should ensure there are robust plans in place to meet the Royal College of Emergency Medicine (RCEM) standard for 95% of patients receiving an initial clinical assessment within 15 minutes of arrival.
- The trust should ensure there are robust plans in place to meet the Department of Health's standard that 95% of patients should be admitted, transferred or discharged within four hours of arrival.
- The trust should ensure that staff receive appraisals and supervision.
- The trust should ensure improve data collection systems to accurately monitor training compliance and appraisal rates.
- The trust should ensure a risk assessment is completed for the storage of intravenous fluids in the resuscitation area.
- The trust should ensure medical staffing at night is sufficient to meet demand and maintain patient safety at all times.
- The trust should ensure cleaning logs are displayed in clinical areas and toilets so it is clear to staff when an area was last cleaned.
- The trust should ensure the quality and safety of services are assessed, monitored and improved. This includes the development and monitoring of robust action plans following audits.
- The trust should ensure patients are reviewed by specialty doctors within one hour of referral.
- The trust should ensure systems are in place to identify, flag, share and meet the information and communication needs of patients with a disability or sensory loss, in line with NHS England's Accessible Information Standard.
- The trust should ensure data is collected to monitor the use of the corridor to assess and care for patients.
- The trust should ensure performance information is used at departmental level to improve services.

# Summary of findings

- The trust should ensure emergency department staff can access performance management information in a timely way.
- The trust should ensure senior staff have sufficient time and resource to fulfil clinical governance, performance, quality and risk management responsibilities.
- The trust should consider developing joint governance arrangements with the out of hours GP service to monitor the effectiveness of the service and streaming process.
- The trust should ensure clinical governance information is effectively shared with ED staff.
- The trust should ensure information from divisional meetings is disseminated to departmental staff, including performance management.
- The trust should ensure there is a documented strategy for the ED that can be used to monitor progress.
- The trust should gather patient and relative feedback to improve services.

## **In medical care (including older people's care) services at Alexandra Hospital:**

- The trust should ensure that there is adequate medical staffing at night to ensure patient safety across all clinical areas.
- The trust should ensure that all staff have annual appraisals.
- The trust should ensure that senior staff from all clinical areas have protected time to attend governance meetings.
- The trust should ensure that all staff are aware of the trust's signature behaviours.

## 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.

As this was a focused inspection mainly to follow up on the Section 29A Warning Notice served in July 2017, we did not review all aspects of well led. Therefore, the rating remains unchanged.

- There was increased stability in the executive team with two changes since our previous inspections. Staff spoke positively about this stability and the focus on achieving and sustaining good patient care.
- Not all divisional leads had the necessary experience, knowledge, capacity or capability to lead effectively. Shortly before our inspection there had been a reconfiguration of the clinical divisions which included a separate acute/urgent care and specialised services division. There was a risk of instability across the management divisions with some posts being filled by interim staff or acting up posts.
- The trust had a vision for what it wanted to achieve and objectives to support this. However, a robust strategy had not yet been developed.
- A governance framework was in place but this was not yet embedded or mature enough to be fully effective in identifying and mitigating risks or in providing assurance that actions were resulting in improvements to the safety and quality of patient care.



## Summary of findings

- Most staff said they felt respected, supported and valued. Staff said the new executive team had made a difference to the trust.

## 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
Inadequate →← Jan 2018	Requires improvement →← Jan 2018	Good →← Jan 2018	Inadequate →← Jan 2018	Inadequate →← Jan 2018	Inadequate →← Jan 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.

## Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Worcestershire Royal Hospital	Inadequate ↔ Jan 2018	Requires improvement ↔ Jan 2018	Good ↔ Jan 2018	Inadequate ↔ Jan 2018	Inadequate ↔ Jan 2018	Inadequate ↔ Jan 2018
Alexandra Hospital	Inadequate ↔ Jan 2018	Requires improvement ↔ Jan 2018	Good ↔ Jan 2018	Requires improvement ↔ Jan 2018	Inadequate ↔ Jan 2018	Inadequate ↔ Jan 2018
Kidderminster Hospital and Treatment Centre	Requires improvement Jun 2017	Requires improvement Jun 2017	Good Jun 2017	Requires improvement Jun 2017	Inadequate Jun 2017	Inadequate Jun 2017
Evesham Hospital	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015

## Overall trust

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

## Ratings for Worcestershire Royal Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↑ Jan 2018	Good ↑ Jan 2018	Good ↔ Jan 2018	Inadequate ↔ Jan 2018	Inadequate ↔ Jan 2018	Inadequate ↔ Jan 2018
Medical care (including older people's care)	Requires improvement ↑ Jan 2018	Requires improvement ↔ Jan 2018	Good ↔ Jan 2018	Requires improvement ↔ Jan 2018	Requires improvement ↑ Jan 2018	Requires improvement ↑ Jan 2018
Surgery	Requires improvement Jun 2017	Requires improvement Jun 2017	Good Jun 2017	Requires improvement Jun 2017	Inadequate Jun 2017	Requires improvement Jun 2017
Critical care	Requires improvement Jun 2017	Good Jun 2017	Good Jun 2017	Requires improvement Jun 2017	Requires improvement Jun 2017	Requires improvement Jun 2017
Maternity	Inadequate Jun 2017	Requires improvement Jun 2017	Good Jun 2017	Requires improvement Jun 2017	Requires improvement Jun 2017	Requires improvement Jun 2017
Services for children and young people	Inadequate Jun 2017	Requires improvement Jun 2017	Good Jun 2017	Requires improvement Jun 2017	Inadequate Jun 2017	Inadequate Jun 2017
End of life care	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Outpatients & diagnostic imaging	Inadequate ↔	N/A	Good ↔	Inadequate	Inadequate ↔	Inadequate ↔
<b>Overall*</b>	Inadequate ↔ Jan 2018	Requires improvement ↔ Jan 2018	Good ↔ Jan 2018	Inadequate Jan 2018	Inadequate ↔ Jan 2018	Inadequate ↔ Jan 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 Alexandra Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↑ Jan 2018	Requires improvement →← Jan 2018	Good →← Jan 2018	Requires improvement →← Jan 2018	Inadequate →← Jan 2018	Requires improvement ↑ Jan 2018
Medical care (including older people's care)	Requires improvement ↑ Jan 2018	Requires improvement →← Jan 2018	Good →← Jan 2018	Requires improvement →← Jan 2018	Requires improvement ↑ Jan 2018	Requires improvement ↑ Jan 2018
Surgery	Inadequate Jun 2017	Requires improvement Jun 2017	Good Jun 2017	Requires improvement Jun 2017	Inadequate Jun 2017	Inadequate Jun 2017
Critical care	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Maternity	Requires improvement Jun 2017	Requires improvement Jun 2017	Good Jun 2017	Good Jun 2017	Requires improvement Jun 2017	Requires improvement Jun 2017
Services for children and young people	Requires improvement Jun 2017	Requires improvement Jun 2017	Good Jun 2017	Good Jun 2017	Inadequate Jun 2017	Requires improvement Jun 2017
End of life care	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Outpatients & diagnostic imaging	Inadequate Jun 2017	N/A	Good Jun 2017	Inadequate Jun 2017	Inadequate Jun 2017	Inadequate Jun 2017
<b>Overall*</b>	Inadequate Jan 2018	Requires improvement Jan 2018	Good Jan 2018	Requires improvement Jan 2018	Inadequate Jan 2018	Inadequate Jan 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 Kidderminster Hospital and Treatment Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Jun 2017	Inadequate Jun 2017	Good Jun 2017	Good Jun 2017	Inadequate Jun 2017	Inadequate Jun 2017
Medical care (including older people's care)	Requires improvement Jun 2017	Requires improvement Jun 2017	Good Jun 2017	Good Jun 2017	Requires improvement Jun 2017	Requires improvement Jun 2017
Surgery	Requires improvement Jun 2017	Requires improvement Jun 2017	Good Jun 2017	Requires improvement Jun 2017	Requires improvement Jun 2017	Requires improvement Jun 2017
Maternity	Requires improvement Jun 2017	Requires improvement Jun 2017	Good Jun 2017	Good Jun 2017	Requires improvement Jun 2017	Requires improvement Jun 2017
Services for children and young people	Requires improvement Jun 2017	Requires improvement Jun 2017	Good Jun 2017	Good Jun 2017	Inadequate Jun 2017	Requires improvement Jun 2017
Outpatients & diagnostic imaging	Inadequate Jun 2017	N/A	Good Jun 2017	Inadequate Jun 2017	Inadequate Jun 2017	Inadequate Jun 2017
<b>Overall*</b>	Requires improvement Jun 2017	Requires improvement Jun 2017	Good Jun 2017	Requires improvement Jun 2017	Inadequate Jun 2017	Inadequate Jun 2017

\*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 Evesham Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015	Good Dec 2015
<b>Overall*</b>	Good →← Dec 2015	Good →← Dec 2015	Good →← Dec 2015	Good →← Dec 2015	Good →← Dec 2015	Good →← Dec 2015

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



# Worcestershire Royal Hospital

Worcestershire Royal Hospital  
Charles Hastings Way  
Worcester  
Worcestershire  
WR5 1DD  
Tel: 01562513240  
[www.worcsacute.nhs.uk](http://www.worcsacute.nhs.uk)

## Key facts and figures

Worcestershire Acute Hospitals NHS Trust was established in April 2000 and provides acute healthcare services to a population of around 580,000 in Worcestershire and the surrounding counties.

There are approximately 734 inpatient and day case beds, of which 73 are maternity and 32 are critical care. In late October 2015, the obstetric and neonatal services were deemed no longer sustainable at Alexandra Hospital and in November 2015 these services were centralised at Worcestershire Royal Hospital. In September 2016, the paediatric inpatient service was centralised on the Worcestershire Royal Hospital site.

Trust activity for August 2016 to July 2017:

- 187,598 A&E attendances (-1% change compared to the same time 2015/16)
- 134,003 inpatient admissions (+3% compared to the same time 2015/16)
- 846,688 outpatient appointments (+3% compared to the same time 2015/16)
- 1,902 deaths (0% compared to the same time 2015/16)
- 5,192 births (-5% compared to the same time 2015/16)
- 33,906 surgical bed days (+4% compared to the same time 2015/16)
- 1,769 critical care discharges (-4% compared to the same time 2015/16)

The trust is structured under seven divisions:

- Asset management and information technology
- Corporate services
- Clinical support
- Medicine
- Surgery
- Women and children
- Urgent care

The trust employs 5,036 staff as of August 2017, including 583 doctors, 1,384 nursing staff and 3,069 other staff.

# Summary of findings

Between 1 and 3 November 2017, we inspected two of the core services provided by Worcestershire Acute Hospitals NHS Trust at both Worcestershire Royal Hospital and Alexandra Hospital. There were urgent and emergency care and medical care (including older people's care).

## Summary of services at Worcestershire Royal Hospital

**Inadequate** ● → ←

Our rating of these services stayed the same. We rated them as inadequate because:

- Not all issues highlighted in the section 29A warning notices and previous inspections had been addressed in the emergency department (ED).
- The department remained severely crowded and measures previously identified to prevent this had produced little significant improvement. The patient safety matrix did not contain guidance about what to do in these circumstances.
- Routine use of the corridor to care for patients over long periods of time was previously highlighted as a major patient safety concern.
- There were delays of up to six hours for specialist doctors to respond to patients who had been referred to them for treatment.
- Compliance with mandatory training did not meet the trust target of 90% in the majority of modules. Not all nursing staff had received basic or intermediate life support training.
- Staff compliance with safeguarding children's training did not meet national recommendations.
- There was no privacy and little confidentiality for patients waiting on trolleys in the corridor. ED staff were frustrated about this situation and were as discrete and considerate as possible. Patients were moved to a more private cubicle when intimate care was needed.
- Many patients could not access the service when they needed it.
- Patients spent longer in this ED than at other trusts in England. The monthly total time spent in ED for all patients was consistently worse than the England average from November 2016 to September 2017. During our inspection patients who needed to be admitted to a ward were spending up to 20 hours in the department.
- Emergency departments in England are expected to ensure that 95% of their patients are admitted, transferred or discharged within four hours of arrival. The standard had not been met in any month at the Worcestershire Royal Hospital since November 2013. From November 2016 to October 2017, 62.8% of patients were admitted, transferred or discharged within four hours of arrival.
- There was no documented local strategy for the emergency department.
- Risk management processes remained an area of concern. The ED did not have its own risk register. It was unclear how staff used all risk documents effectively to manage and mitigate risks.
- Medicine ward nurse staffing levels were frequently below the nurse establishment particularly at night. Ward managers escalated any concerns with patient acuity and staffing to arrange additional support where possible.
- Escalation areas, such as the trauma assessment unit, were not always fully equipped to meet the demands of inpatient care.

# Summary of findings

- The stroke service did not provide a seven day transient ischaemic attack clinic in line with national guidance.
- There was a high number of patient bed moves between 10pm and 8am.
- Patient complaints were not responded to within the 25 days outlined in trust policy.

However:

- Staff cared for patients with compassion.
- Adult nurse staffing levels within the department meet national guidance. Since November 2017, there were sufficient registered children's nurses in post to ensure that the ED had at least one registered children's nurse on duty per shift in line with national guidelines for safer staffing for children in EDs.
- Staff kept appropriate records of patients' care and treatment.
- Equipment, clinical waste and specimens were stored, labelled and handled appropriately throughout the ED.
- Patient risk assessments had been completed correctly and in a timely manner.
- The ED provided care and treatment that was based on national guidance.
- Reasonable adjustments had been made for patients with dementia, a learning disability, gender and cultural needs.
- Medicines were stored appropriately with processes in place for monitoring usage and safe storage. Medicines were prescribed and administered in line with guidance and patients received the right dose at the right time.
- There were robust processes in place for the recording, escalation and sharing of learning from incidents.
- Patient's pain was assessed and monitored with processes in place to offer appropriate pain control and refer for additional support when necessary.
- Capacity and flow had been reviewed with ward managers taking the responsibility for pulling patients to speciality wards to ensure that patients were located in the correct environment for their clinical condition.
- Staff felt supported, able to challenge, and felt listened too.
- The service used divisional dashboards to review and monitor performance. This was discussed locally within the division and escalated to the trust board for oversight of performance.

# Urgent and emergency services

Inadequate   

## Key facts and figures

The emergency department (ED) at Worcestershire Royal Hospital provides a 24-hour, seven day a week service. It is a designated trauma unit but patients with multiple trauma are taken directly to the major trauma centre in Birmingham. 70,000 patients attended the ED in the year ending October 2017; of these attendances approximately 14,000 (20%) were children under the age of 16.

The ED consists of a major treatment area consisting of 12 cubicles and three side rooms, a minor treatment area with seating and five assessment/treatment rooms, and resuscitation room with four bays. A “high care” area has recently been created consisting of four cubicles where patients can be monitored once they had been stabilised in the resuscitation room. The department has a paediatric area with a separate waiting room and three cubicles. There are two cubicles close to the ambulance entrance where patients can be assessed if there is no room in the major treatment area.

The service has been inspected twice in the last year; a comprehensive inspection in November 2016 and an inspection to follow-up concerns in April 2017. The trust has been issued two Section 29A Warning Notices under the Health and Social Care Act 2008. Section 29A Warning Notices are issued when a trust is required to make significant improvement in the quality of care provided. Concerns with the ED were raised in both Warning Notices, which were issued in January and July 2017.

During our inspection, we spoke with 11 patients and two family members, reviewed records of 25 patients and spoke with 16 staff. We also reviewed the trust’s ED performance data. We inspected the whole core service, looked at all five key questions and followed up concerns from the Warning Notice.

## Summary of this service

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

- Not all issues highlighted in the section 29A warning notices and previous inspections had been addressed in the emergency department (ED).
- The department remained severely crowded and measures previously identified to prevent this had produced little significant improvement. The patient safety matrix did not contain guidance about what to do in these circumstances.
- Routine use of the corridor to care for patients over long periods of time was previously highlighted as a major patient safety concern.
- There were delays of up to six hours for specialist doctors to respond to patients who had been referred to them for treatment.
- Compliance with mandatory training did not meet the trust target of 90% in the majority of modules. Not all nursing staff had received basic or intermediate life support training.
- Staff compliance with safeguarding children’s training did not meet national recommendations.
- Results from the RCEM audit on consultant sign-off of records were not as good as other departments in England.
- The rate of patients re-attending the ED did not meet the national standard.

# Urgent and emergency services

- There was no privacy and little confidentiality for patients waiting on trolleys in the corridor. ED staff were frustrated about this situation and were as discrete and considerate as possible. However, patients were moved to a more private cubicle when intimate care was needed.
- Many patients could not access the service when they needed it.
- Patients spent longer in this ED than at other trusts in England. The monthly total time spent in ED for all patients was consistently worse than the England average from November 2016 to September 2017. During our inspection patients who needed to be admitted to a ward were spending up to 20 hours in the department.
- Emergency departments in England are expected to ensure that 95% of their patients are admitted, transferred or discharged within four hours of arrival. The standard had not been met in any month at the Worcestershire Royal Hospital since November 2013. From November 2016 to October 2017, 62.8% of patients were admitted, transferred or discharged within four hours of arrival.
- Patient flow through the hospital had improved slightly since the inspection in November 2016 but performance remained inconsistent and was significantly worse than the England average.
- Complaints were not responded to in a timely way.
- There was no documented local strategy for the department. A divisional strategy was being developed at the time of inspection; however, this had not been finalised or implemented.
- Risk management processes remained an area of concern. The ED did not have its own risk register. It was unclear how staff used all risk documents effectively to manage and mitigate risks.
- We asked for minutes of the last two ED clinical governance meetings but none were sent for Worcestershire Royal Hospital. We therefore could not be assured that the governance arrangements supported the delivery of good quality patient care.

However:

- Staff cared for patients with compassion.
- Adult nurse staffing levels within the department meet national guidance. Adult nurse staffing levels within the department meet national guidance. Since November 2017, there were sufficient registered children's nurses in post to ensure that the ED had at least one registered children's nurse on duty per shift in line with national guidelines for safer staffing for children in EDs.
- Staff kept appropriate records of patients' care and treatment.
- Equipment, clinical waste and specimens were stored, labelled and handled appropriately throughout the ED.
- Patient risk assessments had been completed correctly and in a timely manner.
- Staff compliance with adult's children's training met the trust target.
- Hand hygiene best practice was followed to prevent the spread of infection.
- Patients were assessed within 15 minutes of arrival.
- Medicines were stored in line with trust policy.
- Learning from incidents were implemented, reviewed or shared.
- The ED provided care and treatment that was based on national guidance.

# Urgent and emergency services

- Results of two of the three Royal College of Emergency Medicine (RCEM) audits were as good as, or better than, other departments in England.
- There was a structured competency framework for nurses that was aligned with the Royal College of Nursing national curriculum for emergency nurses. Records showed that all ED nurses had received an appraisal in the last year.
- Reasonable adjustments had been made for patients with dementia, a learning disability, gender and cultural needs.
- The local leadership team were highly visible in the department and often worked clinically to support their staff.

## Is the service safe?

**Requires improvement**  

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

- The patient safety matrix often showed that the department was overwhelmed but it was not clear what action was taken as a result.
- Routine use of the corridor to care for patients over long periods of time was previously highlighted as a major patient safety concern and continued. There were sometimes seven patients in the corridor waiting to be admitted to a ward. There was only space in the main corridor for four patients. This meant that additional patients were placed in part of the corridor that was round a corner and not in line of sight of nursing staff. Although patients had access to call bells, and there was access to resuscitation equipment in the corridor it was not designed as a clinical area and this increased risk to patient safety.
- Patients waited too long to see a specialist doctor after referral, with an average wait of two hours but a patient waited for six hours during the inspection.
- The trust performance remained inconsistent for the number of patients arriving by ambulance who were kept waiting for over 60 minutes before being handed over to emergency department (ED) staff and was performing worse than the England average.
- Compliance with mandatory training did not meet the trust target of 90% in the majority of modules. Not all nursing staff had received basic or intermediate life support training.
- Staff compliance with safeguarding children's training did not meet national recommendations, however staff understood how to protect patients from abuse.
- Medical staffing was identified as a safety concern at previous inspections and had not improved during this inspection. There was insufficient medical cover to provide consultant presence in the emergency department for 16 hours a day, as recommended by the Royal College of Emergency Medicine. Cover was for 15 hours a day.

However:

- Patient risk assessments had been completed correctly and in a timely manner.
- Adult nurse staffing levels within the department meet national guidance. Since November 2017, there were sufficient registered children's nurses in post to ensure that the ED had at least one registered children's nurse on duty per shift in line with national guidelines for safer staffing for children in EDs.
- Patients were assessed within 15 minutes of arrival.
- Staff kept appropriate records of patients' care and treatment.



# Urgent and emergency services

- Equipment, clinical waste and specimens were stored, labelled and handled appropriately throughout the ED.
- Staff compliance with adult's safeguarding training met the trust target.
- Hand hygiene best practice was followed to prevent the spread of infection.
- Staff prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right time.
- The department managed generally patient safety incidents well. There was a culture of incident reporting in the department. All staff we spoke with knew how to report incidents and what should be reported. They received feedback when an incident had been reported or following investigation.

## Is the service effective?

Good  

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

- The emergency department (ED) provided care and treatment that was based on national guidance.
- There was an audit programme that monitored the implementation of guidance from national clinical organisations. Action plans were put in place if any shortcomings were discovered.
- Administration of pain relief had improved since our April 2017 inspection. Effective pain relief was given in a timely manner and its effects were monitored.
- 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.
- There were twice weekly nursing audits. Results showed that trust targets had been exceeded in 12 out of 13 criteria.
- Staff gave patients enough food and drink to meet their needs whilst in the ED. Staff made adjustments for patients' religious, cultural and other preferences.
- The multidisciplinary team worked together as a team to benefit patients.
- The department made sure nursing staff were competent for their roles. All nursing staff had received an appraisal in the last year.
- There was a structured competency framework for nurses that was aligned with the Royal College of Nursing national curriculum for emergency nurses. Records showed that all ED nurses had received an appraisal in the last year.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

However:

- Results from the RCEM audit on consultant sign-off of records were not as good as other departments in England.

## Is the service caring?

Good   

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

# Urgent and emergency services

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

However:

- There was no privacy and little confidentiality for patients waiting on trolleys in the corridor. ED staff were frustrated about this situation and were as discrete and considerate as possible, for example patients were moved to a more private cubicle when intimate care was needed.

## Is the service responsive?

**Inadequate** ● ➡ ➡

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

- The trust was undertaking significant work to develop services to meet the needs of local people, however patients could not currently access the service in a timely manner.
- Patients spent longer in this emergency department (ED) than at other trusts in England. The monthly total time spent in ED for all patients was consistently worse than the England average from November 2016 to September 2017.
- Patients faced delays due to the timeliness of specialty doctors arriving to ED. From May to October 2017, the ED did not meet the 80% target for the percentage of patients receiving a specialty review within one hour of referral. 42% of patients received a specialty review within one hour of referral.
- Emergency departments in England are expected to ensure that 95% of their patients are admitted, transferred or discharged within four hours of arrival. The standard had not been met in any month at the Worcestershire Royal Hospital since November 2013. From November 2016 to October 2017, 62.8% of patients were admitted, transferred or discharged within four hours of arrival.
- Patient flow through the hospital had improved slightly since the inspection in November 2016 but performance remained inconsistent and was significantly worse than the England average. From November 2016 to October 2017, 57% of patients waited from four to 12 hours from the decision to admit until being admitted
- Improvements had been made since our April 2017 inspection to try to meet patients' individual needs, however, the individual needs of patients waiting in the corridor on trolleys were still not fully addressed.
- Complaints were not responded to in a timely way.

However:

- The ED performed better than the England average for the percentage of patients who left the department without being seen from November 2016 to October 2017. 1.8% of patients left this ED without being seen, compared to the England average of 3.2%.
- From November 2016 to October 2017, an average of 3.6% of patients waited more than 12 hours to be admitted. However, no patients had waited more than 12 hours to be admitted since August 2017. This had improved significantly throughout the year, particularly compared to January 2017 when patients waiting more than 12 hours to be admitted peaked at 18.46%.
- Reasonable adjustments had been made for patients with dementia, a learning disability, gender and cultural needs.

# Urgent and emergency services

- The responsiveness of the mental health team (provided by another NHS trust) had been consistently good for the whole year. Since November 2016 between 95% and 100% of patients had been seen within one hour.

## Is the service well-led?

**Inadequate** ● → ←

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

- Not all issues highlighted in the section 29A warning notices and previous inspections had been addressed in the emergency department (ED).
- There was no documented local strategy for the department. A divisional strategy was being developed at the time of inspection; however, this had not been finalised or implemented.
- The new urgent care divisional structure included a general management position which had not been recruited to at the time of inspection. This meant local clinical leaders were responsible for all governance, quality and risk management in the ED.
- Risk management processes remained an area of concern. The ED did not have its own risk register. It was unclear how staff used all risk documents effectively to manage and mitigate risks.
- The department remained severely crowded and measures previously identified to prevent this had produced little significant improvement. The patient safety matrix did not contain guidance about what to do in these circumstances.
- The ED performance remained inconsistent.
- We asked for minutes of the last two ED clinical governance meetings but none were sent for Worcestershire Royal Hospital. We therefore could not be assured that the governance arrangements supported the delivery of good quality patient care.

However:

- Staff felt positive about the ED being managed under the new, smaller urgent care division and felt that leadership and support had improved.
- The local leadership team were highly visible in the department and often worked clinically to support their staff.
- The trust had recognised there were issues with the governance structure and arrangements in the ED. An executive director was going to support the urgent care division to improve their governance and performance management.
- There had been some improvements since the November 2016 inspection, with regards to performance monitoring and review at local level. Recent changes to divisional structure meant performance management arrangements were not finalised at the time of inspection. However, there were processes to manage current and future performance.
- Patient's views and experiences were gathered and we saw some evidence that they were acted upon. The department engaged with patients, staff, the public and local organisations to plan and manage appropriate services.
- Trust board members made regular visits to the department. They had introduced a cultural improvement programme to the hospital and senior ED staff felt this was having a positive effect.

# Urgent and emergency services

## Outstanding practice

The Worcestershire Royal Hospital emergency department had its own pharmacy team which undertook medicine reconciliation to ensure patients medicines were available as well as checking for safe prescribing.

An emergency department liaison group with the local prison had recently been formed to reduce prisoner attendance to the department.

## Areas for improvement

We told the trust that it must take action to bring services into line with five regulations.

Actions the trust **MUST** take to improve

- The trust must ensure patients are given privacy where possible.
- The trust must ensure complaints are responded to in a timely way, in line with trust policy.
- The trust must ensure risk registers are comprehensive, graded, reviewed and includes mitigating actions or control measures.
- The trust must ensure that all staff complete the appropriate level of safeguarding children training.
- The trust must ensure there is improved medical cover in the emergency department to meet the RCEM recommendation of 16 hours of consultant presence per day.
- The trust must ensure patients are reviewed by specialty doctors within one hour of referral.

Actions the trust **SHOULD** take to improve

- The trust should improve the emergency department governance structure in order to reduce existing fragmentation.
- The trust should ensure there is a documented strategy for the emergency department that can be used to monitor progress.
- The trust should improve the responsiveness of senior hospital managers when the emergency department safety matrix indicates that safety levels are critical or overwhelmed.
- The trust should consider changing the layout of the children's treatment area to reduce the number of times that staff have to leave the area.
- The trust should review the plans using primary care staff to "stream" emergency department patients.
- The trust should ensure there are robust plans in place to meet the Royal College of Emergency Medicine standard for 95% of patients receiving an initial clinical assessment within 15 minutes of arrival.
- The trust should ensure there are robust plans in place to meet the Department of Health's standard that 95% of patients should be admitted, transferred or discharged within four hours of arrival.
- The trust should ensure the quality and safety of services are assessed, monitored and improved.
- The trust should consider where people could access food during the night.
- The trust should ensure performance information is used at departmental level to improve services.
- The trust should ensure there is patient flow through the trust to make available bays in the emergency department for newer patients and limit corridor care.

# Urgent and emergency services

- The trust should ensure there is a ratified full capacity policy.
- The trust should ensure that patients can access urgent and emergency services when they needed it, including patients arriving by ambulance.

# Medical care (including older people's care)

Requires improvement  

## Key facts and figures

The Worcestershire Royal Hospital has 10 medical wards and also has an acute stroke unit, coronary care unit, a trauma assessment unit, and a discharge lounge.

Medical service activity across all sites for August 2016 to July 2017 included:

- 63,394 admissions, which was an increase from 59,735 (6%) admissions the previous year.
- 39,126 day case admissions (up by 9% from 35,871)
- 23,751 emergency admissions (up by 2% from 23,342)
- 517 elective admissions (down by 1% from 522)

The three specialities with the most activity were general medicine (21,922, up 3% from 23,342), gastroenterology (10,033, down 2% from 10,217) and clinical oncology (8,972, up 21% from 7,421).

In November 2016, the Care Quality Commission (CQC) inspected the medical service at the Worcestershire Royal Hospital and found it to be inadequate for safe and well led, and requires improvement for effective and responsive, and good for caring. The service was overall rated as inadequate. In April 2017, we carried out a focused inspection of the service, but did not rate it.

Medical services are divided across two divisions according to the speciality. The medicine division included medical specialities such as gastroenterology, oncology, rheumatology and general medicine. The remaining services such as medical admissions, coronary care and acute stroke services belonged to the clinical support services division. These were grouped with areas like the emergency department.

We carried out an unannounced inspection on the 1 to 3 November 2017, during which we inspected the following clinical areas:

Acute Stroke Unit

Avon 2- Gastroenterology

Avon 3- Diabetes, Renal medicine and infection diseases

Avon 4- Elderly medicine

Discharge Lounge

Endoscopy

Evergreen Ward 1- Medicine

Laurel 1- Cardiology

Laurel 2- Respiratory medicine

Laurel 3- Haematology

Laurel Coronary Care Unit (CCU)

Medical Day Case Unit



# Medical care (including older people's care)

Medical High Care and Short Stay Unit

Silver Unit- Oncology

Trauma Assessment Unit

During the inspection, we spoke with 67 staff members including, doctors, nurses, managers, allied health professionals, pharmacists and students. We spoke with 18 patients and relatives and reviewed 30 patient records.

## Summary of this service

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

- Ward nurse staffing levels were frequently below the nurse establishment particularly at night. Ward managers escalated any concerns with patient acuity and staffing to arrange additional support where possible.
- Staff skills in the Trauma Assessment Unit and Silver Oncology Unit did not necessarily meet the requirements for the patients cared for within these areas. There were plans in place to address this in the Silver Oncology Unit.
- Senior medical cover, at night was minimal, with one registrar responsible for all medical inpatient areas and acute admissions.
- Mandatory training figures did not meet the trust target of 90%. This included poor compliance with safeguarding children and vulnerable adults training in nurses and doctors.
- There was poor compliance with Mental Capacity Act 2005 training amongst nurse and doctors.
- Appraisal rates for medical and nursing staff did not meet the trust target of 90%.
- Escalation areas, such as the trauma assessment unit, were not always fully equipped to meet the demands of inpatient care.
- There was variable performance in national audit outcomes. For example, the Hospital Standardised Mortality Ratio and Summary Hospital-level Mortality Indicator was worse than expected.
- The upper gastrointestinal endoscopy performance was worse than expected and the Joint Advisory Group accreditation had been deferred following a recent inspection of endoscopy services.
- The stroke service did not provide a seven day transient ischaemic attack clinic in line with national guidance.
- The service performed worse than the national average in the dementia care audit.
- The service reported a high number of patient bed moves between 10pm and 8am.
- Patient complaints were not responded to within the 25 days outlined in trust policy.
- There were variable accounts of clinical leadership, with some reports that specialities were disjointed due to differing consultant opinions. Staff reported that this affected cross-site working.
- There were pockets across the service where changes were not established.

However, we also found that:

- Equipment was checked annually for fitness for purpose.
- Patients were assessed on admission and at regular intervals using nationally recognised assessment tools. Patient records were up to date, clearly written and held securely.

# Medical care (including older people's care)

- The service had introduced a safer staffing application, which was used to monitor staffing across the hospital, enabling senior staff to identify areas of pressure.
- Medicines were stored appropriately with processes in place for monitoring usage and safe storage. Medicines were prescribed and administered in line with guidance and patients received the right dose at the right time.
- There were robust processes in place for the recording, escalation and sharing of learning from incidents.
- Policies and processes used were based on national guidance.
- Patient's pain was assessed and monitored with processes in place to offer appropriate pain control and refer for additional support when necessary.
- Patients were treated with compassion, respect with dignity maintained at all times.
- Capacity and flow had been reviewed with ward managers taking the responsibility for pulling patients to speciality wards to ensure that patients were located in the correct environment for their clinical condition.
- Leadership had been reconstructed and staff felt that this had improved the progression of the service.
- Staff felt supported, able to challenge, and felt listened too.
- The service used divisional dashboards to review and monitor performance. This was discussed locally within the division and escalated to the trust board for oversight of performance.
- The service used a risk register to identify risks to the service and any mitigating actions taken to reduce risk.

## Is the service safe?

**Requires improvement**  

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

- During this inspection we found that mandatory training compliance had improved, however, did not meet the trust target of 90%.
- Although staff were able to describe examples of abuse and incidents where safeguarding concerns had been escalated, training compliance was poor against both safeguarding adult and children training. Training compliance for doctors did not meet the trust target of 90%, with an average of 10% of doctors completing safeguarding adult's level 3 training.
- The trauma assessment unit had been opened as an escalation area in response to bed pressures. This area was not usually opened as an inpatient area and therefore did not have the usual facilities and equipment. Bathroom facilities were shared, meals were provided on request and staff obtained medicines from neighbouring departments or wards.
- Data shows that wards were regularly working with reduced numbers of qualified nursing staff.
- We saw several clinical areas where staffing numbers were impacted by lack of out of hour services or service demands.
- Medical cover overnight consisted of one registrar who was responsible for all inpatient areas. This included all medical wards and admission areas. This registrar was therefore responsible for all new admissions, any deteriorating patients and any urgent referrals, such as a new stroke patient.
- Control measures to prevent the spread of infection was varied.

# Medical care (including older people's care)

- Medicines were not always prescribed, given, recorded and stored medicines well

However, we also found;

- The service had suitable premises and equipment and looked them well.
- Patients mostly had appropriate risk assessments undertaken and their safety monitored so they were supported to stay safe. Oversight of deteriorating patients and initial venous thromboembolism (VTE) assessments had improved since the last inspection however VTE assessment were not consistently repeated after 24 hours.
- The service had introduced a safer staffing application (app) which was completed locally on wards daily. The app recorded the number and type of staff on duty each day and compared this to the ward planned establishment.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing 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.

## Is the service effective?

**Requires improvement**   

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

- There was variable performance in a number of national audits relating to patient safety and treatment.
- The Hospital Standardised Mortality Ratio (HSMR) for August 2016 to July 2017 was reported as 102.37, which was better than the previous year at 109.52 but continued to be slightly worse than the expected rate of 100.
- For April 2016 to March 2017, the Summary Hospital-level Mortality Indicator (SHMI) was reported as 1.07, which was better than the previous year (1.13), however, this remained slightly worse than the national average of 1.00.
- The quarterly Sentinel Stroke National Audit Programme (SSNAP) results showed the trust had a rating of D from April to July 2017 to March 2017.
- The endoscopy department had their Joint Advisory Group accreditation deferred following a recent inspection.
- There were two areas where staff skills did not necessarily meet the service needs. This was silver unit and the trauma assessment unit.
- Between October 2016 and September 2017, appraisal rates did not meet the trust target of 90%.
- Doctors reported that professional development was sometimes difficult to complete due to the clinical workload. Similarly, ward matrons reported that they often worked clinically which meant they were unable to spend time on ward management roles, often resulting in working longer shifts, or increased pressure to complete tasks.
- The multidisciplinary team (MDT) worked together to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. However staff reported pockets where MDT and cross site working was not as effective.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005; however, training continued to be below the trust target of 90%.

However:

# Medical care (including older people's care)

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Policies were relevant and in line with evidence based guidance, standards and best practice.
- We found that nutritional support had improved. Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Patients' pain was assessed on admission to hospital and repeated at intervals throughout their stay. Pain scores were recorded within their nursing and medical notes, and we saw that any concerns were escalated to the doctor.
- The service made sure staff were competent for their roles. Managers held supervision meetings with staff to provide support and monitor the effectiveness of the service. Staff had the right qualifications, skills and experience to do their jobs, and were supported to complete specialist tasks where necessary.
- The service was in the process of introducing six day working for consultants and we were told that the chief medical officer was managing the transition.
- Patients with long-term conditions or those with new diagnosis were referred to specialist teams for support.

## 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 confirmed that staff treated them well and with kindness. Staff were aware of and understood the need to respect personal, cultural, social and religious needs of patients, and we saw these taken into consideration when completing care. Staff were friendly, courteous and respectful when interacting with patients and their relatives.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients were very happy with the care and support they were receiving from all staff in all clinical areas.
- Staff provided emotional support to patients to minimise their distress. Patients told us they were involved in their care and understood their treatment and care plans.

## Is the service responsive?

**Requires improvement** ● ➡ ➡

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

- The stroke service did not have consultants on call at weekend and therefore did not provide transient ischaemic attack (TIA- mini stroke) clinic at weekends, which is a requirement of national guidance.
- From March 2017 to June 2017, the service achieved 60.6% in the patient led assessments of care environment for dementia care audit, which was slightly better than their previous audit of February to June 2016 (57.8%) but worse than the national average of 76.1%.

# Medical care (including older people's care)

- From October 2016 to September 2017, the service continued to report a high number of patient bed moves out of hours (10pm to 8am). The medical assessment unit reported 2,062 patient bed moves at night for the same period, which is equivalent to 172 per month. This was an improvement since our last inspection, when we identified that there was an average of 274 moves per month.
- The discharge lounge had moved in September 2017. We found the signage across the hospital to find the discharge lounge was out of date. Signage directed people to the location of the previous discharge lounge on the ground floor, when we asked staff for help to locate the lounge many were unsure of its new location.
- Waiting lists was one of the areas the Joint Advisory Group on gastrointestinal (GI) endoscopy had deferred their accreditation to the trust. The upper GI pathway showed 56% performance following recent surges in referrals for two-week waits. This was worse than expected.
- In July 2017, the trust reported that there remained a backlog of complaints, with 38.3% of trust wide complaints responded to within the 25 days outlined in the policy.

However:

- The trust planned and provided services in a way that met the needs of local people. Medical services appropriately reflected the local population providing acute and elective treatment for all specialities.
- There had been no reported mixed sex breaches for medicine services between October 2016 and September 2017.
- Within the medical division, the capacity review had resulted in changes in the allocation of patient beds. Ward managers told us, there were a number of requirements for improving flow, this included patients for discharge being identified the day prior to discharge, ward managers attending the medical admissions unit to “pull” the most suitable patients to the ward, and “boarding” new admissions on the ward until their bed was available.
- A dedicated doctor, usually a locum, managed patients transferred to non-medical wards. This provided some consistency with reviews and ensured that staff were able to identify the relevant doctor caring for the patient. Records showed that patients were reviewed a minimum of twice weekly by their consultant.

## Is the service well-led?

**Requires improvement**  

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

- The trust's vision and strategy remained under development at the time of the inspection. There was no documented local strategy for the service. However, it was clear that clinical leads and managers had a vision for medicine at Worcestershire Royal Hospital.
- We were given variable accounts of clinical leadership, with some specialities being reported as disjointed because of differing opinions of consultants. Similarly, we were told that there was limited cross working in some services working across multiple sites, for example, respiratory medicine was located at the Alexandra and Worcestershire Royal Hospitals.
- Staff feedback about feeling satisfied and proud to work at the trust had declined. The trust also scored below national average for staff recommending the trust as a place to receive treatment.
- We found that whilst there had been improvements across medical services, there appeared to be some areas which required further development. There were pockets where projects were fully established and others where they were still in progress.

# Medical care (including older people's care)

- Senior staff within the endoscopy service said they did not have any protected time to attend governance meetings.
- A trust-wide focus on implementing a change in culture across the organisation continued however, this was not fully embedded at the time of our inspection.

However:

- Leadership teams had been reconfigured since our November 2016 inspection and senior staff said the reconstruction of the divisions was an improvement, which they felt, had allowed divisional leads to progress to the benefit of the services.
- The medicine divisional dashboard, clearly demonstrated performance measure against key indicators, such as NHS Safety Thermometer data, infection control rates, complaints performance, bed occupancy, length of stay and readmission rates. The dashboards were discussed at divisional meetings and at board level.
- The service had a risk register, which detailed actual and potential risks and any actions taken to mitigate the risk, across all medical services.

## Outstanding practice

Evergreen ward provided a rehabilitation area for inpatients waiting for discharge. The ward was ran by two ward managers, one a registered nurse and the other a physiotherapist, who worked collaboratively to ensure that patients were discharged safely. The ward accepted medically stable patients who were waiting for additional support for discharge, such as, care packages, rehabilitation or placement in a care home. Whilst patients were waiting to go home, staff promoted an as “normal to home environment as possible”, encouraging patients to participate in everyday activities, wear their own clothing and gentle exercises to improve mobility and strength. This meant that patients improved whilst waiting for discharge and were fit to go as soon as discharge arrangements were in place. Nursing staff reported that they specialised in complex discharges and regularly had multiple discharges in one day. The ward managers were particularly focused on developing the service further and the joint working between nursing and allied health professionals meant that the ward was focused on promoting holistic care.

## Areas for improvement

We told the trust that it must take action to bring services into line with five regulations.

### Action the trust MUST take to improve

- The trust must ensure all staff follow the trust infection prevention and control policy regarding hand hygiene procedures.
- The trust must ensure that venous thromboembolism assessments are repeated after 24 hours of admission to hospital.
- The trust must ensure that medicines are stored securely.
- The trust must ensure that complaints are managed in line with trust policy.
- The trust must ensure that all staff complete Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training.
- The trust must ensure that all staff have access to and complete all mandatory training.
- The trust must ensure that all staff complete the appropriate level of safeguarding adults and children training.
- The trust must ensure that all clinical areas are staffed, equipped and monitored to ensure safe patient care.

# Medical care (including older people's care)

- The trust must ensure that medicines prescribed as a variable dose are always recorded with the actual amount administered.

## **Action the trust SHOULD take to improve**

- The trust should ensure that there is adequate medical staffing at night to ensure patient safety across all clinical areas.
- The trust should ensure that all staff have annual appraisals.
- The service should ensure that multidisciplinary team meetings are conducted regularly to monitor the service and patient care.
- The service should ensure that all specialities work collaboratively to provide seamless care across all sites.
- The trust should ensure that there is adequate signage for visitor call bells to ward areas to enable visitor's timely access to inpatient areas.
- The trust should ensure that medicine charts are colocated/ attached to supplementary medicine charts.
- The trust should ensure that controlled drugs are checked daily, and recorded in controlled drug books.
- The trust should ensure that medicines trolleys are available to all clinical areas and used for all medicine rounds.

# Alexandra Hospital

Alexandra Hospital  
Woodrow Drive  
Redditch  
Worcestershire  
B98 7UB  
Tel: 01562513240  
[www.worcsacute.nhs.uk](http://www.worcsacute.nhs.uk)

## Key facts and figures

Worcestershire Acute Hospitals NHS Trust was established in April 2000 and provides acute healthcare services to a population of around 580,000 in Worcestershire and the surrounding counties.

There are approximately 734 inpatient and day case beds, of which 73 are maternity and 32 are critical care. In late October 2015, the obstetric and neonatal services were deemed no longer sustainable at Alexandra Hospital and in November 2015 these services were centralised at Worcestershire Royal Hospital. In September 2016, the paediatric inpatient service was centralised on the Worcestershire Royal Hospital site.

Trust activity for August 2016 to July 2017:

- 187,598 A&E attendances (-1% change compared to the same time 2015/16)
- 134,003 inpatient admissions (+3% compared to the same time 2015/16)
- 846,688 outpatient appointments (+3% compared to the same time 2015/16)
- 1,902 deaths (0% compared to the same time 2015/16)
- 5,192 births (-5% compared to the same time 2015/16)
- 33,906 surgical bed days (+4% compared to the same time 2015/16)
- 1,769 critical care discharges (-4% compared to the same time 2015/16)

The trust is structured under six divisions:

- Asset management and information technology
- Corporate services
- Clinical support
- Speciality medicine division
- Surgery
- Women and children
- Urgent care

The trust employs 5,036 staff as of August 2017, including 583 doctors, 1,384 nursing staff and 3,069 other staff.



# Summary of findings

Between 1 and 3 November 2017, we inspected two of the core services provided by Worcestershire Acute Hospitals NHS Trust at both Worcestershire Royal Hospital and Alexandra Hospital. There were urgent and emergency care and medical care (including older people's care).

## Summary of services at Alexandra Hospital

**Inadequate** ● ➡ ➡

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

- Staff had not all received training in key skills to undertake their roles. This included resuscitation and safeguarding vulnerable adults and children.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, staff did not always have training on how to recognise and report abuse and how to apply the learning.
- Medical staffing in the department was not always sufficient to maintain patient safety. Recommendations by the Royal College of Emergency Medicine (RCEM) were not met. Medical cover overnight consisted of one registrar who was responsible for all inpatient areas.
- Learning from mortality, incidents and complaints was not always effectively identified, implemented, reviewed or shared.
- Hand hygiene best practice was not always followed to prevent the spread of infection.
- There was variable performance in a number of national audits relating to patient safety and treatment.
- Departmental risks were recorded on the urgent care divisional risk register, which was not comprehensive and did not include control measures.
- Patients' views and experiences were not routinely gathered or acted upon to improve services.
- We found progress had been made in assessments and responses to patient risk within each of the medical wards we visited. Initial venous thromboembolism assessments were completed on a patient's admission to hospital. The assessments were not always repeated within 24 hours of admission.
- Data showed that wards were regularly working with reduced numbers of qualified nursing staff.
- Appraisal rates did not meet the trust target of 90%.
- The service did not always treat complaints in line with trust policy.
- There were a high number of patient bed moves out of hours (10pm to 7am).
- The trust's vision and strategy remained under development at the time of the inspection. There was no documented local strategy for the service however, and some staff were uncertain about the trust's vision and strategy regarding the Alexandra Hospital.

However, we also found;

- Patients had their needs assessed and their care was planned and delivered in line with evidence-based guidance, standards and best practice.
- Staff provided care that was kind and compassionate. Patients' individual needs were met.

# Summary of findings

- Staff worked with the mental health liaison service to provide high quality care for patients with mental health conditions.
- The trust planned and provided services in a way that met the needs of local people.
- The ambulatory care and frailty pathways were operating effectively in the ED and contributing to improved patient flow. Patients spent less time waiting for hospital beds.
- The trust recognised there were issues with leadership and governance arrangements in the ED. A new, smaller urgent care division had been set up and there were plans to provide executive support to improve governance and performance management.
- The service prescribed, gave, recorded and stored medicines well.
- Most patient safety incidents were managed well.
- Medical notes contained comprehensive and detailed patient reviews, referrals to other clinicians, and clear treatment plans.
- Staff from different disciplines worked together as a team to benefit patients.
- Patients' pain was assessed on admission to hospital and repeated at intervals throughout their stay.

# Urgent and emergency services

Requires improvement  

## Key facts and figures

The emergency department (ED) at the Alexandra Hospital provides services 24-hours per day, seven days per week and serves the population of Redditch and surrounding areas. There are approximately 55,000 attendances each year. The number of children attending the ED has decreased from approximately 11,000 to around 7,000 (13% of all attendances) in the last year. This is due to the reconfiguration of paediatric services to another trust site. Ambulances no longer bring seriously ill or injured children to this department.

The ED consists of a minor treatment area with seating and five trolley cubicles, a major treatment area with 10 trolley cubicles and three side rooms, and a resuscitation area with three bays. There is a five-bedded observation ward known as the emergency decision unit and two separate paediatric cubicles. There is also a paediatric observation bay located opposite the nursing station.

The service has been inspected twice in the last year; a comprehensive inspection in November 2016 and an inspection to follow-up concerns in April 2017. The trust has been issued two section 29A warning notices under the Health and Social Care Act 2008. Section 29A Warning Notices are issued when a trust is required to make significant improvement in the quality of care provided. Concerns with the ED were raised in both warning notices, which were issued in January and July 2017.

This inspection asked if the ED was safe, effective, responsive, caring and well-led. We looked at each key question and followed up concerns from the section 29A warning notices.

During our inspection, we spoke with 32 members of staff, including doctors, nurses, healthcare assistants, administrative and domestic staff. We also spoke to 12 patients and four relatives. We reviewed 16 patient care records.

## Summary of this service

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

- Staff had not all received training in key skills to undertake their roles. This included resuscitation and safeguarding vulnerable adults and children.
- Medical staffing in the department was not always sufficient to maintain patient safety. Recommendations by the Royal College of Emergency Medicine (RCEM) were not met.
- Learning from mortality, incidents and complaints was not always effectively identified, implemented, reviewed or shared.
- Hand hygiene best practice was not always followed to prevent the spread of infection.
- Performance was variable against the national quality indicators used to monitor emergency departments (ED).
- Monitoring performance occurred at divisional level and did not always feed into departmental service delivery. The divisional structure had recently changed and performance management arrangements were not finalised at the time of inspection.

# Urgent and emergency services

- There was limited evidence to show audit results were used to improve services. The ED participated in national RCEM audits, which showed they were not meeting national standards in the majority of areas. Robust actions to improve had not been implemented.
- There was lack of emphasis on improving quality and sustainability at departmental level. Clinical leaders in the department were responsible for all local governance, quality and risk management, which meant they did not always have capacity to fulfil these duties to a sufficient level.
- Departmental risks were recorded on the urgent care divisional risk register, which was not comprehensive and did not include control measures.
- Information was not always effectively disseminated from divisional and senior leaders. Staff in the ED were not always aware of recent learning or improvement plans.
- Patients' views and experiences were not routinely gathered or acted upon to improve services. There was limited patient engagement and the response rate for the NHS Friends and Family Test was consistently below 1%, compared to an England average of 13%.

However:

- Data showed that no patients spent time in the corridor after ambulance handover, including those who were waiting for an available hospital bed after a decision to admit. This was a significant improvement since the November 2016 inspection when patients frequently waited in the corridor due to poor patient flow and lack of bed capacity across the hospital.
- Care pathways and protocols based on National Institute for Health and Care Excellence guidelines had been introduced.
- Staff provided care that was kind and compassionate. Patients' individual needs were met.
- Staff worked with the mental health liaison service to provide high quality care for patients with mental health conditions.
- The trust planned and provided services in a way that met the needs of local people. For example, through collaborative working with the frailty team, ambulance service and local prisons.
- The ambulatory care and frailty pathways were operating effectively in the ED and contributing to improved patient flow. Patients spent less time waiting for hospital beds.
- The trust recognised there were issues with leadership and governance arrangements in the ED. A new, smaller urgent care division had been set up and there were plans to provide executive support to improve governance and performance management.
- The culture in the ED had improved since previous inspections. In November 2016, there was trust-wide acceptance of long waits for patients and corridor care. At this inspection, the culture was now focused on teamwork and putting patients first.

## Is the service safe?

**Requires improvement**  

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

# Urgent and emergency services

- There were trust-wide issues with mandatory training data collection that had occurred since we inspected in November 2016. Senior staff in the emergency department (ED) monitored their staff information, which showed compliance did not meet the trust target of 90% in the majority of modules. Not all nursing staff had received basic or intermediate life support training.
- Medical staff compliance with safeguarding adults and children training did not meet national recommendations. For example, compliance with safeguarding vulnerable adult's level 2 remained at 0% since April 2017.
- Hand hygiene best practice was not always followed to prevent the spread of infection. Staff did not routinely wash or sanitise their hands between patients or when entering and leaving clinical areas.
- Patients were not consistently assessed within 15 minutes of arrival. However, from November 2016 to October 2017, the median time patients waited for an initial assessment was nine minutes. Despite this, data from January to November 2017 showed performance varied from 54% to 97% of patients assessed within 15 minutes.
- Medical staffing was identified as a safety concern at previous inspections and had not improved during this inspection. There was insufficient medical cover to provide consultant presence in the emergency department for 16 hours a day, as recommended by the Royal College of Emergency Medicine.
- Medical staffing levels at night were not sufficient to ensure patient safety was maintained at all times.
- Not all medicines were stored in line with trust policy. There were gaps in fridge temperature recordings and intravenous fluids were not risk assessed for tamper proof storage.
- Learning from serious incidents was not always implemented, reviewed or shared effectively.
- Mortality and morbidity reviews remained an area of concern. Reviews lacked detail and there was little evidence of actions or learning as a result.
- Staff we spoke with throughout the inspection told us that use of the corridor had reduced, but patients still waited in the corridor upon arrival by ambulance every week when the department was busy. We asked to see data to show how long patients spent in the corridor; however, the trust were unable to provide us this.
- There was no set protocol or written criteria for assessing patients' suitability for waiting in the corridor. This was a risk if handover was taken by a nurse as not all nurses were trained to triage patients. We raised this with senior staff at the time of inspection and were advised that nurses escalated any concerns to the nurse in charge who made decisions based on clinical judgement.

However:

- Data showed that no patients who had received a decision to admit waited in the corridor for an available hospital bed. This was a significant improvement since the November 2016 inspection when patients frequently waited in the corridor due to poor patient flow and lack of bed capacity across the hospital. Routine use of the corridor to care for patients over long periods of time was previously highlighted as a major patient safety concern.
- The service had suitable premises and equipment and looked after patients.
- There was a dedicated room for conducting assessments of adults and children with mental health conditions. This met all safety standards recommended by the Psychiatric Liaison Accreditation Network.
- Delays in ambulance handovers had improved. In October 2017, two patients waited over an hour to be handed over to ED staff, compared to 40 patients in November 2016. The number of patients who waited over 30 minutes to be handed over had also improved.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.

# Urgent and emergency services

## Is the service effective?

**Requires improvement**   

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

- Although audits were being undertaken, actions to improve were not always implemented or reviewed. Results from local and national audits were variable.
- National clinical benchmarking showed the emergency department (ED) did not meet any of the Royal College of Emergency Medicine (RCEM) standards for moderate and severe acute asthma or consultant sign-off prior to discharge. Performance was similar to or worse than other trusts in the majority of measures.
- Compliance with Mental Capacity Act 2005 (MCA) training was poor. Information provided by the trust showed training was 0% for medical staff and 30% for nursing staff in September 2017. However staff could demonstrate an understanding of the principles of the MCA.

However:

- Evidence-based pathways had been introduced since the November 2016 inspection.
- Internal audits of sepsis identification and management showed compliance was improving. The ED performance was similar to or better than other trusts in each measure of the national RCEM sepsis audit, though they did not meet RCEM standards.
- Staff gave patients enough food and drink to meet their needs whilst in the ED. Staff made adjustments for patients' religious, cultural and other preferences.
- ED staff worked collaboratively with the trust-wide mental health liaison team for the benefit of patients. ED staff skills were developed through joint working procedures.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.

## Is the service caring?

**Good**   

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

- Staff cared for patients with compassion. Patients who were in distress or pain were responded to quickly.
- Feedback from patients during this inspection confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Nurses considered patients' emotional wellbeing during care and comfort rounds and at handover.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and relatives we spoke with knew what to expect during their attendance in the department.

However:

- We observed occasions where patients' privacy and dignity was not respected during their initial clinical assessments.

# Urgent and emergency services

- The ED did not routinely gather feedback so there was limited information from patients for the 12 months prior to this inspection.

## Is the service responsive?

**Requires improvement**   

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

- The emergency department's (ED) four-hour target performance showed an overall trend of improvement since the previous inspections, but remained below the national standard of 95% and the trust's own trajectory. Performance varied from 58% to 92% during the inspection.
- Patients faced delays due to the timeliness of specialty doctors arriving to ED. From May to October 2017, the ED did not meet the 80% target for the percentage of patients receiving a specialty review within one hour of referral. At the time of inspection, performance was at 45%.
- The ED had not improved their compliance with NHS England's Accessible Information Standard to identify, flag, share and meet the information and communication needs of patients with a disability or sensory loss.
- Complaints were not responded to in a timely way. From August to October 2017, no complaints had been responded to within 25 working days in line with trust policy. There was limited evidence of learning from complaints.

However:

- The trust planned and provided services in a way that met the needs of local people. For example, through collaborative working with the frailty team, mental health liaison team, ambulance service and local prisons.
- Patient flow through the hospital had improved since the November 2016 inspection. This was reflected in the reduced time patients spent waiting for a hospital bed. In November 2016, 36% of patients waited from four to 12 hours from the decision to admit until being admitted. This had improved to 9% in October 2017. No patients had waited over 12 hours for a bed since December 2016.
- The ambulatory care and frailty pathways were operating effectively in the ED and contributing to improved patient flow.
- Improved flow had improved the department's ability to provide calm, quiet environments for patients with additional needs, such as dementia or a learning disability. These patients were no longer routinely cared for in unsuitable environments, such as the corridor.

## Is the service well-led?

**Inadequate**   

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

- Not all issues highlighted in the section 29A warning notices and previous inspections had been addressed in the emergency department (ED).
- There was no documented local strategy for the department. A divisional strategy was being developed at the time of inspection; however, this had not been finalised or implemented.



# Urgent and emergency services

- The new urgent care divisional structure included a general management position which had not been recruited to at the time of inspection. This meant local clinical leaders were responsible for all governance, quality and risk management in the ED. They were supported by divisional managers; however, it was evident from the quality of meeting minutes, information provided and what staff told us on inspection, that local clinical leaders did not always have capacity within their roles to focus on governance and performance to a sufficient level.
- Divisional performance management arrangements had recently changed and new plans were not finalised at the time of inspection. We therefore could not be assured that ED performance was being monitored or managed effectively.
- The quality of clinical governance remained a concern at this inspection. Although clinical governance meetings were now taking place, meetings were not always minuted and there was limited evidence to show information was disseminated to staff. We therefore could not be assured that the governance arrangements supported the delivery of good quality patient care.
- There were no joint governance arrangements between the ED and the out of hours GP service that was located within the department.
- Risk management processes remained an area of concern. The ED did not have its own risk register. It was unclear how staff used all risk documents effectively to manage and mitigate risks.
- Information on ED performance was not readily accessible within the department. Data on key performance indicators was stored by a central team who reported data to divisional management. The process for local staff to access this information could take a number of hours.
- People's views and experiences were not routinely gathered or acted upon. There was very little patient engagement and we saw no evidence of patient feedback used to improve the service.

However:

- Staff felt positive about the ED being managed under the new, smaller urgent care division and felt that leadership and support had improved.
- The local leadership team were highly visible in the department and often worked clinically to support their staff. All staff we spoke with reported feeling supported by the local leadership team and felt able to approach their managers with any concerns.
- The culture in the ED had improved since previous inspections. In November 2016, there was trust-wide acceptance of long waits for patients and corridor care. At this inspection, the culture was now focused on teamwork and putting patients first.
- The trust had recognised there were issues with the governance structure and arrangements in the ED. An executive director was going to support the urgent care division to improve their governance and performance management.
- Work was ongoing to improve mental health care for patients in the department; in particular, those who were assessed as requiring alcohol detox. The alcohol liaison nurse had recently completed a six month pilot of offering alcohol detox therapy in outpatient clinics.

## Outstanding practice

Senior staff in the emergency department (ED) were working with the mental health liaison team to improve services for patients who attended the department for mental health reasons. Staff had identified 20 patients who frequently attended the ED for mental health reasons only (no medical condition or injury). The mental health liaison team then developed management plans for each patient that included contact details for their community support workers, with



# Urgent and emergency services

the aim of preventing unnecessary admission to ED. Each patients' management plan was accessible in the ED and also to ambulance crews so that patients could access the most appropriate support without being taken to hospital, where appropriate. The plan was in its infancy as it had only been implemented in the weeks prior to the inspection, so data to show the impact on ED attendances and care for patients with mental health was not yet available. The work was being monitored as part of a Commissioning for Quality and Innovation.

Work was ongoing to improve mental health care for patients in the department; in particular, those who were assessed as requiring alcohol detox. The alcohol liaison nurse had recently completed a six-month pilot of offering alcohol detox therapy in outpatient clinics. Patients who presented to the ED and were assessed as appropriate for the programme were offered follow-up appointments, to prevent unnecessary hospital admissions. The pilot was found to have saved 84 bed days for 15 patients and was to be continued.

## Areas for improvement

We told the trust that it must take action to bring services into line with five regulations.

### **Actions the trust MUST take to improve**

- The trust must ensure patients' privacy and dignity is maintained during their initial assessments.
- The trust must ensure that all staff comply with the trust's infection prevention and control policy on hand hygiene.
- The trust must ensure complaints are responded to in a timely way, in line with trust policy.
- The trust must ensure fridge temperatures are recorded in line with trust policy.
- The trust must ensure risk registers are comprehensive, graded, reviewed and includes mitigating actions or control measures.
- The trust must ensure mortality and morbidity are reviewed in detail and learning from deaths is implemented.
- The trust must ensure learning from incidents, investigations and complaints are discussed and effectively shared throughout the department.
- The trust must ensure that all staff have the relevant training, knowledge and skills to care for and resuscitate patients in an emergency.
- The trust must ensure that all staff have access to and complete all mandatory training.
- The trust must ensure that all staff receive training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- The trust must ensure that all staff complete the appropriate level of safeguarding adults and children training.
- The trust must ensure there is improved medical cover in the emergency department to meet the RCEM recommendation of 16 hours of consultant presence per day.

### **Actions the trust SHOULD take to improve**

- The trust should ensure there are robust plans in place to meet the Royal College of Emergency Medicine (RCEM) standard for 95% of patients receiving an initial clinical assessment within 15 minutes of arrival.
- The trust should ensure there are robust plans in place to meet the Department of Health's standard that 95% of patients should be admitted, transferred or discharged within four hours of arrival.
- The trust should ensure that staff receive appraisals and supervision.

# Urgent and emergency services

- The trust should ensure improve data collection systems to accurately monitor training compliance and appraisal rates.
- The trust should ensure a risk assessment is completed for the storage of intravenous fluids in the resuscitation area.
- The trust should ensure medical staffing at night is sufficient to meet demand and maintain patient safety at all times.
- The trust should ensure cleaning logs are displayed in clinical areas and toilets so it is clear to staff when an area was last cleaned.
- The trust should ensure the quality and safety of services are assessed, monitored and improved. This includes the development and monitoring of robust action plans following audits.
- The trust should ensure patients are reviewed by specialty doctors within one hour of referral.
- The trust should ensure systems are in place to identify, flag, share and meet the information and communication needs of patients with a disability or sensory loss, in line with NHS England's Accessible Information Standard.
- The trust should ensure data is collected to monitor the use of the corridor to assess and care for patients.
- The trust should ensure performance information is used at departmental level to improve services.
- The trust should ensure emergency department staff can access performance management information in a timely way.
- The trust should ensure senior staff have sufficient time and resource to fulfil clinical governance, performance, quality and risk management responsibilities.
- The trust should consider developing joint governance arrangements with the out of hours GP service to monitor the effectiveness of the service and streaming process.
- The trust should ensure clinical governance information is effectively shared with ED staff.
- The trust should ensure information from divisional meetings is disseminated to departmental staff, including performance management.
- The trust should ensure there is a documented strategy for the ED that can be used to monitor progress.
- The trust should gather patient and relative feedback to improve services.

# Medical care (including older people's care)

Requires improvement  

## Key facts and figures

The Alexandra Hospital in Redditch serves a population of 200,000 and has over 300 inpatient beds. The hospital has nine medical wards and also has a male and female medical assessment unit (MAU), a discharge lounge, and a chemotherapy suite.

Medical service activity across all sites for August 2016 to July 2017 included:

- 63,394 admissions, which was an increase from 59,735 (6%) admissions the previous year.
- 39,126 day case admissions (up by 9% from 35,871)
- 23,751 emergency admissions (up by 2% from 23,342)
- 517 elective admissions (down by 1% from 522)

The Alexandra Hospital in Redditch serves a population of 200,000 and has over 300 inpatient beds. The hospital has nine medical wards and also has a male and female medical assessment unit (MAU), a discharge lounge, and a chemotherapy suite.

In November 2016, the Care Quality Commission (CQC) inspected the medical service at the Alexandra Hospital and found it to be inadequate for safe and well led, and requires improvement for effective and responsive, and good for caring. The service was overall, rated as inadequate and the trust was issued with a Warning Notice. In April 2017, we carried out a focused inspection of the service, but did not rate it, as the inspection looked specifically at the issues identified in the Warning Notice.

Medical services are divided across two divisions according to the speciality. The medicine division includes medical specialities; the speciality medicine division and the urgent care division (UCD). The UCD includes the emergency department, admission and assessment areas and the discharge lounge. All other services belong to the speciality medicine division.

We carried out an unannounced inspection on the 1 to 3 November 2017, during which we inspected the following clinical areas:

- Coronary Care Unit (CCU)
- Discharge Lounge (UCD)
- Ambulatory Emergency Care (AEU)
- Endoscopy
- Ward 2 – Medicine
- Ward 3 – Medical Assessment Unit (MAU) – male (UCD)
- Ward 4 – Medical Assessment Unit (MAU) – female (UCD)
- Ward 5 – Respiratory
- Ward 6 – Cardiology
- Ward 12 – Elderly Medicine

# Medical care (including older people's care)

- Ward 11 – General Surgery (to review medical outliers)
- Ward 14 - General Medicine

During the inspection we spoke with 33 members of staff, including nurses, doctors, pharmacists, and therapists. We spoke with nine patients and relatives and reviewed 17 patient records.

## Summary of this service

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

- During this inspection we found that mandatory training compliance had improved, however, did not meet the trust target level of 90%.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, staff did not always have training on how to recognise and report abuse and how to apply the learning.
- The service mostly controlled infection risk well, however not all staff we observed followed the trust infection control and prevention policy.
- We found progress had been made in assessments and responses to patient risk within each of the medical wards we visited. Initial venous thromboembolism assessments were completed on a patient's admission to hospital. The assessments were not always repeated within 24 hours of admission.
- Data showed that wards were regularly working with reduced numbers of qualified nursing staff. There was a high number of qualified nurse vacancies within the medical division however, in mitigation the trust filled vacant shifts with bank and agency staff when possible.
- Medical cover overnight consisted of one registrar who was responsible for all inpatient areas.
- There was variable performance in a number of national audits relating to patient safety and treatment.
- The endoscopy department had their Joint Advisory Group accreditation deferred following a recent inspection.
- Appraisal rates did not meet the trust target of 90%.
- Mental Capacity Act 2005 and Deprivation of Liberty training compliance was poor.
- The service did not always treat complaints in line with trust policy.
- From October 2016 to September 2017, the service reported a high number of patient bed moves out of hours (10pm to 7am).
- Managers had the right skills and abilities to run a service providing high-quality sustainable care. A stable leadership team had been in place for a period of six months only however, at the time of our inspection and there had been significant instability during the previous two years.
- The trust's vision and strategy remained under development at the time of the inspection. There was no documented local strategy for the service, and some staff were uncertain about the trust's vision and strategy regarding the Alexandra Hospital.
- Not all data across the trust was managed effectively to ensure it was accurate and reliable.

However, we also found;

# Medical care (including older people's care)

- The service prescribed, gave, recorded and stored medicines well.
- The service mostly managed patient safety incidents well.
- Medical notes contained comprehensive and detailed patient reviews, referrals to other clinicians, and clear treatment plans.
- The service had introduced a safer staffing application (app) which was completed locally on wards daily. The app recorded the number and type of staff on duty each day and compared this to the ward planned establishment.
- Patients had their needs assessed and their care was planned and delivered in line with evidence-based guidance, standards and best practice.
- Staff from different disciplines worked together as a team to benefit patients.
- Patients' pain was assessed on admission to hospital and repeated at intervals throughout their stay.
- Staff cared for patients with compassion.
- The trust planned and aimed to provide services in a way that met the needs of local people.
- Within the medical division, the capacity review had resulted in changes in the allocation of patient beds to improve patient flow.
- The medicine divisional dashboard clearly demonstrated performance measure against key indicators, such as NHS Safety Thermometer data, infection control rates, complaints performance, bed occupancy, length of stay and readmission rates. The dashboards were discussed at divisional meetings and at board level.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

## Is the service safe?

**Requires improvement**  

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

- During this inspection we found that mandatory training compliance had improved, however, did not meet the trust target level of 90%. Nursing staff did not meet the trust target of 90% completion in seven out of nine mandatory training areas and medical staff did not meet the trust target in nine out of nine mandatory training areas during August 2017.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, staff did not always have training on how to recognise and report abuse and how to apply the learning. Training compliance for doctors did not meet the trust target of 90%, with an average of 27% of doctors completing safeguarding children level 2 and 11% completing safeguarding adult's level 2 training.
- The service mostly controlled infection risk well, however not all staff we observed followed the trust infection control and prevention policy. We observed two incidents of staff entering a medical ward without following hand hygiene procedures.
- During this inspection, we found progress had been made in assessments and responses to patient risk within each of the medical wards we inspected. Initial venous thromboembolism (VTE) assessments were completed on a patient's admission to hospital. The assessments were not always repeated within 24 hours of admission.

# Medical care (including older people's care)

- Data showed that wards were regularly working with reduced numbers of qualified nursing staff. There was a high number of qualified nurse vacancies within the medical division however, in mitigation the trust filled vacant shifts with bank and agency staff when possible.
- Medical cover overnight consisted of one registrar who was responsible for all inpatient areas. This included all inpatient areas and medical admission areas. This meant the registrar was responsible for all new admissions, any deteriorating patients and any urgent referrals, such as a respiratory patient

However, we also found;

- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service mostly managed patient safety incidents well. Most 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.
- Medical notes contained comprehensive and detailed patient reviews, referrals to other clinicians, and clear treatment plans.
- The service had introduced a safer staffing application (app) which was completed locally on wards daily. The app recorded the number and type of staff on duty each day and compared this to the ward planned establishment.

## Is the service effective?

**Requires improvement**   

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

- There was variable performance in a number of national audits relating to patient safety and treatment.
- The Hospital Standardised Mortality Ratio (HSMR) for August 2016 to July 2017 was reported as 102.37, which was better than the previous year at 109.52 but continued to be slightly worse than the expected rate of 100.
- For April 2016 to March 2017, the Summary Hospital-level Mortality Indicator (SHMI) was reported as 1.07, which was better than the previous year (1.13), however, this remained slightly worse than the national average of 1.00.
- The quarterly Sentinel Stroke National Audit Programme (SSNAP) results showed the trust had a rating of D from April to July 2017 to March 2017.
- The endoscopy department had their Joint Advisory Group (JAG) accreditation deferred following a recent inspection.
- Between October 2016 and September 2017, appraisal rates did not meet the trust target of 90%.
- Mental Capacity Act 2005 and Deprivation of Liberty training compliance was poor. Not all patient notes contained documented evidence of reasoning for decision making when a patient lacked capacity, or confirmed if a capacity assessment or best interest decision had been completed

However:

# Medical care (including older people's care)

- Patients had their needs assessed and their care was planned and delivered in line with evidence-based guidance, standards and best practice. For example, best practice was followed in line with the National Institute for Health and Care Excellence (NICE) guidelines.
- 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.
- We found nutritional support had improved. Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Patients' pain was assessed on admission to hospital and repeated at intervals throughout their stay. Pain scores were recorded within their nursing and medical notes, and we saw that any concerns were escalated to the doctor.

## 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 confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Relatives we spoke with said they had felt very well supported, and that communication from both medical and nursing staff had been very open, with clear explanations about their loved one's treatment.
- Staff involved patients and those close to them in decisions about their care and treatment. The National Cancer Patient Experience Survey 2016 results, (published in July 2017), showed 81% of patients across the trust were told they could bring a family member or friend when first told they had cancer. This was above the national average of 76%. A further 78% of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment.

However:

- Patients were not always treated with dignity and respect. For example, staff did not always introduce themselves or explain the purpose of a bedside meeting to patients.

## 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 treat complaints in line with trust policy.
- From October 2016 to September 2017, the service reported a high number of patient bed moves out of hours (10pm to 7am).
- From March 2017 to June 2017, the service achieved 60.6% in the patient led assessments of care environment for the dementia care audit, which was slightly better than their previous audit of February to June 2016 (57.8%) but worse than the national average of 76.1%.



# Medical care (including older people's care)

- Waiting lists was one of the areas the Joint Advisory Group on gastrointestinal (GI) endoscopy had deferred their accreditation to the trust. The upper GI pathway showed the trust met the two-week target for the procedure for 56% of patients, following recent surges in referrals. This was worse than expected.

However:

- The trust planned and aimed to provide services in a way that met the needs of local people.
- Within the medical division, the capacity review had resulted in changes in the allocation of patient beds to improve patient flow.
- The endoscopy service pre-assessed all patients and accommodated individual needs. For example, where a patient had a diagnosis of a learning disability they would allocate a longer time slot to ensure they could accommodate their individual needs.

## Is the service well-led?

**Requires improvement**  

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

- Managers had the right skills and abilities to run a service providing high-quality sustainable care. A stable leadership team had been in place for a period of six months only however, at the time of our inspection and there had been significant instability during the previous two years.
- The trust's vision and strategy remained under development at the time of the inspection. There was no documented local strategy for the service however, and some staff were uncertain about the trust's vision and strategy regarding the Alexandra Hospital.
- A trust-wide focus on implementing a change in culture across the organisation continued however, this was not fully embedded at the time of our inspection. Not all staff we interviewed were aware of the trust "4ward" signature behaviours, introduced to complement the cultural change.
- Senior staff within the endoscopy service said they did not have any protected time to attend governance meetings.
- Not all data across the trust was managed effectively to ensure it was accurate and reliable.

However,

- Since our November 2016 inspection, improvements had been made and frameworks were in place to support governance processes from board to ward level.
- The medicine divisional dashboard clearly demonstrated performance measure against key indicators, such as NHS Safety Thermometer data, infection control rates, complaints performance, bed occupancy, length of stay and readmission rates. The dashboards were discussed at divisional meetings and at board level.
- The trust had developed a people and culture strategy to support with staff development and retention. Accredited leadership development programmes had been offered to staff, as well as a number of coaching programmes for managers/leaders. The trust reported that up to 170 leaders were involved with one to one coaching, with positive feedback from participants.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.



# Medical care (including older people's care)

- The service had a risk register, which detailed actual and potential risks and any actions taken to mitigate the risk, across all medical services.

## Areas for improvement

We told the trust that it must take action to bring services into line with five regulations.

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

- The trust must ensure all staff follow the trust infection prevention and control policy regarding hand hygiene procedures.
- The trust must ensure that venous thromboembolism assessments are repeated after 24 hours of admission to hospital.
- The trust must ensure that complaints are managed in line with trust policy.
- The trust must ensure that all staff complete Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training.
- The trust must ensure that all staff have access to and complete all mandatory training.
- The trust must ensure that all staff complete the appropriate level of safeguarding adults and children training.

### Action the trust **SHOULD** take to improve

- The trust should ensure that there is adequate medical staffing at night to ensure patient safety across all clinical areas.
- The trust should ensure that all staff have annual appraisals.
- The trust should ensure that senior staff from all clinical areas have protected time to attend governance meetings.
- The trust should ensure that all staff are aware of the trust's signature behaviours.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

#### 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 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

This inspection was led by Bernadette Hanney, Head of Hospital Inspection, and Charlotte Rudge Inspection Manager. The team included an inspector, an executive reviewer and a governance specialist adviser. Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts.

The team for the core services inspection included eight inspectors, two of which were mental health inspectors, two CQC National Professional Advisors and six specialist advisers. Specialist advisers are experts in their field who we do not directly employ.