

Warrington and Halton Hospitals NHS Foundation Trust

Quality Report

Lovely Lane
Warrington
Cheshire WA5 1QG
Tel: 01925 635911
Website:
www.warringtonandhaltonhospitals.nhs.uk

Date of inspection visit: 27-29 January and 11
February 2015
Date of publication: 10/07/2015

This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust

Requires improvement



Are services at this trust safe?

Requires improvement



Are services at this trust effective?

Good



Are services at this trust caring?

Good



Are services at this trust responsive?

Requires improvement



Are services at this trust well-led?

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

The trust manages two major hospitals: Warrington Hospital and Halton General Hospital. The majority of emergency care and complex surgical care is based at Warrington Hospital, while Halton General Hospital provides routine elective surgery and is also home to the Cheshire and Merseyside NHS Treatment Centre building where elective orthopaedic surgery is performed.

Although both hospital sites specialise in particular aspects of care, outpatient clinics for all specialties are provided at both sites so people can access their initial appointments close to home wherever possible.

The Delamere Macmillan cancer support Unit is also based at Halton Hospital.

The trust provides services including genito-urinary medicine services from Bath Street Health and Wellbeing Centre in Warrington.

Warrington and Halton Hospital NHS Foundation Trust provides services across the towns of Warrington, Runcorn (where Halton General Hospital is based), Widnes and the surrounding areas. It provides access to care for over 300,000 patients.

We carried out an announced inspection of Warrington Hospital between 27 and 29 January 2015. In addition an unannounced inspection was carried out between 5pm and 8.30pm on 11 February 2015.

We carried out this inspection as part of our comprehensive inspection programme.

We rated Halton Hospital as good, Bath Street Health and Wellbeing Centre as good and Warrington Hospital as requires improvement. We rated the trust overall as requires improvement and good for the caring and effective domains

Our key findings were as follows:

The trust had a vision and strategy with clear aims and objectives. The trust had a framework for the delivery of the trust's objectives relating to Quality, People and Sustainability. Staff in both hospitals were aware and supportive of the vision and values; they understood the challenges facing the trust and the plans and actions to address them.

There was an established executive team who were well known to staff. Staff were positive about the visibility and accessibility of the senior team especially the Chief Executive and Director of Nursing and Organisational Development.

Staff at Halton hospital confirmed that the senior team had recently visited the site however felt that the executive team could visit more often. Staff at the Bath Street Health and Wellbeing Centre felt remote from the senior team and felt that they could have been better included in the decision making about the services they provided. They were positive about the excellent support they received from the divisional management team and matron.

Staff were committed and passionate about their work. Staff were keen to learn and continuously improve the services they offered to patients

There was good leadership and strengthening governance arrangements across the trust. Recent non-executive appointments were increasing the board's capacity for strong challenge and scrutiny of performance.

The trust was financially challenged and it was evident that the efficiencies required as a part of their Cost Improvement Programmes (CIP) would not be met in all cases.

Access and flow

The trust had been under pressure from high numbers of emergency admissions through its accident and emergency (A&E) department. Performance against the national A&E target set by the Department of Health operational standard to admit or discharge 95% of patients within four hours of arrival was poor. At the time of the inspection, the emergency department had only met this standard once since April 2014.

The numbers of emergency admissions affected the number of available beds particularly in medicine. Patients were often placed in wards and areas that were not best suited to their needs.

Although the trust had good systems to make sure that patients placed in areas away from the relevant specialist

Summary of findings

area were seen regularly by an appropriate doctor, patients often experienced a number of moves from ward to ward, sometimes during the night. This was not a positive experience for patients.

Surgical patients were also affected because operations were cancelled if intensive care or inpatient beds were not available. However the trust overall cancellation rate for elective surgery compared well with the England average performance against this standard. The cancellation of surgery was more of an issue at Warrington Hospital as a result of the number of emergency admissions. Cancellation rates at Halton hospital were low.

There were a number of delayed discharges at Warrington hospital. Patients were regularly in hospital longer than they needed to be. The most common reasons for delayed discharges were the completion of assessments, patient choice and waiting for a placement in an appropriate care setting.

The trust was well aware of its challenges in this regard and was working with partners to resolve this issue. However reducing the number of delayed discharges in the hospital remained a managerial challenge. The early supported discharge team for stroke patients worked very well and had resulted in a reduced length of stay and an improved patient experience for this group of patients.

In addition, there were high numbers of delayed transfers of care from the intensive care unit. This had a direct impact on the use of the 'stabilisation bay' in theatres. Patients were cared for in the stabilisation bay in excess of the agreed operating policy of 4 hours. Patients could remain in this area for up to 48 hours and the bay was an unsuitable environment for patients to be cared for in the medium term.

The delayed discharges and admissions to the intensive therapy unit were symptomatic of wider patient flow issues within Warrington hospital, including the pressures on A&E.

Discharges at Halton hospital were well managed and timely as this was primarily an elective surgical site without an A&E department and emergency admissions. This was as a result of strategic decisions by the trust to improve the care and experience of elective patients.

Nurse staffing

Nursing staff were caring and compassionate and treated patients and those close to them with dignity and respect. Nurses were committed to giving people a high standard of care and treatment. Nurse staffing levels were calculated using a recognised dependency tool and regularly reviewed. There were minimum staffing levels set for wards and departments. Required and actual staffing numbers were displayed outside each ward and department. Individual ward dashboards showed the breakdown of recruitment and staffing indicators for every ward manager.

The trust had been actively recruiting nursing staff nationally and was planning to recruit nursing staff internationally. Although the numbers of nurses had improved, there were still vacancies in some key areas. In the Neonatal unit, nurse staffing did not yet meet the British Association of Perinatal Medicine (BAPM) Standards. The matron of children's services had recognised this risk and had developed a plan to achieve staffing compliance by 2016.

Nursing vacancies were covered by bank staff, overtime and agency nurses. Although the wards and departments were suitably staffed at the time of our inspection, the trust acknowledged that the current position was not sustainable in the longer term and was seeking new and innovative ways of attracting and appointing nursing staff. We saw evidence of ongoing recruitment during our inspection and progress was reported at trust board on a monthly basis.

Midwifery staffing

In the maternity service the number of midwives was frequently below the staffing levels set by the trust. In addition the labour ward shift leader was often unable to be supernumerary as they were required to support staffing numbers.

The maternity ward had been closed 16 times in 2014. On seven occasions since then this was as a result of insufficient midwives to provide the service.

The midwife to live birth ratio of 1 to 31 was below with the nationally recommended number of 1 to 28.

Medical staffing

Medical treatment was delivered by skilled and committed medical staff. However, there was not always enough medical staff to provide timely treatment and

Summary of findings

review of patients, particularly out of hours. There were a high number of vacancies in some areas, particularly the emergency department and medical care services. Vacancies were covered by locum doctors in many instances.

The trust had increased the numbers of doctors employed and continued to recruit medical staff as a priority. However there were times when patients waited for extended periods of time before they could be seen by a doctor.

Safeguarding

Policies and procedures were in place that outlined the trust's processes for safeguarding adults and children. A safeguarding link nurse and a health visitor for children worked with staff to promote and support good practice and escalate risks of neglect or abuse appropriately.

The electronic patient record system in A&E alerted staff to any safeguarding issues and it was mandatory for staff to complete a safeguarding trigger in the clinical assessment record for all children who attended the department.

Safeguarding policy and procedures were supported by staff training. However, the numbers of staff who had completed safeguarding training varied across the all the trust's sites and completion rates fell below the trust's target.

Mortality and morbidity

There were no risks identified with Dr Foster Hospital Standardised Mortality Ratios (HMSR) and the Summary Hospital-level Mortality Indicator (SHMI). There was one outstanding mortality outlier for haematological conditions that was subject to ongoing investigation by the trust.

Mortality and morbidity meetings were held weekly at divisional level across the trust and were attended by representatives from all teams within the relevant divisions. As part of these meetings, attendees reviewed the notes for every patient who had died in the hospital within the previous week. Any learning identified was shared and applied.

However, the review process would benefit from more robust oversight and involvement from both the Medical

Director and the board. This would support assurance that mortality rates are scrutinised at a very senior level and subsequent learning is applied and monitored for impact.

Incident reporting

The trust had reported 6,937 incidents for the 12 month period and the reporting rate was higher than the national rate for trusts of this size. Although the rate of reporting indicates a positive culture in this regard, there were high numbers of incidents reported as causing low or no harm and the numbers of incidents categorised at moderate harm and above are low. Only 108 were categorised as moderate harm, 15 as severe harm and 7 deaths. This may mean that incidents are downgraded, and thresholds should be revised to promote appropriate and accurate classification.

Incidents were raised via the electronic incident reporting system, by completing paper incident reporting forms or by leaving a message with an automated telephone system that was picked up by the governance team and then entered into the electronic incident reporting system. A trust-wide policy was in place to support this approach. Staff had received training and were confident in the use of the incident report system.

Feedback and learning from reported incidents was shared and applied to improve practice and prevent recurrence. In the medical division, feedback to junior medical staff was felt to be poor. In addition there were examples of staff failing to report incidents due to time pressures or because they sought local solutions. This meant that opportunities for learning could be lost as a result.

Mandatory training

The trust had a comprehensive rolling programme for mandatory staff training. However the numbers of staff who had completed their training varied across the trust. A number of staff groups had not met the trust's training target at the time of our inspection. Some staff said that they could not go to training sessions because of staffing pressures in their area of work. Managers were aware of the shortfall and were beginning to address the issue; they were confident that targets would be met by the year end. However, it was difficult to see how this could be achieved in the context of existing staffing pressures.

Summary of findings

Cleanliness and infection control

There was a high standard of cleanliness throughout the hospital. Staff were aware of current infection prevention and control guidelines and observed good practice. Hygiene audits demonstrated a high level of compliance. There were suitable arrangements for the handling, storage and disposal of clinical waste, including sharps.

Cleaning schedules were in place and displayed throughout the ward areas and departments. There were clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment. The trust's C. diff infection rate had mainly been above the England average since September 2013. However there were no trends identified and the trust remained vigilant in managing infection risks.

Nutrition and hydration

Patients had a choice of nutritious food and an ample supply of drinks during their stay in hospital. Patients with specialist needs in relation to eating and drinking were supported by dietitians and the speech and language therapy team. There was a coloured jug system in place that identified patients who needed assistance with eating and drinking. Support with eating and drinking was given to patients in a sensitive and discreet way.

In addition, the trust Acute Care Nurse Specialist was winner of the 6C's 'Live in Action' story of the month in October 2014 for her innovative work around supporting hydration in the trust relating to 'Hello my name is, would you like a drink'

Medicines management

Medicines were provided, stored and administered safely and securely. However the management of medicines stock at Halton Hospital outpatient department required improvement.

Areas of outstanding practice included:

- In 2014, the bereavement service for women and their partners who had lost a baby won the national Butterfly Award for "best hospital bereavement service".
- The hospital had a purpose built and highly effective ward for patients living with dementia which was well

equipped and well-staffed. Patients with dementia were assessed and admitted to the ward based on the severity of their dementia and managed sensitively and compassionately.

- The trust ran a "Hello, my name is...would you like a drink?" campaign to raise awareness within the trust of issues surrounding hydrating patients, the importance of accurately filling in fluid balance charts and the prevention and treatment of patients with Acute Kidney Injury.
- The trust performed very strongly in the revalidation of medical staff.

However, we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Health and Social Care Act 2008 (Regulated Activities) Regulations 2014] and the trust needs to make improvements in these areas.

Importantly, the trust must:

- Ensure that medical staffing is sufficient to provide appropriate and timely treatment and review of patients at all times including out of hours.
- Ensure that medical staffing is appropriate at all times including medical trainees, long-term locums, middle-grade doctors and consultants.
- Ensure all the resident medical officers have the appropriate skills and competencies so there is consistency in the quality of service to patients
- Ensure that nursing and midwifery staffing levels and skill mix are appropriate particularly in medical care services and maternity.
- Take action to improve the levels of mandatory training compliance.
- Take action to improve the rate of appraisals completion.
- Improve patient flow throughout the hospital to ensure patients are cared for on the appropriate ward for their needs and reduce the number of patient bed moves, particularly in the medical division.
- Ensure the protocols for the use of the stabilisation bay are followed to ensure patients do not stay there longer than four hours and that no more than two patients are in the bay at any one time.

Summary of findings

- Improve incident reporting in the outpatient department and medical division.
- Ensure patient records are complete and ready for patient appointments.
- Ensure medicine stocks in the outpatient department are recorded and checked.

The trust should :

- Strengthen board oversight of mortality rates to ensure that learning is applied and monitored.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Warrington and Halton Hospitals NHS Foundation Trust

Warrington and Halton Hospitals NHS Foundation Trust forms part of Mid Mersey health economy and is 18.5 miles east of Liverpool, 16 miles west of Manchester and 8 miles south of St Helens with a turnover of about £210m.

The trust manages two major hospitals: Warrington Hospital and Halton General Hospital. The majority of emergency care and complex surgical care is based at

Warrington Hospital while Halton General Hospital provides routine elective surgery and is also home to the Cheshire and Merseyside NHS Treatment Centre building where elective orthopaedic surgery is performed.

Although both hospital sites specialise in particular aspects of care, outpatient clinics for most specialties are provided at both sites so people could access their initial appointments close to home wherever possible.

Our inspection team

Our inspection team was led by:

Chair: Andy Welch, Consultant Surgeon and Medical Director.

Head of Hospital Inspections: Ann Ford, Care Quality Commission

The team included an inspection manager, nine CQC inspectors, two Experts by Experience and a variety of specialist advisors including consultant medical staff, senior nurses, allied health professionals and governance experts.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we held about Warrington and Halton Hospitals NHS Foundation Trust and asked other organisations to share what they knew about the hospital. These included local Clinical Commissioning Groups, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges and the local Healthwatch.

We held a listening event in Halton and in Warrington on 26 January 2015 when people shared their views and experiences of the services provided by the Trust. Some people also shared their experiences by email or telephone.

The announced inspection of the trust took place from 27 to 29 January 2015. We held focus groups and drop-in sessions with a range of staff including nurses, trainee doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters. We also spoke with staff individually as requested.

We talked with patients and staff from all the ward areas and outpatients services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We also undertook an unannounced inspection between 5pm and 8.30pm on 11 February 2015.

Summary of findings

We would like to thank all staff, patients, carers and other stakeholders for sharing their views and experiences of the quality of care and treatment provided by the trust.

What people who use the trust's services say

- The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the hospitals that provide care and treatment.
- Response rates across the trust are higher than the national response rate and most patients would recommend the trust as a place to have care and treatment.
- The trust scored better than the England average for three out of the four areas in 2014: cleanliness (99% to 98%), privacy, dignity & wellbeing (90% to 87%) and facilities (95% to 92%). Food was slightly worse (89% to 90%).
- For 2013, two areas were better than the England average: cleanliness (97% to 96%) and privacy, dignity & wellbeing (89% to 88%). Food was scored at the same as the England average (87%) and facilities slightly worse (87% to 88%).

Patient-led assessments of the care environment (PLACE)

- There were no drastic differences in the scores for the trust against the England average for both 2013 and 2014, and the trust appears to have maintained relatively consistent scores between the two years, apart from facilities, where it has improved its score from 2013 by 8%. (87% to 95%).

Facts and data about this trust

The trust provides 600 beds over two hospital sites hospitals. The trust employs 4,100 staff and has an annual turnover of over £210 million. It serves a local population of 313,463 people (118,752 in Halton and 194,711 in Warrington).

There were 46,165 inpatient admissions in 2013-14, 421,240 outpatient (total attendances), and

101,452 Accident & Emergency (attendances) (of which 16,916) were to the Minor Injuries Unit.


The trust became an Foundation Trust in December 2008 and has over 13,000 public members

In the 2011 census the proportion of residents who classed themselves as White British was 96%. The population has a similar proportion of males and females.

The health status of people across Warrington and Halton varies but outcomes for people tend to be worse than the national average, particularly in the Halton area. Life expectancy for men and women in both areas is worse than the national average. There is also a higher number of hospital stays due to self-harm and alcohol related harm in both areas compared to the national average.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>Patients received their care in a clean and suitably maintained environment. There was a good standard of cleanliness throughout the trust. Staff were aware of current infection prevention and control guidelines and were supported by staff training and the adequate provision of facilities and equipment to manage infection risks.</p> <p>The trust had reported 6,937 incidents for the 12 month period and the reporting rate was higher than the national rate for trusts of this size. Although the rate of reporting indicates a positive culture in this regard, there were high numbers of incidents reported as causing low or no harm and the numbers of incidents categorised at moderate harm and above are low. This may mean that incidents are being downgraded and thresholds should be reviewed to promote appropriate and accurate classification.</p> <p>Incidents were raised via the electronic incident reporting system, by completing paper incident reporting forms or by leaving a message with an automated telephone system which was picked up by the governance team and then entered into the electronic incident reporting system. A trust wide policy was in place to support this approach. Staff had received training and were confident in the use of the incident report system.</p> <p>Feedback and learning from reported incidents was shared and applied to improve practice and prevent reoccurrence. However there were examples of staff failing to report incidents due to time pressures or because they sought local solutions. This meant that opportunities for learning could be lost as a result.</p> <p>Policies and procedures were in place that outlined the trust's processes for safeguarding adults and children. A safeguarding link nurse and a health visitor for children worked with staff to promote and support good practice and escalate risks of neglect or abuse appropriately. Safeguarding policy and procedures were supported by staff training. However, the numbers of staff who had completed safeguarding training varied across the all the trust's sites and completion rates fell below the trust's target.' However, this was recognised by the trust and a mitigation plan was in place to address this issue.</p>	<p>Requires improvement</p> 

Summary of findings

Patients were involved in their care and treatment, and risks were appropriately assessed, managed and recorded. Staff recognised and responded to any deterioration in patient health correctly using a recognised tool.

The recruitment of nursing staff was an ongoing challenge; the trust was actively recruiting nurses. At the time of our inspection nurse staffing levels, although improved, were still of concern and there was a heavy reliance on staff working extra shifts and on bank and agency staff to maintain nursing staff levels.

There were also medical staffing vacancies some of which were being covered by locum doctors.

Cleanliness and infection control

- There was a high standard of cleanliness throughout the hospital. Staff were aware of current infection prevention and control guidelines and observed good practices such as:
- Staff following hand hygiene and 'bare below the elbow' guidance.
- Staff wearing personal protective equipment, such as gloves and aprons, while delivering care.
- Suitable arrangements for the handling, storage and disposal of clinical waste, including sharps.
- Cleaning schedules in place and displayed throughout the ward areas.
- Clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment.
- The Trust's C. diff infection rate has mainly been above the England average since September 2013.
- There were two spikes in MSSA infections in Quarter 1 of 2013/14; since then the rate has been variable.

Duty of candour

- The trust was aware of its role and responsibilities in relation to the Duty of Candour requirements and had begun to embed robust processes that were supported by a Duty of Candour checklist information leaflets and staff training
- The purpose of the checklist was to prompt and audit the proper application of the trust's responsibilities in this regard.

Safeguarding

- Policies and procedures were in place that outlined the trust's processes for safeguarding adults and children.
- A safeguarding link nurse and a health visitor for children worked with staff to promote and support good practice and escalate risks of neglect or abuse appropriately.

Summary of findings

- The electronic patient record system in A&E alerted staff to any safeguarding issues and it was mandatory for staff to complete a safeguarding trigger in the clinical assessment record for all children who attended the department.
- Safeguarding policy and procedures were supported by staff training. However, the numbers of staff who had completed safeguarding training varied across the all the trust's sites and completion rates fell below the trust's target. However, this was recognised by the trust and a mitigation plan was in place to address this issue.

Incident reporting

- 6,937 incidents had been reported for the 12 month period and the reporting rate was higher than the national rate for trusts of this size. There were high numbers of incidents reported as causing low or no harm and only 108 moderate harm, 15 severe harm and 7 deaths. Although the rate of reporting indicates a positive culture in this regard. The numbers of incidents categorised at moderate harm and above are low. This may mean that incidents are downgraded and thresholds should be revised to promote appropriate and accurate classification.
- Incidents were raised via the electronic incident reporting system, by completing paper incident reporting forms or by leaving a message with an automated telephone system which was picked up by the governance team and then entered into the electronic incident reporting system. A trust wide policy was in place to support this approach.
- Staff had received training and were confident in the use of the incident report system.
- Feedback and learning from reported incidents was shared and applied to improve practice and prevent reoccurrence. In the medical division, however, feedback to junior medical staff was felt to be variable. In addition, in some areas, there were examples of staff failing to report incidents due to time pressures or because they sought local solutions. This meant that opportunities for learning could be lost as a result.

Nurse staffing

- Nurse staffing levels were calculated using a recognised dependency tool and regularly reviewed. There were minimum staffing levels set for wards and departments. Required and actual staffing numbers were displayed outside each ward and department.
- The trust had been actively recruiting nursing staff nationally and internationally and although the numbers of nurses had improved there were still vacancies in some key areas.

Summary of findings

- Nursing vacancies were covered by bank staff, overtime and agency nurses. Although the wards and departments were suitably staffed at the time of our inspection the trust acknowledged that the current position was not sustainable in the longer term and was seeking new and innovative ways of attracting and appointing nursing staff. We saw evidence of ongoing recruitment during our inspection

Midwifery staffing

- In the maternity service the number of midwives was frequently below the staffing levels set by the trust. In addition the labour ward shift leader was often unable to be supernumerary as they were required to support staffing numbers.
- The maternity ward had been closed 16 times in 2014. On seven occasions this was as a result of insufficient midwives to provide the service.
- The midwife to live birth ratio of 1 to 31 was lower than (worse) the nationally recommended number of 1 to 28.

Medical staffing

- There was not always enough medical staff to provide timely treatment and review of patients, particularly during out of hours.
- There were a high number of consultant vacancies in some areas particularly the emergency department and medicine.
- Vacancies were covered by locum doctors in many instances.
- The trust was continuing to recruit medical staff and was committed to securing additional doctors as a priority.

Are services at this trust effective?

Patients received care and treatment based on best available national and international evidence-based standards and guidelines. Patients' needs were assessed appropriately and care and treatment was planned and delivered in line with current legislation and standards.

The trust participated in national and local clinical audits. The surgical services performed in line with similar sized hospitals and performed within the England average for most safety and clinical performance measures. Where these standards had not been achieved, actions had been taken and this had led to improvements in compliance.

The majority of patients had a positive outcome following their care and treatment. Outcomes for patients were as good as, or better than the England average for most medical conditions. Surgical

Good



Summary of findings

outcomes were positive and improving. There were specific care pathways for certain conditions in order to standardise and improve the care for patients. For example, care pathways were used for the care of patients with dementia and stroke.

Patient care and treatment was delivered by a multi-disciplinary care team, although seven day working was not yet fully established across the trust. Patients received care and treatment by trained, competent staff that worked well as part of a multidisciplinary team. Staff sought appropriate consent from patients before delivering care and treatment. Staff understood the legal requirements of the Mental Capacity Act 2005 and deprivation of liberties safeguards. Practice was supported by staff training.

Evidence-based care and treatment

- Patients received care and treatment based on best available national and international evidence-based standards and guidelines. Patients' needs were assessed appropriately and care and treatment was planned and delivered in line with current legislation and standards.

Patient outcomes

- An analysis of data submitted by the trust for April to June 2014 as part of the Sentinel Stroke National Audit Programme (SSNAP) showed that the trust's stroke services attained an overall score of 'C' on a scale of A to E, with A being the best. However, comparison of thrombolysis rates with other stroke centres is unreliable as thrombolysis is not provided at this hospital out of normal working hours.
- SSNAP data and additional audit data related to the management of stroke patients was reviewed regularly and actions were taken to improve the care provided to stroke patients.
- An analysis of data from the Heart Failure Audit 2012/13 showed the hospital was performing above the England average in all areas measured.
- Data submitted by the trust to the Myocardial Ischaemia National Audit Project (MINAP) was limited as many of the emergency procedures were carried out at a nearby specialist hospital. However, all the data submitted was above the England average.
- An analysis of the National Diabetes Inpatient Audit 2013 showed that the hospital was performing above the England average in 14 of the 21 indicators.
- Standardised relative re-admission rates for non- elective general and respiratory medicine were better than the England

Summary of findings

average, but the re-admission rates for cardiology were 14% above the England average. Standardised relative re-admission rates for elective respiratory medicine and cardiology were better than the England average, but the re-admission rates for gastroenterology were 26% above the England average.

- Patients in elective general medicine, cardiology and non-elective cardiology were regularly in hospital for longer than they needed to be. In all other areas the average length of stay was either in line with or better than the national average.
- The lung cancer audit 2014, reporting on all of 2013, showed the trust performed slightly better than the England and Wales average for the number of cases discussed at multidisciplinary meetings (100% compared with the average of 99%). However, it also showed that the trust performed slightly worse than the England and Wales average for the percentage of patients having a CT scan before bronchoscopy (88.6% compared with the average of 89.6%) and the percentage of patients receiving surgery in all cases (11% compared with the average of 15%).
- The national bowel cancer audit of 2013 showed that the trust had performed better than the England average for case ascertainment rate, the number of patients that had a CT scan, the number of patients that underwent surgery, the number of cases discussed at multidisciplinary team meetings and the number of patients for whom major surgery was carried out as urgent or emergency. The trust also performed better than the England average for patient length of stay above 5 days (59% compared with 69%)
- The national bowel cancer audit also showed that the trust was slightly worse than the England average for the number of patients seen by a clinical nurse specialist (86% compared with England average of 88%) and the number of patients with distant metastases at time of surgery (11% compared with 12%). The trust performed worse than the national average for the number of patients for whom laparoscopic surgery was attempted (32.2% compared with 49.2%).
- The associate divisional director for scheduled care told us clinical audits were routinely reviewed and could not attribute the bowel cancer audit performance to any specific factors.
- The national hip fracture audit of 2013 showed that this hospital performed better than the England average for five out of the 11 indicators, including the percentage of patients admitted to orthopaedic care within four hours, the percentage of patients having hip surgery within 36 hours and within 48 hours, the number of patients developing pressure ulcers and the completion of falls assessments.

Summary of findings

- However, the hip fracture report highlighted that only 10% of patients had a pre-operative assessment by an orthopaedic geriatrician compared with the England average of 54%.
- The trust had recruited a consultant orthopaedic geriatrician since the last audit in order to improve compliance. Trust data from January 2014 to December 2014 showed that 71% of patients had a pre-operative assessment by an orthopaedic geriatrician and this was slightly better than the England average of 70%.
- The service at Bath Street contributed to trust wide audits and health and safety inspections. However, since the service had moved to Bath Street Health and Wellbeing Centre staff reported that they did not receive robust feedback about the findings and outcomes from these audits. This meant the potential for learning and improvement was limited.

Multidisciplinary working

- Multidisciplinary teams (MDTs) worked well together to ensure coordinated care for patients. Staff across all disciplines genuinely respected and valued the work of other members of the team.
- The multi-disciplinary early supported discharge team for stroke patients worked very well and had resulted in a reduced length of stay and an improved patient experience for this group of patients.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Staff understood the legal requirements of the Mental Capacity Act 2005 and deprivation of liberties safeguards. Practice was supported by staff training.

Are services at this trust caring?

Services were delivered by caring and compassionate staff. Staff treated patients with dignity and respect. Care was planned and delivered in a way that took into account the wishes of the patients. The average response rate for the Friends and Family test within the medical division between April 2013 and July 2014 was 34%, which was better than the England. Wards within the medical division scored better than the England average in the test, with 75% of patients reporting they would be likely or extremely likely to recommend the service.

Compassionate care

Good



Summary of findings

- Services were delivered by caring and compassionate staff. Staff treated patients with dignity and respect. All the people we spoke with were positive about their care and treatment. We observed numerous examples of staff interacting with patients in a compassionate and sensitive way.
- The NHS Friends and Family Test is a satisfaction survey that measures patients' satisfaction with the healthcare they have received. The average response rate for the Friends and Family test was better than the England average and the test data between April 2013 and July 2014 showed the trust consistently scored above the England average, indicating that most patients were positive about recommending the hospital's wards to friends and family.

Understanding and involvement of patients and those close to them

- Patients and those close to them felt involved in their care.
- They had frequent opportunities to speak with their consultant and other members of the multi-disciplinary team looking after them about their treatment goals. This enabled patients to make decisions about and be involved in their care.
- Patients told us that if they did not understand any aspects of their care that the medical, nursing or allied health professional staff would explain to them in a way that they could understand.
- Family centred care was the prevailing philosophy in children and young people's services and we witnessed parental involvement with care under appropriate supervision. Families were actively included and involved in the care and treatment of their sick children.

Emotional support

- Staff understood and were sensitive to those patients who may need additional support due to emotional circumstances. Staff responded very positively in this regard and went the 'extra mile' to support patients.
- The stroke unit had good links with a national charity providing practical and emotional care and support for stroke patients. Representatives from this charity attended the MDT meetings and provided important psychological input into the short and longer term recovery of patients who had suffered a stroke.
- Staff also referred patients to national and local support groups to help them secure emotional and psychological support where required.

Summary of findings

- In 2014, the bereavement service for women and their partners who had lost a baby won the national Butterfly Award for “best hospital bereavement service”.

Are services at this trust responsive?

The trust had been under pressure from high numbers of emergency admissions through its accident and emergency (A&E) departments. Performance against the national A&E target set by the Department of Health target to admit or discharge 95% of patients within four hours of arrival was poor. At the time of the inspection, the emergency department had only met this target once since April 2014.

The numbers of emergency admissions affected the number of available beds in the hospital, particularly in medicine. Patients were often placed in wards and areas that were not best suited to their needs (outliers).

Although the trust had good systems to make sure that patients placed in areas outside of the relevant specialist area were seen regularly by an appropriate doctor, patients often experienced a number of moves from ward to ward, sometimes during the night. This was not a positive experience for patients.

Surgical patients were also affected because operations were cancelled if intensive or inpatient beds were not available.

There were high numbers of delayed discharges at Warrington hospital. Patients were regularly in hospital longer than they needed to be. The most common reasons for delayed discharges were the completion of assessments, patient choice and waiting for a placement in an appropriate care setting.

The trust was well aware of its challenges in this regard and was working with partners to resolve this issue. However reducing the number of delayed discharges in the hospital remained a managerial challenge.

The early supported discharge team for stroke patients worked very well and had resulted in a reduced length of stay and an improved patient experience for this group of patients.

In addition, as a result of bed pressures within Warrington hospital there were high numbers of delayed transfers of care from the intensive care unit. This had a direct impact on the use of the ‘stabilisation bay’ in theatres. Patients were cared for in the stabilisation bay in excess of the agreed operating policy of 4 hours. Patients could remain in this area for up to 48 hours and the bay was

Requires improvement



Summary of findings

an unsuitable environment for patients to be cared for in the medium term. The delayed discharges in the intensive therapy unit were symptomatic of wider patient flow issues within the hospital including the pressures on A&E.

There were low surgical cancellation rates and well managed timely discharge at Halton hospital as this was primarily an elective surgical site without an A&E department and emergency admissions.

The trust was consistently meeting the 18 week waiting target for orthopaedics. That meant the majority of patients had their initial appointments, investigations, tests and their treatment or surgery within 18 weeks of first being referred by their GP. The percentage of patients who were urgently referred on the two week pathway and seen by a specialist was about the same as the national average. The percentage of cancer patients waiting less than 31 days from diagnosis to first definitive treatment was better than the national average.

Did Not Attend (DNA) rates for Warrington Hospital were in line with the England average. However the DNA rates at Halton hospital were worse than the England average.

However, on occasion some clinics over-ran and some patients experienced long delays before being able to see their doctor.

Service planning and delivery to meet the needs of local people

- There were good links with commissioners and other providers, including the voluntary sector, regarding the planning and delivery of services for patients.
- There were arrangements in place with neighbouring trusts to allow the transfer of patients for surgical specialties not provided by the hospital.
- The paediatric acute response team (PART) service based at the Bath Street Health and Wellbeing Centre in Warrington was a joint initiative between the trust and another local community healthcare trust. The service aimed to meet local need for paediatric ambulatory care and to reduce unnecessary admissions to the A&E and paediatric assessment unit. The team provide post admission review, wound checks, administer IV antibiotics, perform blood tests and see children who had been referred by a GP.
- Trust data showed that it provided a number of consultant outpatient services and clinics at locations in the local community so that services could be delivered closer to patients' homes.

Summary of findings

- Outpatients could choose to attend either hospital for their appointment to reduce travelling times.
- There was a team of musculoskeletal physiotherapists working between Halton hospital and Widnes (Health Care Resource Centre). They also held clinics at various GP practices both in Runcorn and Widnes.
- The audiology service offered patients a drop in to one of three community clinics for information and device including re-tubing of hearing aid moulds and collection of spare parts and batteries.
- Ophthalmology had triage appointments for urgent or next day appointments.

Meeting people's individual needs

- Services were provided to meet the needs of individual patients, particularly those in more vulnerable circumstances, for example patients living with dementia or with a learning disability.
- There was good use of "This is me" documentation throughout the division to aid communication.
- The hospital had a purpose built and highly effective ward for patients with a diagnosis of dementia which was well equipped and staffed.
- Dementia care was underpinned by a trust wide dementia strategy
- Patients with a learning disability were sensitively managed.
- As part of the patient record there was a trigger to record 'long term conditions' or disabilities. Staff could add this information to a patient's records to assist with future management of patients when they attended the hospital. For example, if they were known to have a physical or sensory disability, or have diabetes or epilepsy.
- Interpreters were available on demand for patients whose first language was not English. British Sign Language interpreters were available for patients who were deaf.
- The trust ran a "Hello, my name is...would you like a drink?" campaign to raise awareness within the trust of issues surrounding hydrating patients, the importance of accurately filling in fluid balance charts and the prevention and treatment of patients with Acute Kidney Injury.

Access and flow

- The trust had been under pressure from high numbers of emergency admissions through its accident and emergency (A&E) departments. Performance against the national A&E

Summary of findings

target set by the Department of Health target to admit or discharge 95% of patients within four hours of arrival was poor. At the time of the inspection, the emergency department had only met this target once since April 2014.

- The numbers of emergency admissions affected the number of available beds in Warrington hospital, particularly in medicine. Patients were often placed in wards and areas that were not best suited to their needs (outliers).
- Although the trust had good systems to make sure that patients placed in areas outside of the relevant specialist area were seen regularly by an appropriate doctor, patients often experienced a number of moves from ward to ward, sometimes during the night. This was not a positive experience for patients.
- Surgical patients were also affected because operations were cancelled if intensive or inpatient beds were not available.
- There were high numbers of delayed discharges at Warrington hospital. Patients were regularly in hospital longer than they needed to be. The most common reasons for delayed discharges were the completion of assessments, patient choice and waiting for a placement in an appropriate care setting.
- The trust was well aware of its challenges in this regard and was working with partners to resolve this issue. However reducing the number of delayed discharges in the hospital remained a managerial challenge.
- The early supported discharge team for stroke patients worked very well and had resulted in a reduced length of stay and an improved patient experience for this group of patients.
- In addition, as a result of bed pressures within Warrington hospital there were high numbers of delayed transfers of care from the intensive care unit. This had a direct impact on the use of the 'stabilisation bay' in theatres. Patients were cared for in the stabilisation bay in excess of the agreed operating policy of 4 hours. Patients could remain in this area for up to 48 hours and the bay was an unsuitable environment for patients to be cared for in the medium term.
- The delayed discharges in the intensive therapy unit were symptomatic of wider patient flow issues within the hospital including the pressures on A&E.
- There were low surgical cancellation rates and well managed timely discharge at Halton hospital as this was primarily an elective surgical site without an A&E department and emergency admissions.
- The trust was consistently meeting the 18 week waiting target for orthopaedics. That meant the majority of patients had their initial appointments, investigations, tests and their treatment or surgery within 18 weeks of first being referred by their GP.

Summary of findings

The percentage of patients who were urgently referred on the two week pathway and seen by a specialist was about the same as the national average. The percentage of cancer patients waiting less than 31 days from diagnosis to first definitive treatment was better than the national average.

- Did Not Attend (DNA) rates for Warrington Hospital were in line with the England average. However the DNA rates at Halton hospital were worse than the England average.
- On occasion some clinics over-ran and some patients experienced long delays before being able to see their doctor.

Learning from complaints and concerns

- There was a trust wide complaints and concerns policy that included information on how people could raise concerns, complaints, comments and compliments. This included contact details for the Patient Experience Team (PET) at the trust and included information around the Patient Advice and Liaison Service (PALS).
- Complaints were recorded on a centralised trust-wide system. The timescales to respond to a complaint varied depending on the severity of the complaint. Complaints rated as low to moderate complaints would be dealt within 15 working days, moderate complaints would be dealt within 30 working days and complaints rated as high or severe would be dealt within 50 working days.
- Complaints were monitored as part of the quality indicators. Complaints were monitored and reported directly to Board via a number of mechanisms including Weekly report, Monthly KPI, Quarterly patient experience report and patient stories, and then cascaded throughout the organisation. However, there were examples when complaints had not been managed in a timely way.
- Learning from complaints was used to improve service quality; however, we found some examples where learning had not been widely disseminated.

Are services at this trust well-led?

The trust had a vision and strategy with clear aims and objectives. The trust vision was 'to be the most clinically and financially successful integrated health care provider in the mid-Mersey region' and the trust outlined three key objectives relating to Quality, People and Sustainability. Staff in both hospitals were aware and supportive of the vision and values; they understood the challenges facing the trust and the plans and actions to address them.

Requires improvement



Summary of findings

There was an established executive team who were well known to staff. Directors were well informed and were regular visitors to the wards and departments at Warrington hospital. Staff were positive about the visibility and accessibility of the senior team especially the Chief Executive and Director of Nursing and Organisational Development.

Staff at Halton hospital confirmed that the senior team had recently visited the site. However they felt that the executive team could visit more often. Staff at the Bath Street Health and Wellbeing Centre did not feel included and valued particularly in light of the recent retendering process. They were positive about the excellent support they received from the divisional management team and matron.

Staff were committed and passionate about their work. Staff were keen to learn and continuously improve the services they offered.

There was good leadership and strengthening governance arrangements. Recent non-executive appointments were increasing the board's capacity for strong challenge and scrutiny of performance.

The trust was financially challenged and it was evident that the efficiencies required as a part of their Cost Improvement Programmes (CIP) would not be met in all cases.

Vision and strategy

- The trust had a vision and strategy with clear aims and objectives. The trust vision was 'to be the most clinically and financially successful integrated health care provider in the mid-Mersey region' and the trust outlined three key objectives relating to Quality, People and Sustainability.
- Strategic plans underpinned the achievements of the objectives. The Trust had just revised and produced a new quality strategy; this was agreed at Board in November 2014 and was for implementation through January to March.

Governance, risk management and quality measurement

- Governance and risk management arrangements were aligned to the three strategic objectives. Performance metrics had been agreed and were shared and understood.
- The three major committees were chaired by non-executive directors and reported directly to the board
- The Quality Governance Committee had responsibility for the review and assurance for all areas relating to clinical governance and risk.

Summary of findings

- The Strategic People Committee had responsibility for overseeing the trust's workforce policies, strategies and to oversee the Trust's policies and procedures relating to staffing and staff education, including medical and dental; and to highlight the organisational and development needs of the trust to the board.
- The Finance & Sustainability Committee had the responsibility for the review and assurance for all areas relating to Finance, IT, Strategy and Corporate Development.
- There was a range of related subcommittees that reported upwards to the three main committees. Committee performance was monitored by the Audit Committee that also reported directly to the board.
- The Board Assurance Framework and the Corporate Risk Register covered the trust's main activities and identified the principal objectives and identified the risks to the achievement of those objectives.
- The BAF was presented to the board quarterly for discussion and scrutiny of the mitigating actions and controls in place to support robust risk management.
- The risk management strategy set out clearly the roles and responsibilities of each executive and non-executive in the management of risk.
- There was evidence of a robust approach to risk and performance management in relation to the two hospital sites.
- There was limited evidence of trust oversight of the service provided at Bath Street. Although the service sat within the women's, children's and clinical support services division, it was not clear what systems were in place for the day-to-day quality measurement and governance of this service.

Leadership of the trust

- There was an established executive team that provided clear leadership. Staff in the main were positive about the leadership team and found them visible and accessible, especially the Chief Executive and the Director of Nursing, Governance and Organisational Development.
- We had some concerns about the range of the remit of the Director of Nursing and Organisational Development. We raised this with the trust at the time of our inspection. The trust had already recognised the issue and had appointed an interim HR Director to commence from the 1 February. This would split the role of the Director of Nursing and Organisational Development and make the role manageable.

Summary of findings

- There was a good understanding of the trust's vision and values across all staff groups.
- There were still some local tensions in the midwifery service that required further work and support in order to bring together midwives and medical staff into a cohesive team.
- The trust acknowledged that it had work to do in fully engaging medical staff in particular physicians.
- The appointment of a new medical director was seen as an opportunity to refresh the approach of including medical staff more closely in the design and delivery of services.
- Staff at Bath Street Health and wellbeing centre felt isolated and disconnected from the senior team although were very positive about the local leadership.
- There was also work for the senior team to do in relation children's services as some staff felt that children and young people's services had fallen "below the radar" at trust board level.

Culture within the trust

- Both hospitals and the Bath Street service had positive cultures. Staff were committed and passionate about their work. Staff were open and honest about the risks and challenges the organisation faced and understood the actions planned to address them. Staff were keen to learn and continuously improve the services they offered.
- Staff felt that they could raise concerns and the trust was working hard to embed a 'just culture' where there was accountability rather than blame and mistakes and errors were used to improve services and aid learning.

Fit and Proper Persons

- The trust was prepared to meet the requirements of the Fit and Proper Persons regulation (FPPR). This regulation ensures that directors of NHS providers are fit and proper to carry out this important role.
- The trust policy on pre-employment checks covered criminal record, financial background, identity, right to work, employment history, professional registration and qualification checks.
- It was already part of the trust's approach to conduct a check with any and all relevant professional bodies (for example, medical, financial and legal) and undertake due diligence checks for senior appointments.

Public and staff engagement

Summary of findings

- Communication with staff was good throughout the trust. There were regular team briefings and newsletters.
- Staff were actively engaged in developments within the trust and were able to influence and contribute to service improvement and development.
- There were some very good examples of information for patients and local residents being included in service design and delivery.

Innovation, improvement and sustainability

- Sustainability and continuous improvement were recognised as key priorities for the trust. The strategic plan for the future of services was underpinned by a deep commitment to achieving and sustaining a range of high performing services in the local area.
- The trust had developed a five year plan to underpin and secure its objectives 'Creating tomorrow's health care today'.
- The trust was well aware of the challenges associated with delivering its plans within a financially testing environment.

Overview of ratings

Our ratings for Warrington Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Good	Requires improvement	Good	Good
Medical care	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Maternity and gynaecology	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Services for children and young people	Requires improvement	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Halton Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Good	Good	Good	Good
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Overview of ratings

Our ratings for Bath Street Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Good	Good	Good	Good	Requires improvement	Good

Our ratings for Warrington and Halton Hospitals NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Outstanding practice and areas for improvement

Outstanding practice

The bereavement service provided support for families who experienced loss during pregnancy, birth and neonatal at Warrington and Halton Hospitals NHS Trust. In 2014, the bereavement service won the national Butterfly Award for "best hospital bereavement service".

The provision of a specialist dementia ward that was designed and supported high quality personalised care for patients living with dementia.

The trust ran a "Hello, my name is...would you like a drink?" campaign to raise awareness within the trust of issues surrounding hydrating patients, the importance of accurately filling in fluid balance charts and the prevention and treatment of patients with Acute Kidney Injury.

The trust performed very strongly in the revalidation of medical staff.

Areas for improvement

Action the trust **MUST** take to improve

- Ensure that medical staffing is sufficient to provide appropriate and timely treatment and review of patients at all times including out of hours.
- Ensure that medical staffing is appropriate at all times including medical trainees, long-term locums, middle-grade doctors and consultants.
- Ensure all the resident medical officers have the appropriate skills and competencies so there is consistency.
- Ensure that nursing and midwifery staffing levels and skill mix are appropriate particularly in medical care services and maternity.
- Take action to improve the levels of mandatory training compliance.
- Take action to improve the rate of appraisals completion.

- Improve patient flow throughout the hospital to ensure patients are cared for on the appropriate ward for their needs and reduce the number of patient bed moves, particularly in the medical division.
- Ensure the protocols for the use of the stabilisation bay are followed to ensure patients do not stay there longer than four hours and that no more than two patients are in the bay at any one time.
- Improve incident reporting in the outpatient department and medical division.
- Ensure patient records are complete and ready for patient appointments
- Ensure medicine stocks in the outpatient department are recorded and checked.
- Strengthen board oversight of mortality rates to ensure that learning is applied and monitored.

Please refer to the location reports for details of areas where the trust **SHOULD** make improvements.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</p> <p>How the regulation was not being met:</p> <p>Appropriate steps had not been taken to ensure that there were sufficient numbers of suitably qualified, skilled and experienced nursing and medical staff working in the hospital to meet the needs of service users.</p> <p>There was a shortage of medical staff within the medical and emergency care division. There was insufficient medical staff out of hours in the critical care services. There was insufficient medical staff cover out of hours in medical care services. Suitable arrangements were not in place to ensure the resident medical officers had the appropriate skills and competencies to ensure consistency.</p> <p>British Association of Perinatal Medicine recommendations for Local Neonatal Unit out-of-hours Tier 1 medical cover were not adhered to. Increased bed occupancy placed additional pressure on staffing levels and appropriate skill mix, particularly in relation to critical care and the use of the stabilisation bay. There was insufficient numbers of Midwives to meet the needs of patients.</p> <p>This was a breach of regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing, which corresponds to regulation 18 (1) HSCA 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>How the regulation was not being met:</p>

Compliance actions

Suitable arrangements were not in place in order to ensure staff received appropriate training, professional development, supervision and appraisal.

Appraisal rates and the level of mandatory training completion for nursing staff were variable with some areas falling well below the trust target of 85%.

This was a breach of regulation 23 (1) (a) HSCA 2008 (Regulated Activities) Regulations 2010: Supporting Workers, which corresponds to regulation 18 (2) (a) HSCA 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

How the regulation was not being met:

People who use the service are not always protected against the risk of receiving care or treatment that is inappropriate or unsafe, because flow across the Warrington Hospital site meant that some patients could not be placed in the right bed at the right time for their needs. Delayed discharges led to extended lengths of stay and multiple bed moves. Some of the areas used for escalation beds did not provide an appropriate environment for the care of patients overnight. This particularly relates to the use of the stabilisation bay at Warrington Hospital.

This was a breach of regulation 9 (1) (a) (b) (i) (ii) HSCA 2008 (Regulated Activities) Regulations 2010: Care and Welfare, which corresponds to regulation 9 (1) (a) (b) HSCA 2008 (Regulated Activities) Regulations 2014.