Worcestershire Acute Hospitals NHS Trust

Inspection report

Worcestershire Royal Hospital
Charles Hastings Way
Worcester, Worcestershire
WR5 1DD
Tel: 01905763333
www.worcsacute.nhs.uk

Date of inspection visit: 14 May to 29 May 2019
Date of publication: 20/09/2019

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

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

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

Ratings

Overall rating for this trust	**Requires improvement**
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Requires improvement**
Are services well-led?	**Requires improvement**
Are resources used productively?	**Inadequate**
Combined quality and resource rating	**Requires improvement**

Summary of findings

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

Background to the trust

The trust operates across three main hospital sites in Worcester, Redditch and Kidderminster with the Kidderminster site operating as a centre for day case and short stay surgery for the county. Following a commissioner-led review of acute services across the county which concluded in July 2017 emergency surgery, maternity, neonatology, emergency gynaecology and inpatient paediatrics were centralised and moved away from the Alexandra Hospital in Redditch to the Worcestershire Royal Hospital site.

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

Worcestershire Royal Hospital provides specialist services for the whole of Worcestershire including stroke services and cardiac stenting. The Worcestershire Oncology Centre opened in January 2015 and provides radiotherapy services for cancer patients, the first time these services had been available in the county. The Alexandra Hospital is the major centre for the county's urology service.

(Source: Trust website)

Acute hospital sites at the trust:

A list of the acute hospitals at Worcestershire Acute Hospitals NHS Trust is below.

- Worcestershire Royal Hospital - Charles Hastings Way, Worcester, WR5 1DD.
- Alexandra Hospital - Woodrow Drive, Redditch, B98 7UB.
- Kidderminster Hospital and Treatment Centre - Bewdley Road, Kidderminster, DY11 6RJ.

In addition, the trust provides a short stay and day case surgical unit at Evesham Community Hospital on Burlingham ward and diagnostic services from several other local community hospitals run by a local community trust.

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

Specialist services provided at the trust:

The standard specialties at the trust include general medicine, oncology, surgery, maternity, trauma and paediatrics.

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. 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. The trust has been inspected by the Care Quality Commission (CQC) regularly since March 2015. The trust had received two Section 29A Warning Notices, one in January 2017 (following the November 2016 inspection) and one in July 2017 (following the April 2017) inspection. These Notices included details about how the trust needed to make significant improvements in the healthcare provided. Trusts are placed in special measures when there are concerns about the quality of care they provide. Following the 2018 and focused 2019 inspections, requirement notices were issued and the Section 29 A Warning Notices elapsed.

Summary of findings

Overall summary

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

What this trust does

Facts and data about the trust

Worcestershire Acute Hospitals NHS Trust (WAHT) was established in April 2000. As of December 2018, there were 737 acute beds, 66 maternity beds and 37 critical care beds over five registered locations:

- Worcestershire Royal Hospital (WRH)- *Charles Hastings Way, Worcester, WR5 1DD.*
- Alexandra Hospital (AH)- *Woodrow Drive, Redditch, B98 7UB.*
- Kidderminster Hospital and Treatment Centre (KHTC)- Bewdley Road, Kidderminster, DY11 6RJ.
- Evesham Community Hospital (ECH)- *Waterside, Evesham, WR11 1JT.*
- Malvern Community Hospital (MCH)- *185 Worcester Road, Malvern, WR14 1EX (Bowel screening only).*
- Tenbury Community Hospital (TCH)- deregistered in August 2016.

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.

Registered activities:

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

The trust is structured under five divisions:

- Specialised Clinical Services.
- Speciality Medicine.
- Surgery.
- Women and children.
- Urgent care.

Summary of findings

WAHT provides acute healthcare services to a population of around 580,000 in Worcestershire and the surrounding counties. The trust has been working to centralise acute services at the Worcestershire Royal Hospital site, with obstetric and neonates being moved in 2015. WRH remains the primary location for acute services with trauma and stroke pathways via the emergency department.

The trust employs 5,105 WTE staff (December 2018), including 608 doctors, 1,413 nursing staff and 3,084 other staff.

Trust activity (January 2018 to December 2018):

- 194,833 A&E attendances (↑4% from January 2017 to December 2017).
- 140,360 inpatient admissions (↑3% from January 2017 to December 2017).
- 856,927 outpatient appointments (↑1% from January 2017 to December 2017).
- 1,931 deaths (↑2% from January 2017 to December 2017).
- 4,992 births (↑2% from January 2017 to December 2017).

Financial Position:

The trust has a turnover of £411,966,000. The trust reported a deficit of £73.7 million before provider and sustainability funding against a control total and plan of £41.5 million (£32.2 million adverse). This was a further deterioration from the previous year's reported deficit of £57.8 million. The key contributors to the adverse position and deterioration were underperformance against the income and cost improvement plans, and cost pressures associated with additional emergency capacity. The trust only delivered 34% of its £22 million cost improvement plan. The trust has underperformed both financially and operationally which has resulted in the trust missing key operational performance targets.

Population:

The health of people in Worcestershire is varied compared to the England average. Deprivation is lower than average and about 15% (14,500) children live in poverty. Life expectancy for both men and women is similar to the England average. Information from the last Census in 2011, found that ethnic minorities are relatively small in Worcestershire; with just over 92% of people living in the county classed as White British compared to almost 80% in the whole of England. However, statistics show that Black and Minority Ethnic groups in Worcestershire have risen from 24,700 (4.6%) in 2001 to around 43,000 (7.6%) in 2011, with the vast majority residing in the district of Redditch (12.6%).

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

Summary of findings

- Urgent and emergency care.
- Medical care.
- Surgery.
- Children and young people.
- Outpatients.

We also inspected one additional service:

- Diagnostic imaging.

We visited four hospitals as part of the inspection:

- Worcestershire Royal Hospital.
- Alexandra Hospital.
- Kidderminster Hospital and Treatment Centre.
- Evesham Hospital.

We gave the trust short notice of the core service inspections, which we carried out from 14 to 16 May 2019 (Worcestershire Royal Hospital and Kidderminster Hospital and Treatment Centre), 21 to 23 May 2019 (Alexandra Hospital and Evesham Hospital) and 28 and 29 May (Kidderminster Hospital and Treatment Centre). We also carried out five unannounced inspections on 20, 23, 28 May and 4 and 6 June 2019. We carried out the well led review, which was announced, on 19 to 21 June 2019.

What we found

Overall trust

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

Many of the key questions inspected across the six core services in the four hospitals improved. We saw improvements particularly with regard to medicines' management, infection control, incident reporting and sharing learning across the trust in particular. Local and divisional leadership had improved, and staff were engaging with the trust's improvement journey. However, further work was required to manage patient flow effectively to ensure all patients had access to the right care at the right time. Leaders knew what to do but as strategies and improvement plans were still being developed and implemented, there was not yet fully demonstrable, sustainable improvements in the quality of all patient care and treatment over time.

Are services safe?

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

We saw general improvements in the safety of services provided in most areas, however there were some regulatory breaches found regarding staff training, staffing levels, and carrying out timely assessment of patient' needs. There was a clearer focus on patient safety, but some areas still needed to improve.

Are services effective?

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

All areas inspected were providing evidence based care and monitoring the outcome of care so that further improvements could be made.

Summary of findings

Are services caring?

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

All staff were caring and compassionate in all areas visited. We rated caring for diagnostic imaging at Alexandra Hospital as outstanding.

Are services responsive?

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

We saw improvements in access and flow in most areas and complaints' management. However, not all patients in emergency care, medical care and outpatients' services were receiving timely assessment and treatment.

Are services well-led?

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

We saw that local, divisional and trust leaders knew what improvements needed to be made to ensure all patients had the best possible care. However, further work was required to fully embed improvement plans to ensure sustained improvements over time. The trust board had a clear direction but some of the executive posts were interim. Financial management of the trust required consolidation and improvement.

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 the core service 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.

We inspected diagnostic imaging services as additional services and whilst we rated these services, we did not aggregate these ratings with the core service ratings.

Outstanding practice

We found examples of outstanding practice in diagnostic imaging. For more information, see the Outstanding practice section of this report

Areas for improvement

We found areas for improvement including four regulations in breach of legal requirements that the trust must put right.

We also found 127 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.

Action we have taken

We issued four 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, surgery, maternity, and end of life care services.

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

Summary of findings

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.

As a result of the improvement demonstrated at this inspection, the chief inspector of hospitals has recommended to NHS England/Improvement (NHSEI) that Worcestershire Acute Hospitals NHS Trust is removed from special measures once a system wide support package from NHSEI is in place.

Outstanding practice

Alexandra Hospital: Diagnostic Imaging

Staff routinely exceeded patient expectations to deliver a service that was person-centred, individualised and represented the totality of each patient's needs. They switched seamlessly between communication styles to help patients understand their procedure and staff of different types worked well together to facilitate this.

Areas for improvement

We told the trust that it must take action to comply with regulations in relation to the following regularity breaches of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The trust must take action to:

Worcestershire Royal Hospital – Urgent and emergency care:

- The trust must ensure staff receive mandatory training in accordance with trust policies. Regulation 18 (2).
- The trust must ensure patients have their clinical needs assessed and care delivered in accordance with national best practice standards, and within nationally defined timescales. Regulation 12 (1) (2)(a).
- The trust must ensure the environment is suitable and fit for purpose. Regulation 15 (1)(c).
- The trust must ensure speciality doctors review their patients within defined timescales to reduce the occurrence of breaches associated with delayed speciality reviews. Regulation 12 (1) (2)(a).
- The trust must ensure there are sufficient medical staff working in the ED to meet patient needs. Regulation 18 (1).

Worcestershire Royal Hospital – Medical care:

- The trust must ensure that all medical staff complete the required mandatory training including safeguarding children and adults training to a level appropriate for their role. Regulation 18(2).
- The trust must ensure that the Sepsis Six bundle is completed within recommended timescales for all relevant patients. Regulation 12 (1)(2)(a).
- The trust must ensure that all assigned mortality reviews are completed within the 30-day target. Regulation 12 (1)(2)(a).

Worcestershire Royal Hospital – Surgery:

- Ensure all surgical staff complete mandatory training including safeguarding training. Regulation 18 (2)(a).

- Ensure surgery is only undertaken when compliance with World Health Organisation 'Five steps to safer surgery' including brief and debrief and peri-operative safety checks are completed. Regulation 12(2)(a).

Worcestershire Royal Hospital – Outpatients:

- Improve the performance for cancer patients receiving their first treatment within 62 days of an urgent GP referral, to be in line with national averages and operational standards. Regulation 12 (1)(2)(a).
- Improve performance against 18-week referral to treatment times, with the aim of meeting operational standards. Regulation 12(1)(2)(a).
- Ensure staff are compliant with trust targets for safeguarding training. Regulation 18 (2).

Worcestershire Royal Hospital – Diagnostic Imaging:

- Ensure that all staff receive and complete their required mandatory training and safeguarding and MCA/DoLS training compliance for medical staff is in line with trust targets. Regulation 18 (2).

Alexandra Hospital – Urgent and emergency care:

- The trust must ensure that ambulance handovers are timely and effective and that all patients are assessed in a timely manner. The trust must ensure that patients receive medical and speciality reviews in a timely manner. Regulation 12 (2) (a) (b) (i).
- The trust must ensure that consultant cover in the department meets national guidelines and there are always adequate numbers of suitably qualified nurses. Regulation 18 (1).
- The service must ensure that immediate life support and paediatric immediate life support training compliance is in line with trust targets. Regulation 12 (2) (c).
- The service must ensure that staff are compliant with hand hygiene and personal protective equipment guidelines. Regulation 12 (2) (h).
- The service must ensure that patients are assessed and treated in appropriate environments. Regulation 12 (2) (a) (b) (d).
- The service must report all instances where it is not possible to separate male and female patients in the emergency decision unit as a mixed sex breach, in line with regulations. Regulation 17 (2)(c).
- The service must ensure that information technology systems which record private and confidential patient information are not visible to patients, visitors and unauthorised personnel. Regulation 17 (2) (c) (d).
- The service must ensure a formal competency framework for looking after children is rolled out and completed by all nurses working in the department. Regulation 18 (2).
- The service must ensure doctors working in the ED complete their Mental Capacity Act training at a level appropriate to their role. Regulation 18 (2).

Alexandra Hospital – Medical care:

- The trust must ensure that all staff complete the required mandatory training including safeguarding, mental capacity act and Deprivation of Liberty Safeguards. Regulation 18(2).
- The trust must ensure that the sepsis six bundle is completed within the recommended timescale for all relevant patients. Regulation 12 (1) (2) (a).
- The trust must ensure that all assigned mortality reviews are completed within the 30-day target. Regulation 12 (1) (2) (a)

Summary of findings

Alexandra hospital – Surgery:

- Ensure all surgical staff complete mandatory training including safeguarding training. Regulation 18(2).

Alexandra Hospital – Outpatients:

- Improve performance against 18-week referral to treatment times, with the aim of meeting operational standards. Regulation 12 (1)(2)(a).
- Improve performance against the national cancer standards for patients on 2 week waits and patients waiting less than 62 days for treatment. Regulation 12 (1)(2)(a).

Alexandra Hospital – Diagnostic Imaging:

- Ensure MRI protocols reflect the nature of the service and the needs of patients and reduce the risk of delays. Regulation 12 (1)(2)(a).

Kidderminster Hospital and Treatment Centre - Urgent and emergency care:

- Ensure all patients receive a timely initial clinical assessment to identify patients arriving with serious injuries and illnesses. Regulation 12(1)(2)(a)
- Ensure an evidenced-based review of the nursing establishment (including skill-mix) is carried out to ensure there are sufficient staff with the right skills and experience to meet the needs of patients who attend the minor injuries unit. Regulation 18(2).
- Ensure governance processes include reviews of clinical guidelines to ensure that they follow current best practice. Regulation 17(2)(a)(b).

Kidderminster Hospital and Treatment Centre – Outpatients:

- Improve performance against 18-week referral to treatment times, with the aim of meeting operational standards. Regulation 12(1)(2)(a).
- Improve performance against the national cancer standards for patients on 2 week waits and patients waiting less than 62 days for treatment. Regulation 12(1)(2)(a).

Evesham Community Hospital – Surgery:

- Ensure staff adhere to surgical safety checks prior to, during and following surgical procedures. Regulation 12(1)(2)a).
- Improve the content of operating list information, to ensure that all pertinent information is recorded. Regulation 12(1)(2)(a).
- Ensure all staff adhere to infection prevention and control best practice. Regulation 12(1)(2)(h).
- Ensure surgical staff complete mandatory training. Regulation 18(2).

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

The trust should take action to:

Worcestershire Royal Hospital – Urgent and emergency care:

- Review levels of safeguarding children's' training required for all groups of staff and take steps to ensure all staff complete it.
- Monitor that all staff receive an annual appraisal.

Summary of findings

Worcestershire Royal Hospital – Medical care:

- The trust should ensure that staff complete the level 2 training about infection prevention and control (IPC) and hand hygiene.
- The trust should ensure medical staff complete medicines' management training.
- The trust should ensure all staff complete and Mental Capacity Act and Deprivation of Liberty Safeguards to a level appropriate to their role.
- The trust should ensure that venous thromboembolism (VTE) assessments are repeated for all identified patients after 24 hours.
- The trust should ensure systems support the tracking of and response to specialist referrals across the sites.
- The trust should ensure that medicines are stored in their original containers.
- The trust should review the medicines policy in line with new guidance: The Safe and Secure Handling of Medicines Guidance published by the Royal Pharmaceutical Society (RPS) December 2018.
- The trust should ensure that dietitians' and speech and language therapists' dietary advice and recommendations are followed, and that electronic discharge summaries contain correct dietary information.
- The trust should ensure that it reduces the HSMR mortality rate so that it is in line with the England figure.
- The trust should ensure it improves patient outcomes in the 2018/9 Sentinel Stroke National Audit Programme (SSNAP); the National Lung Cancer Audit 2017; the Chronic Obstructive Pulmonary Disease Audit October 2017 to March 2018.
- The trust should ensure that patients are reviewed by a specialist consultant within 14 hours.
- The trust should ensure that boarded patients always have their dignity maintained.
- The trust should ensure that it has processes and procedures in place to increase the response rate for the Friends and Family Test response within the medicine service.
- The trust should ensure that patients can access services when required and improve patient flow across the hospital. For example, within the ambulatory emergency care unit, and acute stroke unit.
- The trust should ensure there are enough acute occupational therapists to provide the right care and treatment at the right time.
- The trust should ensure that all patients are 'clerked' in line with policies and procedures.
- The trust should ensure there are processes in place to manage the backlog within the endoscopy service.
- The trust should ensure that the divisional risk register has fields showing the evidence of the outcomes, what mitigation actions had been completed, and if the risk had reduced or increased.

Worcestershire Royal Hospital – Surgery:

- Continue with plans to improve performance in line with national referral to treatment times.
- Improve the percentage of staff receiving training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.
- Ensure that all patients who have their surgery cancelled are rebooked within 28 days.
- Improve response times and the documentation of response times when patients deteriorate.

Summary of findings

- Further improve completion of VTE risk assessments and re-assessments.
- Monitor pain assessments and effectiveness of pain relief.
- Improve antibiotic stewardship.
- Ensure all patients are cared for in a suitable environment.
- Improve the management and documentation of risks to the service.
- Continue to monitor and review mixed sex breaches.
- Improve the documentation of medical devices training.

Worcestershire Royal Hospital – Children and Young People:

- Clarify the mandatory training (including preventing radicalisation) requirements for medical staff in children's services.
- Improve the Friends and Family Test response rate on Riverbank ward and the children's outpatient department.
- Continue to Improve the monitoring of delays in the CAMHS pathway.
- Improve the monitoring of assessment times in the PAU.
- Improve compliance rates of electronic discharge summaries on Riverbank ward.
- Improve the accuracy of the medical equipment asset database on Riverbank ward.
- Monitor the impact of changes to the neonatal tariff (income) on the provision of children's services.
- Monitor the impact of delays by information technology systems for cancer and diabetes services.
- Improve compliance with 'Facing the Future' standards to ensure all children are seen within 14 hours of admission by a consultant.

Worcestershire Royal Hospital – Outpatients:

- Continue to improve referral to treatment performance across all specialties.
- Monitor that World Health Organisation checklists are used for all invasive procedures, in all areas, including those undertaken outside of operating theatres.
- Ensure that disposable curtains are used in all clinical areas to prevent the risk of infection due to cross contamination.
- Review timescales for the development and implementation of local safety standards for invasive procedures and ensure that these are in place without further delay.
- Monitor that there is effective local leadership and leadership support available in all outpatient departments.
- Develop processes to ensure that cross division feedback and learning can be shared following the reporting of incidents in the outpatient department, which are investigated by different divisions.
- Monitor that all staff have an annual appraisal.
- Seek to provide opportunities for staff to develop areas of clinical expertise within the outpatient service.
- Make training available to all staff specific to understanding the additional needs of people with mental health conditions, a learning disability, autism or dementia.

Summary of findings

- Ensure that private clinical consultation space is available in all areas for staff to discuss confidential information with patients.
- Make available to patients copies of clinic letters and discharge letters sent by consultants to a patient's GP.
- Collect quality audit data, such as clinic wait times, in order to monitor the effectiveness of care and treatment and use these findings to achieve good patient outcomes.
- Develop systems for more joined up working across divisions to monitor and share referral to treatment time information and manage service capacity and demand.

Worcestershire Royal Hospital – Diagnostic Imaging:

- Ensure that ultrasound equipment is cleaned using appropriate methods and continue working towards best practice high level decontamination procedures.
- Ensure that all staff follow and use The Society of Radiographers "pause and check" system.
- Review the out of hours cover for CT radiographers.
- Ensure the service continues to work towards the ISAS accreditation scheme, and that robust plans including defined timescales are in place to support delivery.
- Ensure maintenance and replacement plans for equipment are in place.
- Ensure that where possible, all patients required to wear hospital gowns are provided with sufficient privacy to prevent them being observed by a member of the opposite sex**.**

Alexandra Hospital - Urgent and emergency care:

- The service should ensure that all emergency equipment checks are done in line with trust policy and that all staff are aware of local checking procedures.
- The service should review methods of gaining patient feedback and improve their response rates.
- The service should display current waiting times in the waiting room.
- The service should review the practical skills required of an ED nurse, and ensure training is provided. The service should ensure all staff complete competency frameworks appropriate to their role and that they have documented evidence of their skills. This should include competencies relevant for all nurses who work in the resuscitation bay.
- The service should consider implementing an electronic notes system.
- The service should ensure its plans for a re-design are fully implemented to improve patient care and experience.

Alexandra Hospital – Medical care:

- The trust should ensure that staff complete the level 2 training about infection prevention and control (IPC) and hand hygiene.
- The trust should ensure that prescribed medicines have the doctors name and GMC registration printed to recognise who was responsible for the prescribing.
- The trust should ensure that it reduces the HSMR mortality rate so that it is in line with the England figure.
- The trust should ensure that medical staff complete their professional appraisal rate.
- The trust should ensure that the medicine service reviews the response rate for the friends and family test.
- The trust should ensure that patients are assessed by a consultant within 14 hours of admission.

Summary of findings

- The trust should ensure that it has processes and procedures in place to increase the response rate for the Friends and Family Test response within the medicine service.
- The trust should ensure that the divisional risk register has fields showing the evidence of the outcomes, what mitigation actions had been completed, and if the risk had reduced or increased.
- The trust should ensure that there are processes in place to document the actions taken regarding the home first action plans' length of stay.
- The trust should ensure there are processes in place to manage the backlog within the endoscopy service.

Alexandra Hospital – Surgery:

- Continue with plans to improve performance in line with national referral to treatment times.
- Ensure that all patients who have their surgery cancelled are rebooked within 28 days.
- Personal protective equipment should be worn in line with recommended infection prevention guidance.
- All do not attempt cardiopulmonary resuscitation (DNARCPR) records should be reviewed on admission within the surgical service when transferred from the community services.
- Patients should receive physiotherapy during out of hours if required.
- The senior management team should ensure that all staff within the surgical service at the Alexandra hospital are aware of proposed refurbishment and ward changes.
- All medical staff should receive a robust induction process.
- Improve the documentation of medical devices training.

Alexandra Hospital – Outpatients:

- Monitor turnaround times for clinic letters to be issued to GPs to ensure national standards are met.
- Monitor that participation with the national ophthalmology audit database (NOD) participation takes place.
- Review how patients' privacy is protected in the phlebotomy department.
- Monitor clinic waiting times are audited so areas of concern can be identified, and actions taken to improve performance.
- Consider establishing a process for the routine review of patients waiting over 18 weeks from referral to treatment in order for staff to monitor and manage any risks to patients.

Alexandra Hospital – Diagnostic Imaging:

- Implement more robust staffing models for radiology specialties and CT radiographers to improve service reliability.
- Ensure all staff have up to date, relevant, resuscitation training.
- Review plans for equipment replacement in line with incident reports and service disruption.
- Ensure there is sufficient quantities of serviceable, fully accessible resuscitation equipment in all diagnostics areas.
- Identify opportunities for staff to develop, including through access to training.
- Support staff to report incidents consistently.
- Establish assurance that staff knowledge and understanding of resuscitation practices are consistent with the rest of the hospital and review the availability of resuscitation equipment in all areas.

Summary of findings

- Support staff to undertake audits that enhance their work and provide opportunities for service improvement and development.
- Establish more robust, consistent lines of communication between senior directorate staff and the team based in hospital services.
- Provide all staff with engagement opportunities with senior directorate and trust teams.
- Facilitate access to rapid repairs and maintenance to failed equipment to ensure safety and continuity of the service.
- Implement systems that ensure concerns and incidents raised by non-clinical staff are addressed.
- Provide staff with opportunities for cross-site training and learning.

Kidderminster Hospital and Treatment Centre - Urgent and emergency care:

- All patients are assessed and monitored for pain and that timely pain relief is administered.
- The management structure produces leaders with the capacity and capability to identify issues and priorities in the minor injuries unit and to act upon them.
- The needs of patients with minor injuries are included in the new strategy for the urgent care division.
- Staff have the opportunity to discuss learning from incidents and audits at regular staff meetings.

Kidderminster Hospital and Treatment Centre – Medical care:

- Review the provision of the changing room facilities in endoscopy which were not appropriate as they contained the only staff toilet in the department.
- The service should continue working towards achieving Joint Advisory Group (JAG) accreditation.
- Improve staff knowledge of audit and performance related to audit within endoscopy which was variable.
- Improve patients accessing endoscopy services in a timely way.

Kidderminster Hospital and Treatment Centre – Surgery:

- Improve compliance with five steps to safer surgery including the brief and debrief.
- Continue with plans to improve performance with the national referral to treatment targets.
- Ensure that all staff complete Mental Capacity Act training.
- Ensure medicine charts are audited to include missed doses.
- Ensure that there is evidence of staff medical device training
- Ensure that all admission letters for elective patients ask them to highlight if they have been an inpatient in hospital within the last 12 months.
- Ensure that all patients who have their surgery cancelled are rebooked within 28 days.
- Review how the service fed quality information into the division and how shared learning was identified.

Kidderminster Hospital and Treatment Centre – Outpatients:

- The trust should review the alerts system on their electronic records system to ensure that erroneous blank alerts are not flagged.

Summary of findings

- The trust should consider reporting incidents under the outpatients' department for delayed or overbooked clinics, as opposed to just reporting them under the medical specialty of the clinic.
- The trust should ensure all staff know how to access the policies they need for their work.
- The trust should consider participating in the Improving Quality in Physiological Services scheme.
- The trust should review its patient information leaflets regularly.
- The trust should consider the timing of outpatient clinics when staff need to travel to different sites.
- The trust should consider breaking down data to site level, so that leaders could identify any outliers or risks at specific sites.

Evesham Community Hospital – Surgery:

- Continue with plans to improve performance in line with national referral to treatment times.
- Review the use of the procedures room in the clinical intervention unit and ensure all invasive procedures are completed in a suitable environment.
- Review governance processes at Evesham Community hospital; systematically review risks to the service and ensure the risk register includes the risks, actions to control risks and a timescale for review/resolution.

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.

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

- Medical leadership from the board had not always been clear and focused across the trust over time and this was to be addressed. The role of the chief medical officer remained pivotal to ongoing engagement of clinicians to embed service improvements.
- Understandably, leaders had been focusing on ensuring appropriate systems and processes were in place and time was now required to demonstrate the effectiveness of these and where improvements have been seen, that these are sustained.
- The trust involved some clinicians in the development of the strategy, but not patients and groups from the local community systematically. There was not yet an embedded coproduction focus. Further work was in progress to develop a clear clinical services' strategy with full engagement of staff, patients, the public and stakeholders. Leaders were setting a clear agenda to underpin improvements and sustainability. There was not yet a clear five-year plan to provide high-quality care with financial sustainability.
- Staff were better able to challenge poor practice, but this was not yet consistent across the organisation. The aim was to create a common purpose to achieve high quality patient care collective achievement of shared goals through determining the vision, priorities and signature behaviours for the organisation. Whilst there was positive work in recognising the equality and diversity agenda, this was a reliance on individuals rather than effective systems and processes. However, staff did feel equality and diversity were promoted in their day to day work and when looking at opportunities for career progression.

Summary of findings

- Effective arrangements for identifying, recording and managing risks, issues and mitigating actions have been recognised by the trust as needing improvements. However, recorded risks were aligned with what staff said were on their 'worry list'. Mortality review and learning for deaths processes were not always timely and effective and the trust was taking action to address this. Improvement in the process to stabilise the financial position was evident; however, there remained significant risk to this. Openness and transparency in discussions of finance both at board and management level was apparent. There was understanding of the financial challenges and financial deficit. The trust now had ownership of the cost improvement programme but needed to develop support to deliver these improvements.
- The trust board reviewed performance reports that included data about the services; however, it was not always clear to see progressive changes over time had been sustained. There was a reliance on manual systems at patient contact. The trust recognised the need for new clinical IT and business systems in the services. The trust had developed a new digital strategy better meeting the requirement of the organisation and recognised the risks created by the introduction of new IT and business systems in the services. Staff generally managed these risks well at ward level. There had been improvements made to financial reporting providing more clarity and understanding of the reported finance position; however, further improvements were required to provide a better understanding of the risks to the reported position and improve the reliability of forecasts.
- The trust was taking steps to include and communicate effectively with patients, staff, the public, and local organisations. It was supporting the divisions to develop their own communication and engagement strategies and encouraged staff to get involved with projects affecting the future of the trust. There was variable levels of communication and engagement with patients, the public, and local organisations.
- The trust was committed to improving services by learning from when things go well and when they go wrong. However, some improvements were not always sustained; e.g. discharge letters to GPs. The leadership team was now working well with the clinical leads and encouraged divisions to share learning across the trust. There was more focus on quality improvement with an awareness of the need of specific expertise in this area.
- The financial information reviewed did not include risks/mitigations to delivering the financial plan, although stakeholders indicated that this is in development. There was scope to further build the internal capacity and capability required to develop, implement and track delivery of cost improvement programmes. There was scope to improve accuracy of cost estimations for business cases and subsequent tracking of benefits.

However,

- Although there had been changes, it was clear that the current leadership team was focused and driven by a common purpose to drive improvements. The trust was establishing an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. Leaders recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation. The trust leadership team had a comprehensive knowledge of current priorities and challenges and were taking actions to address them. Senior leaders made sure they visited all parts of the trust and fed back to the board to discuss challenges staff and the services faced.
- The board and senior leadership team had now set a clear vision and values that were at the heart of all the work within the organisation. They were working hard to make sure staff at all levels understood them in relation to their daily roles. The newly developed trust strategy was directly linked to the vision and values of the trust. The trust's behaviours were at the heart of the work within the organisation. Leaders were working hard to make sure staff at all levels understand them in relation to their daily roles.

Summary of findings

- The trust's strategy, vision and values underpinned a culture which was patient centred. Managers addressed poor staff performance where needed. The trust took appropriate learning and action as a result of concerns raised. The leadership team understood the importance of a positive culture and placed continued emphasis on this with the delivery of a cultural change programme across the trust.
- Staff recognised incidents and reported them. Investigations were carried out to time and we saw evidence of shared learning cascaded throughout the trust.
- The trust was developing a structure for overseeing performance, quality and risk. Roles and responsibilities for committees were under review at the time of the inspection. There had been a focus on improving systems and processes the impact of these was yet to demonstrate sustainable improvement. Roles and responsibilities for staff at all levels of the organisation were becoming clearer.
- The trust now had systems in place to identify learning from incidents, complaints and make improvements. The governance teams at divisional level and at trust level regularly reviewed the systems. Effective arrangements for identifying, recording and managing risks, issues and mitigating actions have been recognised by the trust as needing improvements. However, recorded risks were aligned with what staff said were on their 'worry list'. Mortality review and learning from deaths processes were not always timely and effective and the trust was taking action to address this. Improvement in the process to stabilise the financial position was evident; however, there remained significant risk to this. Openness and transparency in discussions of finance both at board and management level was apparent. There was understanding of the financial challenges and financial deficit. The trust now had ownership of the cost improvement programme but needed to develop support to deliver these improvements.
- The trust collected, analysed, managed and used information to support its activities.
- Positive engagement with staff was taking place. The trust engaged in collaborative work with some external partners to redesign some pathways, e.g. the stroke pathway and the trust was becoming more actively engaged in collaborative work with external partners, such as involvement with sustainability and transformation plans. The trust sought to actively engage with people and staff in a range of equality groups.
- The trust's financial position was clearly presented in the board's finance report, with context provided (such as activity performance, run rate position, and graphical analyses) to support understanding and interpretation of the information. The trust demonstrated openness and transparency when discussing finance matters at the board. There was understanding of the trust's financial challenges and key deficit drivers by the different levels of management at the trust. The 2019/20 plan was signed off by the board, and the trust had a devolved budget management system, with key budget holders in agreement of plans. There was evidence of ownership and understanding of cost improvement plans schemes. There was a clear performance management structure led by key members of the executive. Training and development support for management was provided by the organisation including budget management. Budget holders were supported by the finance teams through a business partner model.

Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at www.cqc.org.uk/provider/RWP/Reports

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↑ Sept 2019	Good ↑ Sept 2019	Good ➔➔ Sept 2019	Requires improvement ↑ Sept 2019	Requires improvement ➔➔ Sept 2019	Requires improvement ↑ Sept 2019

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

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Worcestershire Royal Hospital	Requires improvement ↑ Sept 2019	Good → ← Sept 2019	Good → ← Sept 2019	Requires improvement ↑ Sept 2019	Requires improvement ↑ Sept 2019	Requires improvement ↑ Sept 2019
Alexandra Hospital	Requires improvement ↑ Sept 2019	Requires improvement ↑ Sept 2019	Good → ← Sept 2019	Requires improvement ↑ Sept 2019	Good ↑↑ Sept 2019	Requires improvement ↑ Sept 2019
Kidderminster Hospital and Treatment Centre	Good ↑↑ Sept 2019	Good ↑ Sept 2019	Good → ← Sept 2019	Requires improvement ↑ Sept 2019	Good ↑↑ Sept 2019	Good ↑↑ Sept 2019
Evesham Community Hospital	Requires improvement ↓ Sept 2019	Good → ← Sept 2019	Good → ← Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019

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 ➔➔ Sept 2019	Good ➔➔ Sept 2019	Good ↑ Sept 2019	Inadequate ➔➔ Sept 2019	Requires improvement ↑ Sept 2019	Requires improvement ↑ Sept 2019
Medical care (including older people's care)	Requires improvement ➔➔ Sept 2019	Requires improvement ➔➔ Sept 2019	Good ➔➔ Sept 2019	Requires improvement ➔➔ Sept 2019	Good ↑ Sept 2019	Requires improvement ➔➔ Sept 2019
Surgery	Requires improvement ↑ Sept 2019	Good ↑ Sept 2019	Good ➔➔ Sept 2019	Requires improvement ↑ Sept 2019	Good ↑↑ Sept 2019	Requires improvement ↑ Sept 2019
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	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Services for children and young people	Good ↑ Sept 2019	Good ↑ Sept 2019	Good ➔➔ Sept 2019	Good ➔➔ Sept 2019	Good ↑ Sept 2019	Good ↑ Sept 2019
End of life care	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Outpatients	Requires improvement ↑ Sept 2019	N/A	Good ➔➔ Sept 2019	Requires improvement ↑ Sept 2019	Good ↑↑ Sept 2019	Requires improvement ↑ Sept 2019
Diagnostic imaging	Requires improvement ➔➔ Sept 2019	N/A	Good ➔➔ Sept 2019	Good ↑ Sept 2019	Requires improvement ➔➔ Sept 2019	Requires improvement ➔➔ Sept 2019
Overall*	Requires improvement ↑ Sept 2019	Good ↑ Sept 2019	Good ➔➔ Sept 2019	Requires improvement ↑ Sept 2019	Requires improvement ↑ Sept 2019	Requires improvement ↑ Sept 2019

*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 ➔➔ Sept 2019	Requires improvement ➔➔ Sept 2019	Good ➔➔ Sept 2019	Requires improvement ➔➔ Sept 2019	Requires improvement ↑ Sept 2019	Requires improvement ➔➔ Sept 2019
Medical care (including older people's care)	Requires improvement ➔➔ Sept 2019	Requires improvement ➔➔ Sept 2019	Good ➔➔ Sept 2019	Good ↑ Sept 2019	Good ↑ Sept 2019	Requires improvement ➔➔ Sept 2019
Surgery	Requires improvement ↑ Sept 2019	Good ↑ Sept 2019	Good ➔➔ Sept 2019	Requires improvement ↑ Sept 2019	Good ↑↑ Sept 2019	Requires improvement ↑ Sept 2019
Critical care	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good 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	Good ↑↑ Sept 2019	N/A	Good ➔➔ Sept 2019	Requires improvement ↑ Sept 2019	Good ↑↑ Sept 2019	Good ↑↑ Sept 2019
Diagnostic imaging	Requires improvement ➔➔ Sept 2019	N/A	Outstanding ↑ Sept 2019	Good ↑ Sept 2019	Requires improvement ➔➔ Sept 2019	Requires improvement ➔➔ Sept 2019
Overall*	Requires improvement ↑ Sept 2019	Requires improvement ➔➔ Sept 2019	Good ➔➔ Sept 2019	Requires improvement ↑ Sept 2019	Good ↑↑ Sept 2019	Requires improvement ↑ Sept 2019

*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 ➔➔ Sept 2019	Requires improvement ↑ Sept 2019	Good ➔➔ Sept 2019	Good ➔➔ Sept 2019	Requires improvement ↑ Sept 2019	Requires improvement ↑ Sept 2019
Medical care (including older people's care)	Good ↑ Sept 2019	Good ↑ Sept 2019	Good ➔➔ Sept 2019	Good ➔➔ Sept 2019	Good ↑ Sept 2019	Good ↑ Sept 2019
Surgery	Good ↑↑ Sept 2019	Good ↑ Sept 2019	Good ➔➔ Sept 2019	Requires improvement ↑ Sept 2019	Good ↑↑ Sept 2019	Good ↑↑ Sept 2019
End of life care	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Outpatients	Good ↑↑ Sept 2019	N/A	Good ➔➔ Sept 2019	Requires improvement ↑ Sept 2019	Good ↑↑ Sept 2019	Good ↑↑ Sept 2019
Diagnostic imaging	Good ↑ Sept 2019	N/A	Good ➔➔ Sept 2019	Good ↑ Sept 2019	Good ↑ Sept 2019	Good ↑ Sept 2019
Overall*	Good ↑↑ Sept 2019	Good ↑ Sept 2019	Good ➔➔ Sept 2019	Requires improvement ↑ Sept 2019	Good ↑↑ Sept 2019	Good ↑↑ Sept 2019

*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 Community Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement ↓ Sept 2019	Good ➔➔ Sept 2019	Good ➔➔ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019
Overall*	Requires improvement ↓ Sept 2019	Good ➔➔ Sept 2019	Good ➔➔ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019

*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.

Evesham Community Hospital

Waterside
Evesham
Worcestershire
WR11 1JT
Tel: 01386 502419
www.worcsacute.nhs.uk

Key facts and figures

Evesham Community Hospital is part of the local health and community NHS trust, however Worcestershire Acute Hospitals NHS Trust maintains one operating theatre, a surgical ward (Burlingham Ward) and a clinical interventions unit on the site. These services are provided by Worcestershire Acute Hospitals NHS Trust staff, who transferred to Worcestershire Acute Hospitals NHS Trust in 2011.

Worcestershire Acute Hospitals NHS Trust surgical services are located on four hospital sites. Worcestershire Royal Hospital (WRH), the Alexandra Hospital (AH) , Kidderminster Hospital and Treatment Centre (KHTC) and Evesham Community Hospital (ECH).

The trust had 47,976 surgical admissions from December 2017 to November 2018. Emergency admissions accounted for 10,647 (22.2%), 33,436 (69.7%) were day case, and the remaining 5,713 (11.9%) were elective. *(Source: Hospital Episode Statistics)*

Summary of services at Evesham Community Hospital

Requires improvement ↓

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

- Safety checks to prevent errors occurring in the operating theatres and hand hygiene procedures, were not consistently followed. We did not observe staff challenging poor practice. There was limited learning from incidents that occurred at other hospitals within the trust.
- The environment in which some procedures were carried out was not suitable and equipment checks were not always completed daily.
- There was limited monitoring of clinical outcomes for patients and adherence to best practice guidance at the hospital.
- Patients waited longer than average from referral to treatment and capacity within surgery at the hospital was not fully utilised. The ward, operating theatre and clinical interventions unit were not used to capacity.
- Governance processes were not fully effective. Risks to the service were not adequately identified and systematically managed. Risks and concerns we identified during the inspection had not been recognised by the management team.

Summary of findings

- There was uncertainty about the future sustainability of the service at the hospital and little evidence of learning or innovation. Some staff expressed concerns about the level of communication and engagement about the future of surgical services at Evesham Community Hospital.

However,

- There were sufficient nursing staff with the required competencies to provide safe and effective care for patients. Care was consultant led. Managers appraised staff performance.
- Staff knew how to recognise abuse and how to report it. They worked with other organisations to protect people. They kept detailed records of patient's care and treatment. Safe systems and processes were in place for the management of patients' medicines.
- Staff generally worked well together as a team for the benefit of patients and provide coordinated care. They were kind and compassionate and patients praised them for their friendly and professional approach.

Surgery

Requires improvement 

Key facts and figures

Evesham Community Hospital is part of the local health and community NHS trust, however Worcestershire Acute Hospitals NHS Trust maintains one operating theatre, a surgical ward (Burlingham Ward) and a clinical interventions unit on the site. These services are provided by Worcestershire Acute Hospitals NHS Trust staff, who transferred to Worcestershire Acute Hospitals NHS Trust in 2011.

Worcestershire Acute Hospitals NHS Trust surgical services are located on four hospital sites. Worcestershire Royal Hospital (WRH), the Alexandra Hospital (AH) , Kidderminster Hospital and Treatment Centre (KHTC) and Evesham Community Hospital (ECH).

The trust had 47,976 surgical admissions from December 2017 to November 2018. Emergency admissions accounted for 10,647 (22.2%), 33,436 (69.7%) were day case, and the remaining 5,713 (11.9%) were elective. *(Source: Hospital Episode Statistics)*

This report relates to surgery services provided at Evesham Community Hospital.

WRH, AH, KHTC and ECH were visited as part of the inspection process and each location has a separate evidence appendix and report section. Surgery services on all four hospital sites are run by one management team and are regarded by the trust as one service. For this reason, it is inevitable there is some duplication contained within the four reports.

No medical staff are employed to work solely on the Evesham site; surgery is provided by medical staff also working at other trust hospitals. Therefore, trust wide information about medical staff is provided in this report.

All surgical procedures carried out at ECH and provided by the trust were day-case surgery. There were no inpatient elective surgery cases and no emergency surgery completed on site. No paediatric services were provided. Burlingham ward cared for patients pre and post operatively following a range of procedures including general, dental, orthopaedic and gynaecological surgery. The ward had eight beds and two side rooms providing a total of 11 beds. In addition, staff from the ward also provided care for patients within the clinical interventions' unit. The clinical interventions unit carried out procedures, often under a local anaesthetic, such as pain management interventions, urology investigations and endoscopy.

We inspected the service on 22 May 2019 and 4 June 2019. As part of the inspection we visited the operating theatre, the recovery area, the clinical interventions unit and Burlingham ward. During the inspection, we spoke 21 staff of various grades, including ward and department managers, nurses, operating department staff, consultants, a student nurse, and a senior manager. We spoke with six patients, observed care and treatment and looked at eight patient's medical records and drug charts. We received comments from people who contacted us to tell us about their experiences, and reviewed performance information about the hospital.

The service was last inspected in July 2015. At that inspection, it was rated 'good' overall.

Summary of this service

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

Surgery

- Safety checks to prevent errors occurring in the operating theatres and hand hygiene procedures, were not consistently followed. We did not observe staff challenging poor practice. There was limited learning from incidents that occurred at other hospitals within the trust.
- The environment in which some procedures were carried out was not suitable and equipment checks were not always completed daily.
- There was limited monitoring of clinical outcomes for patients and adherence to best practice guidance at the hospital.
- Patients waited longer than average from referral to treatment and capacity within surgery at the hospital was not fully utilised. The ward, operating theatre and clinical interventions unit were not used to capacity.
- Governance processes were not fully effective. Risks to the service were not adequately identified and systematically managed. Risks and concerns we identified during the inspection had not been recognised by the management team.
- There was uncertainty about the future sustainability of the service at the hospital and little evidence of learning or innovation. Some staff expressed concerns about the level of communication and engagement about the future of surgical services at Evesham Community Hospital.

However,

- There were sufficient nursing staff with the required competencies to provide safe and effective care for patients. Care was consultant delivered. Managers appraised staff performance.
- Staff knew how to recognise abuse and how to report it. They worked with other organisations to protect people. They kept detailed records of patient's care and treatment. Safe systems and processes were in place for the management of patients' medicines.
- Staff generally worked well together as a team for the benefit of patients and provide coordinated care. They were kind and compassionate and patients praised them for their friendly and professional approach.

Is the service safe?

Requires improvement 

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

- Managers provided mandatory training in key skills to all staff. The percentage of nursing staff completing mandatory training mostly met trust targets, however, the percentage of medical staff completing mandatory training was lower.
- Safeguarding training completion rates for medical staff did not meet the trust target of 90%, although completion rates had improved since the last inspection for Worcestershire Acute Hospitals trust.
- Infection risk was not always controlled well. We observed poor compliance with infection prevention and control measures in theatres on the first day of our inspection and the facilities within the clinical interventions' unit did not meet environmental requirements for procedures rooms.
- The suitability and safety of the premises and the environment was variable, although they were adequately maintained. The procedures room in the clinical interventions' unit was not suitable for the procedures it was used for. In addition, we found anaesthetic machines used in the operating theatres were not always checked daily, which had the potential to impact on the safety of care.

Surgery

- Staff completed and updated some risk assessments for each patient and removed or minimised risks. However, safety checks in theatre were not always followed, increasing the risk of patient harm. We found variable compliance with the WHO checklist. In addition, there were changes to the theatre list during the list, some inadequacies and inaccuracies in the content of an operating list and failure to adhere to the national safety "Stop before you Block" initiative and other professional best practice standards, during one theatre list.
- Opportunities for learning from incidents at other hospital sites were missed. Staff had limited awareness of a never event that had occurred in another of the trust hospitals and any learning from it.

However,

- Staff understood how to protect patients from abuse. Staff were provided with training on how to recognise and report abuse, and they knew how to apply it.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm. Surgical services at Evesham Community Hospital were consultant delivered.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

Is the service effective?

Good 

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

- The service mostly provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain. They gave additional pain relief to ease pain as required.
- Staff monitored the effectiveness of care and treatment and used the findings to make improvements. The anaesthetic service had been accredited under the Anaesthesia Clinical Services Accreditation (ACSA) from the Royal College of Anaesthetists (RCoA).
- Managers made sure staff were competent for their roles. They appraised staff's work performance to provide support and monitor the effectiveness of the service.
- Multidisciplinary team working was generally effective. Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide coordinated care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Surgery

However,

- Audits were completed within surgery. However, it was unclear how many of the audits completed in surgery included patients at the Evesham Community hospital site.
- Due to the low volume of surgery at the hospital, outcome evidence specific to the surgery at the Evesham Community Hospital site was limited.

Is the service caring?

Good  

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

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

Is the service responsive?

Requires improvement 

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

- People could not always access the service when they needed it in order to receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards. The percentage of patients who were not re-booked for surgery within 28 days of cancellation, was below the national average.
- The ward, operating theatre and clinical interventions' unit were not used to capacity.

However,

- The surgical division planned and provided services in a way that met the needs of local people and the communities it served. The service understood the different requirements of the local people it served by ensuring that it actioned their needs through the planning, design and delivery of services. It also worked with others in the wider system and local organisations to plan care. Patients were offered a choice about the hospital they attended, where the service was delivered at more than one site.
- The service took account of patients' individual needs and preferences. There was access to translation and interpretation services when needed. The service had a person-centred care approach to meeting the needs of people living with a dementia and those with a learning disability.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Surgery

Is the service well-led?

Requires improvement  

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

- The service did not have effective systems for identifying risks, planning to eliminate or reduce them. The risk register was not reflective of the risks we found during our inspection and the safety concerns we identified had not been recognised by the leadership team. However, they had plans for coping with both the expected and unexpected.
- Governance processes were in place but were not always effective. Staff at all levels were clear about their roles and accountabilities but did not always meet, discuss and learn from the performance of the service.
- Communication pathways and management oversight were not robust.
- Staff did not always feel empowered to challenge poor practice.
- Leaders and staff engaged with patients and sought their views about the service provided. However, some staff expressed concerns about the level of communication and engagement about the future of surgical services at Evesham Community Hospital.
- All staff were committed to continually learning and improving services. However, there was uncertainty about the future sustainability of the service at the hospital and little evidence of learning or innovation in relation to services provided at the hospital.

However,

- There were managers at all levels of the service, with the right skills and abilities to run a service providing high-quality sustainable care.
- When we raised a concern with the senior management team, the trust took immediate action to investigate and ensure patient safety.
- Managers had a vision for what they wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

Areas for improvement

Action the trust MUST take to improve surgery services:

We told the trust that it must take action to comply with regulations in relation to the following regularity breaches of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service must take action to:

- Ensure staff adhere to surgical safety checks prior to, during and following surgical procedures. Regulation 12(1)(2)a).
- Improve the content of operating list information, to ensure that all pertinent information is recorded. Regulation 12(1)(2)(a).

Surgery

- Ensure all staff adhere to infection prevention and control best practice. Regulation 12(1)(2)(h).
- Ensure surgical staff complete mandatory training. Regulation 18(2).

Action the trust SHOULD take to improve surgery services.

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

The service should take action to:

- Continue with plans to improve performance in line with national referral to treatment times.
- Review the use of the procedures room in the clinical intervention unit and ensure all invasive procedures are completed in a suitable environment.
- Review governance processes at Evesham Community hospital; systematically review risks to the service and ensure the risk register includes the risks, actions to control risks and a timescale for review/resolution.

Kidderminster Hospital and Treatment Centre

Bewdley Road
Kidderminster
Worcestershire
DY11 6RJ
Tel: 01562513240
www.worcsacute.nhs.uk

Key facts and figures

Kidderminster Hospital and Treatment Centre provides a minor injuries unit, medical care, surgery, outpatients and diagnostic imaging services.

The minor injuries unit (MIU) at Kidderminster Hospital and Treatment Centre is open 24 hours a day, seven days a week. From May 2018 to April 2019, there were 21,356 attendances at the MIU. 27% of these were children of 17 years and under. The MIU provides care and treatment for patients with minor injuries, such as wounds, sprains, broken bones, minor dislocations and head injuries. It is staffed by emergency nurse practitioners and health care support workers. Emergency nurse practitioners (ENPs) are experienced and specially trained nurses who are qualified to diagnose and treat minor injuries. Patients generally present to the MIU by walking into the reception area and booking in. Some patients (from two to six per week) arrive by ambulance. Patients who attend should expect to be assessed, transferred or discharged within a four-hour period in line with the national target for emergency and urgent care facilities.

Medical care services include endoscopy and renal dialysis. The renal dialysis unit is open from Monday to Saturday between the hours of 06:00am and 19:30pm and provides two sessions per day. It has 20 dialysis stations providing haemodialysis (HD) and haemodialysis filtration (HDF). From 2018 to April 2019 the dialysis unit provided a total of 11,231 dialysis sessions. The renal dialysis sits within the speciality medicine division. Care of the patients is overseen by a renal consultant at another trust. The endoscopy service has two endoscopy theatres. One of which is used for diagnostic gastrointestinal procedures and the other for urology and gynaecological procedures. The unit has a decontamination facility, two admission rooms, two recovery beds, and four chairs. The service is open from 08:00 to 18:00 Monday to Friday, with some additional clinic lists being delivered at weekends. From January to December 2018, 3,393 endoscopic procedures were carried out. The endoscopy service sits within the specialised clinical services division.

Surgery services provided by Worcestershire Acute Hospitals NHS trust are located on four hospital sites. Worcestershire Royal Hospital is the largest site with Alexandra Hospital, Kidderminster Hospital and Treatment Centre and Evesham Community Hospital as additional sites. The trust provides services to a resident population of 550,000 people in Worcestershire. Surgery services provided at Kidderminster Hospital and Treatment Centre are planned (elective) surgery and consists of four theatres and two treatment rooms, a 12-bedded surgical ward and a theatre admissions area. There was a separate theatre admission area and second stage recovery area for day case patients who would not

require an overnight stay. We inspected the service on 14 and 15 May 2019 and on 23 May 2019. As part of the inspection, we visited the pre-assessment clinics, the operating theatres, recovery areas and ward one. Surgical services provision at Kidderminster Hospital and Treatment Centre included general surgery, trauma and orthopaedics, urology, ear nose and throat surgery and ophthalmology.

Outpatient clinics are held in the treatment centre, with the majority of outpatient clinics are on the first floor. Oncology outpatient appointments are held in the Millbrook Suite, which is on the first floor in C block. The Millbrook Suite tended to only treat certain site-specific cancers, generally referring any head and neck cancers to other sites. There are consultant and nurse-led outpatient clinics across a range of specialities, which are provided in the outpatients' department. Outpatient clinics are held Monday to Friday from 8am to 6pm. Some ad-hoc Saturday appointments are provided dependent on specialty. The outpatients' service is part of the specialised clinical services division. The current structure includes a divisional director of operations, a divisional director of nursing and a divisional medical director. A deputy divisional operational manager, a deputy divisional director of nursing and a deputy divisional medical director, plus a directorate manager and matron, supports the team.

The radiology service forms part of the specialised clinical services division. The current structure includes a divisional operational manager, divisional director of nursing and divisional medical director. This team is supported by speciality leads. Radiological services are led by a clinical director, the chief radiographer and directorate manager. Diagnostic imaging also occurs in the clinical investigations department. These investigations included non-radiological investigations, such as electrocardiograms, heart monitoring, respiratory function testing and echocardiograms. These were performed by specialist technicians within an outpatient's clinic. Diagnostic investigations, such as echocardiograms, electrocardiograms and respiratory function tests were completed by the clinical investigation team. These investigations took place in the clinical investigations department on level one. The department was managed by a senior physiologist and reported to consultants within the medicine division. The medicine division had the same structure as the specialised clinical services division.

Summary of services at Kidderminster Hospital and Treatment Centre

Good ↑↑

Our rating of services improved. We rated them as good because:

- Improvements had been made in all core services inspected to address most concerns from the last inspection.
- Medical care, surgery, outpatients and diagnostic imaging services were rated as good overall.
- The minor injuries unit was rated as requires improvement overall.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Feedback from parents and relatives confirmed staff treated them well and with kindness.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They made sure staff were competent for their roles by appraising work performance and holding supervision meetings with them to provide support.
- People could access the service when they needed it.
- Managers at all levels had most of the right skills and abilities to run a service providing high-quality sustainable care.

Summary of findings

- The services had a systematic approach to continually monitor the quality of its services. The service monitored activity and performance and used data to identify areas for improvement.
- The services had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- Staff and managers across the service promoted a positive culture that supported and valued one and other.

However,

- In the minor injuries' unit, the trust must take actions to improve. These are:
  - To ensure all patients receive a timely initial clinical assessment to identify patients arriving with serious injuries and illnesses.
  - To ensure an evidenced-based review of the nursing establishment (including skill-mix) is carried out to ensure there are sufficient staff with the right skills and experience to meet the needs of patients who attend the minor injuries unit.
  - To ensure governance processes include reviews of clinical guidelines to ensure that they follow current best practice.

Urgent and emergency services

Requires improvement 

Key facts and figures

The minor injuries unit (MIU) at Kidderminster Hospital and Treatment Centre is open 24 hours a day, seven days a week. From May 2018 to April 2019, there were 21,356 attendances at the MIU. 27% of these were children of 17 years and under. The MIU provides care and treatment for patients with minor injuries, such as wounds, sprains, broken bones, minor dislocations and head injuries. It is staffed by emergency nurse practitioners and health care support workers. Emergency nurse practitioners (ENPs) are experienced and specially trained nurses who are qualified to diagnose and treat minor injuries. Patients generally present to the MIU by walking into the reception area and booking in. Some patients (from two to six per week) arrive by ambulance. Patients who attend should expect to be assessed, transferred or discharged within a four-hour period in line with the national target for emergency and urgent care facilities.

The trust provided the following information about the MIU:

Kidderminster Hospital and Treatment Centre

Kidderminster Hospital and Treatment Centre lies to the north of the County and has a minor injuries unit. The department includes:

- Five clinic rooms.
- One plaster room.
- Two further accessible clinic rooms usually used by GP out of hours.
- Waiting areas for adults and children.

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

The last inspection of the MIU was in January 2018 and was rated inadequate for effective and well-led, requires improvement for safe, and good for caring and responsive. The service was rated as inadequate overall.

We carried out this inspection of urgent and emergency care services provided at Kidderminster Hospital and Treatment Centre from 28 to 29 May 2019. We spoke with six patients their families and nine members of staff, including nurses, student nurses, clerical staff, porters and managers. We observed care and treatment and reviewed 19 patient records. We also reviewed the trust's performance data and looked at trust policies.

Summary of this service

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

- Staff did not complete risk assessments for all patients when they first arrived. Patients with potentially serious injuries sometimes had to wait for two hours before they received a clinical assessment.
- The service did not always provide care and treatment based on national guidance and evidence of its effectiveness. Much of the guidance provided for staff was out-of-date.
- Although managers at all levels had the right skills and abilities to run a service providing high-quality care, a cohesive, sustainable management strategy had not yet been achieved. This was, in part, due to the fragmented nature of the management structure and conflicting demands on the time of senior leaders.

Urgent and emergency services

- The MIU did not always have enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Although the MIU had systems for identifying risks and plans to eliminate or reduce them, we could not be certain there was a process for bringing them to the attention of senior leaders within the trust.

However,

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They made sure staff were competent for their roles by appraising work performance and holding supervision meetings with them to provide support.
- People could access the service when they needed it.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- The service had begun to use a systematic approach to continually improve the quality of its services and safeguarding high standards of care. There had been increased commitment to improving services by learning from when things went well and when they went wrong, as well as promoting training and practice improvement

Is the service safe?

Requires improvement

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

- Staff did not complete risk assessments for all patients when they first arrived. Patients with potentially serious injuries sometimes had to wait for two hours before they received a clinical assessment.
- The MIU did not always have enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

However,

- The service provided mandatory training in key skills to all staff and ensured that everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service had suitable premises and equipment and looked after them well. It controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- 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.

Urgent and emergency services

Is the service effective?

Requires improvement  

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

- The service did not always provide care and treatment based on national guidance and evidence of its effectiveness. Much of the guidance provided for staff was out-of-date.
- Staff did not always assess or monitor patients regularly to see if they were in pain, particularly when children attended with injuries.

However,

- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- Food and drink were available for patients, if necessary.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Staff gave patients practical support and advice to lead healthier lives.
- Staff worked well together as a team to benefit patients. They understood how and when to assess whether a patient had the capacity to make decisions about their care.

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 was positive.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff supported and involved patients, families and carers, to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good 

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

- The service generally planned and provided services in a way that met the needs of local people as well as taking into account patients' individual needs.
- People could access the service when they needed it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Urgent and emergency services

Is the service well-led?

Requires improvement 

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

- Although managers at all levels had the right skills and abilities to run a service providing high-quality care, a cohesive, sustainable management strategy had not yet been achieved. This was, in part, due to the fragmented nature of the management structure and conflicting demands on the time of senior leaders.
- There remained a lack of strategy for the service although MIU staff had a vision for the future of the unit.
- Although the MIU had systems for identifying risks and plans to eliminate or reduce them, we could not be certain there was a process for bringing them to the attention of senior leaders within the trust.
- Quality issues and clinical outcomes were not regularly discussed with staff.

However,

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. There was some engagement with patients, staff and the public to plan and manage appropriate services.
- The service had begun to use a systematic approach to continually improve the quality of its services and safeguarding high standards of care. It collected, analysed, managed and used information to support its activities, using secure electronic systems with security safeguards.
- There had been increased commitment to improving services by learning from when things went well and when they went wrong, as well as promoting training and practice improvement.
- There was some engagement with patients, staff and the public to plan and manage appropriate services.
- There had been increased commitment to improving services by learning from when things went well and when they went wrong, as well as promoting training and practice improvement.

Areas for improvement

Action the trust MUST take to improve urgent and emergency care services.

We told the trust that it must take action to comply with regulations in relation to the following regularity breaches of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

The service must take action to:

- Ensure all patients receive a timely initial clinical assessment to identify patients arriving with serious injuries and illnesses. Regulation 12(1)(2)(a)
- Ensure an evidenced-based review of the nursing establishment (including skill-mix) is carried out to ensure there are sufficient staff with the right skills and experience to meet the needs of patients who attend the minor injuries unit. Regulation 18(2).
- Ensure governance processes include reviews of clinical guidelines to ensure that they follow current best practice. Regulation 17(2)(b).

Action the trust SHOULD take to improve urgent and emergency care services.

Urgent and emergency services

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

The service should take action to:

- All patients are assessed and monitored for pain and that timely pain relief is administered.
- The management structure produces leaders with the capacity and capability to identify issues and priorities in the minor injuries unit and to act upon them.
- The needs of patients with minor injuries are included in the new strategy for the urgent care division.
- Staff have the opportunity to discuss learning from incidents and audits at regular staff meetings.

Medical care (including older people's care)

Good ↑

Key facts and figures

The trust provided the following information about their medical care department:

'The division of specialty medicine is comprised of three directorates which are:

- Directorate 1 - Cardiology, respiratory, renal, neurology, infectious diseases and diabetes.
- Directorate 2 - Neurophysiology, elderly care, gastroenterology (this excludes endoscopy services), and therapies.
- Directorate 3 – Stroke.

The trust operates over two acute sites (Worcestershire Royal Hospital and the Alexandra Hospital) and outpatient services operate from a number of peripheral sites. The trust offers a full range of specialty medicine services including outpatient and inpatient services in all of the above specialties including specialist cardiology services in percutaneous coronary interventions, cardiac devices and cardiac imaging for Herefordshire and Worcestershire. The trust also provides HIV services to the population of both counties as well as diagnostic and interventional bronchoscopy services, sleep and allergy services, a cross county frailty assessment and admissions service and a centralised stroke service at Worcestershire Royal Hospital covering the whole county.

Each specialty within a directorate has a clinical lead, except for respiratory medicine. Across the division, there are six matrons which cover all directorates. The divisional leadership team is now fully established with substantive medical, operations and nurse directors. The division still shares the support services such as the governance team and finance with the urgent care division – this ensures consistency and standardisation of approach. The division has specialist nurses providing nurse led care in respiratory, cardiology, diabetes, tuberculosis, inflammatory bowel disease, heart failure and stroke.'

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

Medical care services provided at Kidderminster Hospital and Treatment Centre are endoscopy and renal dialysis.

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

The trust had 72,748 medical admissions from December 2017 to November 2018. Emergency admissions accounted for 27,219 (37.4%), 423 (0.6%) were elective, and the remaining 45,106 (62.0%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 26,848 admissions.
- Gastroenterology: 12,729 admissions.
- Clinical oncology: 10,663 admissions.

(Source: Hospital Episode Statistics)

The renal dialysis unit is open from Monday to Saturday between the hours of 06:00am and 19:30pm and provides two sessions per day. It has 20 dialysis stations providing haemodialysis (HD) and haemodialysis filtration (HDF). From 2018 to April 2019 the dialysis unit provided a total of 11,231 dialysis sessions. The renal dialysis sits within the speciality medicine division. Care of the patients is overseen by a renal consultant at another trust.

Medical care (including older people's care)

The endoscopy service has two endoscopy theatres. One of which is used for diagnostic gastrointestinal procedures and the other for urology and gynaecological procedures. The unit has a decontamination facility, two admission rooms, two recovery beds, and four chairs. The service is open from 08:00 to 18:00 Monday to Friday, with some additional clinic lists being delivered at weekends. From January to December 2018, 3,393 endoscopic procedures were carried out. The endoscopy service sits within the specialised clinical services division.

Summary of this service

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

- The service provided mandatory training including safeguarding to all staff and made sure everyone completed it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service generally had suitable premises and equipment and looked after them well. The service controlled infection risk well. Staff kept themselves, equipment and the premises clean.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- Staff assessed and responded to patient risk appropriately. Records were clear, up-to-date and easily available to all staff providing care. The service managed patient safety incidents well.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service generally provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Most managers monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff gave patients enough food and drink to meet their needs and improve their health. Staff assessed and monitored patients regularly to see if they were in pain.
- Evidence provided, and observations made showed that staff were competent for their roles, which was an improvement since our last inspection. Staff worked together as a team to benefit patients.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Consent was consistently undertaken in line with the trust consent procedure.
- Staff cared for patients with compassion at all times during the inspection. Staff were friendly, professional and caring, even when under pressure during busy periods. Feedback from parents and relatives confirmed staff treated them well and with kindness.
- The service planned and provided services in a way that met the needs of local people. The service took account of patients' individual needs. The service had a person-centred care approach to meeting the needs of people with complex or additional needs.
- Most patients could access the service when they needed to.
- The service treated concerns and complaints seriously, investigated and responded to them in a timely manner, learned lessons from the results, and shared these with all staff at meetings and safety huddles.
- Managers at all levels had the right skills and abilities to run a service providing high-quality sustainable care. Clinical leaders were visible in the department.

Medical care (including older people's care)

- There was a documented vision and strategy for what staff working within services wanted to achieve, in line with trust's quality improvement strategy.
- The service had a systematic approach to continually monitor the quality of its services. The service monitored activity and performance and used data to identify areas for improvement. The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Staff and managers across the service promoted a positive culture that supported and valued one and other. Staff felt respected and valued which was an improvement since our last inspection.

However,

- The changing room facilities in endoscopy were not appropriate as they contained the only staff toilet in the department.
- The service was working towards achieving Joint Advisory Group (JAG) accreditation.
- Staff knowledge of audit and performance related to audit within endoscopy was variable.
- Some patients had delays in accessing some endoscopy services.

Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service generally had suitable premises and equipment and looked after them well.
- Staff assessed and responded to patient risk appropriately. They completed and reviewed risk assessments for each patient. Processes for responding to emergencies and escalation were understood by all staff we spoke with.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- 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. Nursing staff were aware of incidents that had happened at other sites within medical care and could explain the learning from these incidents. When things went wrong, staff apologised and gave patients honest information and suitable support.

However,

- The changing room facilities in endoscopy were not appropriate as they contained the only staff toilet in the department.

Is the service effective?

Good ↑

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

- The service generally provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- 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.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Most managers 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.
- Evidence provided, and observations made showed that staff were competent for their roles, which was an improvement since our last inspection. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update. Staff worked collaboratively at all times during the inspection to provide patient care and treatment.
- Staff took opportunities to promote healthy lifestyle options for patients.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Consent was consistently undertaken in line with the trust consent procedure.

However,

- The service was working towards achieving Joint Advisory Group (JAG) accreditation.
- Staff knowledge of audit and performance related to audit within endoscopy was variable.

Is the service caring?

Good →←

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

- Staff cared for patients with compassion at all times during the inspection. Staff were friendly, professional and caring, even when under pressure during busy periods. Feedback from parents and relatives confirmed staff treated them well and with kindness.

- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Is the service responsive?

Good 

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

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs. The service had a person-centred care approach to meeting the needs of people with complex or additional needs.
- Most patients could access the service when they needed to.
- The service treated concerns and complaints seriously, investigated and responded to them in a timely manner, learned lessons from the results, and shared these with all staff at meetings and safety huddles.

However,

- Some patients had delays in accessing some endoscopy services.

Is the service well-led?

Good 

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

- Managers at all levels had most of the right skills and abilities to run a service providing high-quality sustainable care. Clinical leaders were visible in the department.
- There was a documented vision and strategy for what staff working within services wanted to achieve, in line with trust's quality improvement strategy. Plans were being implemented to improve the safety, effectiveness and patient experience of using services.
- Staff and managers across the service promoted a positive culture that supported and valued one and other. Staff felt respected and valued which was an improvement since our last inspection.
- The service had a systematic approach to continually monitor the quality of its services. The service monitored activity and performance and used data to identify areas for improvement.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service generally engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However,

- Not all local leaders were knowledgeable about audits and performance related to audit.

Areas for improvement

Action the trust SHOULD take to improve medical care services.

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

The service should take action to:

- Review the provision of the changing room facilities in endoscopy which were not appropriate as they contained the only staff toilet in the department.
- The service should continue working towards achieving Joint Advisory Group (JAG) accreditation.
- Improve staff knowledge of audit and performance related to audit within endoscopy which was variable.
- Improve patients accessing endoscopy services in a timely way.

Surgery

Good ↑↑

Key facts and figures

Surgery services provided by Worcestershire Acute Hospitals NHS trust are located on four hospital sites. Worcestershire Royal Hospital is the largest site with Alexandra Hospital, Kidderminster Hospital and Treatment Centre and Evesham Community Hospital as additional sites. The trust provides services to a resident population of 550,000 people in Worcestershire.

Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital and Treatment Centre were visited as part of the inspection process and each location has a separate report. Surgery services on all four hospital sites are run by one management team and are regarded by the trust as one service. For this reason, it is inevitable there is some duplication contained within the three evidence appendices.

This report relates to surgery services provided at Kidderminster Hospital and Treatment Centre which provides planned (elective) surgery and consists of four theatres and two treatment rooms, a 12-bedded surgical ward and a theatre admissions area. There was a separate theatre admission area and second stage recovery area for day case patients who would not require an overnight stay. We inspected the service on 14 and 15 May 2019 and on 23 May 2019. As part of the inspection, we visited the pre-assessment clinics, the operating theatres, recovery areas and ward one. Surgical services provision at Kidderminster Hospital and Treatment Centre included general surgery, trauma and orthopaedics, urology, ear nose and throat surgery and ophthalmology.

During the inspection, we spoke with 34 staff of various grades, including ward and theatre managers, nurses, consultants, healthcare assistants, and operating department practitioners. We spoke with four patients and their families, observed care and treatment and looked at 12 patients' medical records and seven additional drug charts. We received comments from people who contacted us to tell us about their experiences, and reviewed performance information about the hospital.

The service was last inspected on 12 to 15 February 2018. At that inspection, it was rated 'inadequate' overall. During this inspection we looked at the changes the surgical services had made to address our concerns.

Summary of this service

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

- The service provided mandatory training in key skills to all staff and made sure most people had completed it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service generally had suitable premises and equipment and looked after them well.
- The service had enough medical and nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily 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.

Surgery

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff gave patients enough food and drink to meet their needs and improve their health. Staff assessed and monitored patients regularly to see if they were in pain.
- The service generally made sure staff were competent for their roles. Staff worked together as a team to benefit patients.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff involved patients and those close to them in decisions about their care and treatment.
- The service planned and provided services in a way that met the needs of local people
- The service took account of patients' individual needs. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve and monitor the quality of its services. The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

However:

- Systems were mostly in place and effective in recognising and responding to deteriorating patients' needs. Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. However, staff did not always complete the brief and debrief within the five steps to surgery. We were therefore not assured that all staff were briefed prior to surgery and had the opportunity to debrief afterwards.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients generally received the right medication at the right dose at the right time. However, we found that four out of seven medication charts we looked at had missed doses. Therefore, we were not fully assured that all patients were given medicines when required.
- Not all staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff generally understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- People could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit treat and discharge patients were not in line with good practice.

Is the service safe?

Good 

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

Surgery

- The service provided mandatory training in key skills to all staff and made sure most people had completed it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service generally had suitable premises and equipment and looked after them well.
- The service had enough medical and nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily 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.

However,

- Systems were mostly in place and effective in recognising and responding to deteriorating patients' needs. Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. However, staff did not always complete the brief and debrief within the five steps to surgery. We were therefore not assured that all staff were briefed prior to surgery and had the opportunity to debrief afterwards.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients generally received the right medication at the right dose at the right time. However, we found that four out of seven medication charts we looked at had missed doses. Therefore, we were not fully assured that all patients were given medicines when required.

Is the service effective?

Good ↑

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain.
- The service generally made sure staff were competent for their roles.
- Staff worked together as a team to benefit patients.

However,

- Not all staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff generally understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Surgery

Is the service caring?

Good ➔➔

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

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

Is the service responsive?

Requires improvement ↑

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

- People could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit treat and discharge patients were not in line with good practice.

However,

- The service planned and provided services in a way that met the needs of local people
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Is the service well-led?

Good ↑↑

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

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and patients.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve and monitor the quality of its services.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

However,

- It was not always clear how the service fed quality information into the division and how shared learning was identified.

Areas for improvement

Action the trust SHOULD take to improve surgical services:

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

The service should ensure that:

- Improve compliance with five steps to safer surgery including the brief and debrief.
- Continue with plans to improve performance with the national referral to treatment targets.
- Ensure that all staff complete Mental Capacity Act training.
- Ensure medicine charts are audited to include missed doses.
- Ensure that there is evidence of staff medical device training
- Ensure that all admission letters for elective patients ask them to highlight if they have been an inpatient in hospital within the last 12 months.
- Ensure that all patients who have their surgery cancelled are rebooked within 28 days.
- Review how the service fed quality information into the division and how shared learning was identified.

Outpatients

Good ↑↑

Key facts and figures

The trust provided the following information about their outpatient's core service:

'Outpatients are run on four sites across the trust and provide support to the following clinics:

Colorectal / upper & lower gastro intestinal services, vascular, breast, urology, ear nose and throat (ENT), dermatology, endocrinology, respiratory, rheumatology, gynaecological, trauma and orthopaedic, general surgery, stroke, falls, renal, cardiology, pain, infectious diseases. The trust provide staff to these clinics, but the activity is managed within the specific directorates.

The trust also provides staffing to clinics in Turnpike (local Worcestershire Royal Hospital health and social care building) for pain clinics. Oral and maxillofacial surgery countywide and ENT at Worcestershire Royal Hospital is managed within the head & neck directorate. Trauma and orthopaedic clinics at Alexandra Hospital are managed within the trauma and orthopaedics directorate.' *(Source: Routine Provider Information Request (RPIR) – Context acute tab)*

The service is managed by one management team based at Worcestershire Royal Hospital (WRH). Information technology systems (IT) that support outpatient services across all three sites are provided at the WRH site. Due to leadership and medical staffing for the service being based at WRH, there will be some similarities in information across all three outpatient reports. Some of the performance data is only available trust wide and relates to all hospital sites covered by the trust. Performance data regarding the Kidderminster Hospital and Treatment Centre only has been used where available. The trust provided some information at a divisional level and therefore, not service specific. The report will clearly indicate where this occurs.

At Kidderminster Hospital and Treatment Centre, outpatient clinics are held in the treatment centre, with the majority of outpatient clinics are on the first floor. Oncology outpatient appointments are held in the Millbrook Suite, which is on the first floor in C block. The Millbrook Suite tended to only treat certain site-specific cancers, generally referring any head and neck cancers to other sites. There are consultant and nurse-led outpatient clinics across a range of specialities, which are provided in the outpatients' department. Outpatient clinics are held Monday to Friday from 8am to 6pm. Some ad-hoc Saturday appointments are provided dependent on specialty.

The outpatients' service is part of the specialised clinical services division. The current structure includes a divisional director of operations, a divisional director of nursing and a divisional medical director. A deputy divisional operational manager, a deputy divisional director of nursing and a deputy divisional medical director, plus a directorate manager and matron, supports the team.

The service was inspected in February 2018 and was rated as inadequate overall. We found the service was inadequate for safe, responsive and well-led, and good for caring. We inspect, but do not rate effective.

We carried out an announced inspection at Kidderminster Hospital and Treatment Centre from 14 to 15 May 2019. Outpatients was inspected independently of diagnostic imaging. During the inspection visit, the inspection team spoke with five patients and two relatives and friends. We visited clinics and departments including ophthalmology, oncology (Millbrook Suite), rheumatology, phlebotomy, urology, vascular and diabetes. We observed staff giving care to patients and reviewed 10 patient records. We looked at trust policies and performance information from, and about the trust. We spoke with 23 members of staff at a variety of grades including doctors, department managers, lead nurses.

Outpatients

Summary of this service

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service provided care and treatment based on national guidance and evidence-based practice.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The service had managers with the right skills and abilities to run a service providing high-quality sustainable care. Clinical leaders were visible in the department, but the trust board were not always known to staff.
- Staff and managers across the service promoted a positive culture that supported and valued one and other.

However:

- People could not always access the service when they needed it and did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.
- The service had systems for identifying risks, planning to eliminate or reduce them. As these were often trust wide, it was hard to pinpoint risks to individual sites.

Is the service safe?

Good 

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Outpatients

- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were mainly clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

We do not rate effective. We found that:

- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were not available seven days a week to support timely patient care. Outpatient services were generally provided from 8am to 6pm, Monday to Friday. Clinics in the main outpatient department did not routinely provide a seven day a week service.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Good 

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

Outpatients

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

Is the service responsive?

Requires improvement  

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

- People could not always access the service when they needed it and did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.

However,

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

Is the service well-led?

Good  

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

- The service had managers with the right skills and abilities to run a service providing high-quality sustainable care. Clinical leaders were visible in the department, but the trust board were not always known to staff.
- The service had a documented vision for what it wanted to achieve.
- Staff and managers across the service promoted a positive culture that supported and valued one and other.
- The service had a systematic approach to continually monitor the quality of its services. The service monitored activity and performance and used data to identify areas for improvement.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However,

- The service had systems for identifying risks, planning to eliminate or reduce them. As these were often trust wide, it was hard to pinpoint risks to individual sites.

Areas for improvement

Action the trust MUST take to improve outpatient services:

We told the trust that it must take action to comply with regulations in relation to the following regularity breaches of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service must take action to:

- Improve performance against 18-week referral to treatment times, with the aim of meeting operational standards. Regulation 12(1)(2)(a).
- Improve performance against the national cancer standards for patients on 2 week waits and patients waiting less than 62 days for treatment. Regulation 12(1)(2)(a).

Action the trust SHOULD take to improve outpatient services.

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

The service should take action to:

- The trust should review the alerts system on their electronic records system to ensure that erroneous blank alerts are not flagged.
- The trust should consider reporting incidents under the outpatients' department for delayed or overbooked clinics, as opposed to just reporting them under the medical specialty of the clinic.
- The trust should ensure all staff know how to access the policies they need for their work.
- The trust should consider participating in the Improving Quality in Physiological Services scheme.
- The trust should review its patient information leaflets regularly.
- The trust should consider the timing of outpatient clinics when staff need to travel to different sites.
- The trust should consider breaking down data to site level, so that leaders could identify any outliers or risks at specific sites.

Diagnostic imaging

Good ↑

Key facts and figures

The radiology service forms part of the specialised clinical services division. The current structure includes a divisional operational manager, divisional director of nursing and divisional medical director. This team is supported by speciality leads. Radiological services are led by a clinical director, the chief radiographer and directorate manager. Diagnostic imaging also occurs in the clinical investigations department. These investigations included non-radiological investigations, such as electrocardiograms, heart monitoring, respiratory function testing and echocardiograms. These were performed by specialist technicians within an outpatient's clinic. Diagnostic investigations, such as echocardiograms, electrocardiograms and respiratory function tests were completed by the clinical investigation team. These investigations took place in the clinical investigations department on level one. The department was managed by a senior physiologist and reported to consultants within the medicine division. The medicine division had the same structure as the specialised clinical services division. Due to leadership and medical staffing for the service being largely based at Worcestershire Royal Hospital, there will be some similarities in information across all diagnostic reports. The trust also provided some information at a divisional level and therefore, not service specific. The report will clearly indicate where this occurs.

Throughout the report the Ionising Radiation (Medical Exposure) Regulations will be referred to as IR(ME)R.

The inspection team consisted of an inspector and one specialist advisor with expertise in radiography. The inspection team was overseen by Bernadette Hanney, Head of Hospital Inspection. The service was previously inspected 23 January to 25 January 2018 and was rated as requires improvement. In January 2018, we found the service requires improvement for safe, responsive and well-led and good for caring. We inspect, but do not rate effective.

During this inspection, we spoke with seven staff, including radiographers, radiography assistants, and administrative staff. No radiologists were on site for us to speak with during the inspection. We also spoke with six patients and relatives. We visited all the modalities, including Diagnostic imaging which occurred in the out patients' department. These investigations included non-radiological investigations, such as electrocardiograms, heart monitoring, respiratory function testing and echocardiograms. These were performed by specialist technicians within an outpatient's clinic.

Summary of this service

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well.
- The service had suitable premises and equipment and looked after them well. All diagnostic and imaging equipment was tested and serviced regularly to ensure that it was safe to use.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Risk assessments were completed for all patients using the service, and there were processes in place to escalate any concerns.

Diagnostic imaging

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The service made sure staff were competent for their roles.
- The service followed best practice when prescribing, giving, recording and storing medicines. Staff ensured that radiation doses were in line with national guidance.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. Discrepancy meetings were held and that there was a process for discrepancy feedback outsourced work.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff respected patient's privacy and dignity. The service took account of patients' individual needs.
- Patients could access the service when they needed it. Waiting times to treat patients were generally in line with good practice. Most patients received diagnostic imaging within the six week target. The backlog of unreported images and delays in reporting had significantly improved.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Clinical leaders were visible in the department. The team appeared focused and driven. Most staff reported leadership within the diagnostic and imaging departments was strong, with visible, supportive, and approachable managers and superintendents.

Is the service safe?

Good ↑

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff told us they received specific training to understand the additional needs of people with a mental health condition, learning disability, autism or dementia. Some staff had registered as dementia champions and received specific training. Staff told us they had access to specific dementia awareness training which they planned to complete.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. Adult safeguarding training compliance was 100%
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Areas within the unit were seen to be well maintained with a visibly clean environment.
- The service had suitable premises and equipment and looked after them well. All diagnostic and imaging equipment was tested and serviced regularly to ensure that it was safe to use. Quality assurance testing was completed at regular intervals in line with the Institute of Physics and Medical Engineering.

Diagnostic imaging

- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Risk assessments were completed for all patients using the service, and there were processes in place to escalate any concerns.
- The service used local rules (IRR) and employers' procedures (IR(ME)R) to protect patients and staff from ionising radiation. Local rules were displayed across all clinical areas. These identified the risks associated with each modality and steps taken by staff to ensure that procedures were completed safely.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Although there was a high number of vacancies for medical staff the service ensured enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment were on each shift.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Patients' records were written and managed in a way that protected patients from avoidable harm. Staff kept appropriate records of patients' care and treatment
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time. Staff were appropriately trained in the administration of medicines and competencies were regularly assessed.
- We saw that care was taken to ensure the right patient received the right medicine. Patient's identity was checked, confirmed and then checked against their prescriptions.
- Staff ensured that radiation doses were in line with national guidance.
- 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?

We do not rate effective. We found that:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Audits were completed at regular intervals and reports of findings shared with senior leads and the team. Audits were completed at regular intervals and reports of findings shared with senior leads and the team.
- Staff ensured that patients had access to enough food and drink to meet their needs and informed them of any factors which would impact on investigations planned. Patients attending appointments for invasive investigations were advised on whether they could eat or drink in their appointment letters.
- Pain relief was not routinely used in diagnostic imaging. However, patients were asked by staff if they were comfortable during their appointment.
- Managers 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. Discrepancy meetings were held and that there was a process for discrepancy feedback outsourced work.

Diagnostic imaging

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. The service had a programme of audit for reporting radiographers which involved peer reviews of each other's work to improve standards and education.
- Staff worked together as a team to benefit patients. Doctors and other healthcare professionals supported each other to provide good care. Staff worked collaboratively during the inspection to provide patient care and treatment.
- The service made sure patients had access to the main diagnostic services seven days a week. Although the service did not provide 24 hour cover at Kidderminster Hospital, patients could access services at alternative sites.
- Staff took opportunities to promote healthy lifestyle options for patients.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent. Consent was consistently undertaken in line with the trust consent procedure.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

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 respected patient's privacy and dignity.
- Staff provided emotional support to patients to minimise their distress. Staff showed awareness of the emotional and social impact that a person's care, treatment or condition would have on their well-being.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients felt involved with their care and knew what to expect. Patients told us that they were involved with decisions about their care and treatment. Staff provided patients with information and explained procedures in simple, unhurried manner.

Is the service responsive?

Good ↑

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

- The service planned and provided services in a way that met the needs of local people. The facilities and premises were appropriate for the services that were planned and delivered.
- The service took account of patients' individual needs. The service had a person-centred care approach to meeting the needs of people living with a dementia. Staff were very proud of the work they had done to become 'dementia friendly'.

Diagnostic imaging

- Patients could access the service when they needed it. Waiting times to treat patients were generally in line with good practice. Most patients received diagnostic imaging within the six week target. The backlog of unreported images and delays in reporting had significantly improved.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Is the service well-led?

Good  

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Clinical leaders were visible in the department. The team appeared focused and driven. Most staff reported leadership within the diagnostic and imaging departments was strong, with visible, supportive, and approachable managers and superintendents.
- The service had a documented vision for what it wanted to achieve. Plans were being implemented to ease overcrowding in the department were in development with involvement from staff, patients, and key groups representing the local community.
- Staff and managers across the service promoted a positive culture that supported and valued one and other.
- The service had a systematic approach to continually monitor the quality of its services. The service monitored activity and performance and used data to identify areas for improvement.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The service had a wide range of information available to enable managers to assess and understand performance in relation to quality, safety, patient experience, human resources, operational performance, and finances.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. The service had introduced the friends and family test (FFT) since our January 2018 inspection and feedback was largely positive.
- The service was committed to improving services by learning from when things went well and when they went wrong and promoted training.

However,

- Some staff reported variable visibility of divisional leaders.

Worcestershire Royal Hospital

Charles Hastings Way
Worcester
WR5 1DD
Tel: <xxxx xxxx xxxx
www.worcsacute.nhs.uk

Key facts and figures

The trust provided the following information about their medical care department:

'The division of specialty medicine is comprised of three directorates which are:

- Directorate 1 - Cardiology, respiratory, renal, neurology, infectious diseases and diabetes.
- Directorate 2 - Neurophysiology, elderly care, gastroenterology (this excludes endoscopy services), and therapies.
- Directorate 3 – Stroke.

The trust operates over two acute sites and outpatient services operate from a number of peripheral sites.'

The trust offers a full range of specialty medicine services including outpatient and inpatient services in all of the above specialties including specialist cardiology services in percutaneous coronary interventions, cardiac devices and cardiac imaging for Herefordshire and Worcestershire. The trust also provides HIV services to the population of both counties as well as diagnostic and interventional bronchoscopy services, sleep and allergy services, a cross county frailty assessment and admissions service and a centralised stroke service at Worcestershire Royal Hospital covering the whole county. The medical care service at the trust comprises a total of 474 beds across 23 inpatient wards.

Surgery services provided by Worcestershire Acute Hospitals NHS trust are located on four hospital sites. Worcestershire Royal Hospital is the largest site with Alexandra Hospital, Kidderminster Hospital and Treatment Centre and Evesham Community Hospital as additional sites. The trust provides services to a resident population of 550,000 people in Worcestershire. The trust has 12 inpatient surgical wards comprising a total of 289 inpatient beds. The trust provided the following information about their surgery core service:

'The trust delivers high volumes of upper and lower gastrointestinal surgery, trauma and orthopaedics, breast, vascular, urology, ear nose and throat, oral maxillofacial plus dermatology. The trust also provides outreach and emergency specialist surgical services for the county of Hereford e.g. vascular. Emergency surgery pathways for both the Worcestershire Royal and Alexandra Hospital sites have been established. All in-patient emergency surgery pathways, with the current exception of urology, are provided at Worcestershire Royal Hospital. The trust has developed a dedicated emergency surgical triage clinic to respond to rising demand. Complex and intermediate elective orthopaedics and all non-complex fractured neck of femur surgery has been centralised to the Alexandra Hospital. Complex trauma care is in alignment with the trauma unit status of Worcestershire Royal Hospital. Major and complex elective/emergency surgery performed at Worcestershire Royal Hospital includes vascular, colorectal, bariatric, head and neck surgery. We have completed a recent review of infrastructure around complex head and neck cancer surgery to support this service. The majority of the trust's services are locally commissioned with the exception of oral and maxillofacial surgery and vascular (specialised commissioning). The trust treats adults and children in all of their services, with the exception of vascular surgery.'

Summary of findings

The trust has 49 inpatient paediatric beds across two wards at Worcestershire Acute Hospital:

•Riverbank unit (paediatrics) - 31 beds.

•Neonatal unit - 18 beds.

The trust additionally has children's outpatient services at Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital and Treatment Centre. The trust also provided the following information in their provider information request:

'There is a centralised inpatient paediatric ward on the Worcestershire Royal Hospital site with 35 beds. The Emergency Assessment Pathway operates through a three bedded / three chair area within the ward footprint. Acute admissions and elective paediatric surgical cases are cared for on Riverbank ward. There are dedicated children's clinics at Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital and Treatment Centre. Day case paediatric surgery takes place at Kidderminster Treatment Centre three days per month.'

Outpatient services are provided by the trust are located at three sites: Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital and Treatment Centre. The service is managed by one management team based at Worcestershire Royal Hospital. Information technology systems (IT) that support outpatient services across all three sites are provided at the Worcestershire Royal Hospital site. Outpatient clinics were held in the Clover, Sorrel, Hawthorn, Mulberry, Redwood, Linden, Larkspur and Rowan suites and Aconbury West. Clover, Larkspur and the Sorrell suites were located on the ground floor of Worcestershire Royal Hospital. Hawthorn, Mulberry, Redwood, Linden and Rowan suites were located on the first floor of Worcestershire Royal Hospital. Aconbury West was in a separate building towards the back of the Worcestershire Royal Hospital site. There was a separate children's main outpatient department, which is reported on under children and young people core service; however, some children were seen in general outpatient clinics dependent on specialty including trauma and orthopaedics. There are consultant and nurse-led outpatient clinics across a range of specialities, which are provided in the outpatients' department. Outpatient clinics are held Monday to Friday from 8am to 6pm. Some ad-hoc appointments on Saturday are provided dependent on the specialty. The outpatients' service is part of the specialised clinical services division. The current structure includes a divisional director of operations, a divisional director of nursing and a divisional medical director. A deputy divisional operational manager, a deputy divisional director of nursing and a deputy divisional medical director, plus a directorate manager and matron, supports the team.

Diagnostic imaging services provided by the trust are located at three sites: Kidderminster Hospital and Treatment Centre, the Alexandra Hospital in Redditch, and Worcestershire Royal Hospital. The service is managed by one management team predominantly based at Worcestershire Royal Hospital. The radiology service forms part of the specialised clinical services division (SCSD). The current structure includes a divisional operational manager, divisional director of nursing and divisional medical director. This team is supported by speciality leads. Radiological services are led by a clinical director, the chief radiographer and directorate manager. Diagnostic imaging also occurs in the clinical investigations department. These investigations included non-radiological investigations, such as electrocardiograms, heart monitoring, respiratory function testing and echocardiograms. These were performed by specialist technicians within an outpatient's clinic. Diagnostic investigations, such as echocardiograms, electrocardiograms and respiratory function tests were completed by the clinical investigation team. These investigations took place in the clinical investigations department on level one. The department was managed by a senior physiologist and reported to consultants within the medicine division. The medicine division had the same structure as the specialised clinical services division.

(Source: Routine Trust Provider Information Request (RPIR) – Acute context tab)

Summary of findings

Summary of services at Worcestershire Royal Hospital

Requires improvement 

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

- The safe key question was rated as requires improvement overall at this hospital.
- The responsive key question was rated as requires improvement overall.
- The well led key question was rated as requires improvement overall.
- We found regulatory breaches of the Health and Social care Act 2008 in urgent and emergency care, medical care, surgery, outpatients and diagnostic imaging.

However,

- The effective key question was rated as good overall.
- The caring key question was rated as good overall.

Urgent and emergency care services

Requires improvement 

Key facts and figures

The Worcester Royal Hospital is based in Worcester, Worcestershire, and is part of Worcestershire Acute Hospitals NHS Trust. The Trust was established in April 2000 and provides acute healthcare services to a population of around 580,000 in Worcestershire and the surrounding counties. The Trust runs two emergency departments, based at Worcester and Redditch, and a minor injuries unit based at Kidderminster Hospital and Treatment Centre, in Kidderminster town. Worcestershire Royal Hospital provides the trust's largest emergency department and is the dedicated receival centre for children. The emergency department located at Worcester Royal Hospital is assigned as a major trauma unit; this means patients sustaining major trauma injuries through road traffic accidents or other similar modes of injury can be stabilised, and in some cases treated at Worcester Royal Hospital, or alternatively transferred to a major trauma centre.

The department includes:

•Two triage rooms.

•Four resuscitation rooms.

•Four high care rooms.

•Twelve major's rooms.

•Three paediatric cubicles & separate paediatric waiting areas plus minor's area with four exam rooms (an isolation facility, treatment room, plaster room and ophthalmology room), and two GP rooms.

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

The figures below are for attendances combined between both Worcestershire Royal Hospital and Alexandra Hospital emergency departments.

Trust activity for the emergency departments from August 2017 to July 2018:

• 191,555 A&E attendances (+2% change compared to the same time 2016/17).

• 38,170 Children attendances (-4% change compared to the same time 2016/17).

• 48,376 ambulance attendances (+3% change compared to the same time 2016/17).

• 6% patients left without being seen (+6% change compared to the same time 2016/17).

• 11.6% reattendances within 7 days (+11.6% change compared to the same time 2016/17).

We previously inspected the emergency department (ED) at Worcester Royal Hospital in March 2018. We rated it as requires improvement overall. Prior to that, inspections were completed in April and November 2017 to follow up concerns identified in a Section 29A Warning Notice and our comprehensive inspection in November 2017. Previously, the trust was issued two Section 29A Warning Notices under the Health and Social Care Act 2008 and were required to make significant improvements in the quality of care provided. Concerns with the ED were raised in both warning notices, which were issued in January and July 2017.

We carried out an unannounced focused inspection of the emergency department (ED) at Worcester Hospital in January 2019, in response to concerning information we had received in relation to care of patients in this

department. At the time of our inspection, the department was under adverse pressure. Following this inspection, we considered enforcement action, however, we were not assured that conditions applied would benefit or improve the situation or manage the risks. The trust was therefore issued with a requirement notice. The regulatory action section at the end of this report details the legal requirements the trust did not meet.

During this most recent inspection, we visited the emergency department only. We spoke with 32 staff including registered nurses, health care assistants, reception staff, medical staff, and senior managers. We spoke with 14 patients and six relatives. During our inspection, we reviewed 30 sets of patient records. We carried out a further unannounced inspection on the evening of Tuesday 28 May 2019 to allow us to consider the quality and safety of the service outside of normal working hours.

Summary of this service

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

- Patients were not always protected from avoidable harm. There were significant handover delays for patients arriving by ambulance.
- The layout of the emergency department was not suitable for the number of admissions the service received. There was significant overcrowding, and, at times, patients were being cared for on trolleys along corridors.
- Patients could not access care and treatment in a timely way. Waiting times for treatment and arrangements to admit, treat and discharge patients were worse than the England average and national standard.
- The service provided mandatory training in key skills and topics to all staff but did not ensure everyone had completed it.
- The department was no longer of a sufficient size to meet the increasing demand of the local population. Patients were observed being treated in parts of the emergency department which were not fit for purpose as they were not designated clinical spaces in accordance with national service specifications.
- Risk assessments were not always completed in a timely manner. Due to overcrowding in the department for patients arriving by ambulances there were delays in them moving from the ambulance which resulted in delays and both their assessment and treatment.
- There were not always enough doctors employed and deployed to ensure patient's needs were consistently met. Gaps in medical rotas meant there was a reliance on locum staff to support the department. Active recruitment of doctors was underway however the senior management team were still required to receive approval for business cases to increase the overall medical workforce establishment.

However,

- Nursing staffing levels and skill mix were generally sufficient to meet the needs of patients.
- The emergency department managed patient safety incidents well. Staff recognised the types of incidents they should report, including near misses. Lessons were learned, and changes were effectively introduced across the department.
- Staff in the department worked well together. However, a lack of standard approach across the hospital meant there was inconsistency in working practices; practices would change daily, depending on who was leading the team that day. Medical staff faced challenges when referring patients to individual specialties, with patients often waiting a significant length of time to be seen.

Urgent and emergency care services

- The local leadership team were competent, skilled and well respected. However, there was a lack of collaborative working and standardised approach to tackling the long-standing challenges faced by the trust in terms of delivering the emergency access target.
- Front line staff felt supported, respected and valued by their immediate line manager(s). Staff were engaged and morale in the department was reported to be good. There were however, apparent frustrations around the requirement to provide care to patients in corridors.

Is the service safe?

Requires improvement 

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

- The service provided mandatory training in key skills and topics to all medical staff but did not ensure everyone had completed it.
- The department was not of a sufficient size to meet the increasing demand of the local population. Patients were observed being treated in parts of the emergency department which were not fit for purpose as they were not designated clinical spaces in accordance with national service specifications.
- Risk assessments were not always completed in a timely manner. Due to overcrowding in the department for patients arriving by ambulances, there were delays in them moving from the ambulance which resulted in delays and both their assessment.
- There were not always enough doctors employed and deployed to ensure patient's needs were consistently met. Gaps in medical rotas meant there was a reliance on locum staff to support the department. Active recruitment of doctors was underway however the senior management team were still required to receive approval for business cases to increase the overall medical workforce establishment.

However,

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- There were processes in place to escalate concerns regarding patients' safety/care or treatment. The trust had policies in place for responding when demand exceeded capacity in the ED. The service had introduced a tool for recognising patients at risk which promoted actions to be taken to prevent deterioration.
- The service had suitable equipment which was maintained appropriately. Resuscitation equipment was checked and ready for use in an emergency.
- The service manage infection risks appropriately.
- Adjustments had been made to the environment to ensure risks associated with ligature points and other environmental factors that could allow patients with suicidal tendencies to come to harm were managed.
- Once patients had been formally handed over to the emergency care team, there was an effective system in place to assess and monitor the ongoing care and treatment to patients whilst in the emergency department.
- Staff adhered to best practice when storing, supplying, preparing or administering medicines.
- The service managed patient safety incidents appropriately. Staff recognised the types of incidents they should report, including near misses. There was evidence of lessons being learnt following serious incidents.

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Is the service effective?

Good

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- Staff monitored and recorded patients' pain, and the effectiveness of pain relief given was always documented.
- The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- The service supported patients by promoting healthier lifestyles by identifying those who may need extra support during assessment and sourcing the right staff to help provide specialist care for them.
- Staff had access to best practice reference guides and trust policies in relation to assessing capacity. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

However,

- The number of patients who reattended the department within seven days was generally higher (worse) than the England average.

Is the service caring?

Good 

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

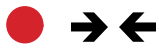
- Staff cared for patients with compassion at all times during the inspection. Staff were friendly, professional and caring, even when under extreme pressure due to overcrowding in the department.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

However,

- The trust's urgent and emergency care Friends and Family Test performance (% recommended) was worse than the England average from February 2018 to January 2019.

Urgent and emergency care services

Is the service responsive?

Inadequate 

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

- There had been a significant focus on service planning and changes to service provision since our April 2017 inspection. Focus had been placed on improving patient flow through the emergency department (ED), thus preventing patients waiting in corridors. Ultimately the aim was for patients to spend no more than four hours in the department. However, previous initiatives had failed to deliver the desired change with patients still being cared for on corridors for extended periods of time.
- Many patients could not access the service when they needed it. Continued flow challenges meant patients were still being treated on a corridor and not in dedicated clinical environments. The trust continued to fail to meet constitutional performance targets. Previous improvements had not been sustained.
- From June 2018 to September 2018, the monthly percentage of patients that left the trust's urgent and emergency care services before being seen for treatment was worse than the England average.
- Over the 12 months from March 2018 to February 2019, 594 patients waited more than 12 hours from the decision to admit until being admitted. The highest numbers of patients waiting over 12 hours were in January 2019 (170), December 2018 (99) and February 2019 (85).
- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust met the target each month from February 2018 to August 2018 and then failed to meet the target for the rest of the year up to January 2019.
- We noted significant delays with specialty teams attending the department to undertake reviews and assessments of referred patients. This further added to the congestion of the department.
- From June 2018 to September 2018, the monthly percentage of patients that left the trust's urgent and emergency care services before being seen for treatment was worse than the England average.
- The individual needs of patients waiting in the corridor on trolleys were still not fully addressed.

However,

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- The service was inclusive and took account of patients' individual needs and preferences. Reasonable adjustments had been made for patients with dementia, a learning disability, gender and cultural needs. Improvements had been made to try to meet patient's individual needs,

Is the service well-led?

Requires improvement 

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

- Whilst the service generally had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, there was still the need to address the patient flow issues in the department and the risks that this presented. There was a sense of reactive firefighting across the emergency care pathway as compared to there being a joined-up approach. Escalation protocols were weak and had little impact on assisting the emergency department to decompress. Delays in specialities reviewing their patients were observed; there was a lack of escalation to more senior clinical decision makers.
- There was not yet sufficient evidence of managers sustaining improvements in the high quality of care.

However,

- The service had managers at all levels with the right skills and abilities to run a service that had improved the safety of the service. There was a consensus amongst front line staff that local leadership was open, approachable and focused on providing safe care.
- The service had a documented vision for what it wanted to achieve. Plans were being implemented to ease overcrowding in the department were in development with involvement from staff, patients, and key groups representing the local community.
- Staff and managers across the service promoted a positive culture that supported and valued one and other. Staff were respectful of each other and demonstrated an understanding of the pressures and a common goal. Morale across the department was reported to be good.
- The service had a systematic approach to continually monitor the quality of its services. The service monitored activity and performance and used data to identify areas for improvement.
- Patient's views and experiences were gathered, and we saw some evidence that they were acted upon. The department engaged with patients, staff and local organisations to plan and manage appropriate services.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

Areas for improvement

Action the trust MUST take to improve emergency and urgent care **services:**

We told the trust that it must take action to comply with regulations in relation to the following regularity breaches of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service must take action to:

- The trust must ensure staff receive mandatory training in accordance with trust policies. Regulation 18 (2).
- The trust must ensure patients have their clinical needs assessed and care delivered in accordance with national best practice standards, and within nationally defined timescales. Regulation 12 (1) (2)(a).
- The trust must ensure the environment is suitable and fit for purpose. Regulation 15 (1)(c).
- The trust must ensure speciality doctors review their patients within defined timescales to reduce the occurrence of breaches associated with delayed speciality reviews. Regulation 12 (1) (2)(a).
- The trust must ensure there are sufficient medical staff working in the ED to meet patient needs. Regulation 18 (1).

Urgent and emergency care services

Action the trust SHOULD take to improve emergency and urgent care services:

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

The service should take action to:

- Review levels of safeguarding children's' training required for all groups of staff and take steps to ensure all staff complete it.
- Monitor that all staff receive an annual appraisal.

Medical care (including older people's care)

Requires improvement ➔➔

Key facts and figures

The trust provided the following information about their medical care department:

'The division of specialty medicine is comprised of three directorates which are:

- Directorate 1 - Cardiology, respiratory, renal, neurology, infectious diseases and diabetes.
- Directorate 2 - Neurophysiology, elderly care, gastroenterology (this excludes endoscopy services), and therapies.
- Directorate 3 – Stroke.

The trust operates over two acute sites and outpatient services operate from a number of peripheral sites.'

The trust offers a full range of specialty medicine services including outpatient and inpatient services in all of the above specialties including specialist cardiology services in percutaneous coronary interventions, cardiac devices and cardiac imaging for Herefordshire and Worcestershire. The trust also provides HIV services to the population of both counties as well as diagnostic and interventional bronchoscopy services, sleep and allergy services, a cross county frailty assessment and admissions service and a centralised stroke service at Worcestershire Royal Hospital covering the whole county. Each specialty within a directorate has a clinical lead, except for respiratory medicine. Across the division, there are six matrons which cover all directorates. The divisional leadership team is now fully established with substantive medical, operations and nurse directors. The division still shares the support services such as the governance team and finance with the urgent care division – this ensures consistency and standardisation of approach. The division has specialist nurses providing nurse led care in respiratory, cardiology, diabetes, tuberculosis, inflammatory bowel disease, heart failure and stroke.

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

The medical care service at the trust comprises a total of 474 beds across 23 inpatient wards.

The trust had 72,748 medical admissions from December 2017 to November 2018. Emergency admissions accounted for 27,219 (37.4%), 423 (0.6%) were elective, and the remaining 45,106 (62.0%) were day case.

Admissions for the top three medical specialties were:

•General medicine: 26,848 admissions.

•Gastroenterology: 12,729 admissions.

•Clinical oncology: 10,663 admissions.

(Source: Hospital Episode Statistics)

During our inspection, we spoke with 48 staff members including doctors, nurses, managers, allied health professionals, pharmacists and students. We spoke with 13 patients and relatives and reviewed 12 patient records. The inspection team consisted of a lead inspector, two assistant inspectors, a mental health inspector, a specialist pharmacy inspector, two specialist advisors, including a registered nurse and a consultant. We interviewed staff and visited wards/units that included medical high care, the acute stroke unit, Avon 2, 3, 4 and 5, the cardiac catheterisation laboratory, Evergreen, Laurel 1, 2 and 3, Endoscopy, Silver assessment unit, medical assessment unit, medical short stay, and ambulatory emergency care.

Medical care (including older people's care)

Summary of this service

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

- Mandatory training figures did not meet the trust target of 90% for medical staff. Overall, compliance was 72% as at April 2019. Not all medical staff had received safeguarding training to an appropriate level for their role. Not all medical staff were up to date with their Mental Capacity Act training.
- There was poor performance with completion of the Sepsis Six bundle within recommended timeframes.
- Mortality reviews were not always completed within the 30-day trust target. This meant some opportunities for service development could be delayed.
- There was poor performance in a number of national audits relating to patient safety and treatment. For example, the Sentinel Stroke National Audit Programme (SSNAP) August 2017 to September 2018; the National Lung Cancer Audit 2017; the Hospital Standardised Mortality Ratio (HSMR); the Chronic Obstructive Pulmonary Disease Audit October 2017 to March 2018.
- Not all people could access the service when they needed it and receive the right care promptly. Bed occupancy was significantly higher than the England average and the ambulatory emergency care unit was used as inpatient escalation area on most days. This meant patients were diverted to the emergency department and inpatients, such as acute stroke patients, were often admitted to a different specialist ward due to a lack of capacity across the hospital. The endoscopy department had been used as an inpatient escalation area until January 2019, and there was poor performance with referral to treatment times.
- Some patients were cared for in corridors for over 12 hours at times of overcrowding. There was a risk that patients' dignity was not consistently maintained.
- The recording of some risk reviews and mitigation was not always clear.

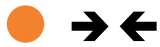
However,

- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service mostly used systems and processes to safely prescribe, administer record and store medicines.
- Most, but not all risk assessments, were fully completed in accordance with national guidelines.
- Whilst there were medical, nursing and support staff shortages across the service, managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction. Patients' needs were met at the time of the inspection.
- There were mostly robust processes for the recording, escalation and sharing of learning from incidents.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Care and treatment were mostly based on national guidance and evidence-based practice;
- Staff generally gave patients enough food and drink to meet their needs and improve their health.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Medical care (including older people's care)

- Doctors nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Key services were available seven days a week to support timely patient care.
- Staff treated patients with compassion and kindness and took account of their individual needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their sills and take in more senior roles.
- Leaders and teams generally used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. The service had effective systems for identifying risks, plans to eliminate or reduce them, and coping with both the expected and unexpected.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Is the service safe?

Requires improvement 

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

- Not all patients received all elements of the sepsis six bundle when required.
- Not all medical staff completed mandatory training, including safeguarding training, to an appropriate level for their role.
- Whilst staff knew how to recognise, and report abuse most, but not all, staff had training to an appropriate level for their role.

However,

- Staff generally understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and mostly looked after them well.

Medical care (including older people's care)

- The service did not always have enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. However, managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction. Staffing levels met patients' needs at the time of the inspection.
- Staff mostly kept detailed records of patients' care and treatment and most risk assessments were fully completed. Written records were legible and medical staff who made entries could be easily be identified. Records were stored securely.
- The service mostly followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- 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:

- Key services were available seven days a week to support timely patient care. However, patients were not always seen and assessed by a consultant within 14 hours of admission.
- Managers did not consistently monitor the effectiveness of care and treatment and use the findings to improve them. Medical services contributed to national audits relating to patient care. There was poor performance in a number of national audits relating to patient safety and treatment. For example, the Sentinel Stroke National Audit Programme (SSNAP) August 2017 to September 2018; the National Lung Cancer Audit 2017; the Hospital Standardised Mortality Ratio (HSMR); the Chronic Obstructive Pulmonary Disease Audit October 2017 to March 2018. We saw that specialities discussed audit results as part of their local governance and, where necessary, had action plans to drive up performance. They compared local results with those of other services to learn from them.
- The service did not make sure all staff completed their Mental Capacity Act and Deprivation of Liberty Safeguards training.
- The service did not ensure all staff were regularly appraised.

However,

- Patients mostly 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 mostly gave patients enough food and drink to meet their needs and improve their health however, some dietary recommendations were not always followed. Staff used special feeding and hydration techniques when necessary. The service made adjustments for patient's religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to relieve pain.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

Medical care (including older people's care)

- The service supported people to live healthier lives and care was planned holistically using health assessments where appropriate.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.
- Managers reviewed staff competency and held supervision meetings with them to provide support and development.

Is the service caring?

Good  

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

- Staff cared for patients with compassion at all times during the inspection. Staff were friendly, professional and caring, even when under extreme pressure due to overcrowding in the department.
- Staff provided emotional support to patients to minimise their distress. Staff understood the impact that a person's care, treatment or condition may have on their wellbeing and on those close to them, both emotionally and socially.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients were provided with emotional support to minimise their distress. Patients were very happy with the care and support they were receiving from staff in all clinical areas.

Is the service responsive?

Requires improvement  

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

- Not all patients could access the service when they needed to due to overcrowding; there were some delays at times in admitting patients from the acute areas to appropriate inpatient medical wards in a timely way. Plans were being embedded to address this.
- The ambulatory emergency care (AEC) unit was used as an inpatient surge area, which meant it could not operate as an AEC to capacity. Many patients who met the criteria for treatment as an outpatient within the AEC were directed through the emergency department which impacted on patient flow throughout the hospital.
- Referral to treatment (RTT) performance was 80%, which placed the trust in the bottom quartile of all trusts. Endoscopy remained the modality with the highest backlog (420 patients at end of March 2019) equating to 75% of all breaches.

However,

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs. The service had a person-centred care approach to meeting the needs of people living with a dementia.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Medical care (including older people's care)

Is the service well-led?

Good ↑

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Clinical leaders were visible in the department.
- Managers had a vision for what they wanted to achieve and workable plans to turn it into action developed with stakeholders.
- Staff and managers across the service promoted a positive culture that supported and valued one and other.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However,

- Whilst the service had effective systems for identifying risks, plans to eliminate or reduce them, and coping with both the expected and unexpected, however, the recording of risk reviews and mitigation was not always clear.
- The service did not always use a systematic approach to continually improve the quality of its services, safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.

Areas for improvement

Action the trust MUST take to improve medical care services:

We told the trust that it must take action to comply with regulations in relation to the following regularity breaches of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service must take action to:

- The trust must ensure that all medical staff complete the required mandatory training including safeguarding children and adults training to a level appropriate for their role. Regulation 18(2).
- The trust must ensure that the Sepsis Six bundle is completed within recommended timescales for all relevant patients. Regulation 12 (1)(2)(a).
- The trust must ensure that all assigned mortality reviews are completed within the 30-day target. Regulation 12 (1)(2)(a).

Action the trust SHOULD take to improve medical care services.

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

The service should take action to:

Medical care (including older people's care)

- The trust should ensure that staff complete the level 2 training about infection prevention and control (IPC) and hand hygiene.
- The trust should ensure medical staff complete medicines' management training.
- The trust should ensure all staff complete and Mental Capacity Act and Deprivation of Liberty Safeguards to a level appropriate to their role.
- The trust should ensure that venous thromboembolism (VTE) assessments are repeated for all identified patients after 24 hours.
- The trust should ensure systems support the tracking of and response to specialist referrals across the sites.
- The trust should ensure that medicines are stored in their original containers.
- The trust should review the medicines policy in line with new guidance: The Safe and Secure Handling of Medicines Guidance published by the Royal Pharmaceutical Society (RPS) December 2018.
- The trust should ensure that dietitians' and speech and language therapists' dietary advice and recommendations are followed, and that electronic discharge summaries contain correct dietary information.
- The trust should ensure that it reduces the HSMR mortality rate so that it is in line with the England figure.
- The trust should ensure it improves patient outcomes in the 2018/9 Sentinel Stroke National Audit Programme (SSNAP); the National Lung Cancer Audit 2017; the Chronic Obstructive Pulmonary Disease Audit October 2017 to March 2018.
- The trust should ensure that patients are reviewed by a specialist consultant within 14 hours.
- The trust should ensure that boarded patients always have their dignity maintained.
- The trust should ensure that it has processes and procedures in place to increase the response rate for the Friends and Family Test response within the medicine service.
- The trust should ensure that patients can access services when required and improve patient flow across the hospital. For example, within the ambulatory emergency care unit, and acute stroke unit.
- The trust should ensure there are enough acute occupational therapists to provide the right care and treatment at the right time.
- The trust should ensure that all patients are 'clerked' in line with policies and procedures.
- The trust should ensure there are processes in place to manage the backlog within the endoscopy service.
- The trust should ensure that the divisional risk register has fields showing the evidence of the outcomes, what mitigation actions had been completed, and if the risk had reduced or increased.

Surgery

Requires improvement 

Key facts and figures

Surgery services provided by Worcestershire Acute Hospitals NHS trust are located on four hospital sites. Worcestershire Royal Hospital is the largest site with Alexandra Hospital, Kidderminster Hospital and Treatment Centre and Evesham Community Hospital as additional sites. The trust provides services to a resident population of 550,000 people in Worcestershire. The trust has 12 inpatient surgical wards comprising a total of 289 inpatient beds.

The trust had 47,976 surgical admissions from December 2017 to November 2018. Emergency admissions accounted for 10,647 (22.2%), 33,436 (69.7%) were day case, and the remaining 5,713 (11.9%) were elective.

(Source: Hospital Episode Statistics)

The trust provided the following information about their surgery core service:

'The trust delivers high volumes of upper and lower gastrointestinal surgery, trauma and orthopaedics, breast, vascular, urology, ear nose and throat, oral maxillofacial plus dermatology. The trust also provides outreach and emergency specialist surgical services for the county of Hereford e.g. vascular. Emergency surgery pathways for both the Worcestershire Royal (WRH) and Alexandra Hospital (AH) sites have been established. All in-patient emergency surgery pathways, with the current exception of urology, are provided at WRH. The trust has developed a dedicated emergency surgical triage clinic to respond to rising demand. Complex and intermediate elective orthopaedics and all non-complex fractured neck of femur surgery has been centralised to the AH. Complex trauma care is in alignment with the trauma unit status of WRH. Major and complex elective/emergency surgery performed at WRH includes vascular, colorectal, bariatric, head and neck surgery. We have completed a recent review of infrastructure around complex head and neck cancer surgery to support this service.

The majority of the trust's services are locally commissioned with the exception of oral and maxillofacial surgery and vascular (specialised commissioning). The trust treats adults and children in all of their services, with the exception of vascular surgery.'

(Source: Routine Provider Information Request (RPIR) – Context acute)

Worcestershire Royal Hospital, Alexandra Hospital, Kidderminster Hospital and Treatment Centre and Evesham Community Hospital were visited as part of the inspection process and each location has a separate section in this report and a separate evidence appendix. Surgery services on all four hospital sites are run by one management team and are regarded by the trust as one service. For this reason, it is inevitable there is some duplication contained within the four evidence appendices.

This report relates to surgery services provided at Worcestershire Royal Hospital, which provides the majority of the trusts emergency surgery and some elective (planned) surgery. The service at the hospital consists of surgical wards (Beech surgical high care, Beech A, Beech B, Beech C, a trauma and orthopaedic ward, head and neck ward, and vascular ward), a surgical clinical decisions unit, an ophthalmology day case unit, a theatre admissions unit, eight theatres and four treatment rooms used for day case procedures, such as orthodontics and dermatology procedures.

We inspected the service from 14 to 16 May 2019 and 23 May 2019. As part of the inspection we visited the operating theatres, the recovery area and the surgical wards and areas. During the inspection, we spoke 53 staff of various grades, including ward and theatre managers, nurses, therapists, consultants, junior doctors, healthcare assistants,

Surgery

and administrative staff. We spoke with 15 patients, observed care and treatment and looked at 23 patient's medical records, including some medicines charts. We received comments from people who contacted us to tell us about their experiences, and reviewed performance information about the hospital. The service was last inspected in 12 to 15 February 2018. At that inspection, it was rated 'inadequate' overall.

Summary of this service

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

- Although the service had improved since our last inspection, we found some areas of concern/areas where the service still did not meet legal requirements, so we could not rate this above requires improvement.
- Mandatory training rates for medical staff, including training on safeguarding adults and children, although improved, did not meet trust targets.
- Audit data showed hand hygiene compliance in theatres was low but improving.
- There were inconsistencies in completion of patient risk assessments and some delays occurred in response to requests for medical review of patients at times. Not all the required pre-operative and peri-operative safety checks for patients receiving surgery were recorded.
- The prescription of antibiotics did not always meet national standards. Staff did not always state the indication for the use of antibiotics or when they should be reviewed.
- Patients access to the service was affected by longer than average referral to treatment times and when surgery was cancelled, patients were not always re-booked within 28 days of cancellation.
- Capacity issues resulted in some patients being cared for in a clinical room on two wards. Staff told us there were occasions when patients were cared for on trolleys in the corridor of the surgical clinical decisions' unit for a few hours until a bed became available. Until approximately a month prior to the inspection, some patients stayed in the theatre recovery area for an extended period, due to bed capacity issues. The trust reported three breaches of same sex accommodation requirements in the vascular high care unit.
- The service did not have fully effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

However,

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Managers provided mandatory training in key skills to staff. The percentage of nursing staff completing mandatory training mostly met trust targets.
- The service mostly controlled infection risk well. Staff kept themselves, equipment and the premises clean. They mostly used control measures to prevent the spread of infection. The service generally had suitable premises and equipment and looked after them well.
- The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff mostly completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Staff kept detailed records of patients' care and treatment. Records were mostly clear, up-to-date and easily available to all staff providing care.

Surgery

- Medicines were mostly stored and managed safely and processes for this had improved since the last inspection. Patients received the right medication at the right dose at the right time.
- Patient safety incidents were managed well. Staff recognised incidents and reported them appropriately.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Audits were completed to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Managers 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. Performance in national audits such as the national bowel cancer audit, was mostly in line with other trusts or better. Risk of re-admission was slightly higher than the national average in general surgery; however, it was lower than the national average in other surgical specialties.
- Managers made sure staff were competent for their roles. Multidisciplinary team working was generally effective. Staff worked together as a team to benefit patients. The service was working towards seven day services.
- Consent was obtained in line with legislation and when patients did not have the capacity to make specific decisions, the principles of the Mental Capacity Act were followed. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Patients praised staff for their professional approach and the reassurance and consideration given to patients who were vulnerable. Staff involved patients and those close to them in decisions about their care and treatment.
- The service took account of patients' individual needs. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- There were managers at all levels of the service, with the right skills and abilities to run a service providing high-quality sustainable care. Managers had a vision for what they wanted to achieve and workable plans to turn it into action.
- There was a clearly defined governance structure in place and a systematic approach was used to continually improve the quality of surgical services and safeguard high standards of care.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation. Action had been taken to address most of the concerns we identified at our inspection published in June 2018, although further improvement was needed.

Is the service safe?

Requires improvement 

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

Surgery

- Mandatory training rates for medical staff, although improved, did not meet trust targets. In addition, staff completion of sepsis training did not meet trust targets.
- Safeguarding training completion rates had improved for medical staff since the last inspection, but they still failed to meet the trust target.
- Audit data showed hand hygiene compliance in theatres was low.
- There was inconsistent completion and updating of risk assessments for each patient. Re-assessment of venous thrombo-embolism (VTE) and pre-operative safety checks were not always consistently completed. We found some delays in response to requests for review of patients at times.
- Arrangements were in place for daily consultant ward rounds to occur, however, there were some concerns as to the consistency of this in some specialties. The divisional management team agreed to investigate this.
- The prescription of antibiotics did not always meet national standards. Staff did not always state the indication for the use of antibiotics or when they should be reviewed.
- The premises and environment were not always suitable to meet patients' needs. At our last inspection in March 2018 we identified patients were cared for in unsuitable environments. Although this was reducing, capacity issues sometimes resulted in patients being cared for in areas not intended for that purpose.

However,

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff were provided with training on how to recognise and report abuse, and they knew how to apply it.
- Managers provided mandatory training in key skills to staff. The percentage of nursing staff completing mandatory training mostly met trust targets.
- The service mostly controlled infection risk well. Staff kept themselves, equipment and the premises clean. They mostly used control measures to prevent the spread of infection. Audits were completed to ensure staff adhered to national guidance on the prevention and control of infection
- The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were mostly clear, up-to-date and easily available to all staff providing care.
- Medicines were mostly stored and managed safely and processes for this had improved since the last inspection. Patients received the right medication at the right dose at the right time.
- Patient safety incidents were managed well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

Is the service effective?

Good ↑

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

Surgery

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Audits were completed to make sure staff followed guidance.
- 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.
- Managers 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. Performance in national audits such as the national bowel cancer audit, was mostly in line with other trusts or better.
- Managers made sure staff were competent for their roles. They appraised staff's work performance to provide support and monitor the effectiveness of the service.
- Multidisciplinary team working was generally effective. Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide coordinated care. We observed therapies staff were based on some wards and staff communicated well with each other.
- The service was working towards seven day services. Surgical consultants mostly completed ward rounds on site seven days a week and physiotherapy operated a seven day service. Pre-assessment clinic was operational during defined hours.
- Staff took opportunities to promote healthy lifestyle options for patients. Staff took the opportunity, if it arose and was appropriate, to discuss smoking cessation, weight reduction, and drug and alcohol misuse with patients.
- Consent was obtained in line with legislation and when patients did not have the capacity to make specific decisions, the principles of the Mental Capacity Act were followed. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

However,

- Staff did not always record a pain score or record that they had assessed the effectiveness of the pain relief given**.**
- Medical device training was not always recorded; records showed low levels of training amongst operating theatre staff.

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. Patients praised staff for their professional approach and the reassurance and consideration given to patients who were vulnerable.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients mostly felt able to ask questions and told us staff explained things in a way they understood.

Surgery

Is the service responsive?

Requires improvement  

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

- People could not always access the service when they needed it, to receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards. The percentage of patients not re-booked for surgery within 28 days of cancellation, was below the national average.
- The trust did not always adhere to national same sex accommodation requirements. It reported three breaches of same sex accommodation requirements in the vascular high care unit during 2018/2019.

However,

- The surgical division planned and provided services in a way that met the needs of local people and the communities it served. The service understood the different requirements of the local people it served by ensuring that it actioned their needs through the planning, design and delivery of services. It also worked with others in the wider system and local organisations to plan care. Patients were offered a choice about the hospital they attended, where the service was delivered at more than one site.
- The service was inclusive took account of patients' individual needs and preferences. The service had a person-centred care approach to meeting the needs of people living with a dementia and those with a learning disability. There was good access to translation and interpretation services when needed.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. Managers generally responded to complaints in a timely way.

Is the service well-led?

Good  

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

- There were managers at all levels of the service, with the right skills and abilities to run a service providing high-quality sustainable care
- Managers had a vision for what they wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- There was evidence of engagement with staff, patients and local organisations to plan and manage appropriate services. Patient support groups were well developed.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.
- Action had been taken to address most of the concerns we identified at our inspection published in June 2018, although further improvement was needed.

However,

- Relevant risks were not always identified and escalated and actions to reduce their impact were not always taken.

Areas for improvement

Action the trust MUST take to improve surgery services:

We told the trust that it must take action to comply with regulations in relation to the following regularity breaches of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service must take action to:

- Ensure all surgical staff complete mandatory training including safeguarding training. Regulation 18 (2)(a).
- Ensure surgery is only undertaken when compliance with World Health Organisation 'Five steps to safer surgery' including brief and debrief and peri-operative safety checks are completed. Regulation 12(2)(a).

Action the trust SHOULD take to improve surgery services.

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

The service should take action to:

- Continue with plans to improve performance in line with national referral to treatment times.
- Improve the percentage of staff receiving training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.
- Ensure that all patients who have their surgery cancelled are rebooked within 28 days.
- Improve response times and the documentation of response times when patients deteriorate.
- Further improve completion of VTE risk assessments and re-assessments.
- Monitor pain assessments and effectiveness of pain relief.
- Improve antibiotic stewardship.
- Ensure all patients are cared for in a suitable environment.
- Improve the management and documentation of risks to the service.
- Continue to monitor and review mixed sex breaches.
- Improve the documentation of medical devices training.

Services for children and young people

Good ↑

Key facts and figures

Worcestershire Acute Hospital has 58 inpatient paediatric beds across children's services for children and young people living in the local area. The service has a range of services which include; elective surgery, investigation and treatment services, children's outpatient services, a paediatric children's assessment unit (PAU) and a level two neonatal unit of 18 cots via two intensive care cots, and four high-dependency cots two of which could be flexed to intensive care as required. The transitional care unit has nine cots and is adjacent to the neonatal unit. The service provided care for newborn babies requiring treatment and is part of the Southern West Midlands Newborn Network.

The paediatric ward (Riverbank) has 31 beds with separate bays for younger children and single-sex bays for adolescents as well as side rooms. The Neonatal unit has 18 beds and Transitional care Unit has 9 beds. There is a assessment separate area of the ward with two beds and six chairs to support the flow through the children's service and the emergency department. Acute admissions and elective paediatric surgical cases are cared for on Riverbank ward. Day case paediatric surgery takes place at Kidderminster Treatment Centre three days a month.

The majority of paediatric outpatient appointments take place in dedicated paediatric facilities which are purpose built and child friendly. Children also attend the adult outpatient departments for some specialities which have designated child friendly waiting areas. There are also dedicated children's clinics at the Alexandra Hospital and the Kidderminster Hospital and Treatment Centre.

The trust had 6,566 spells from December 2017 to November 2018. Emergency spells accounted for 94% (6,153 spells), 6% (401 spells) were day case spells and the remaining 0% (12 spells) were elective.

We carried out our inspection of Worcestershire Acute Hospital from14 to16 May 2019. During our inspection we visited clinical areas in the service including the neonatal unit, the transitional care unit, Riverbank ward including PAU, theatre and children's and adult outpatient departments.

During the inspection we spoke with:

- Five children and ten parents who were using the service.
- The managers of each of the departments or the member of staff in day to day charge of the department.
- Spoke to 30 staff members including senior managers, matrons in the paediatric and neonatal service, the children's outpatient manager, doctors, nurses, play specialists, clinical nurse specialists, health care assistants and administrative staff.

We observed care and treatment, reviewed 15 patient care records. We also reviewed the trust's performance data and looked at trust policies. The service was last inspected in January 2018, when the service was rated as requires improvement overall. It was rated as requires improvement for safe, effective and well-led and good for caring and responsive.

Summary of this service

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

- The service provided mandatory training in key skills to all staff and the majority of staff had completed it.

Services for children and young people

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and knew how to apply it.
- The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to relieve pain.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 and knew how to support patients experiencing mental health issues and those who lacked capacity to make decisions about their care. Staff followed the trust policy and procedures when a patient could not give consent. Consent was consistently undertaken in line with the trust consent policy.
- Staff cared for patients with compassion and feedback from patients and parents confirmed staff treated them well and with kindness.
- The service took account of patients' individual needs and the service had a person-centred care approach to meeting the needs of babies, children and young people.
- People could access the service when they needed it.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care and clinical leaders were visible across children's services.
- The service had a systematic approach to continually monitor the quality of its services and monitored activity, performance and used data to identify areas for improvement.
- The service collected, analysed, managed and used information well to support all its activities through the use of secure electronic systems with security safeguards.
- The service engaged well with patient's staff and the public and local organisations to plan and manage appropriate services and collaborated with partner organisations.

However,

- There was a lack of clarity around the numbers of medical staff eligible for mandatory training in the children's service.
- Staff training for preventing radicalisation was below the trust targets for some staff.
- The delayed installation of electronic prescribing of chemotherapy and the possible delay of the diabetes information system could incur a lo(ss of income to the children's service.
- Waiting times for patients attending PAU were not being monitored on Riverbank ward.
- The 'Facing the Future' standards were not fully implemented to ensure all children were reviewed within 14 hours of admission by a consultant. Although we saw no evidence of patients coming to any harm during our inspection.

Services for children and young people

- The Friends and Family Test (FFT) response rate was below the trust standard of 30% on Riverbank ward and the children's outpatient department.
- There were delays in the Child and Adolescent Mental Health Service (CAMHS) pathway for patient assessments and transfer to specialist inpatient beds.
- There were some delays in the electronic discharge summaries (EDS) for patients on Riverbank ward.

Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and the majority of staff had completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had received training on how to recognise and report abuse and knew how to apply it.
- The service controlled infection risks well, and staff kept themselves and equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient and they kept clear records and asked for support where necessary.
- The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' individual care and treatment and records were clear, up-to-date and easily available to staff.
- Staff prescribed, gave and recorded medicines well and patients received the right medication and the right dose at the right time.
- The service managed patient safety incidents well and staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However,

- There was a lack of clarity around the numbers of medical staff eligible for mandatory training in the children's service. The issue had been raised at paediatric governance meetings and the service had plans to discuss it with the electronic staff record team.
- The medical equipment asset database was not up to date on Riverbank ward in respect of out of date/obsolete equipment.
- The 'Facing the Future' standards had not been fully implemented to ensure all children were reviewed within 14 hours of admission although we did not see any evidence patients coming to any harm during our inspection.
- Staff training for preventing radicalisation was below the trust targets for some staff.

Services for children and young people

Is the service effective?

Good 

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patents regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to relieve pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Staff worked collaboratively at all times during our inspection to provide patient care and treatment.
- Staff took opportunities to promote healthy lifestyles options for patients.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent and consent was consistently undertaken in line with the trust consent procedure.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental health issues and those who lacked the capacity to make decisions about their care.

Is the service caring?

Good 

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

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

However,

- The Friends and Family Test (FFT) response rate was below the trust standard of 30% on Riverbank ward and in the children's outpatient department.

Services for children and young people

Is the service responsive?

Good ➔➔

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

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs and had a person-centred care approach to meeting the needs of babies, children and young people.
- People could access the service when they needed it.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results and shared these with staff.

However,

- Waiting times for patients attending PAU were not monitored as admissions for patients admitted to Riverbank ward were not recorded separately for PAU. The service was taking appropriate steps to address the service shortfall.
- There were some delays in the assessment pathway for patients' requiring referral to CAMHS and ongoing delays around transfers to specialist inpatient beds. The trust and the community health trust, with whom it had a service level agreement, were due to report on an audit of the whole CAMHS pathway.
- Compliance levels for electronic discharge summaries being sent to GPs on patients discharge from Riverbank ward was reported as being 48% and concerns around the reliability of the data were being explored by the children's service.

Is the service well-led?

Good ➔

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Clinical leaders were visible across children's services.
- The service had a documented vision of what it wanted to achieve and workable plans to develop their strategy as part of the trust clinical services strategy.
- Staff and managers across the service promoted a positive culture that supported and values one another.
- The service had a systematic approach to continually monitor the quality of its services. The service monitored activity and performance and used data to identify areas for improvement.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems and security safeguards.
- The service engaged well with patients, staff the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training and research and innovation.

However,

- The delayed installation of the electronic prescribing of chemotherapy and the possible delay of the diabetes information system could incur a loss of income to the children's service.

Areas for improvement

Action the trust SHOULD take to improve the children and young people service.

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

The service should take action to:

- Clarify the mandatory training (including preventing radicalisation) requirements for medical staff in children's services.
- Improve the Friends and Family Test response rate on Riverbank ward and the children's outpatient department.
- Continue to Improve the monitoring of delays in the CAMHS pathway.
- Improve the monitoring of assessment times in the PAU.
- Improve compliance rates of electronic discharge summaries on Riverbank ward.
- Improve the accuracy of the medical equipment asset database on Riverbank ward.
- Monitor the impact of changes to the neonatal tariff (income) on the provision of children's services.
- Monitor the impact of delays by information technology systems for cancer and diabetes services.
- Improve compliance with 'Facing the Future' standards to ensure all children are seen within 14 hours of admission by a consultant.

Outpatients

Requires improvement 

Key facts and figures

Outpatient services are provided by the trust are located at three sites: Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital and Treatment Centre. The service is managed by one management team based at Worcestershire Royal Hospital. Information technology systems (IT) that support outpatient services across all three sites are provided at the Worcestershire Royal Hospital site. Due to leadership and medical staffing for the service being based at Worcestershire Royal Hospital, (WRH), there will be some similarities in information across all three outpatient reports. Some of the performance data is only available trust wide and relates to all hospital sites covered by the trust. Performance data regarding WRH only has been used where available. The trust provided some information at a divisional level and therefore, not service specific. The report will clearly indicate where this occurs.

Outpatient clinics were held in the Clover, Sorrel, Hawthorn, Mulberry, Redwood, Linden, Larkspur and Rowan suites and Aconbury West. Clover, Larkspur and the Sorrell suites were located on the ground floor of Worcestershire Royal Hospital. Hawthorn, Mulberry, Redwood, Linden and Rowan suites were located on the first floor of Worcestershire Royal Hospital. Aconbury West was in a separate building towards the back of the Worcestershire Royal Hospital site. There was a separate children's main outpatient department, which is reported on under children and young people core service; however, some children were seen in general outpatient clinics dependent on specialty including trauma and orthopaedics.

There are consultant and nurse-led outpatient clinics across a range of specialities, which are provided in the outpatients' department. Outpatient clinics are held Monday to Friday from 8am to 6pm. Some ad-hoc appointments on Saturday are provided dependent on the specialty. The outpatients' service is part of the specialised clinical services division. The current structure includes a divisional director of operations, a divisional director of nursing and a divisional medical director. A deputy divisional operational manager, a deputy divisional director of nursing and a deputy divisional medical director, plus a directorate manager and matron, supports the team.

The service was inspected in January 2018 and was rated as inadequate overall. We found the service was inadequate for safe, responsive and well-led, and good for caring. We inspect, but do not rate effective. We carried out a short notice announced inspection at Worcestershire Acute Hospitals NHS Trust from May 14 to May 16, 2019. Outpatient services were inspected independently of diagnostic imaging.

During the inspection, the inspection team spoke with 16 patients and relatives. We visited clinics and departments including ophthalmology, fracture clinic, phlebotomy, head and neck clinic, ear, nose and throat, rheumatology, and physiotherapy. We observed staff giving care to patients and reviewed 15 sets of patient records. We looked at trust policies and performance information from, and about the trust. We spoke with 30 members of staff at a variety of grades including doctors, department managers, matrons, nurses, physiotherapists, health care assistants, plaster room technicians, portering, and administrative staff. We met with divisional and directorate managers.

Summary of this service

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

- Not all staff were up to date for safeguarding training on how to recognise and report abuse.
- Whilst World Health Organisation safe surgery checklists were not used for all invasive procedures in ophthalmology, the trust took urgent actions to address this.

Outpatients

- People could not always access the service when they needed it and did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.
- Performance against the national cancer standards for patients on two week waits and patients waiting less than 62 days for treatment were not in line with national standards.
- Local leadership in some outpatient departments required support.
- Whilst the service generally provided care and treatment based on national guidance and evidence-based practice, local safety standards for invasive procedures were not yet fully in use.

However,

- The service generally had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Outpatient services were generally provided from 8am to 6pm, Monday to Friday. Clinics in the main outpatient department did not routinely provide a seven day a week service.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- The service generally had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Staff and managers across the service promoted a positive culture that supported and valued one and other.

Is the service safe?

Requires improvement 

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

- Not all staff were up to date for safeguarding training on how to recognise and report abuse.
- Whilst all invasive procedures in ophthalmology were conducted under a safety framework. we identified areas for improvement to the process and the trust took urgent action to address this.

However,

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

Outpatients

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff generally completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service generally had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

We do not rate effective for outpatients. We found that:

- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- The service generally made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff routinely monitored the effectiveness of care and treatment. The service collected some data about patient outcomes and used quality audit findings to make improvements and achieve good outcomes for patients.
- Outpatient services were generally provided from 8am to 6pm, Monday to Friday. Clinics in the main outpatient department did not routinely provide a seven day a week service.

However,

- Whilst the service generally provided care and treatment based on national guidance and evidence-based practice, local safety standards for invasive procedures were not yet fully embedded in all areas.

Outpatients

Is the service caring?

Good ➔➔

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

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

Is the service responsive?

Requires improvement ➔

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

- People could not always access the service when they needed it and did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.
- Performance against the national cancer standards for patients on two week waits and patients waiting less than 62 days for treatment were not in line with national standards.
- Clinic waiting times were not routinely monitored.

However,

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

Is the service well-led?

Good ➔➔

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

- The service generally had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action.

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service generally had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However,

- Local leadership in some outpatient departments required support.
- Some staff were not aware of a divisional level vision or strategy.

Areas for improvement

Action the trust MUST take to improve outpatients' services:

We told the trust that it must take action to comply with regulations in relation to the following regularity breaches of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service must take action to:

- Improve the performance for cancer patients receiving their first treatment within 62 days of an urgent GP referral, to be in line with national averages and operational standards. Regulation 12 (1)(2)(a).
- Improve performance against 18-week referral to treatment times, with the aim of meeting operational standards. Regulation 12(1)(2)(a).
- Ensure staff are compliant with trust targets for safeguarding training. Regulation 18 (2).

Action the trust SHOULD take to improve the outpatients' service.

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

The service should take action to:

- Continue to improve referral to treatment performance across all specialties.
- Monitor that World Health Organisation checklists are used for all invasive procedures, in all areas, including those undertaken outside of operating theatres.
- Ensure that disposable curtains are used in all clinical areas to prevent the risk of infection due to cross contamination.
- Review timescales for the development and implementation of local safety standards for invasive procedures and ensure that these are in place without further delay.
- Monitor that there is effective local leadership and leadership support available in all outpatient departments.

Outpatients

- Develop processes to ensure that cross division feedback and learning can be shared following the reporting of incidents in the outpatient department, which are investigated by different divisions.
- Monitor that all staff have an annual appraisal.
- Seek to provide opportunities for staff to develop areas of clinical expertise within the outpatient service.
- Make training available to all staff specific to understanding the additional needs of people with mental health conditions, a learning disability, autism or dementia.
- Ensure that private clinical consultation space is available in all areas for staff to discuss confidential information with patients.
- Make available to patients copies of clinic letters and discharge letters sent by consultants to a patient's GP.
- Collect quality audit data, such as clinic wait times, in order to monitor the effectiveness of care and treatment and use these findings to achieve good patient outcomes.
- Develop systems for more joined up working across divisions to monitor and share referral to treatment time information and manage service capacity and demand.

Diagnostic imaging

Requires improvement 

Key facts and figures

Diagnostic imaging services provided by the trust are located at three sites: Kidderminster Hospital and Treatment Centre, the Alexandra Hospital in Redditch, and Worcestershire Royal Hospital. The service is managed by one management team predominantly based at Worcestershire Royal Hospital.

The radiology service forms part of the specialised clinical services division (SCSD). The current structure includes a divisional operational manager, divisional director of nursing and divisional medical director. This team is supported by speciality leads. Radiological services are led by a clinical director, the chief radiographer and directorate manager.

Diagnostic imaging also occurs in the clinical investigations department. These investigations included non-radiological investigations, such as electrocardiograms, heart monitoring, respiratory function testing and echocardiograms. These were performed by specialist technicians within an outpatient's clinic.

Diagnostic investigations, such as echocardiograms, electrocardiograms and respiratory function tests were completed by the clinical investigation team. These investigations took place in the clinical investigations department on level one. The department was managed by a senior physiologist and reported to consultants within the medicine division. The medicine division had the same structure as the specialised clinical services division.

During our announced inspection on 14 to 16 May 2019, we visited all areas providing diagnostic imaging services at the hospital, spoke with 11 patients or their relatives, observed patient care and treatment and looked at five patient care records. We spoke with 32 members of staff, including radiographers, radiologists, ultra-sonographers, nurses, healthcare support workers, administrators, unit managers and senior managers. We also considered the environment and held focus groups attended by trust staff prior to the inspection and reviewed the trust's diagnostic imaging performance data.

The inspection team consisted of a lead inspector and one specialist advisor (a radiographer). Diagnostic imaging was previously inspected in January 2018 and was rated good for caring, and requires improvement for safe, responsive and well-led. The overall rating was requires improvement. We inspect, but do not rate effective.

Summary of this service

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

- The service provided mandatory training in key skills to all staff but did not always make sure everyone completed it, with attendance at some courses such as information governance and infection, prevention and control being significantly lower than the trust target.
- Compliance rates for all levels of children's and adults safeguarding training was below the trust target for medical staff.
- Systems and processes were generally in place to prevent and control infection. Staff kept themselves clean and the service monitored staff adherence to most infection prevention and control procedures through audits, however there were inconsistences with keeping equipment and premises clean.
- The service had suitable premises, and equipment was generally looked after well, however some equipment was old and overdue for replacement, such as the CT scanners.

Diagnostic imaging

- Safe systems and procedures were in place to assess, monitor and manage risks to patients, however these were not always followed.
- Compliance rates for all levels of Mental Capacity Act and Deprivation of Liberty Safeguarding training was below the trust target for nursing and medical staff.
- While the service generally took into consideration the patients' individual needs, there was limited provision for separate male and female changing and waiting areas.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. However, there was limited visibility and engagement of senior leaders.
- The service had a draft vision and strategy for what it wanted to achieve. However, further progress had paused to ensure it was linked to and supported delivery of the core elements within the recently developed trust strategy.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. However, while staff recognised that the service needed to develop the culture of the teams across all sites, they did not feel supported by senior leaders to address immediate concerns.
- Not all staff had completed information governance training.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and knew how to apply it.
- The service had enough nursing staff with the right qualifications, skills, training, and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service had a safety monitoring system in place to monitor their performance against targets. Staff completed and kept clear records of risk assessments and safety checklists for patients.
- Although there was a high number of vacancies for medical and qualified allied health professionals staff the service ensured enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment were on each shift.
- The service administered, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Care and treatment were delivered in line with legislation, standards and evidence based guidance.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- The service made sure patients had access to the main diagnostic services seven days a week.
- Staff took opportunities to promote healthy lifestyle options for patients.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 (MCA). They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

Diagnostic imaging

- Staff provided emotional support to patients to minimise their distress. Patients and those close to them were able to receive support to help them cope emotionally with their care and treatment.
- Most patients could access the service when they needed it. Waiting times to treat patients were generally in line with good practice. Most patients received diagnostic imaging within the six week target. The backlog of unreported images and delays in reporting had significantly improved. From July 2016 to May 2019, the trust had reduced its unreported plain film x ray backlog from over 11,000 to under 500, and 79% of scans were reported within the trusts target depending on modality.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. A local risk register was in place which was regularly reviewed at local and divisional level.
- The service collected, analysed, managed, and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training and innovation.

Is the service safe?

Requires improvement 

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

- The service provided mandatory training in key skills to all staff but did not always make sure everyone completed it, with attendance at some courses such as information governance and infection, prevention and control being significantly lower than the trust target.
- Compliance rates for all levels of children's and adults safeguarding training was below the trust target for medical staff.
- Whilst systems and processes were generally in place to prevent and control infection, there were inconsistences with keeping equipment and premises clean.
- Whilst the service had suitable premises, and equipment was generally looked after well, some equipment was old and overdue for replacement, such as the CT scanners.
- Whilst safe systems and procedures were in place to assess, monitor and manage risks to patients, however, these were not always followed.

However,

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and knew how to apply it.
- The service had enough nursing staff with the right qualifications, skills, training, and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept themselves clean and the service monitored staff adherence to most infection prevention and control procedures through audits,
- Although there was a high number of vacancies for medical staff the service ensured enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment were on each shift.

Diagnostic imaging

- Although there was a high number of vacancies for qualified allied health professionals, the service ensured enough qualified allied health professionals with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment were on each shift.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service administered, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service had a safety monitoring system in place to monitor their performance against targets. Staff completed and kept clear records of risk assessments and safety checklists for patients.

Is the service effective?

We inspected but did not rate effective.

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Care and treatment were delivered in line with legislation, standards and evidence based guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Pain relief was not routinely used in diagnostic imaging; however, patients were asked by staff if they were comfortable during their appointment and provided pain medication if appropriate.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service made sure patients had access to the main diagnostic services seven days a week.
- Staff took opportunities to promote healthy lifestyle options for patients.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 (MCA). They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However,

- Compliance rates for all levels of Mental Capacity Act and Deprivation of Liberty Safeguarding training was below the trust target for nursing and medical staff.

Diagnostic imaging

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. Patients and those close to them were able to receive support to help them cope emotionally with their care and treatment.
- Staff involved patients and those close to them in decisions about their care and treatment.

Is the service responsive?

Good ↑

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

- The service understood the different requirements of the local people it served by ensuring that it planned and provided services in a way that met the needs of local people.
- Most patients could access the service when they needed it. Waiting times to treat patients were generally in line with good practice. Most patients received diagnostic imaging within the six week target. The backlog of unreported images and delays in reporting had significantly improved. From July 2016 to May 2019, the trust had reduced its unreported plain film x ray backlog from over 11,000 to under 500, and 79% of scans were reported within the trusts target depending on modality.
- Concerns and complaints were taken seriously, investigated and learned lessons from the results and shared with all staff. Complaints were responded to in line with the trust's complaints' policy.

However:

- While the service generally took into consideration the patients' individual needs, there was limited provision for separate male and female changing and waiting areas.

Is the service well-led?

Requires improvement ➔➔

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

- Whilst the service had local managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care, there was limited visibility and engagement of senior leaders.
- Whilst the service had a draft vision and strategy for what it wanted to achieve; however, further progress had paused to ensure it was linked to and supported delivery of the core elements within the recently developed trust strategy.

Diagnostic imaging

- Whilst managers across the service promoted a positive culture that supported and valued staff, to create a sense of common purpose based on shared values. Staff recognised that the service needed to develop the culture of the teams across all sites; however, they did not all feel supported by senior leaders to address immediate concerns.
- Not all staff had completed information governance training.

However:

- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. A local risk register was in place which was regularly reviewed at local and divisional level.
- The service collected, analysed, managed, and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged with patients, staff and the public to plan and manage appropriate services. The service collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training and innovation.

Areas for improvement

Action the trust MUST take to improve diagnostic imaging services:

We told the trust that it must take action to comply with regulations in relation to the following regularity breaches of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service must take action to:

- Ensure that all staff receive and complete their required mandatory training and safeguarding and MCA/DoLS training compliance for medical staff is in line with trust targets. Regulation 12(2)(c).

Action the service SHOULD take to improve diagnostic imaging services:

- Ensure that ultrasound equipment is cleaned using appropriate methods and continue working towards best practice high level decontamination procedures.
- Ensure that all staff follow and use The Society of Radiographers “pause and check” system.
- Review the out of hours cover for CT radiographers.
- Ensure the service continues to work towards the ISAS accreditation scheme, and that robust plans including defined timescales are in place to support delivery.
- Ensure maintenance and replacement plans for equipment are in place.
- Ensure that where possible, all patients required to wear hospital gowns are provided with sufficient privacy to prevent them being observed by a member of the opposite sex.

Alexandra Hospital

Woodrow Drive
Redditch
Worcestershire
B98 7UB
Tel: 01562513240
www.worcsacute.nhs.uk

Key facts and figures

The Alexandra Hospital is based in Redditch, Worcestershire, and is part of Worcestershire Acute Hospitals NHS Trust. The Trust was established in April 2000 and provides acute healthcare services to a population of around 580,000 in Worcestershire and the surrounding counties. The trust runs two emergency departments (ED's), based at Worcester and Redditch, and a minor injuries unit based at Kidderminster Hospital and Treatment Centre, in Kidderminster town. Worcestershire Royal Hospital provides the trust's largest emergency department. The 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 service treats on average, between 150 and 170 patients every day.

The division of specialty medicine is comprised of three directorates which are:

- Directorate 1 - Cardiology, respiratory, renal, neurology, infectious diseases and diabetes.
- Directorate 2 - Neurophysiology, elderly care, gastroenterology (this excludes endoscopy services), and therapies.
- Directorate 3 – Stroke.

Medical services are divided across two divisions according to the specialty. The medicine division includes medical specialties; the specialty 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. The Alexandra Hospital in Redditch serves a population of 200,000 and has over 300 inpatient beds. The hospital has nine medical wards and has a male and female medical assessment unit (MAU), a discharge lounge, and a chemotherapy suite. The emergency department had introduced a new frailty assessment unit and a fracture neck of femur pathway.

Surgical services provided by Worcestershire Acute Hospitals NHS trust are located on four hospital sites. Worcestershire Royal Hospital is the largest site with Alexandra Hospital, Kidderminster Hospital and Treatment Centre and Evesham Community Hospital as additional sites. The trust provides services to a resident population of 550,000 people in Worcestershire. This summary report relates to surgery services provided at the Alexandra Hospital which provides mainly planned (elective) surgery and consists of five surgical wards (wards 10, 14, 16, 17, 18), a day surgery unit, a pre-assessment department, discharge lounge, seven theatres plus a vanguard theatre and an ophthalmology theatre.

The Alexandra Hospital provides outpatient services to a population of around 200,000 people in Redditch, and surrounding areas. Outpatients includes all areas where people receive advice or care and treatment without being admitted as an inpatient or daycase. It does not include children's outpatient services, as these are covered under services for children and young people.

Summary of findings

The outpatients' service forms part of the specialised clinical services division (SCSD). The SCSD is made up of 15 directorates, which have been separated into three sub-groups. Group one includes theatres, anaesthetics, critical care and daycase. Group two includes radiology, breast services, pathology, endoscopy, bowel screening, pharmacy and outpatients. Group three includes haematology, oncology, palliative care, radiotherapy, ophthalmology and rheumatology. Consultant- and nurse-led outpatient clinics are available across a range of specialities including, but not limited to, ophthalmology, trauma and orthopaedics, cardiology, ear, nose and throat (ENT), general surgery, urology, dermatology, endocrinology, vascular, respiratory, haematology, breast and rheumatology. The outpatient service provides nursing staff for most of these clinics, but the activity is managed within the specific directorates. Outpatient clinics are held in various locations at the Alexandra Hospital. The main outpatients' department, orthopaedic centre, fracture clinic, cardiology and cardiac investigations, physiotherapy and occupational therapy services are located on the ground floor of the hospital. The women's health unit where some outpatient clinics are held, such as gynaecology, is situated on the first floor of the hospital. The main outpatients' department has five clinic areas, with 21 consultation rooms and four minor treatment rooms.

The Alexandra Hospital serves a population of approximately 200,000 people in Redditch and surrounding areas. The diagnostic services cover; computerised tomography (CT), magnetic resonance imaging (MRI), plain film radiography, fluoroscopy and ultrasound. The diagnostic imaging department has four x-ray rooms, two CT scanners, one MRI scanner and three diagnostic ultrasound rooms. There were two portable x-ray machines for use on the wards and for theatre work. The department performed approximately 9,500 examinations across all modalities each month. At this hospital, the service has two computed tomography (CT) scanners and an interventional fluoroscopy room. Patients access radiology services in a number of ways. The service provides routine, elective care on referral from a GP or medical professional in the trust. An x-ray clinic is based in the orthopaedic department and patients access this after surgery during their follow-up with orthopaedic consultants. The emergency department team refers patients for urgent and emergency scans and a team of radiographers and radiographer assistants provide a 24-hour service using mobile x-ray equipment.

Summary of services at Alexandra Hospital

Requires improvement 

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

- The safe key question was rated as requires improvement overall at this hospital.
- The responsive key question was rated as requires improvement overall.
- The effective key question was rated as requires improvement overall.
- We found regulatory breaches of the Health and Social Care Act 2008 in urgent and emergency care, medical care, surgery, outpatients and diagnostic imaging.

However,

- The effective key question was rated as good overall.
- The caring key question was rated as good overall.
- The well led key question was rated as good overall.

Urgent and emergency services

Requires improvement 

Key facts and figures

The Alexandra Hospital is based in Redditch, Worcestershire, and is part of Worcestershire Acute Hospitals NHS Trust. The Trust was established in April 2000 and provides acute healthcare services to a population of around 580,000 in Worcestershire and the surrounding counties. The trust runs two emergency departments (ED's), based at Worcester and Redditch, and a minor injuries unit based at Kidderminster Hospital and Treatment Centre, in Kidderminster town. Worcestershire Royal Hospital provides the trust's largest emergency department.

The 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 service treats on average, between 150 and 170 patients every day.

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 site at the trust. Ambulances no longer bring seriously ill or injured children to this department. There is a GP walk in clinic and an urgent care centre on this site. We did not inspect these services.

We carried out an unannounced focused inspection of the ED in January 2019. We did not rate the service during that inspection. The inspection was in response to concerning information we had received in relation to care of patients in this department. The regulatory action section at the end of this report details the legal requirements the trust did not meet.

We had previously inspected and rated this service in June 2018, where we rated it as requires improvement overall. Prior to that, inspections were completed in April and November 2017. Previously, the trust was issued two Section 29A Warning Notices under the Health and Social Care Act 2008 and were required to make significant improvements 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 this inspection, we visited all areas of the emergency department. We spoke with 22 staff including registered nurses, health care assistants, reception staff, medical staff, and senior managers. We spoke with 16 patients and relatives. During our inspection, we reviewed 29 sets of patient records. We received comments from people who contacted us to tell us about their experiences, and reviewed performance information about the hospital.

Summary of this service

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

- There were breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. See end of this report for a list of current breaches.
- While the service controlled most infection risks well, not all staff followed the trust hand hygiene or personal protective equipment (PPE) policy. There was no evidence of this impacting on patient care or causing harm. Equipment and premises were visibly clean.
- The department was not of a sufficient size to meet the demands of the local population. There were insufficient quantities of some equipment. Incidents had occurred where emergency equipment had not been checked, or where it was not available.

Urgent and emergency services

- There were not enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care at all times. Patients' needs were met during our inspection. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff did not always monitor or record patients' pain, and the effectiveness of pain relief given was not always documented. There were some delays in providing pain relief.
- Privacy and dignity could not always be protected due to overcrowding.
- Patients could not always access the service when they needed to due to overcrowding. Some patients had long delays in accessing emergency care and treatment.
- The service was unable to meet the standards of performance expected of an emergency department (ED) due to the high number of patients using the service, and the lack of sufficient staff at times.
- Some concerns raised during the June 2018 and January 2019 CQC inspections had not been addressed and remained a concern during this inspection. While leaders encouraged innovation and participation in research, the service was constrained by a lack of staff, an unsuitable environment, and the high number of patients using the service.

However,

- Staff cared for patients with compassion and kindness. Most feedback from patients confirmed that staff treated them well and with kindness.
- Local leaders were visible and approachable for patients and staff. They supported staff to develop their skills and take on more senior roles. Leaders had the integrity, skills and abilities to run the service, and they understood and managed the priorities and issues the department faced.
- Staff working in the ED were committed to continually learning and improving services, and had a good understanding of quality improvement methods,
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service was inclusive and took account of patients' individual needs and preferences.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Is the service safe?

Requires improvement  

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

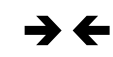
Urgent and emergency services

- Not all staff had completed their mandatory training, including the highest level of life support training and safeguarding training.
- While the service controlled most infection risks well, not all staff followed the trust hand hygiene or personal protective equipment (PPE) policy. There was no evidence of this impacting on patient care or causing harm.
- The department was no longer of a sufficient size to meet the demands of the local population. Privacy and dignity could not always be protected due to overcrowding.
- There were insufficient quantities of some equipment. Incidents had occurred where emergency equipment had not been checked, or where it was not available.
- There were delays in off-loading patients from ambulances and resultant delays in assessment and treatment for some patients due to overcrowding.
- There were not enough nursing and medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care at all times.
- Not all patient notes were signed, timed and dated in line with trust guidelines, and some electronic information was not secure.
- The resuscitation bay medicine cupboard was routinely left unlocked. This was resolved during our inspection.
- The service had limited access to an electronic records system.

However:

- The service planned for emergencies and staff understood their roles if one should happen.
- Equipment and premises were visibly clean.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Patients' needs were met during our inspection. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment which was clear, up-to-date and easily available.
- The service generally followed best practice when prescribing, giving, recording and storing medicines.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment, most information was stored on paper records.

Is the service effective?

Requires improvement  

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

- Staff did not always monitor or record patients' pain, and the effectiveness of pain relief given was not always documented. There were some delays in providing pain relief.
- Formal nurse competency frameworks were not always used.
- Not all medical staff were up to date with their appraisals.

- Not all medical staff had completed Mental Capacity Act training appropriate to their role

However,

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service generally made sure staff were competent for their roles. Managers appraised most staff's work performance.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Is the service caring?

Good 

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

- Staff provided emotional support to patients, families and carers to minimise their distress
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service was inclusive and took account of patients' individual needs and preferences
- Staff cared for patients with compassion and kindness. Most feedback from patients confirmed that staff treated them well and with kindness.

Is the service responsive?

Requires improvement 

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

- Patients could not always access the service when they needed to due to overcrowding. Some patients had long delays in accessing emergency care and treatment.

However,

- The service was inclusive and took account of patients' individual needs and preferences.
- It was easy for people to give feedback and raise concerns about care received.

Urgent and emergency services

- The service planned and provided care in a way that mostly met the needs of local people and the communities it served, and it worked with others in the wider system and local organisations to plan care.

Is the service well-led?

Requires improvement 

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

- Although the service had a vision for what it wanted to achieve and a strategy to turn it into action, there was some disagreement with relevant stakeholders on how this could be achieved sustainably within the wider health economy.
- Some known risks were not always managed well.
- Although information systems were integrated, they were not always secure.
- Some concerns raised during the June 2018 and January 2019 CQC inspections had not been addressed and remained a concern during this inspection. The service was constrained by a lack of staff, an unsuitable environment, and the high number of patients using the service.

However,

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

Areas for improvement

Action the trust MUST take to improve urgent and emergency care services.

Urgent and emergency services

We told the trust that it must take action to comply with regulations in relation to the following regularity breaches of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

The service must take action to:

- The trust must ensure that ambulance handovers are timely and effective and that all patients are assessed in a timely manner. The trust must ensure that patients receive medical and speciality reviews in a timely manner. Regulation 12 (2) (a) (b) (i).
- The trust must ensure that consultant cover in the department meets national guidelines and there are always adequate numbers of suitably qualified nurses. Regulation 18 (1).
- The service must ensure that immediate life support and paediatric immediate life support training compliance is in line with trust targets. Regulation 18(2).
- The service must ensure that staff are compliant with hand hygiene and personal protective equipment guidelines. Regulation 12 (2) (h).
- The service must ensure that patients are assessed and treated in appropriate environments. Regulation 12 (2) (a) (b) (d).
- The service must report all instances where it is not possible to separate male and female patients in the emergency decision unit as a mixed sex breach, in line with regulations. Regulation 17 (2)(c).
- The service must ensure that information technology systems which record private and confidential patient information are not visible to patients, visitors and unauthorised personnel. Regulation 17 (2)(c) (d)
- The service must ensure a formal competency framework for looking after children is rolled out and completed by all nurses working in the department. Regulation 18 (2).
- The service must ensure doctors working in the ED complete their Mental Capacity Act training at a level appropriate to their role. Regulation 18 (2).

Action the trust SHOULD take to improve urgent and emergency care services.

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

The service should take action to:

- The service should ensure that all emergency equipment checks are done in line with trust policy and that all staff are aware of local checking procedures.
- The service should review methods of gaining patient feedback and improve their response rates.
- The service should display current waiting times in the waiting room.
- The service should review the practical skills required of an ED nurse, and ensure training is provided. The service should ensure all staff complete competency frameworks appropriate to their role and that they have documented evidence of their skills. This should include competencies relevant for all nurses who work in the resuscitation bay.
- The service should consider implementing an electronic notes system.
- The service should ensure its plans for a re-design are fully implemented to improve patient care and experience.

Medical care (including older people's care)

Requires improvement ➔➔

Key facts and figures

The trust provided the following information about their medical care department:

'

The division of specialty medicine is comprised of three directorates which are:

- Directorate 1 - Cardiology, respiratory, renal, neurology, infectious diseases and diabetes.
- Directorate 2 - Neurophysiology, elderly care, gastroenterology (this excludes endoscopy services), and therapies.
- Directorate 3 – Stroke.

Medical services are divided across 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. The Alexandra Hospital in Redditch serves a population of 200,000 and has over 300 inpatient beds. The hospital has nine medical wards and has a male and female medical assessment unit (MAU), a discharge lounge, and a chemotherapy suite. The emergency department had introduced a new frailty assessment unit and a fracture neck of femur pathway.

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).

From 1 to 3 November 2017, the Care Quality Commission (CQC) inspected the medical service at the Alexandra Hospital and found it to be requires improvement for safe, effective, responsive and well led, and good for caring.

The medical care service at the trust comprises a total of 474 beds across 23 inpatient wards. We carried out an announced inspection from the 21 to 23 May.

The trust had 72,748 medical admissions from December 2017 to November 2018. Emergency admissions accounted for 27,219 (37.4%), 423 (0.6%) were elective, and the remaining 45,106 (62.0%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 26,848 admissions.
- Gastroenterology: 12,729 admissions.
- Clinical oncology: 10,663 admissions.

(Source: Hospital Episode Statistics)

During the inspection, we spoke with 40 members of staff, including nurses, doctors, pharmacists, and therapists. We spoke with 24 patients and relatives, reviewed 25 patient records and 15 medicine records. We also attended a medical board round, nursing handover and two daily nursing huddles.

Medical care (including older people's care)

Summary of this service

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

- The service provided mandatory training in key skills to all staff but did not always make sure everyone completed it.
- While staff knew how to recognise and report abuse, not all staff had received training to an appropriate level for their role.
- The service did not always have enough medical, nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. However, managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Patients were not always seen and assessed by a consultant within 14 hours of admission.
- Managers did not consistently monitor the effectiveness of care and treatment and use the findings to improve them. Medical services contributed to national audits relating to patient care. There was poor performance in some national audits relating to patient safety and treatment. For example, the National Lung Cancer Audit 2017; the Hospital Standardised Mortality Ratio (HSMR); the Chronic Obstructive Pulmonary Disease Audit October 2017 to March 2018. We saw that specialities discussed audit results as part of their local governance and, where necessary, had action plans to drive up performance. They compared local results with those of other services to learn from them.
- The service did not make sure all staff completed their Mental Capacity Act and Deprivation of Liberty Safeguard training.
- The service did not have processes to ensure staff were competent for their roles. While managers appraised most staff's work performance and held supervision meetings with them to provide support and development this continued to be below the trust target of 90%.
- Not all people could access the service when they needed it and receive the right care promptly. However, waiting times from referral to treatment and arrangements to admit, treat and discharge patients was better than the England average.
- The response rate from the friends and family test was worse than the England average.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. However, there was no field to evidence the outcomes taken, what mitigation actions had been completed or if the risk had reduced or increased. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care
- While leaders operated effective governance processes throughout the service and with partner organisations, it did not always have a systematic approach to continually improve the quality of its services. However, they had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

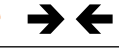
However,

- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Medical care (including older people's care)

- Staff completed and updated risk assessments for each patient. Staff identified and quickly acted upon patients at risk of deterioration. Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. When things went wrong, staff apologised and gave patients hones information and suitable support.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Doctors nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Key services were available seven days a week to support timely patient care.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their sills and take in more senior roles.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Is the service safe?

Requires improvement  

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

- The service did not make sure all staff completed mandatory training in key skills, as the number of staff who completed it did not meet trust targets.
- Whilst staff understood how to protect patients from abuse and the service worked well with other agencies to do so, the service did not make sure all staff completed their safeguarding training. The number of staff who completed it did not meet trust targets.
- Whilst staff completed and updated risk assessments for each patient and removed or minimised risks, audits seen showed staff did not always identify and quickly act upon patients at risk of deterioration.

Medical care (including older people's care)

- While the service used systems and processes to safely prescribe, administer record and store medicines, none of the doctors had printed or used their GMC registration to ascertain who prescribed the medicines.

However,

- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- Whilst the service did not always have enough medical, nursing and support staff with the right qualifications, skills, training and experience, managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction. Staffing levels met patients' needs were met at the time of the inspection.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Requires improvement 

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

- Patients were not always seen and assessed by a consultant within 14 hours of admission.
- Managers did not consistently monitor the effectiveness of care and treatment and use the findings to improve them. Medical services contributed to national audits relating to patient care. There was poor performance in some national audits relating to patient safety and treatment. For example, the National Lung Cancer Audit 2017; the Hospital Standardised Mortality Ratio (HSMR); the Chronic Obstructive Pulmonary Disease Audit October 2017 to March 2018. We saw that specialities discussed audit results as part of their local governance and, where necessary, had action plans to drive up performance. They compared local results with those of other services to learn from them.
- The service did not make sure all staff completed their Mental Capacity Act and Deprivation of Liberty Safeguard training.
- The service did not ensure all staff were regularly appraised.

However,

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

Medical care (including older people's care)

- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Key services were available seven days a week to support timely patient care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.
- Managers reviewed staff competency and held supervision meetings with them to provide support and development.

Is the service caring?

Good ➔➔

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

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

However,

- While staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs the response rate from the friends and family test was worse than the England average.

Is the service responsive?

Good ➔

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients better than the England average.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However,

- Not all people could access the service when they needed it and receive the right care promptly.

Medical care (including older people's care)

Is the service well-led?

Good 

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take in more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisation as required.
- Leaders and staff actively and openly engaged with patients and staff.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However,

- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. However, there was no field to evidence the outcomes taken, what mitigation actions had been completed or if the risk had reduced or increased. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- While leaders operated effective governance processes throughout the service and with partner organisations, it did not always have a systematic approach to continually improve the quality of its services. However, they had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Areas for improvement

Action the trust MUST take to improve medical care services.

We told the trust that it must take action to comply with regulations in relation to the following regularity breaches of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

The service must take action to:

- The trust must ensure that all staff complete the required mandatory training including safeguarding, mental capacity act and Deprivation of Liberty Safeguards. Regulation 18(2).

Medical care (including older people's care)

- The trust must ensure that the sepsis six bundle is completed within the recommended timescale for all relevant patients. Regulation 12 (1) (2) (a).
- The trust must ensure that all assigned mortality reviews are completed within the 30-day target. Regulation 12 (1) (2) (a)

Action the trust SHOULD take to improve medical care services.

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

The service should take action to:

- The trust should ensure that staff complete the level 2 training about infection prevention and control (IPC) and hand hygiene.
- The trust should ensure that prescribed medicines have the doctors name and GMC registration printed to recognise who was responsible for the prescribing.
- The trust should ensure that it reduces the HSMR mortality rate so that it is in line with the England figure.
- The trust should ensure that medical staff complete their professional appraisal rate.
- The trust should ensure that the medicine service reviews the response rate for the friends and family test.
- The trust should ensure that patients are assessed by a consultant within 14 hours of admission.
- The trust should ensure that it has processes and procedures in place to increase the response rate for the Friends and Family Test response within the medicine service.
- The trust should ensure that the divisional risk register has fields showing the evidence of the outcomes, what mitigation actions had been completed, and if the risk had reduced or increased.
- The trust should ensure that there are processes in place to document the actions taken regarding the home first action plans' length of stay.
- The trust should ensure there are processes in place to manage the backlog within the endoscopy service.

Surgery

Requires improvement 

Key facts and figures

Surgical services provided by Worcestershire Acute Hospitals NHS trust are located on four hospital sites. Worcestershire Royal Hospital is the largest site with Alexandra Hospital, Kidderminster Hospital and Treatment Centre and Evesham Community Hospital as additional sites. The trust provides services to a resident population of 550,000 people in Worcestershire.

This summary report relates to surgery services provided at the Alexandra Hospital which provides mainly planned (elective) surgery and consists of five surgical wards (wards 10, 14, 16, 17, 18), a day surgery unit, a pre- assessment department, discharge lounge, seven theatres plus a vanguard theatre and an ophthalmology theatre.

We inspected the service from 21 to 23 May. As part of the inspection we visited the pre-assessment department, the day surgery unit, the discharge lounge service, the operating theatres, recovery areas, sterile services department and all the surgical wards. Surgical services provision at the Alexandra Hospital includes general surgery, trauma and orthopaedics and urology. Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital and Treatment Centre were visited as part of the inspection process, each location has a separate evidence appendix. Surgical services on all four hospital sites are run by one management team and are regarded by the trust as one service. For this reason, there is likely to be some duplication contained within the three evidence appendices.

The trust had 47,976 surgical admissions from December 2017 to November 2018. Emergency admissions accounted for 10,647 (22.2%), 33,436 (69.7%) were day case, and the remaining 5,713 (11.9%) were elective.

(Source: Hospital Episode Statistics)

The trust provided the following information about their surgery core service at the Alexandra hospital:

'Emergency surgery pathways for both the Worcestershire Royal and Alexandra Hospital sites have been established. Complex and intermediate elective orthopaedics and all non-complex fractured neck of femur surgery has been centralised to the Alexandra hospital. Complex trauma care is in alignment with the trauma unit status of Worcestershire Royal Hospital. The Alexandra hospital provides complex and emergency urology plus short stay breast, trauma and orthopaedic and general surgery. The county wide urology interventions unit is based at the Alexandra hospital. The trust provides specialist cancer MDTs in colorectal, upper GI, head and neck, breast and urology.'

(Source: Routine Provider Information Request (RPIR) – Context acute)

During the inspection, we spoke with 25 staff of various grades, including ward and theatre managers, nurses, therapists, consultants, healthcare assistants, and housekeepers. We spoke with seven patients, observed care and treatment and looked at 12 patient's medical records and five patient medicine charts. We received comments from people who contacted us to tell us about their experiences, and reviewed performance information about the hospital.

The service was last inspected on the 12 to 15 February 2018. At that inspection, it was rated inadequate overall, including inadequate for being safe, responsive and well led. The service was rated as requires improvement for effective. It was rated good for caring. During this inspection we looked at the changes the surgical service had made to address our concerns.

Surgery

Summary of this service

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

- People could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit treat and discharge patients were not in line with good practice. Services were planned in way that ensured surgical patients were allocated a surgical bed. At the time of the inspection, there were no surgical outliers. Surgical outliers is a term used when there are not enough surgical beds for surgical patients meaning these patients are cared for in another speciality bed, usually on a medical ward.
- We noted that medical device training was below the agreed trust compliance. We requested current medical device training compliance which showed that both theatre and ward compliance remained low.
- We saw some episodes where infection prevention control measures were not used in line with the infection control policy and recognised best practice.
- Mandatory and safeguarding training for medical staff, although improved did not meet trust targets. The trust had reviewed their approach to training to improve completion rates.

However,

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. Staff assessed risks to patients and monitored their safety. Assessments were in place to alert staff when a patient's condition deteriorated.
- The service generally had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction
- 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.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We observed staff treating everyone with kindness and respect.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Is the service safe?

Requires improvement  

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

Surgery

- There were some episodes where infection prevention control measures were not used in line with the infection prevention hospital policy and recognised best practice.
- Medical device training was not always recorded, and training compliance was low.
- Mandatory and safeguarding training for medical staff, although improved did not meet trust targets. The trust had reviewed their approach to training to improve completion rates.

However,

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service had suitable premises and equipment which was checked according to the manufacturer's instructions. Some areas required refurbishment, these areas were listed on the hospital's risk register. Staff were trained to use equipment. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. Staff assessed risks to patients and monitored their safety.
- The service generally had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Records were stored securely in lockable notes trolleys.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- 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.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service generally controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff generally used equipment and control measures to protect patients, themselves and others from infection.

Is the service effective?

Good ↑

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Surgery

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. They compared local results with those of other services to learn from them. The results of most national audits showed trust performance was generally in line with national averages.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care. General surgeons, urology, and trauma and orthopaedic surgeons provided a 24 hour on call service seven days a week at the hospital.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Is the service caring?

Good 

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We saw staff treating everyone with kindness and respect. They welcomed people onto the ward and to theatre and put them at their ease.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Patients and those close to them could receive support to help them cope emotionally with their care and treatment.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Patients said they felt involved in their care and had been asked for permission and agreement first before any medical interactions were performed.

Is the service responsive?

Requires improvement 

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

- People could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit treat and discharge patients were not in line with good practice. Services were planned in way that ensured surgical patients were allocated a surgical bed. At the time of the inspection, there were no surgical outliers. Surgical outliers is a term used when there are not enough surgical beds for surgical patients meaning these patients are cared for in another speciality bed, usually on a medical ward.

However,

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The service understood the different requirements of the local people it served by ensuring that it actioned their needs through the planning, design and delivery of services.

Surgery

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. There were arrangements in place for patients with complex social health and social care needs.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- Theatre productivity within the trust had improved following the introduction of '6-4-2' theatre scheduling implementation.

Is the service well-led?

Good 

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Managers had a vision for what they wanted to achieve and workable plans to turn it into action developed with stakeholders.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear. Staff felt supported by their colleagues and matrons in their individual areas.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. The division had developed a clinical governance framework and there was clear accountability for managing risk and making service improvements.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research, and innovation.

Areas for improvement

Action the trust MUST take to improve surgical services:

Surgery

We told the trust that it must take action to comply with regulations in relation to the following regularity breaches of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service should take action to:

- Ensure all surgical staff complete mandatory training including safeguarding training. Regulation 18(2).

Action the trust SHOULD take to improve surgical services:

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

The service should ensure that:

- Continue with plans to improve performance in line with national referral to treatment times.
- Ensure that all patients who have their surgery cancelled are rebooked within 28 days.
- Personal protective equipment should be worn in line with recommended infection prevention guidance.
- All do not attempt cardiopulmonary resuscitation (DNARCPR) records should be reviewed on admission within the surgical service when transferred from the community services.
- Patients should receive physiotherapy during out of hours if required.
- The senior management team should ensure that all staff within the surgical service at the Alexandra hospital are aware of proposed refurbishment and ward changes.
- All medical staff should receive a robust induction process.
- Improve the documentation of medical devices training.

Outpatients

Good ↑↑

Key facts and figures

Outpatient services provided by the Worcestershire Acute Hospitals NHS Trust are located at four hospital sites: Worcestershire Royal Hospital, Alexandra Hospital, Kidderminster Hospital and Treatment Centre, and Princess of Wales Community Hospital. The trust also provides staffing to pain clinics held at Turnpike House Medical Centre in Worcester.

The Alexandra Hospital provides outpatient services to a population of around 200,000 people in Redditch, and surrounding areas. Outpatients includes all areas where people receive advice or care and treatment without being admitted as an inpatient or daycase. It does not include children's outpatient services, as these are covered under services for children and young people.

The outpatients' service forms part of the specialised clinical services division (SCSD). The SCSD is made up of 15 directorates, which have been separated into three sub-groups. Group one includes theatres, anaesthetics, critical care and daycase. Group two includes radiology, breast services, pathology, endoscopy, bowel screening, pharmacy and outpatients. Group three includes haematology, oncology, palliative care, radiotherapy, ophthalmology and rheumatology. The current leadership structure of the SCSD includes a divisional medical director, divisional director of operations, divisional director of nursing, and divisional medical director for patient safety and quality improvement. The senior leadership team is supported by a deputy divisional director of operations and deputy divisional director of nursing, as well as leads for each directorate. The directorate lead for outpatients is supported by senior nursing staff located at each hospital site.

Consultant- and nurse-led outpatient clinics are available across a range of specialities including, but not limited to, ophthalmology, trauma and orthopaedics, cardiology, ear, nose and throat (ENT), general surgery, urology, dermatology, endocrinology, vascular, respiratory, haematology, breast and rheumatology. The outpatient service provides nursing staff for most of these clinics, but the activity is managed within the specific directorates. Outpatient clinics are held in various locations at the Alexandra Hospital. The main outpatients' department, orthopaedic centre, fracture clinic, cardiology and cardiac investigations, physiotherapy and occupational therapy services are located on the ground floor of the hospital. The women's health unit where some outpatient clinics are held, such as gynaecology, is situated on the first floor of the hospital. The main outpatients' department has five clinic areas, with 21 consultation rooms and four minor treatment rooms.

Since 2015, we have inspected the outpatients' service at Alexandra Hospital three times. In July 2015 and November 2016, we inspected outpatients with the diagnostic imaging service. At the 2015 inspection, we rated the service as requires improvement overall. While in 2016, we rated the service as inadequate overall. Since 2018, we have inspected outpatients separately from diagnostic imaging. At the last inspection in February 2018, we again rated the service as inadequate overall. We rated three key questions as inadequate (safe, responsive and well-led) so we re-inspected all five key questions. We inspect but do not currently rate the effectiveness of the service, as we are not confident that we are collecting sufficient evidence to rate the effectiveness of outpatient services.

We carried out a short-notice announced inspection (staff knew we were coming). We gave staff two weeks' notice that we were coming to inspect. Before the inspection visit, we reviewed information that we held about the service and information requested from the trust, including performance data, policies, and meeting minutes. Some of the performance data provided was only available trustwide and therefore relates to all hospital sites covered by Worcestershire Acute Hospitals NHS Trust. Performance data regarding Alexandra Hospital only has been used where available.

Outpatients

We inspected:

- Main outpatients' department, including ophthalmology, ENT and audiology.
- Orthopaedic centre and fracture clinic.
- Cardiac rehabilitation.
- Women's Health Unit.
- Physiotherapy and occupational health services.
- Phlebotomy.

During the inspection visit, the inspection team:

- spoke with nine patients who were using the service and one relative.
- spoke with the managers or acting managers for the outpatient departments.
- spoke with 42 other staff members; including managers, doctors, nurses and healthcare assistants.
- observed the environment and care provided to patients.
- reviewed 12 patient records relating to their outpatient attendance.

Summary of this service

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

- The service provided mandatory training in key skills to all staff and most staff were up-to-date with it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. The design, maintenance and use of facilities, premises and equipment kept people safe.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service had enough nursing staff, with the right mix of qualification, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. The service used monitoring results well to improve safety.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Staff assessed and monitored patients to see if they were in pain.
- The service made sure staff were competent for their roles.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Outpatients

- Staff treated patients with compassion, kindness, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action developed with all relevant stakeholders.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams identified and escalated risks and issues. They identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.
- Staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

However,

- Patients' privacy was not always protected in the phlebotomy department.
- People could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were generally worse than the England average.
- Performance against the national cancer standards for patients on two week waits and patients waiting less than 62 days for treatment were not in line with national standards.
- Operational performance such as clinic waiting times was not routinely monitored.

Is the service safe?

Good ↑↑

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

Outpatients

- The service provided mandatory training in key skills to all staff and most staff were up-to-date with it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- The service had enough nursing staff, with the right mix of qualification, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- The service used monitoring results well to improve safety.

Is the service effective?

We do not rate effective. We found that:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Patients attended outpatient departments for short periods of time however, staff gave patients with specific needs, such as those with diabetes, enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients to see if they were in pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.
- The service did not routinely provide seven-day services. Outpatient clinics were held from 8.30am to 5.30pm, Monday to Friday.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Is the service caring?

Good 

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

- Staff treated patients with compassion, kindness, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.

Outpatients

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

However,

- Patients' privacy was not always protected in the phlebotomy department.

Is the service responsive?

Requires improvement ↑

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

- People could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were generally worse than the England average.
- Performance against the national cancer standards for patients on two week waits and patients waiting less than 62 days for treatment were not in line with national standards.

However,

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

Is the service well-led?

Good ↑↑

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

- Leaders and teams identified and escalated risks and issues. They identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were secure however, they were not fully integrated. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However,

- Operational performance such as clinic waiting times was not routinely monitored.

Areas for improvement

Action the trust MUST take to improve outpatient services:

We told the trust that it must take action to comply with regulations in relation to the following regularity breaches of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service must take action to:

- Improve performance against 18-week referral to treatment times, with the aim of meeting operational standards. Regulation 12 (1)(2)(a).
- Improve performance against the national cancer standards for patients on 2 week waits and patients waiting less than 62 days for treatment. Regulation 12 (1)(2)(a).

Action the trust SHOULD take to improve outpatient services.

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

The service should take action to:

- Monitor turnaround times for clinic letters to be issued to GPs to ensure national standards are met.
- Monitor that participation with the national ophthalmology audit database (NOD) participation takes place.
- Review how patients' privacy is protected in the phlebotomy department.
- Monitor clinic waiting times are audited so areas of concern can be identified, and actions taken to improve performance.
- Consider establishing a process for the routine review of patients waiting over 18 weeks from referral to treatment in order for staff to monitor and manage any risks to patients.

Diagnostic imaging

Requires improvement 

Key facts and figures

Radiology services provided by Worcestershire Acute Hospitals NHS Trust are located at three sites: Worcestershire Royal Hospital, Alexandra Hospital, and Kidderminster Hospital and Treatment Centre. The service is managed by one management team based at Worcestershire Royal Hospital. Information technology systems that support the radiology services across all three sites are provided at the Worcestershire Royal Hospital site.

The Alexandra Hospital serves a population of approximately 200,000 people in Redditch and surrounding areas. The diagnostic services cover; computerised tomography (CT), magnetic resonance imaging (MRI), plain film radiography, fluoroscopy and ultrasound. The diagnostic imaging department has four x-ray rooms, two CT scanners, one MRI scanner and three diagnostic ultrasound rooms. There were two portable x-ray machines for use on the wards and for theatre work. The department performed approximately 9,500 examinations across all modalities each month.

Due to leadership and medical staffing for the service being largely based at Worcestershire Royal Hospital, there will be some similarities in information across all diagnostic reports. The trust provided some information at a divisional level and therefore, not service specific. The report will clearly indicate where this occurs.

At this hospital, the service has two computed tomography (CT) scanners and an interventional fluoroscopy room. Patients access radiology services in a number of ways. The service provides routine, elective care on referral from a GP or medical professional in the trust. An x-ray clinic is based in the orthopaedic department and patients access this after surgery during their follow-up with orthopaedic consultants. The emergency department team refers patients for urgent and emergency scans and a team of radiographers and radiographer assistants provide a 24-hour service using mobile x-ray equipment.

A dedicated administration team is responsible for managing and scheduling 150 ultrasound clinics across the county.

The breast imaging service provides symptomatic mammography screening from a mobile unit on the hospital grounds.

We have included data that applies to the trust in this report as a comparator to the local hospital data. In addition, we have included data that relates to county-wide staff as many of these teams provided care and treatment at this hospital.

The trust reported the following activity between February 2018 and January 2019:

- Urgent plain film x-rays: 4,741.
- Routine plain film x-rays: 183,863.
- Urgent MRIs: 7,050.
- Routine MRIs: 16,141.
- Urgent CTs: 13,543.
- Routine CTs: 35,835.

The inspection team consisted of a lead inspector, inspector and two specialist advisors (senior radiographer and consultant radiologist).

Diagnostic imaging

The service was previously inspected 23 January to 25 January 2018 and was rated as requires improvement. In January 2018, we found the service requires improvement for safe, responsive and well-led and good for caring. We inspect, but do not rate effective.

During this inspection, we spoke with 23 staff, including radiographers, radiologists, radiography assistants (aides), and administrative staff. We also spoke with seven patients and relatives. We visited all the modalities in the main radiology department as well as the mobile mammography unit and the x-ray service based in the orthopaedic ward.

Summary of this service

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

- There were ongoing staff shortages in some modalities that impacted patient care and the delivery of the service.
- There was evidence of delays to care and treatment as a result of short staffing in some modalities, failing equipment and poor communication and multidisciplinary working from other trust departments. Staff were aware of the risks related to these issues and submitted incident reports appropriately. However, there was limited evidence of meaningful improvement from the trust.
- Some staff described limited opportunities for professional development.
- Although services were benchmarked against best practice, there was limited evidence of audits taking place to identify areas for development.
- There were some gaps in the presence and availability of leadership at directorate level and we were not assured the senior team was addressing the most pressing issues in the department.
- The mammography service was isolated from the rest of radiology and there was no evidence of directorate-level support or involvement.
- Staff described highly variable relationships with the trust, with limited evidence of engagement.

However,

- Staff in the service had addressed the areas for improvement we found at our previous inspection, including a significant improvement in the number of staff with up to date Mental Capacity Act (2005) training.
- Staff delivered care to a very high standard and routinely went above and beyond their duties to provide an individualised service. This included recognising each patient's personal needs and addressing their anxieties.
- The service had significantly reduced a backlog of plain film x-rays and ultrasounds awaiting a report and implemented measures to prevent a similar situation in the future.
- Staff had initiated a series of waiting list initiatives to reduce waiting times following a referral, which had significantly improved access.

Is the service safe?

Requires improvement  

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

Diagnostic imaging

- Incident reports and discussions with staff indicated persistent, substantive pressures on staff through daily redeployments and offering patient lists over capacity. Staffing levels met patients' needs at the time of inspection.
- The service managed patient safety incidents inconsistently. Staff recognised incidents but did not always report them appropriately.
- Ageing equipment presented a significant challenge and the trust had not taken steps to address staff concerns.
- There were gaps in training and equipment availability for resuscitation.

However,

- The service provided mandatory training in key skills to all staff and had improved completion rates. Overall 90% of staff were compliant, with improvement needed in four modules.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service had suitable premises and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service generally followed best practice when prescribing, giving, recording and storing medicines.
- The service did not have a safety monitoring system but used their performance against targets to identify safety standards.
- Managers investigated incidents and shared lessons learned with the whole team and the wider service although this did not always prevent avoidable recurrence. When things went wrong, staff apologised and gave patients honest information and suitable support.

Is the service effective?

We do not currently rate effective for diagnostic imaging services. Our key findings were:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff ensured patients had access to drinks and snacks whilst in the department and made provisions for those with specific requirements.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared results with those of other services to learn from them.

Diagnostic imaging

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent. Training completion in the Mental Capacity Act (2005) had improved considerably since our last inspection.

However,

- Audit activity was variable. In some cases, staff were proactive in establishing audits to explore opportunities for improvement in standards of care and work processes. In other areas, there was limited audit activity and some modalities had not undertaken audits for over one year.
- The service had systems in place to make sure staff were competent for their roles, but these were not always effective. Completion rates of appraisals and access to continuing professional development was variable.
- Staff of different grades worked together as a team to benefit patients but there were significant gaps in local multidisciplinary working.

Is the service caring?

Outstanding ☆ ↑

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

- All staff cared for patients with compassion at all times. Feedback from patients confirmed that staff treated them well and with kindness. Patients were truly respected and valued as individuals and were empowered as partners in their care.
- Patient's emotional and social needs were always highly valued by staff and were fully embedded in their care and treatment. Staff provided emotional support to patients to minimise their distress.
- Staff actively involved patients and those close to them in decisions about their care and treatment. They recognised the totality of patient's needs and considered personal, cultural, social and religious needs. Staff actively involved patients and those close to them in decisions about their care and treatment.

Is the service responsive?

Good ● ↑

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

- The service generally planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However,

Diagnostic imaging

- Although staff effectively planned services, they could not always deliver them due to shortages in staff for some specialties. The team worked proactively and flexibly to address this and a range of waiting list initiatives had resulted in significantly improved access times.

Is the service well-led?

Requires improvement  

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

- Managers responsible for the day-to-day running of the department had the right skills and abilities to run a service providing high-quality sustainable care. However, there was limited evidence of effective leadership engagement at a more senior level.
- There was limited evidence of engagement with staff from senior colleagues and the trust.
- Managers across the service promoted a positive culture that supported and valued staff. This did not always succeed in creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. This was reflected at a local, departmental level in high standards of care but there were significant gaps at trust level.
- Whilst the service generally had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, they were not always effective. This was driven by the commitment of departmental staff and there was limited evidence of a trust-level approach.
- Although staff had methods of engagement with the senior team and the trust, there was limited evidence this improved the service or working conditions.
- Whilst the team was committed to improving services by learning from when things went well and when they went wrong, there were limited opportunities for training, research and innovation.

However,

- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff to plan and manage appropriate services and collaborated with partner organisations effectively.
- There had been a significant reduction in the backlog of unreported investigations since our last inspection.
- The team had introduced new methods of patient engagement, which was an improvement from our last inspection.

Outstanding practice

Staff routinely exceeded patient expectations to deliver a service that was person-centred, individualised and represented the totality of each patient's needs. They switched seamlessly between communication styles to help patients understand their procedure and staff of different types worked well together to facilitate this.

Diagnostic imaging

Areas for improvement

Action the trust MUST take to improve diagnostic imaging services.

We told the trust that it must take action to comply with regulations in relation to the following regularity breaches of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service should take action to:

- Ensure MRI protocols reflect the nature of the service and the needs of patients and reduce the risk of delays. Regulation 12 (1)(2)(a).

Action the trust SHOULD take to improve diagnostic imaging services.

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

The service should take action to:

- Implement more robust staffing models for radiology specialties and CT radiographers to improve service reliability.
- Ensure all staff have up to date, relevant, resuscitation training.
- Review plans for equipment replacement in line with incident reports and service disruption.
- Ensure there is sufficient quantities of serviceable, fully accessible resuscitation equipment in all diagnostics areas.
- Identify opportunities for staff to develop, including through access to training.
- Support staff to report incidents consistently.
- Establish assurance that staff knowledge and understanding of resuscitation practices are consistent with the rest of the hospital and review the availability of resuscitation equipment in all areas.
- Support staff to undertake audits that enhance their work and provide opportunities for service improvement and development.
- Establish more robust, consistent lines of communication between senior directorate staff and the team based in hospital services.
- Provide all staff with engagement opportunities with senior directorate and trust teams.
- Facilitate access to rapid repairs and maintenance to failed equipment to ensure safety and continuity of the service.
- Implement systems that ensure concerns and incidents raised by non-clinical staff are addressed.
- Provide staff with opportunities for cross-site training and learning.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

Our inspection team

The inspection was led by Bernadette Hanney, Head of Hospital Inspection. An executive reviewer, Susan Field, a Director of Nursing, supported our inspection of well-led for the trust overall. The well led review team also comprised of an inspection manager, inspector, assistant inspector, a pharmacy specialist and two special clinical advisors.

The core services inspections were led by Phil Terry, Inspection Manager, and included 18 inspectors, 30 specialist advisers, an assistant inspector and a pharmacy specialist.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.