

# Staffordshire & Stoke-on-Trent Partnership NHS Trust

R1E

# Community health inpatient services

## Quality Report

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# Summary of findings

## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
R1E56	Haywood Hospital	Inpatient services and the Walk in Centre	ST6 7AG
R1EE3	Leek Moorlands Hospital	Inpatient services and the Minor Injuries Unit	ST13 5BQ
R1EE5	Bradwell Hospital	Inpatient services	ST5 7NJ







This report describes our judgement of the quality of care provided within this core service by Staffordshire and Stoke on Trent Partnership NHS Trust. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by Staffordshire and Stoke on Trent Partnership NHS Trust and these are brought together to inform our overall judgement of Staffordshire and Stoke on Trent Partnership NHS Trust

# Summary of findings

## Ratings

Overall rating for the service	Good	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

# Summary of findings

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# Summary of findings

## Overall summary

We observed exceptional multi-disciplinary team (MDT) working in the hospitals with professionally managed, patient focussed, MDT meetings and discussions. Patients told us they were treated with kindness and compassion; their dignity had been respected. We were told that patients and those close to them received the support they needed to cope emotionally with their care, treatment or their life changing condition.

We found all areas to be clean, well maintained and tidy. We saw that the trust followed local and professional guidance and the staff were familiar with the policies and procedures. Patients reported that they received sufficient and appropriate pain relief and their nutritional state had been assessed and monitored as part of their care.

The community services were planned and delivered to meet the needs of the local population with patients' expectations being considered in 'goal' planning meetings. People with complex needs were assessed and supported by specialist teams of staff including therapists and communication assistance. We saw dementia friendly environments supporting patients and those close to them with diversional therapies and specialist advice.

We heard that when complaints were received these were discussed at ward meetings. We heard that staff and patients listened to each other and independence was promoted in line with the community hospital values. Staff told us they were proud to provide high quality, safe services. We heard how the ward staff promoted their patients' returns home by meeting and planning with

community care workers, patients and their carers. The ward managers told us they worked well in supporting each other. Monthly staffing levels were published for the community hospital wards, including the actual staffing levels. We saw that staffing was assessed to the shift-by shift service need, taking into account the demand on the service.

The safety performance at the hospitals was displayed at ward level, staff told us they were encouraged to report all incidents however shared learning had not been encouraged.

We saw a high number of missed medication doses on the wards which were not reported as per trust policy. The documentation did not explain the reason for the omission in all cases.

In the minor injuries clinic at Leek Moorlands we found that patients may be unobserved for up to 40 minutes in the waiting area whilst other patients were triaged. The site had no security personnel and the nursing staff described vulnerable situations when they had called the police to escort unwanted visitors out of the department. Medical and nursing staff told us that during the 'out of hours' period they felt vulnerable; they had experienced, on a few occasions, when timely emergency assistance for patients had been delayed or not been available.

The mandatory training target of 90% was not met overall in any area. Ward managers were aware of the shortfall in training levels which was mainly due to staff not being available with short and long term sickness.

# Summary of findings

## Background to the service

The Staffordshire and Stoke on Trent Partnership Trust has five community hospitals located in the north of the county: Bradwell, Leek Moorlands, Cheadle, Longton and the Haywood (Burslem). Each hospital provides a range of health care facilities and resources designed to meet the needs of local people. This includes inpatient beds and the staffing of the walk in centre and a minor injuries unit.

Many of the admissions to the community hospitals are from the Royal Stoke University Hospital; patients are also admitted directly from home in order to avoid an acute hospital admission. The philosophy of care on all wards is developing individualised plans of care for patients and promoting independence. There is a multidisciplinary team approach which includes the integration of therapy, medical and social care professionals.

## Our inspection team

Our inspection team was led by:

**Chair:** Professor Iqbal Singh OBE FRCP, consultant in medicine for the elderly, East Lancashire Hospitals NHS Trust.

**Head of Hospital Inspections:** Tim Cooper, Care Quality Commission

The team included CQC inspectors and a variety of specialists, including:

Head of quality; deputy director of nursing; consultant nurse; clinical quality manager, community matrons;

nurse team managers; senior community nurses; occupational therapists; physiotherapists; community children's nurses; school nurses; health visitors; palliative care consultant; palliative care nurse; sexual health nurses and specialist dental advisors.

The team also included other experts called Experts by Experience as members of the inspection team. These were people who had experience as patients or users of some of the types of services provided by the trust.

## Why we carried out this inspection

We inspected this core service as part of our comprehensive community health services inspection programme.

## How we carried out this inspection

We inspected this service in November 2015 as part of the comprehensive inspection programme.

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?

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

Before visiting, we reviewed a range of information we hold about the service provider and asked other organisations to share what they knew. We carried out an announced visit from 3 to 6 November 2015.

We did not hold a public listening event prior to this inspection as we were looking to assess changes and progress over a very defined period of time, however we

# Summary of findings

did contact Staffordshire Healthwatch and Stoke Healthwatch to seek the views that they had recently formed on the trust. Additionally, number of people contacted CQC directly to share their views and opinions of services.

We met with the trust executive team both collectively and on an individual basis, we also met with service managers and leaders and clinical staff of all grades.

Prior to the visit we held seven focus groups with a range of staff across Staffordshire who worked within the service. 120 staff attended those meetings and shared their views.

We visited all wards at the Haywood Hospital including the walk in centre, two wards at Leek Moorlands hospital, the minor injuries unit and the dementia care ward at Bradwell Hospital.

We spoke with 34 patients and relatives of people using the service and observed interaction between patients and nursing staff. We spoke with 45 members of staff, ranging from student nurses, nurses of all grades, domestic staff, doctors and consultants. We looked at the medical and care records of 45 patients, observed two staff handovers, attended two multidisciplinary team meetings and reviewed data held at ward level.

## What people who use the provider say

People who used the service told us the following:

- I've been in for four weeks and everything is wonderful including the food and free television.
- My family have been included in my plan of care, I am kept informed about what is happening and I have enjoyed the meals.
- The staff are very considerate and responsive to my needs. The food could be better but the staff are very good at changing it. My pain management has been very good.
- I've enjoyed the art therapy, gardening and painting sessions. My family are involved with my plan of care. I attended a lifestyle group.
- There are lots of patient advice leaflets which I have found useful.

## Good practice

We saw excellent plans, delivery and coordinated care for people living with dementia. A dementia-friendly environment was in place and dementia screening was available for all patients over 75.

The staff on Bennion ward at Bradwell Hospital had introduced many dementia care initiatives including staff

wearing theatre scrubs on night duty to mimic nightwear therefore patients were encouraged to sleep and night time care plans. A reminiscence room had been developed with pictures and books. A shed had been changed into 'The Bradwell Arms' where patients, in better weather, would be able to play darts and cards.

## Areas for improvement

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

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

- The trust must ensure that learning for incidents is shared across all community hospitals and that all identified actions are followed up to minimise the likelihood of reoccurrence and improve care.

- The trust must ensure that staff have are up to date with their mandatory training requirements and that compliance is monitored on a regular basis to ensure compliance is maintained.

# Summary of findings

- The trust must review the systems and processes for managing and recording the quality of missed medicine doses and clear action plans should be developed implemented and audited to improve reporting, documentation and auditing.
- The trust must ensure that staff have regular access to appraisals in order for them to develop their skills and competency.
- The trust must ensure that learning from patient complaints is shared across all community hospitals and that all identified actions are followed up to minimise the likelihood of reoccurrence and improve care.

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

- The trust should ensure that out of hour's services are able to support the medical and nursing staff by responding in a timely way to medical emergencies.
- The trust should ensure that staff in the walk in centre have the support of administration staff to assist them with 'meet and greet' and patient observation during and after the triage process has begun.



## Staffordshire & Stoke-on-Trent Partnership NHS Trust

# Community health inpatient services

### Detailed findings from this inspection

**Requires improvement**



## Are services safe?

By safe, we mean that people are protected from abuse

### Summary

We have rated this service as requires improvement for safe. This is because:

- Shared learning from incidents had not been encouraged and actions were not always followed up.
- There was a high number of missed medication doses on the wards which were not reported as per trust policy.
- The mandatory training target of 90% was not met. Data regarding staff training to adult safeguarding level two was not provided by the trust.

However, we also found that:

- Harm free care was consistently reported to be above the 90% target.
- Individual risk assessments were seen to promote independence whilst keeping patients safe.

- Staff were encouraged to report all incidents including no and low harm.

### Safety performance

- Safety performance was displayed throughout the hospitals on notice boards. We reviewed the safety performance data since September 2014. Data showed that harm free care was consistently reported to be above the trust 90% target, with no new harm recorded as an average of 97% during that period. Harm free and no new harm are reported in the NHS to evidence the delivery of safe in-patient care. The occurrence of falls was less than 1%, the occurrence of pressure ulcers was on average 5% and catheter and urinary tract infections occurrence was recorded as less than 1%. This data was displayed on the ward safety boards.

# Are services safe?

- Staff we spoke with were fully aware of the importance of patient safety. Within patient records we saw that patients were individually risk assessed on admission with periodic review to ensure that their independence was promoted whilst protecting their safety.
- The trust was currently auditing the implementation of the 'preventing venous thromboembolism (VTE) in community hospitals' policy. The percentage of patients with a new VTE was consistently low, recorded below 0.5% since September 2014. VTE management now included intermittent pneumatic compression stockings as standard procedure. Intermittent pneumatic compression is a therapeutic technique used in medical devices that include an air pump and inflatable sleeves or boot within a system designed to improve venous circulation in the limbs of immobile patients.
- There had been no grade three or four pressure ulcers acquired in the community hospitals since February 2014. The trust had a robust process for reporting and validation of pressure ulcers.
- New pressure ulcers had averaged at two cases per month and falls had averaged at one case per month. The dependency of the patients was logged, monitored and reported at the senior managers meetings on a monthly basis.
- Between September 2014 and August 2015, 14 slips/trips/falls incidents were reported, five of which were reported as serious incidents. Taking action to reduce the amount of falls reported, the trust had introduced 'close supervision' bays and the psychologist had introduced individual assessments for some patients with a high risk score. Ninety-one percent of patients had been screened for cognitive impairment at the community hospitals.
- We heard that when incidents had occurred, the patient and their relatives were spoken with at the time or asked to attend a formal meeting, where explanations and apologies were offered.
- Between April 2015 and July 2015, 10 cases of C. Difficile were reported, managed and reviewed.
- Staff told us they were encouraged to report incidents and we heard that most staff members had received some feedback.
- We saw that staff were encouraged to report 'no harm' incidents, however we heard that staff did not get to hear about incidents that occurred on other wards and departments and a valuable 'lessons learned tool' was not being fully utilised.
- We discussed the lessons learnt issues with management and they agreed that the process was not fully closed; they described how more work was needed to ensure that all areas learnt from incidents that occurred in other areas

## Duty of Candour

- We heard that when incidents had occurred, the patient and their relatives were spoken with at the time or asked to attend a formal meeting, where explanations and apologies were offered.

## Safeguarding

- There were 13 safeguarding concerns received from the community hospitals in the last 12 months; all but one case had been closed. There remained one which was outstanding at Bradwell Hospital and was still under investigation.
- Seventy-six percent of staff had completed safeguarding adults training to level one. This was well below the trust target compliance target rate of 90%. Data regarding staff training to level two was not provided by the trust.
- Staff we spoke with understood their role in reporting and they were confident to raise issues with the safeguarding team to promote patient safety and avoid harm. They were able to describe the process and show us how they accessed the form which they were required to complete.

## Incident reporting, learning and improvement

- Between September 2014 and August 2015 there were 61 inpatient incidents reported to the Strategic Executive Information System (STEIS), 29 of which related to ward closures. Sixty-one serious incidents were also reported to the National Reporting and Learning System (NRLS) the majority (85%) were 'no harm' or 'low harm' to the patient. There were no Never Events reported. There were no serious incidents reported at the walk in centre or minor injury unit.

# Are services safe?

- Patients we spoke with in all areas told us they felt safe and well cared for by the staff.

## Medicines

- We found significant numbers of missed medicine doses, including those on the critical medicines list e.g. insulin and antibiotics. It is recognised good practice that these should be reported as incidents if there was a failure to administer within 2 hours. On five wards we looked at 10 charts and found 83 missed doses. 66 missed doses were identified at Haywood Hospital (Grange ward, Chatterley ward and Scotia ward) and 17 missed doses at Leek Moorlands (Saddler ward and Cottage ward). Six of these doses were critical medicines, which included anticoagulants, opioids, systemic antibiotics and insulin.
- The trust had carried out a missed doses audit in June 2015. An action plan was drawn up and there was a plan to re audit in 6 months. The audit looked at a total of 105 patient prescription charts, which included 1065 medicines prescribed on the day of the audit. Sixty-three percent of patients had at least one medicine dose omitted. Overall, 20% of prescribed medicines were not given to patients. A total of 50% of medicines omitted were not given because the patient refused them. The audit report noted there was no reason stated why medicines were not administered in 16% of charts reviewed. Missed doses had not been reported as per policy, staff were aware they should report but in practice was not always carried out. When codes were used to indicate that medicine doses were missed there was not always documentation explaining the reason.
- During our inspection we found poor practice in regard to medicines management in three of areas. On two occasions (Grange ward and Cottage ward) we found two bottles of Oramorph liquid with no 'date opened' written on. Once opened the medicine use by date must be considered as its effectiveness may be reduced and the patients' health may be put at risk. There was no expiry date on the oxygen cylinder on the trolley in Grange ward (piped oxygen was available at bedside).
- At Haywood hospital we were told that a discharge letter was typed independently by a doctor following discharge. This letter was not checked by any other health care professional before being sent to the GP and contained a list of medications from which the GP may continue to prescribe. There was a potential for inconsistency with the medicines contained in the letter and what the patient actually received at discharge. The chief pharmacist acknowledged this risk.
- A critical medicines list was included in the medicines policy. When spoken with the staff, awareness of this list was poor, which could have an impact on the amount of critical medicines being missed. A critical medicines list identifies medicines where timeliness of administration is crucial. Delays or omissions of administering some medications for certain conditions can cause serious harm or death, for example acute infections. This list should include anti-infectives, anticoagulants, insulin, resuscitation medicines and medicines for Parkinson's disease, and any other medicines identified locally. The staff must be aware of the importance of prescribing, supplying and administering critical medicines, the timeliness issues and what to do when certain medicines are required within and out-of-hours to minimise patient harm. There was no pharmacy weekend service or on-call facility. FP10 prescriptions were used when required. The staff told us they valued the pharmacist input and oversight of ward medication stock and prescriptions. There were no plans in place for a for seven day pharmacy service.
- We found secure storage of medicines within all areas; for example, medicine cupboards were locked, trolleys locked and secured, bedside storage locked and there were code accessed treatment rooms which were restricted to appropriate staff.
- Clinical trolleys were seen to be clean and tidy. Medicine refrigerators were clean and their temperatures monitored, recorded and we saw that action had been taken when temperatures were out of normal range. Treatment room temperatures were all within acceptable levels and there was secure and appropriate medicine waste management.
- We saw that staff administering medications promoted the wearing of the red tabard system to reduce any distractions during medicines rounds.
- We saw the appropriate resources available at ward level for example the British National Formulary and internal policies.

## Are services safe?

- The promotion of safe practice was seen in all areas. For example the use of oral syringes, potassium fluids kept separately, date of opening evident on eye drops, a robust drug recall process in place and nursing staff undergo drug assessments.
- Pharmacy support had been commenced in the MIU and Outpatients at Leek. This had assisted the staff to check their stock and ensure routine medication was available.
- A full pharmacy check was completed six monthly whereby stock control was reviewed, ordering and returns were checked and general department compliance was monitored.
- We found in all areas that controlled drug (CD) management was appropriate with the correct usage of registers and storage; CD cupboards were double locked and the keys securely kept, stock balances were in order and the daily checks were evident.
- There was a clearly recorded list of staff able to order controlled drugs. There was level two medicines reconciliation completed by pharmacy staff within 72 hours. This is when healthcare professionals match-up the patients' previous medication list with their current medication list and where accurate medicines reconciliation has not been possible at first level; the admitting practitioner should highlight the need for verification and refer for a second level pharmacist consolidation. No audit against this standard was identified however all charts we looked at had been seen within this time frame.
- Staff had access to summary care records including GP history for medicines. Allergy status was completed on all drug charts examined.
- Two nurses checked medicines at the point of discharge. Handwritten discharge letters were seen by pharmacy team ensuring safe and accurate medicines recorded on the discharge letter.
- At Haywood Hospital we saw that the pharmacist and technician visited the wards daily and offered a weekly top-up of stocks. The pharmacists told us they have enough time to look after the patients really well and sort out issues.
- All the nursing staff spoken with knew about the emergency medicines cupboard provided for out of hours use and how to access it. The cupboard at Leek Moorlands contained appropriate medicines that may be required in an emergency.
- Although the trust promoted a safe system to allow self-administering of medicines it was not actively used at Haywood Hospital. We also saw that at Leek Moorlands, on Cottage ward, staff supervised the use of the blister pack before the patient was discharged.
- We saw that appropriate Patient Group Directive (PGD's) were available in the minor injuries unit; and the walk in centre. A PGD is signed by a doctor and agreed by a pharmacist, and acts as a direction to a nurse to supply and/or administer prescription-only medicines to patients using their own assessment of patient need. We noted one folder which had out of date directives, but this was removed on the day of our inspection.

### Environment and equipment

- We found all areas we visited to be exceptionally clean, well maintained and free from trip hazards.
- Signage was clear and well positioned to ensure patients and visitors were able to source the appropriate area and wards safely.
- We saw that patient-led assessments of the care environment (PLACE) results were displayed on each ward. For example at Leek Moorlands the cleanliness score was 100%, with the national average being 98%.
- At the Haywood Hospital, we saw that security presence was available in the main entrance. Staff told us that they generally felt safe working in the hospital at night. They ensured that windows and doors were secure.
- We heard that the Leek Moorlands MIU staff had raised issues around their safety of 'lone working' in the department. Staff were less comfortable at night-time as there was no onsite security. Staff had to call 999 when they were concerned for their safety. Nursing staff described to us occasions when they had to call the police to escort unwanted visitors out of the department. There was no administration staff in the minor injuries clinic at Leek Moorlands after 5pm. This left the patients in the reception area unobserved and at times not assessed for up to 40 minutes whilst other patients were triaged. This issue was not recorded on the risk register.

## Are services safe?

- We saw that portable equipment was electrically tested and was up to date. Re-test date stickers were in place.
- Domestic staff were available seven days a week and an evening service was in place. They were fully aware of their responsibilities for safe keeping of their trolley, their cleaning fluids and should an accident occur, they were able to show us they had access to data relating to Control of Substances Hazardous to Health (COSHH).
- We saw that waste management was handled correctly and staff were able to describe different types of waste disposal. Foot operated bins were in place in all areas.
- Staff told us they were able to access to all types of equipment including specialist equipment when required. They gave a recent example whereby bariatric equipment was delivered to the ward prior to the patient's admission and training was delivered to ensure staff and patient safety.

### Quality of records

- We reviewed the guidance relating to nursing documentation and the guidance supporting nursing assessment. We reviewed the admission assessments, care planning, narratives and referrals and daily records recorded by the nursing and medical staff. Nursing staff followed the displayed Nursing and Midwifery Council (NMC) record keeping guidance.
- There was an active nursing record and a medical record, which were separate. There were samples of the various nursing / assessment documents with clear guidance on how the documents were to be completed.
- We saw that patients' individual care records were written and managed in a way that kept them safe. Medical, nursing and multi-disciplinary records were seen to be accurate, complete, up to date and stored securely. We saw that where changes in care had been identified their care plan had been altered to accommodate their needs. We saw that some abbreviations were used within medical notes. The entries in some of the notes were not legible and did not have the time of entry written down. This was identified with the nurse in charge as it did not adhere to the record keeping policy.

- We saw that the standard of the entries recorded in medical records and the management of individual files was monitored by administration staff; they also reminded staff to return the notes to the central records department when patients were discharged.
- Monthly record keeping audits were carried out at all hospital sites. September results showed legibility 93%, attributability 91% and timeliness 87%. Areas fully compliant were clearly written records, secure storage and in chronological order. Areas with least compliance were alterations not timed and dated. These results were included in an action plan, measured and considered monthly.

### Cleanliness, infection control and hygiene

- The Methicillin-resistant Staphylococcus Aureus (MRSA) patient screening on admission target was 95%. The service achieved 100%.
- Standards of cleanliness and hygiene were maintained across all the hospital sites by the onsite cleaning company. We heard from management and staff in all departments that this was a reliable system which prevented and protected people from a healthcare associated infection.
- We saw staff adhere to hand washing procedures and the use of hand gel. We saw that nursing and medical staff washed their hands and used hand gel between patients, adhered to the bare below the elbow policy and correctly used personal protective equipment (PPE) such as aprons and gloves. We saw that where necessary the correct use of signage was in place on the wards: reminding people to wash their hands to protect patients, relatives and staff from cross infection.
- Staff received training in the safety systems, processes and practices. Currently infection control training compliance was 87% at Haywood Hospital and 88% at Leek Moorlands. The trust target was set at 90%. Further investigation at ward level showed that gaps in the training matrix were generally due to sickness with training dates planned for the future.

### Mandatory training

- The trust set a target for 90% of staff to have completed their mandatory training. Data provided showed that the trust had failed to achieve this across all 10 of the mandatory training courses it provides. At the Haywood



## Are services safe?

Hospital, training levels amongst staff averaged at 80% overall. Health and safety training had greatest compliance at 87% and fire safety the least at 67%. At Leek Moorlands, training levels averaged 88% overall with manual handling at 98% (the only one to meet the trust target) and fire safety at 81%.

- At the Haywood Walk in Centre staff training levels were 84% overall with health and safety training level at 100% and fire safety training level at 66%. At Leek Moorlands Minor Injuries staff training levels were 84% overall with manual handling at 100% and information governance at 62%.

### Assessing and responding to patient risk

- Comprehensive risk assessments were carried out for each patient on admission to the hospital. Personal independence was promoted alongside risk management plans as part of the multi-disciplinary team (MDT) work.
- Modified early warning scores (MEWS) were used for the assessment of unwell patients; simple observations detected when a patient's condition required a more intense observation and for further investigation. Staff used the MEWS score to identify and respond appropriately to deteriorating health of patients including medical emergencies. They told us there was low tolerance of the scores and they acted rapidly to avoid the patient being transferred out of the hospital.
- Staff were familiar with the 'sepsis bundle' which was a procedure in place that was followed by medical and nursing staff to identify early signs of infection and initiate prompt treatment. The sepsis bundle was a CQUIN. The commissioning for quality and innovation (CQUINs) payments framework is designed to encourage trusts to continually improve how care is delivered. The on-site outreach team were available to give advice and support to staff when they were concerned that a patient's condition was unstable.
- Staffordshire Doctors Urgent Care (SDUC) provided the 'out of hours' service for community hospitals. Medical and nursing staff at Haywood Hospital and Leek Moorlands told us that at times the response to 'out of hours' support was variable when patients were unwell and needed to be transferred to an acute setting. Medical and nursing staff told us they felt vulnerable as timely emergency assistance had been, on occasions,

delayed or not available. Hospital managers told us the trust was working with SDUC to improve performance. A re-tendering process for the out of hour's service contract was also underway with the outcome to be confirmed by the end of November.

- Staff told us that when patients displayed 'behaviour that challenged', they were able to arrange support and advice from mental health colleagues. They would attend the MDT, meet with the patient and relatives and offer guidance to support the care plan.
- We observed staff handovers to be a formal process to ensure that all staff were aware of the patients on the ward. Handover occurred at the start and end of each shift. To ensure each patient was benefitting from the planned multi-disciplinary in-put, the staff met together daily to discuss each individual patient. This was known as a board round; the patients were discussed in order listed on the ward board.
- At hand over an 'up to date' print out of the patients names, status and plan of care was given to all staff to ensure that they had the information they needed.
- During 2014/15 at the Haywood walk in centre and Leek Moorlands minor injury unit, 100% of patients were triaged within 15 minutes.

### Staffing levels and caseload

- Daily staffing levels were reported to NHS England as part of the safer staffing initiative. Staffing levels and skill mix were planned and reviewed around the dependency of the patients on the ward to ensure they received safe care and treatment at all times, in line with guidance.
- Planned staffing levels and actual staffing levels were displayed. We saw that the actual staffing levels were greater than the planned. We were told that this was due to the current patients requiring increased observation or one-to-one care.
- The 'Safe Staffing Escalation Policy' (SSEP) was introduced to the community hospitals in May 2015. This standardised and informed staff groups of the process and procedure for addressing short, medium and long term nurse staffing shortfalls in adult services and outlined the contingency steps where capacity issues could not be resolved. As part of the development of the SSEP, work had been undertaken

## Are services safe?

with matrons, ward sisters and their teams to ensure there was a clear understanding of the definitions, trigger points and the escalation process. The draft policy was informally adopted and was approved as a working draft by Quality Governance in June 2015.

- From May to July 2015 safe staffing levels were met each month across all the community hospitals at the trust. The only exception to this was in June 2015 where Cheadle Hospital (ward 1) failed to meet safer staffing levels during the day. Bank staff were used to address the 23% qualified nurse vacancies. Block booking of some agency staff had been arranged to ensure consistency for patients and substantive ward staff.
- The hospitals had 22 consultants, 17 middle grade doctors and eight junior doctors supporting the nursing team. There were five consultant vacancies, nine middle grade vacancies and four junior doctor vacancies. To cover the vacancies seven consultants and seven middle grade doctors were supplied by an agency and there was one locum consultant in post. The management discussed with us that they continually advertised locally and nationally to recruit permanent staff but this had proved unsuccessful.
- There are 3.22 (WTE) qualified nursing vacancies and 2.07 (WTE) qualified nursing assistant vacancies across

urgent care services. The Trust was not able to tell us how many shifts have been filled, but for the month of July we were able to calculate the bank and agency back fill was 0.78 WTE and not filled was 4.51 WTE.

### Managing anticipated risks

- Potential risks were taken into account when planning services, for example seasonal fluctuations in demand, the impact of adverse weather, or disruption to staffing. We saw that the management team attended monthly management meetings where they reviewed all potential risks, lessons learnt, and outstanding action plans.
- The hospital operational assurance group (HOAG) met monthly. We saw minutes of the September 2015 meeting where issues such as finance, performance and workforce were discussed and action plans reviewed.

### Major incident awareness and training

- Local arrangements were in place to respond to emergencies and major incidents. Staff told us they were aware as it was discussed at induction and that their role would be to prioritise 'safe early discharge' of some patients to support the acute trust with their plan. However, none of the staff could recall practicing a major incident situation.

# Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Summary

We have rated this service as good for effective. This is because:

- We saw that the hospitals followed local and professional guidance and the staff were familiar with the policies and procedures.
- Patients told us they received sufficient and appropriate pain relief.
- Patients' nutritional state was assessed and monitored as part of the individual care plan.
- The trust exceeded all their hospital key performance targets.
- We observed exceptional multi-disciplinary (MDT) working in the hospitals.

However, we also found that:

- The proportion of hospital staff who had had an appraisal as at August 2015, was recorded as 40%.

## Evidence based care and treatment

- We saw that the partnership trust integrated governance group identified and reviewed all NICE guidelines issued on a monthly basis. We saw that the nursing staff had access to NICE guidelines on the intranet and this guidance was incorporated in to the trust policies and procedures. The September 2015 governance report provided assurances that mechanisms were in place to achieve quality governance standards in relation to NICE Guidance.
- Patients requiring review under the Mental Health Act (MHA) were protected by appropriate, early referral following the MHA Code of Practice. On Broadfield ward, we saw evidence that patients had received support and cognitive assessments by the psychologist.

## Pain relief

- Patients we spoke with told us they had received adequate pain relief and staff had asked them about its effectiveness.

- We saw patients being given 'anticipatory' pain relief prior to physiotherapy and therapy activity sessions.
- Pain scoring and recording charts were included in each individual care plan. The patient records we saw were filled in and appropriately dated and signed.
- On one occasion we observed a consultant talking to a patient about their psychological state as well as pain and pain relief outcomes. They allowed time for the patient to ask questions and ensured clarity of the information he had given.
- We identified one missed dose of an opioid analgesic; the patient's pain diary was checked and had not been completed since 18 October 2015 (two weeks). A pain diary is a written record of a patient's pain experienced on a daily basis, including the use of medication and its effectiveness.

## Nutrition and hydration

- An audit in line with the Essence of Care Best Practice Recommendations was currently being reported on. It formed part of a larger piece of work to ensure that evidence was available around nutrition and hydration in community hospitals to satisfy PLACE Assessment inspections.
- The malnutrition universal screening tool (MUST) was used as a five-step screening tool to identify patients who were malnourished, at risk of malnutrition or obese. The staff used MUST management guidelines to develop individual patient care plans.
- Meal times were protected. This meant that medical and nursing intervention was avoided on the ward at this time and patients were encouraged to eat their meals in peace. Relatives were encouraged to visit when support and assistance was required.
- Patients we spoke with told us the food ranged between excellent and satisfactory. Menus were given to the patients to allow choices to be made. Meals were served on the ward and portion sizes varied depending on the patient's request.



## Are services effective?

- We saw that patients had water jugs and glasses at hand and hot drinks were offered throughout the day and night.
- Patient who required them for medical reasons had fluid balance charts, to monitor their fluid intake and output.

### Patient outcomes

- Sentinel Stroke National Audit Programme (SSNAP) allows comparison of key indicators that contribute to better outcomes for patients. Overall performance is rated from A (highest) to E. It is acknowledged by the audit that very stringent standards are set; however, data shows that performance level in August 2015 the SSNAP level was grade D with a SSNAP score of 58; this demonstrated that improvements in the service and outcomes for patients were required. Physiotherapy services scored B and discharge processes scoring A. (Level A being the highest achievement and level E being the lowest).
- During 2015, the community hospitals undertook three local audits; a re-audit of the standard of corporate records to ensure compliance with the information governance toolkit, an audit of antimicrobial agents to ensure documentation/prescriptions are in line with SOP and trust policy and an audit to ensure implementation of the preventing VTE policy.

### Competent staff

- The ward managers told us that they had a responsibility to ensure their staff had the right qualifications, skills, knowledge and experience to do their job. Staff performance was managed through competency tests. Staff told us they were supported to improve their skills when they felt less confident or competent.
- We heard from staff that their learning needs were identified during appraisals. The appraisal rate for staff working in the walk in centre and minor injuries unit was 78%. The appraisal rates for all hospital staff as at August 2015, was recorded as 40%. We were told that appraisals were being prioritised in the New Year to be completed in line with the trust target of 90%.

- We were told that the trust had developed a policy for the medical appraisal process incorporating doctor revalidation. This meant that the medical staff felt supported to develop and maintain their skills and competencies whilst working for the trust.
- Staff told us they were encouraged and given opportunities to develop. Nursing and care staff told us they considered the training sufficient to meet their learning needs. However, attending training when it was booked was problematic as staff could not always be released from the wards due to staffing shortages.
- We saw that a trust induction programme was followed and signed off when completed. There was an induction pack developed specifically for student nurses.
- We spoke with link nurses for tissue viability and infection control. They were aware of their responsibilities to attend link meetings and cascade their knowledge and new information to the rest of their team.
- The ward managers told us of the arrangements for supporting and managing staff. One-to-one meetings were arranged as necessary. Plans to commence clinical supervision in line with revalidation for nurses were at the discussion stage only. This was planned to include best practice and current issues relevant to their ward speciality.

### Multi-disciplinary working and coordinated care pathways

- We observed exceptional multi-disciplinary (MDT) working in the hospitals. The MDT meetings and discussions we observed were professionally managed; patient focussed and considered all elements of a patient's well-being.
- We saw that all members of the MDT were included in the board rounds where each patient's progress was reviewed on a daily basis. Patients and their relatives/carers were included in ward 'case reviews' and invited to ask questions and review their care. Social care teams were also invited to attend at the earliest opportunity to assist with the estimated discharge date. Discharge liaison specialist nurses were also included in the case reviews where necessary.
- We met and spoke with physiotherapists, occupational therapists (OT), dieticians, speech and language

## Are services effective?

therapists (SALT) and activity organisers who were all working as a team in the patient's best interest. Each member of staff told us they felt valued within the team and they saw themselves as effective part of the patient's journey.

- All the patients' records we reviewed had a detailed therapy assessment showing good MDT review.
- Care pathways were detailed in each patient's notes with review dates and estimated dates of discharge documented. For example there was a trauma pathway for poly-trauma and brain injury which followed from acute care to specialist care facilitating a seam free experience for the patient.

### Referral, transfer, discharge and transition

- The hospitals had an effective process for preparing letters and medicines to promote a timely discharge for patients.
- We saw that patients were assessed and appropriately transferred to the local acute hospital if the ward staff were unable to manage the patient's acute medical condition.
- Between May 2015 and October 2015, 57 patients were transferred out of Haywood Hospital to the local acute hospital. Thirty-two patients transferred between 8pm and 8am on a weekday and 25 patients transferred during the weekend. Of the 57 patients, 10 patients returned back to community hospital within 24 hours.
- Between May 2015 and October 2015, 6 patients were transferred out of Leek Moorlands to the local acute hospital. 4 patients were transferred between 8pm and 8am on a weekday and 2 patients were transferred during the weekend.
- Patients' length of stay in the community hospitals varied on their individual needs. The average length of stay was 17 days against the trust target of 23 days. However, there was evidence that the length of stay had reduced over time due to greater multi-disciplinary input and improved discharge planning. The increasing complexity of patients was being addressed in the hospitals by staff being appropriately trained and skilled to ensure the patients' needs could be met.

- Bed occupancy was consistently higher than the England average. Broadfield ward had the highest bed occupancy at 97% whilst Grange ward had the lowest at 87%. Bed occupancy of over 85% can affect the quality of care provided.

### Access to information

- Staff told us they had access to relevant patient information and their records whenever they needed them. When necessary agency and locum staff had access to patient information to enable them to care for patients appropriately.
- Nursing staff told us that, when patients were transferred between wards or from another hospital they received a handover about the patient's medical condition. We saw that ongoing care information had been shared in a timely manner.

### Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- We saw that where necessary members of speech and language therapy team were invited to discuss consent with the patient and support their relatives where intervention was necessary.
- We saw that when people lacked mental capacity to make a decision, staff organised 'best interests' decisions in accordance with legislation and team input. Deprivation of Liberty champions were identified on each ward. 76% of staff had received the safeguarding (adults) training - Level one. The trust target completion rate for the course was 90%.
- We saw that mental capacity assessments were completed by those trained to do so.
- We were told that there was a backlog on the assessment of Deprivation of Liberty referrals which had been reported as an incident especially when the patient was suffering from amnesia and needed extra support.
- There had been 34 Deprivation of Liberty safeguards applications between March 2015 and August 2015. Twelve applications were made from Haywood hospital and we were able to see that these were agreed to be made during the multidisciplinary assessment due to life changing illness and change of circumstances.

# Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Summary

We have rated this service as good for caring. This is because:

- The Friends and Family Test (FFT) scores showed patients and carers were satisfied with the care and treat they received.
- Patients told us they were treated with kindness and compassion.
- We saw that patients and those close to them were involved in their care plan,
- Patients and those close to them received the support they needed to cope emotionally with their care, treatment or their life changing condition.

## Compassionate care

- Between September 2014 and August 2015, NHS Choices respondents were positive across all sites with an overall rating of 5; the maximum score available.
- The Friends and Family Test (FFT) scores were positive. The trust target was 90% and in September 2015 they achieved 96% for community hospitals. Positive responses were received from 361 people that had used the service (318 patients and 43 carers). Of the 318 patients, 82% of respondents agreed they had access to information about care. 78% of respondents were extremely satisfied with the clinical treatment and quality of care they received.
- During September 2015 the community hospitals received 248 compliments. 207 compliments had been received from patients and carers with 41 compliments received by the PALs service.
- Patients told us that they felt the staff respected them and their privacy and dignity was protected. We saw staff were considerate when discussing private issues by drawing the curtains or through quiet, discreet conversation.
- We saw that staff took the time to interact with patients and those close to them, gaining individual knowledge to aid with safe discharge arrangements. Staff were seen to be sensitive and discreet when offering support.

- Patients told us when they experienced pain, discomfort or emotional upset the staff responded in a compassionate and timely way.

## Understanding and involvement of patients and those close to them

- Staff told us the importance of patients understanding why they were in hospital, the care they were receiving and their possible discharge date. Patients confirmed this when we spoke with them.
- We observed good communication between the doctor and family members when their relative's health had deteriorated and they were to be transferred to the local acute hospital for treatment.
- Medical and nursing staff completed a 'meet and greet' process when patients were admitted to the wards. This was an opportunity to discuss the patient history, individual needs and plan of care. This was also a time to recognise when patients and those close to them needed additional support to help them understand and be involved in their care and treatment.
- Patient's anxieties were lessened as they were routinely involved in planning and making decisions about their care and treatment. Staff ensured that patients and those close to them were able to ask questions about their care and treatment at all times including the ward round and at visiting times.
- We observed activity staff to be efficient at integrating daily tasks with reminiscence, therapy and engaging with people through regular activities as well as planned recreation.
- During our inspection we witnessed interactions were caring; patients and staff clearly had a connection, and patients reported feeling safe.
- Comprehensive patient information leaflets were available on Scotia ward with regards to conditions and drugs; all produced by Arthritis Research UK.
- We saw a wealth of patient's advice leaflets throughout all areas of the hospital.

## Are services caring?

- Patients and relatives told us that they had plenty of opportunities to ask the nurses and doctors for updates and clarification of care plans and follow up.
- The trust website was available for staff to refer to when they assisted patients and their relatives to find out crucial information such as the services available and relevant health advice.

### Emotional support

- During the MDT meetings and case conferences staff discussed the impact that a person's care, treatment or condition had on their wellbeing and on those close to them, considering long term emotional and social support that may be required.
- Patients told us they were given appropriate and timely support and sufficient information to deal with their

treatment and condition. Psychological support was offered to those patients in 'transition phase' such as after stroke or head injury had been suffered causing lifetime changes.

- One bereaved family spoke with us to commend the care their loved one had received, and said they were comforted by the clear caring and compassion of the staff.
- Staff offered emotional support to those people close to patients with a life changing condition; we were told that they provided information and advice.
- Through individual care pathways and risk assessments patients were empowered and supported to manage their own health and to maximise their independence.

# Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

## Summary

We have rated this service as good for responsive. This is because:

- Services were planned and delivered to meet the needs of the local population.
- Patients' expectations were considered at all times with 'goal' planning meetings confirming possible length of stay and after care arrangements.
- People with complex needs were assessed and supported by specialist teams
- We saw dementia friendly environments supporting patients with diversion therapies and specialist advice available.
- All (100%) of patients attending the minor injury units and walk-in centres were seen within four hours of arrival.

## Planning and delivering services which meet people's needs

- The needs of the local population were considered in how the community services were planned and delivered. Commissioners, social care providers and relevant stakeholders were all involved in planning services through network meetings ensuring flexibility, choice and continuity of care.
- We saw the successful introduction of the 'patient's timetable' on Broadfield ward. This recorded patient's activities for the day which meant that therapists could arrange their activities to fit in the timetable and avoid cancellations or missed therapies for the patient.
- We heard patients expectations being discussed during goal planning meetings; estimated discharge dates and take home medication were also discussed during this time.
- The facilities and premises were appropriate for the services that were planned and delivered. The wards and departments at Leek Moorlands had all been

upgraded in an old building. Haywood Hospital was a new building with a walk in centre in the entrance of the hospital, open from 7am until 10pm weekdays and 9am until 10pm at weekends.

- Physiotherapy and OT services were available weekdays only and not at weekends. The therapists set weekend tasks and exercises for the patients to complete with the support of the nursing staff.
- During 2014/15 98% of patients received therapy services within 18 weeks of referral against the trust target of 95%.

## Equality and diversity

- Equality and diversity issues were managed appropriately. Where it was identified that patients required support we saw that this was pre-arranged when required, for example we saw evidence of sign language and translation services.
- Disability access was appropriate in all areas and support was available should the need arise. At Leek Moorlands disability access was disrupted due to building work. This was addressed whilst we were on site.
- Disabled access to the buildings was good with accessible toilet facilities available and well signposted.

## Meeting the needs of people in vulnerable circumstances

- Services were planned, delivered and coordinated to take account of people with complex needs, for example those living with dementia. Promotion of a dementia-friendly environment had been embraced by the staff including the introduction of the 'Blue Butterfly scheme' and dementia screening for all patients over 75. The Butterfly Scheme allowed people whose memory was permanently affected by dementia to make this clear to hospital staff and provided them with a strategy for meeting their needs. The patients received more effective and appropriate care, reducing their stress



# Are services responsive to people's needs?

levels and increasing their safety and well-being. The butterfly scheme was used on the ward for recognition of dementia; however the butterfly was not used by the bedside to avoid labelling patients.

- Where necessary comprehensive older person's assessments were completed on admission to maximise the in-patient care experience and therapy offered; enhancing the potential outcome for the patient and their carers on discharge. For example activities of interest for the individual were identified to avoid wandering and behaviour that challenged presenting in the ward area.
- We visited Bennion ward at Bradwell Hospital; the staff had introduced many dementia care initiatives including staff wearing theatre scrubs on night duty to mimic nightwear therefore patients were encouraged to sleep and follow night time care plans. A reminiscence room had been developed with pictures and books. A shed had been sourced and made into a pub 'The Bradwell Arms' where patients would be able to play darts and cards.
- Patients with complex needs were risk assessed on admission and we saw that patient passports were used by some patients. A patient passport provided immediate and important information for doctors, nurses and administrative staff in an easy to read form, promoting a positive experience for people with learning disabilities and dementia going into hospital.
- Patients with a learning disability or dementia were encouraged to bring their carer with them on admission and at care reviews.
- We saw that patients had their call bells to hand; we heard and saw call bells answered promptly.

## Access to the right care at the right time

- The trust exceeded all their hospital key performance targets. For example, the 18 week referral to treatment times (admitted patients) target was 90% and the trust achieved 99%. The trust target for patients being readmitted was less than 5%; the trust actual performance was 1%.
- During 2014/15, 99.5% of patients at Haywood walk in centre were discharged, or transferred within four hours. Four per cent of patients were sent to the local A&E. At Leek Moorlands minor injury unit, 100% of patients were discharged, or transferred within four hours. Three per cent of patients were sent to the local A&E.

## Learning from complaints and concerns

- Sixty PALs concerns were received during 2014/15 that were directly associated to inpatient services. 100% were resolved within 24 hours or escalated to a formal complaint in 2014/15. During the same period 100% of complaints were acknowledged within 72 hours of receipt.
- Four of the 38 complaints were upheld for inpatients in 'quarter one' of 2015 with the main theme logged as poor communication. 73% of staff had received conflict resolution training but no formal complaint handling training at ward level. Ward managers told us they had support and guidance from senior managers. During the same period there were 15 complaints regarding the urgent care services.
- We saw display boards demonstrating actions following 'you said' - 'we did' activities. For example, protected meal times had been introduced.



# Are services well-led?

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

## Summary

We have rated this service as good for well-led. This is because:

- We heard and saw patient independence was promoted in line with the community hospital values.
- There were governance arrangements in place and effective lines of communication to ensure issues were escalated appropriately.
- We heard from many staff how their managers were visible and approachable; they listened to staff and were open to instigating staff ideas and suggestions.
- Staff told us they were proud to provide high quality, safe services and they felt empowered to suggest new ways of working to enhance the delivery of care.

## Service vision and strategy

- The community hospital vision was, “To deliver personalised care of the highest quality with the best possible outcomes for users and carers empowering them to be independent”. We heard and observed many examples of this in practice, such as staff empowering patients and promoting independence.
- The hospitals were currently entering a transition phase whereby two of the four hospital sites were transferring to the local acute trust.
- The trust quality report identified three priorities for community hospitals; to reduce the number of pressure ulcers acquired in hospital, to improve the safety dashboard and to reduce in patient falls. We saw evidence on the wards that the priorities were being implemented appropriately and staff understood their role in achieving them.

## Governance, risk management and quality measurement

- The trust governance team compiled quality reports which were used to communicate performance quality issues to the trust board. The document identified how risks were being managed and where assurances were found, such as interval audit. Thematic reviews were

being developed in specific quality areas to look at what else needed to be done and this data was all linked in to the corporate risk register. Other monitoring processes were in development, such as unified dashboards which will be developed as a ‘quality early warning’ intelligence system. Medicine management pressures were the main area of risk including ‘out of hours’ services and staff cover.

- Detailed directorate risk registers itemised individual risks including cause, effect and impact. Reviews were planned for monthly and quarterly cycles, with details of the risk control and action plan details. Action progress was itemised including current impact and the responsible managers.
- The community hospital managers held daily conference calls at 8am. This contact enabled the hospital managers to discuss issues such as staffing, incidents, the current bed vacancies and the need to escalate any issues to the executives. The managers told us this worked well in supporting each other and it was an effective way to deal with current staffing issues; staff were moved between areas to support wards with staff shortages. These issues were escalated to the executive board in a timely manner, if unresolved.
- The ward managers submitted their ward data to the quality dashboard which provided a monthly overview of patient experience, safety, and effectiveness of care. The quality report detailed the concise information from the quality dashboard and this information was discussed at the safety and effectiveness subcommittee before being reported at quality governance committee. The quality report provided the board with assurances that mechanisms were in place to manage and monitor quality and identify when any concerns may emerge.
- Monthly staffing levels were published for community hospital wards, including agreed establishment, safe staffing level in relation to acuity, and actual staffing levels. This contributed to improved care for patients by ensuring that effective staffing levels were continually

## Are services well-led?

presented, challenged, owned and discussed at board level, commissioning and front line level. We saw that staffing was assessed to the shift-by shift patient need, taking into account the demand on the service.

- Clinical and internal audit results were used to monitor the quality of the service. We were told that learning forums had been arranged whereby a reported incident was chosen to be discussed and identify where lessons could be learnt and would identify any themes and trends. For example the infection control audit report 2014/15 stated that nationally MRSA bacteraemia cases were set at zero avoidable cases for all NHS trusts. One case was identified in the trust and following a case review, the incident was classed as an unavoidable. To support the reduction in bacteraemia the community hospital medical and nursing staff reviewed the guidelines, updated staff on new guidance and research and carried out a screening programme for elective and emergency admissions. Data showed 100% of patients were screened for MRSA on admission each month.
- We saw minutes from August 2015 stroke rehabilitation clinical governance meeting where risks, audits, education and training were discussed. We saw that patient and public involvement was discussed. Stroke association volunteers were encouraged to visit the wards weekly and this had continued.

### Leadership of this service

- We heard from all grades of staff that the positive attitude and support from the hospital manager had encouraged them to remain committed and motivated to achieve the best possible outcomes for patients. We heard examples from staff of how they felt valued and they welcomed how the manager shared knowledge and skills in a way that ensured people were positively engaged and encouraged to learn. We spoke with the manager who told us how she was committed to ensuring the best patient experience. We heard how she had encouraged her team to take responsibility of the care that they offered patients; ensuring greater accountability. We were told by ward managers that her enthusiasm and professional work ethic had helped the staff to focus more clearly on achieving excellent patient care and understanding the holistic journey of the patient.

- We heard from many staff how their managers were visible and approachable; they listened to staff and were open to instigating staff ideas and suggestions.
- All staff said ward leadership was supportive and focused on good care given with kindness and compassion.
- We heard that the senior management at the hospital were also visible and approachable. However, most staff told us they had not seen the executives or boards members on the wards or in any of the departments.
- The hospital manager gave examples of being honest, transparent and accountable for the hospitals efficiency. They were proud to provide high quality, safe services which gave a positive patient experience with the best possible outcomes. We discussed how the trust made savings where necessary, however 'safe staffing levels' were implemented without any cost implications.

### Culture within this service

- All staff we spoke with expressed pride in their care delivery, their service and their own practice, and they commended the remainder of their team.
- We heard much feedback from staff about respect and collaboration between teams. There was a clear understanding of responsibilities of working in an integrated team. Staff we spoke with told us they enjoyed working for the trust. We heard staff speak passionately about care of older people and their health and dignity.
- Staff told us they felt empowered to suggest and promote new ways of working to enhance the delivery of care such as patient forums and support groups.
- We saw that staff were patient focused and this was encouraged by ward leaders. They told us patients opinions were the centre of the plan of care.

### Public engagement

- We saw patient forum notice boards sited around the hospital with local service news and updates. Contact details were advertised for patient and carer support along with information leaflets to take away.
- Matron's tea parties were organised on the wards, whereby patients and their relatives returned to the hospital to discuss their experience. During these themed events and education sessions were arranged, for example talks by the dietician.



## Are services well-led?

- The Haywood Foundation; set up in 1977 is a charity dedicated to improve the wellbeing of local people with arthritis and related conditions by promoting and funding local research. The foundation has developed local facilities for patients and they provide support for the education and development of health professionals who are dedicated to the care of people living with arthritis.
- We heard on Broadfield ward about transition services that were available for relatives and the patients who had sustained a life changing injury. Relatives were currently looking to set up a support group on the ward to support other patients and relatives. The ward manager arranged support and training from Headway. Headway is the leading UK charity dedicated to the care and support of people who have sustained a brain injury. It aims to promote a wider understanding of all aspects of brain injury and to provide information, support and services to people with a brain injury and their relatives and carers.

### Staff engagement

- Every Friday the trust published a staff newsletter called "The Word". Staff told us that this covered the latest news, successes, achievements and developments happening across the trust. The Word was available on the intranet and some paper copies were printed to ensure all staff had access to it.
- Staff we spoke with in the community hospitals were confident about raising concerns to managers and felt like they were listened to with appropriate action being taken.

### Innovation, improvement and sustainability

- We saw the use of coloured wristbands on dependant patients that identified their level of mobility and the level of observation required. This system was introduced on the wards at Leek Moorlands and had proved invaluable for the staff and therapists providing early recognition of a patient's ability. This process was being introduced in to other wards.
- A patient timetable board was introduced to determine the week's therapy plan for patients. This enabled therapists and staff to ensure they knew what each patient was doing and when they could attend therapy sessions; maximising the inpatient experience.
- The Arthritis and Musculoskeletal Alliance (ARMA) is the UK umbrella association bringing together support groups, professional bodies and research organisations in the field of arthritis and other musculoskeletal conditions. Stoke ARMA brings together patients, patient groups & health professionals to work to improve local musculoskeletal services. They monitor local service provision, identify, and campaign on local service issues using the ARMA standards of care and other policy initiatives and provide a shared forum for service users, providers and planners. Quarterly meetings take place in the lecture room at the Haywood Hospital with lunch provided.
- The rheumatology service at the Haywood Hospital was held up as a national example in providing specialist care outside of hospital by The King's Fund.