

The Walton Centre NHS Foundation Trust

Inspection report

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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

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

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

Summary of findings

Background to the trust

The Walton Centre is the only specialist hospital trust in the UK dedicated to providing comprehensive neurology, neurosurgery, spinal and pain management services.

They serve a catchment area of 3.5 million people across Merseyside, Cheshire, Lancashire, Greater Manchester, the Isle of Man and North Wales and beyond. The trust has service partnerships with 18 NHS Hospitals across the area they serve.

Situated in the Fazakerley area of North Liverpool the trust has provides services to a population of 3.5 million people across the North West, Isle of Man and North Wales. In addition, due to an international reputation in some areas of expertise, referrals are received from other geographical areas of the UK.

Care and treatment is provided from two buildings on the same site; The Walton Centre main building and the purpose-built Sid Watkins Building, which was opened in 2015. There are 192 beds, 123 of which are neurosurgery, 29 neurology and 40 for rehabilitation.

The trust performs around 3,000 elective surgical cases, 2,000 emergency surgical cases and 400 day-case procedures each year and operates a network of almost 50 satellite clinics at hospitals and GP practice sites around the region under its neuro network initiative.

The neuroradiology service is the most comprehensive in the UK with four MRI scanners, including an open scanner, two biplane intervention rooms, and advanced CT scanner.

The trust hosts the Cheshire and Merseyside Rehabilitation Network and has a dedicated Neuroscience Research centre.

Approximately 1,300 staff work for The Walton Centre and more than 100,000 patients are treated each year with conditions including head and spinal trauma injuries, tumours of the central nervous system, neurovascular diseases, epilepsy, pain, multiple sclerosis, motor neurone disease, and chronic neuropathic pain.

The trust was last inspected in April 2016, it was rated as outstanding for effective and caring, good for safe, responsive and well-led and outstanding overall.

Overall summary

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

What this trust does

The Walton Centre is the only specialist hospital trust in the UK dedicated to providing comprehensive neurology, neurosurgery, spinal and pain management services.

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.

Summary of findings

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 surgery and critical care services provided by the trust as part of our continual checks on safety and quality of healthcare services.

We also inspected the well-led key question for the trust overall. We summarise what we found in the section headed Is this organisation well-led?

What we found

Overall trust

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

- We rated effective and caring as outstanding.
- We rated safe, responsive and well led as good.
- Three of the five core services were rated as good and two as outstanding overall.
- We rated well-led for the trust as good.
- The trust had taken the appropriate actions relating to the requirements of the previous inspection and had developed an action plan relating to the core service inspection by the time we inspected well-led.
- We inspected critical care and found that they had maintained the ratings from the previous inspection. The rating for effective went down to good and the rating for caring improved to outstanding.
- We inspected surgery and found that they had improved to outstanding in effective and well led which gave the service an overall rating of outstanding.

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website – www.cqc.org.uk/provider/RET/reports.

Are services safe?

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

- The surgery and critical care core services, that we inspected, were rated as good for safe.
- All other core services across the trust, which we did not inspect maintained ratings of good for safe.

Are services effective?

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

- We inspected critical care services and the rating for effective went down to good.
- We inspected surgical services and they were rated as outstanding for effective.
- Medical care services, which we did not inspect, maintained a good rating for effective.
- Specialist rehabilitation services, which we did not inspect, maintained an outstanding rating for effective.

Summary of findings

Are services caring?

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

- We inspected critical care services and they improved their rating to outstanding for caring.
- We inspected surgical services and they maintained a rating of good for caring.
- Medical care services, which we did not inspect, maintained an outstanding rating for caring.
- Outpatient services, which we did not inspect, maintained an outstanding rating for caring.
- Specialist rehabilitation services, which we did not inspect, maintained a good rating for effective.

Are services responsive?

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

- We inspected critical care services and they maintained a good rating for responsive.
- We inspected surgical services and they maintained a good rating for responsive.
- Medical care services, which we did not inspect, maintained a good rating for responsive.
- Outpatient services, which we did not inspect, maintained a good rating for responsive.
- Specialist rehabilitation services, which we did not inspect, maintained an outstanding rating for responsive.

Are services well-led?

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

- We inspected surgical services and they were rated as outstanding for well-led which was an improvement on the last inspection rating.
- We inspected critical care services and they were rated as good for well-led.
- Medical care services, which we did not inspect, maintained a good rating for well-led.
- Outpatient services, which we did not inspect, maintained a good rating for well-led.
- Specialist rehabilitation services, which we did not inspect, maintained a good rating for well-led.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice in both surgery and critical care and trust wide.

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

Areas for improvement

We found areas for improvement however there were no breaches of legal requirements that the trust must put right.

Summary of findings

We found 20 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 service quality.

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

Action we have taken

We issued no requirement notices to the trust.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

We found examples of outstanding practice in all areas we inspected at the Walton Centre.

Trust-wide

- The trust had received an award at the HFMA NW Awards 2018 – Innovation Winner for their Quality Impact Assessment. HFMA stated they believed that they saw an organisation wide tool that allowed the promoter of a scheme, to ask the right questions, and thus create a more reliable outcome, that can be tuned to offer the best outcome, done in a way that builds confidence in the real value of QIA as an important live operational tool.
- The financial strategy included supporting finance staff with protected time each month to visit a service and see what happens and how it works so they understand the impact of financial decisions.
- There was a strong culture to support staff health and wellbeing, particularly considering the complexities of some patient behaviours. The trust had introduced a resilience app for staff called Shiny Minds.
- The trust utilised a Virtual Engagement Rehabilitation Assistant (VERA) which is a combination of sensors and an app with prescribed rehabilitation exercises. The device stays with the patient through their rehabilitation journey and beyond leading to better recovery. NHS Improvement told us the trust uses research development and innovation to ensure it is a centre of excellence. They undertake pioneering research to be at the leading edge of treatment. There was a consultant lead for research and a new research strategy was being developed.
- There was a high level and culture of innovation. There was a medical innovation group, a dedicated director lead and the trust was only the second in the country to have a clinical lead for innovation. There were examples of how the Walton Centre Charity was supporting a current development to acquire a Computer Assisted Rehabilitation Environment System.
- The Walton Centre was supporting the development of an organisational development programme to understand where people have come from, promote an open culture and to build the right conditions for collaboration across the local health economy. This was linked to the Liverpool Health Partners and Joint Research service.
- The trust had introduced a new community Pain Management Programme in Warrington using a hub and spoke model. Which is the first of its kind and was introduced as part of the national back pain pathway by Warrington Clinical Commissioning Group. Neurosurgeons were carrying out procedures to help treat epilepsy with new cutting edge robotic equipment. This was supported by the Walton Centre Charity.

Summary of findings

- The trust was the first hospital in the north treating adult patients using intra-operative MRI scanning. This allows surgeons to visualise tumours more easily and patients being scanned during surgery reduces the requirement for further surgery.
- The Walton Centre has led the development of thrombectomy, a ground breaking procedure to remove a blood clot from the brain, as part of the stroke pathway.
- The Walton Chatterbox project has developed resources to provide training and age appropriate resources to assist young people to communicate with family members who had communication disabilities.
- The trust had identified through routine monitoring a cluster of Carbapenemase producing Enterobacteriaceae (CPE) colonisations. They had put an extensive action plan in place and the teams had reacted innovatively in order to maintain therapies treatment for patients colonised including changing the flow of patients and splitting the gym so that all patients could continue with their treatments.

Surgery

- The service had a specific team, the SMART team, who monitored patient risk and attended wards to respond to a deterioration in a patient's condition and to provide advice and support to staff.
- The service recorded patient outcomes in both the Spine Tango and British Spine Registry so they could monitor a wider range of patient outcomes and benchmark against other providers nationally and internationally.
- Patients engaged in setting their own therapeutic goals following surgery. These were submitted to the Spine Tango register. Data submitted to the registry showed 99% of patients achieved their therapeutic goals on discharge.
- The service had a team of advanced practitioners called 'specialist nurses'. This included nurses, a physiotherapist and an occupational therapist. They undertook a variety of quality roles designed to provide streamlined care to patients and supported staff to develop skills.
- The service had a specialist tracheostomy ward round to review all patients with a tracheostomy which was attended by all members of the multidisciplinary team.
- The service was one of only three providers nationally that used intraoperative magnetic resource imaging in theatres to prevent patients from having further operations. This improved the outcomes for patients undergoing an operation on a brain tumour. It also reduced the number of times patients may have to return to theatre for further operations and reduced the risk of patients acquiring an infection.
- The service ran a 24-hour, seven day consultant led complex spinal rota. This provided complex spine interventions for patients across Merseyside.
- The service was the only NHS provider in Cheshire and Merseyside to provide magnetic resonance imaging (MRI) 24 hours a day, seven days a week.
- The service was awarded the Surgical Spine Centre of Excellence accreditation in 2019, which is a European-wide quality standard.
- The service had positive outcomes for facial nerve function, with 95% of patients having good facial function following surgery. The rate in comparable units was 57% and 82%.
- Therapy staff had developed the 'Chatterbox' project to help patients with communication difficulties talk to young children and explain their condition. They worked with patients holistically encouraging them and their children to interact through play using specially adapted toys.
- When a complaint was complex or the patient had been discharged from hospital the complaint investigator visited the patient and their carer at their home to enable a full and meaningful investigation.

Summary of findings

- All staff across the service described the culture as extremely positive and a 'no blame' culture. There were a number of wellbeing initiatives for staff including coaching to manage stress and a mobile phone application to help staff build personal resilience.
- The service had invested in innovative new 3D scanners. The images of specific scans, were shown on three large screens allowing surgeons to view the patients scans easily.
- Staff from the service co-investigated on the BASICS trial. This was an international trial regarding infection rates from shunts. The outcomes of the trial led to an international change in practice.
- The service hosted and resourced an international meeting to set the research agenda for Cauda Equina Syndrome (CES) for the next ten years. CES is a common condition where damaged nerves cause lower back pain and loss of bowel and bladder control.

Critical Care

- There was a side room which had a 'Sky light'. This was a projection of a moving sky scene which changed from sunrise to night time. This was to support patients sleep patterns and delirium.
- The service had priority access to hotel standard accommodation for patients' families whilst they were admitted.
- The senior speech and language therapist undertook fiberoptic endoscopic evaluations of patient's swallow assessments. This is where a small camera is passed through the patients nose and it was used to assess patients swallowing ability and diagnose swallowing difficulties. We were told this is considered the gold standard.
- The service had introduced the use of transcranial doppler in the monitoring of patients. This was a non-invasive monitoring process. Clinical leads told us it enabled them to identify issues early, so that intervention could be made as soon as possible.

Areas for improvement

We found areas for improvement in all areas we inspected at the Walton Centre.

Trust-wide

- The trust should improve the system for the capture and storage of information with regard to the Fit and Proper Persons Regulation.
- The trust should approve and finalise the enabling strategies in a timely way to ensure there are no time gaps when current policy is not in place.
- The trust should ensure there is appropriate leadership oversight and corporate administration of the Board Assurance Framework to maintain its accuracy and usability.
- The trust should improve the system for tracking the management of serious incidents.
- The trust should continue to improve the systems for the management of Deprivation of Liberty applications.

Surgery

- The service should consider how it supports all staff to complete mandatory and safeguarding adults and children training in line with trust targets.
- The service should consider reviewing the number and availability of resuscitation trolleys in order to comply with Resuscitation Council (UK) guidelines.

Summary of findings

- The service should ensure that stocks of medicines are regularly checked and out of date medicines disposed of safely. (Regulation 12)
- The service should ensure it continues to monitor and improve the management of controlled drugs. (Regulation 12)
- The service should consider how to minimise the impact of patient records being in different formats, to ensure all staff can access information in a timely manner.
- The service should consider reviewing staff's understanding of Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to ensure all staff understand the rationale for actions taken.
- The service should consider reviewing arrangements for meeting the accessible information standard to ensure patients can access timely information in a way that meets their individual needs.
- The service should consider reviewing its arrangements for managing complaints to ensure complaints are responded to in a timely manner in line with trust policy and complaints receive an explanation of any delay in responding to their complaint.

Critical Care

- The service should review and monitor the recording of water flush checks and the use of filters on sinks to make sure that the policy is being followed to prevent the risk of the spread of Pseudomonas found in sinks to patients.
- The service should consider the monitoring of room temperatures where medication is stored at ambient temperature, to be assured that medications are not being stored outside of recommended temperatures and are fit for use.
- The service should consider a standardised approach to the documentation of time from decision to admit to admission so that they can measure adherence to the four-hour standard.
- The service should consider a review of pharmacist provision to meet with the national critical care core standards.
- The service should identify an agreed approach for the monitoring of stored medication to ensure that medication does not exceed the expiry dates, to reduce the risk of patients receiving medicines which are not fit for use.
- The service should consider the review of services provided over seven days to meet the national critical care core standards.
- The service should consider a review of the divisional strategy to identify workable plans to turn it into action so that they can monitor and assess progress against the ambitions.

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.

We rated well-led at the trust as good because:

- The leadership team actively shaped the culture of the organisation. The culture was open, encouraging and enabling.
- The vision and values were driven by quality, safety and sustainability in a changing landscape and was being translated into a credible strategy.

Summary of findings

- Staff understood the direction of travel of the organisation.
- The board and other levels of governance functioned effectively, and interactions ensured quality and performance were addressed in harmony.
- There was an effective and comprehensive system in place to identify, understand, monitor and address current and future risks. Performance issues were escalated appropriately. Clinical and internal audit processes functioned well and had a positive impact in relation to quality governance.
- There was an excellent history of financial management and the finances team were an integrated part of the trust team and delivery.
- There was a cohesive and competent leadership team who were knowledgeable about quality issues and priorities. They had appropriate skills and experience and there were succession plans throughout the organisation.
- Candour, openness, honesty and transparency were the norm.
- Active engagement with staff was being strengthened as it had been recognised and the trust was clear on their priorities when it came to driving improvement for black and minority ethnic staff through the workforce race equality standard.
- Service improvements were driven by clinicians and actively encouraged. The ward accreditation scheme was also driving improvement through healthy competition, innovation and ambition.
- Staff wellbeing was of utmost importance within the trust.

However;

- The enabling strategies within the trust were in development and this had resulted in a time gap.
- The system for the capture and storage of information with regard to the Fit and Proper Persons Regulation lacked robustness.
- There was transitional leadership oversight of the Board Assurance Framework and a lack of corporate administration to maintain its accuracy and usability.
- The system for tracking the management of serious incidents required improvement.
- The systems for the management of Deprivation of Liberty applications required improvement.

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
Good ↔ Aug 2019	Outstanding ↔ Aug 2019	Outstanding ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Outstanding ↔ Aug 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
The Walton Centre	Good ↔ Aug 2019	Outstanding ↔ Aug 2019	Outstanding ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Outstanding ↔ Aug 2019
Overall trust	Good ↔ Aug 2019	Outstanding ↔ Aug 2019	Outstanding ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Outstanding ↔ Aug 2019

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 The Walton Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Oct 2016	Good Oct 2016	Outstanding Oct 2016	Good Oct 2016	Good Oct 2016	Good Oct 2016
Surgery	Good →← Aug 2019	Outstanding ↑ Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Outstanding ↑ Aug 2019	Outstanding ↑ Aug 2019
Critical care	Good →← Aug 2019	Good ↓ Aug 2019	Outstanding ↑ Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good →← Aug 2019
Outpatients	Good Oct 2016	Not rated	Outstanding Oct 2016	Good Oct 2016	Good Oct 2016	Good Oct 2016
Rehabilitation services	Good Oct 2016	Outstanding Oct 2016	Good Oct 2016	Outstanding Oct 2016	Good Oct 2016	Outstanding Oct 2016
Overall*	Good →← Aug 2019	Outstanding →← Aug 2019	Outstanding →← Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Outstanding →← Aug 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.

The Walton Centre

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Key facts and figures

The Walton Centre is the only specialist hospital trust in the UK dedicated to providing comprehensive neurology, neurosurgery, spinal and pain management services.

They serve a catchment area of 3.5 million people across Merseyside, Cheshire, Lancashire, Greater Manchester, the Isle of Man and North Wales and beyond. The trust has service partnerships with 18 NHS Hospitals across the area they serve.

Situated in the Fazakerley area of North Liverpool the trust has provides services to a population of 3.5 million people across the North West, Isle of Man and North Wales. In addition, due to an international reputation in some areas of expertise, referrals are received from other geographical areas of the UK.

Care and treatment is provided from two buildings on the same site; The Walton Centre main building and the purpose-built Sid Watkins Building, which was opened in 2015. There are 192 beds, 123 of which are neurosurgery, 29 neurology and 40 for rehabilitation.

The trust performs around 3,000 elective surgical cases, 2,000 emergency surgical cases and 400 day-case procedures each year and operates a network of almost 50 satellite clinics at hospitals and GP practice sites around the region under its neuro network initiative.

The neuroradiology service is the most comprehensive in the UK with four MRI scanners, including an open scanner, two biplane intervention rooms, and advanced CT scanner.

The trust hosts the Cheshire and Merseyside Rehabilitation Network and has a dedicated Neuroscience Research centre.

Approximately 1,300 staff work for The Walton Centre and more than 100,000 patients are treated each year with conditions including head and spinal trauma injuries, tumours of the central nervous system, neurovascular diseases, epilepsy, pain, multiple sclerosis, motor neurone disease, and chronic neuropathic pain.

The trust was last inspected in April 2016, it was rated as outstanding for effective and caring, good for safe, responsive and well-led and outstanding overall.

Summary of services at The Walton Centre

Outstanding   

Summary of findings

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

- We rated effective and caring for the Walton Centre as outstanding.
- We rated safe, responsive and well led as good.
- Three of the five core services were rated as good and two as outstanding overall.
- We rated well-led for the trust as good.
- The trust had taken the appropriate actions relating to the requirements of the previous inspection and had developed an action plan relating to the core service inspection by the time we inspected well-led.
- We inspected critical care services and found that they had overall maintained their rating from the previous inspection. The rating for effective went down to good and the rating for caring improved to outstanding.
- We inspected surgery and found that they had improved their overall rating to outstanding.

Surgery

Outstanding ☆ ↑

Key facts and figures

The Walton Centre NHS Foundation Trust provides a range of neurosurgery specialities including: spine, complex spine, hydrocephalus, neurovascular, functional, neurotrauma, pain and skull base surgery.

The service has four wards for surgical patients: Cairns, Caton, Dott and Sherrington. There is a day case unit and a surgical admissions lounge on Jefferson ward. There are seven operating theatres with a dedicated 24-hour emergency theatre.

The service had 4,645 surgical admissions from August 2017 to July 2018. Emergency admissions accounted for 895 (19.3%), 1,213 (26.1%) were day case, and the remaining 2,537 (54.6%) were elective.

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

We inspected surgery as part of an unannounced inspection between 5 March and 7 March 2019. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. At the last inspection we rated all key questions for the service as good and we re-inspected all five key questions. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

During our inspection visited all surgical wards, the day case ward, theatres and the pre-operative assessment clinic.

We carried out focus groups with staff including nurses, therapists, consultants and doctors. We spoke with 55 members of staff including senior managers, ward sisters and managers as well as registered nurses, student nurses, allied health professionals and doctors and health care assistants. We also spoke to 12 patients and five relatives.

We observed care and treatment and looked at 19 patient care records and 46 prescription charts, as well as service performance data.

Summary of this service

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

- We previously rated this service in October 2016 when we rated it good in safe, effective, caring, responsive and well-led. At this inspection, we rate safe, caring and responsive as good and effective and well-led as outstanding.
- The service had enough medical and nursing staff with the right skills, experience and qualifications to deliver safe care and treatment to patients. Staff were aware of how to raise and manage safeguarding issues and received support to do so.
- Staff across different disciplines worked together well to meet patients' care and treatment needs. Patients accessed timely consultant led care from a range of staff to meet their individual care needs.
- The service ensured all staff received an annual appraisal. This was an improvement from our previous inspection. The service provided opportunities for staff to develop professional skills and provided additional role specific training.
- Staff treated patients with compassion, dignity and respect. Feedback from patients and carers about staff was positive. We saw many examples of staff going above and beyond to support patients.

Surgery

- The service managed access and flow effectively. The time patients had to wait for referral to treatment was below the national average.
- We found a positive, open, learning culture throughout the service, where the leadership, governance structures and culture were used to drive and improve the delivery of high-quality care. Staff were proud to work for the service. Leaders encouraged learning and innovation, with the service participating in national and international research and outcomes monitoring.
- We saw several examples of outstanding practice such as innovative use of technology in theatres and the use of specialist practitioners and teams to provide additional support to staff and patients and ensure the service achieved effective patient outcomes.

However,

- Compliance rates with trust targets for mandatory, safeguarding and Deprivation of Liberty Safeguards were low in some groups of staff and in some subject areas. This was the same as at our last inspection even though the trust had lowered its target for mandatory training compliance.
- The service used a mix of paper based and electronic patient records. Not all systems were linked and some staff found it difficult to access some records in a timely manner. Staff could not adapt patient care plans within electronic records to address individual patient needs.
- The service did not consistently manage medicines effectively. We found out of date medicines in some areas and the service had identified issues with the checking of controlled drugs.
- Information was not readily available in different languages and formats, this was different from our previous inspection. We saw staff did not always have access to appropriate equipment to facilitate translation for patients who did not speak English.
- The service did not investigate and close complaints in a timely manner. The average length of time the service took to investigate and close complaints was outside the time limit set by the trust complaints policy.

Is the service safe?

Good   

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

- The service provided mandatory training in key skills to staff and mandatory training covered all key areas staff needed to keep patients safe. At the time of our inspection compliance with mandatory training had improved for nursing and theatre staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Nursing staff had training on how to recognise and report abuse and they knew how to apply it. Staff could access advice and support from a named safeguarding lead.
- The service controlled infection risk well. Staff kept themselves, equipment and premises clean. They used control measures to prevent the spread of infection. The rate of post-operative infections was 1%, significantly below the trust target of 5%.
- The service had suitable premises and equipment and looked after them well. We saw that staff reported maintenance issues in a timely manner and these were discussed each day at the morning safety huddle for all staff throughout the trust.

Surgery

- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Staff reviewed patients' risks at a daily safety huddle on each ward.
- 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. Staffing levels and skill mix were planned, implemented and reviewed and the service used bank staff to cover any gaps in shifts.
- Staff kept records of patients' care and treatment. Records were up-to-date and available to all staff providing care. The service used a mix of paper based and electronic patient records which were securely stored.
- The service followed best practice when prescribing, giving and recording medicines. The wards had clinical pharmacy support provided by a neighbouring trust.
- 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 wider service. When things went wrong, staff apologised and gave patients honest feedback.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors on whiteboards on each ward. Managers used this to improve the service.

However,

- Compliance rates with mandatory training and safeguarding training were below the trust target for medical staff.
- Resuscitation trolleys were shared between two wards and kept in a locked area. This was not in line with national guidelines and meant there was a risk of a delay in staff accessing the necessary equipment in an emergency.
- We found medicines that were out of date in cupboards in the clinic room on two wards.
- The service had identified a number of discrepancies in controlled drug stock levels. The service had an action plan to address the issue however, we found daily controlled drugs checks were not completed for five days in one month, on one ward.
- Paper based records and different electronic record systems did not link to each other. Not all staff we spoke with understood how to access the right patient records at the right time and not all staff had access to all records.

Is the service effective?

Outstanding  

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. The service had well-developed Local Safety Standards for Invasive Procedures for surgery.
- 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 could access support from dietitians and speech and language therapists to assist patients experiencing difficulties eating and drinking.
- Staff assessed and monitored patients regularly to see if they were in pain. They gave additional pain relief to ease pain and patients we spoke with told us their pain was managed effectively they had received additional pain relief if they needed it.

Surgery

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under the Anaesthesia Clinical Services Accreditation scheme.
- Managers compared local results with those of other services, both nationally and internationally, to learn from them. They proactively pursued opportunities to participate in benchmarking such as through the international Spine Tango register.
- Patients engaged in setting their own therapeutic goals following surgery and reporting personal outcomes which were submitted to the Spine Tango register. 67% of patients reported an improvement in the symptoms of their back and neck problem following surgery to the register.
- 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 exceeded the trust target for appraisal rate for all groups of staff. This was an improvement from our previous inspection.
- Staff were proactively supported and encouraged to use their transferable skills and share best practice. The service had a team of advanced practitioners who undertook quality roles to improve services to patients and support staff to develop new skills.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. We saw positive examples of team working between staff of different disciplines for example through the specialist tracheostomy ward round.
- The service provided medical cover seven days a week and had appropriate on call arrangements for medical cover. Patients told us they saw a doctor every day.
- Staff provided patients with support and information to live healthier lifestyles at preoperative assessment and on admission to hospital.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked capacity to make decisions about their care.

However,

- The number of medical staff completing Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training was below the trust target.
- Not all staff were clear about the rationale for completing capacity assessments or making best interests' decisions.

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 and carers was universally positive and patients told us staff treated them well and with kindness.
- Staff respected the privacy and dignity of patients. In the Family and Friends test 98% of people responded said they would recommend the service to family and friends.

Surgery

- Staff provided emotional support to patients and their families to minimise distress. Staff gave many examples of going and above and beyond to provide support to patients and relatives.
- Staff involved patients and those close to them in decisions about their care and treatment. They provided information in a way patients could understand.
- Patients were supported to understand their condition, care, treatment and any advice.

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 premises and facilities were appropriate for the services that were planned and delivered.
- We saw examples of a number of projects aimed at addressing patients' individual needs such as a project to help patients with communication difficulties interact with their children through play.
- People could access the service when they needed it. From December 2017 to November 2018 the service's referral to treatment time for surgery was better than the national average.
- The service treated concerns and complaint seriously, investigated them and learned lessons from the results and shared these with all staff. The patient experience team responded to all complaints received in writing and verbally.

However,

- The service did not consistently take account of patient's individual needs. Staff did not always have access to appropriate equipment to facilitate translation for patients who did not speak English. Information was not readily available in different languages and formats.
- The service took a long time to investigate and resolve complaints. Between December 2017 and November 2018, the service took an average of 78 working days to investigate and close complaints which was not in line with the trust policy.

Is the service well-led?

Outstanding ☆ ↑

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

- There was compassionate, inclusive and effective leadership at all levels. Leaders demonstrated high levels of experience and capacity needed to deliver sustainable care.
- Staff we spoke with told us leaders were visible and approachable and they received good support from them. Leaders had a clear understanding of issues, challenges and priorities in the service.
- 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. Staff could clearly explain the trust and service vision and values and how these applied to them.

Surgery

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were universally proud to work for the trust and described a 'no blame' culture where they were encouraged to raise concerns. Staff at all levels were actively encouraged to speak up and raise concerns.
- Staff we spoke with told us there was strong collaboration, team working and support across the service and a common focus on improving the quality and sustainability of care and the patient experience.
- The service used a systematic approach to continually improving 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 had a clear governance structure with defined lines of accountability from ward to board. The service took a systematic approach to working with other organisations to improve care outcomes.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with the expected and unexpected. Senior managers could clearly describe risks and these aligned with those on the risk register. Problems were identified through the governance system quickly and shared openly with staff through risk bulletins.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Staff has access to information technology systems that supported them to do their work.
- The service consistently engaged constructively with staff, patients and the public, and collaborated with partner organisations effectively. The service provided opportunities for staff, patients and families to provide feedback and managers welcomed challenge from people who used the service and stakeholders. There were opportunities for staff and people who used the service to get involved in improving and developing services.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. Safe innovation was celebrated and the service had invested in innovative new technology to improve services. There was a strong record of sharing work locally, nationally and internationally with many examples of staff participating in research and training.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Critical care

Good   

Key facts and figures

The ITU/ HDU in the Walton Centre sits within the neurosurgery, pain, anaesthesia and critical care division. The trust are part of the Cheshire and Merseyside major trauma centre collaborative, along with Aintree University Hospital NHS Foundation Trust and Royal Liverpool and Broadgreen University Hospitals NHS Trust. They are also the regional designated unit for acute spinal cord injured patients, including those needing surgical spinal decompression or surgical stabilisation, or both.

There is a 20-bedded unit with capacity to care for a maximum of 16 level three patients and four level two patients at any given time.

Critical care is divided into two distinct but geographically adjacent areas, these include;

- Horsley Intensive Care Unit (HITU) which has a total of 16 beds divided into two separate areas, one eight bedded bay and one isolation room, and a corridor of seven isolation rooms. HITU cares for both Level two and Level three patients
- A High Dependency Unit (HDU) that contains four Level two beds. The HDU area has a Surgical Short Stay Unit which comprises two beds; this area can also be used to isolate patients if there are no side rooms available, or as an escalation area. Staffing was available to cover additional patients if required, however the bed occupancy rate ranged from 60-80%.

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

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. The inspection took place 5 to 7 March 2019 and we visited the Critical care and high dependency units.

During our inspection we spoke with two health care assistant support staff, 12 members of nursing staff of varying grades, five medical staff of varying grades, four allied health professionals, a pharmacist, a member of the smart team, two practice-based educators and clinical and divisional leads. We reviewed five patient's medical records, five paper based prescription charts and one electronic prescription.

We observed care and treatment and interactions between staff and patients and those close to them. On the critical care unit, we spoke with three patients' relatives and carers.

Summary of this service

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

- We rated safe, effective, responsive and well led as good and caring as outstanding.
- The service ensured that there were enough staff in the right areas to keep people safe. Staff had received mandatory training, knew what to do to protect patients from abuse and how to report an incident if things went wrong.
- The service had suitable premises and equipment and looked after them well. Wards were visibly clean and tidy, and staff had access to equipment they needed. Medicines were stored securely, and controlled drugs were well managed.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers monitored the effectiveness of care and treatment and used the findings to improve them. The Intensive Care National Audit and Research centre outcomes were good.

Critical care

- The service assessed and monitored patients' nutritional and pain needs effectively. Staff of different kinds worked together as a team to benefit patients and were competent for their roles.
- There was a strong, visible person-centred culture and staff cared for patients with compassion. Patients emotional and social needs were seen as being as important as their physical needs and staff provided emotional support to patients to minimise their distress.
- The service planned and provided services in a way that met the needs of the people who used it and it took account of patients' individual needs. There was an innovative use of communication aids for patients.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. There was a vision for what it wanted to achieve and workable plans to turn it into action with a focus on staff support and development.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. All staff were proud to work for the service.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Staff were empowered to develop, influence change and be involved in research.

However,

- The service had identified a risk with pseudomonas in the water. The service did not follow the policy to mitigate the risk and we found gaps in the recording of water flush records.
- Pharmacist provision did not meet the critical care core standards of 1.8 whole-time equivalents and weekend provision. This was an issue at the last inspection.
- Medication expiry date checks were not undertaken consistently for stock medication and we found a number of out of date medicines stored on the unit.
- The service did not provide a full seven-day service to patients which included dietetics, speech and language therapy, occupational therapy and pharmacy. This did not meet with the national core standards for critical care.
- We saw that the time from the decision to admit a patient to the time of admission was not consistently recorded. This had been raised at the last inspection.
- The service had identified that they were not consistently meeting the trusts targets for patient discharges and they were often delayed more than four hours.
- Improvements identified from the Critical Care network peer review were not identified on the divisional risk register or as part of the strategy for the service.

Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Mandatory training rates for nursing staff were 89% and for medical staff 85% against the trust target of 90%.
- 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. Safeguarding training overall compliance was at 92% for the service.

Critical care

- The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection. We saw that the environment was visibly clean and tidy, and the unit performed well in monthly infection prevention and control audits.
- The service had suitable premises and equipment and looked after them well. The environment met with the national core standards for critical care and there was an equipment replacement programme in place.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Staff were aware of how to escalate deteriorating patients and the service had a team who provided critical care outreach support across the hospital.
- The service had enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment. Nurse staffing met with the national standards for critical care of one to one for level three patients and one to two for level two.
- The service had enough Medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment. Medical staff were supported by a team of advanced critical care practitioners 24 hours per day.
- Staff kept detailed records of patients' care and treatment. Records were clear and up-to-date. Records were a mixture of electronic and paper based we saw that they were complete and up to date.
- The service followed best practice when prescribing, giving and recording 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. Staff described a positive incident reporting culture.
- 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. Safety thermometer results were good.

However,

- Pharmacist provision did not meet the critical care core standards of 1.8 wholetime equivalents and weekend provision. This was a concern at the last inspection.
- We found medication expiry date checks were not undertaken consistently for stock medication and we identified a number of out of date medicines stored on the unit. We also found 20 days where the daily controlled drug balance check had not been undertaken on the high dependency unit.
- The service had identified a risk with pseudomonas in the water, filters were in use to prevent the spread of infection and a regular water flush policy was in place. However, we found that there were gaps in the recording of the water flushing.
- The dual record system meant that records were not stored in one location and it did take additional time for staff to access the records they needed.
- Although bed occupancy on the unit was low, consultant cover out of hours did not always meet with the critical care core standards recommended ratios of 1:15.

Critical care

Is the service effective?

Good ● ↓

Our rating of effective went down. 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. Policies and procedures followed national guidance and the service performed well in the critical care network peer and specification review.
- 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' preferences. We saw that food and fluid balance charts were completed for all patients.
- 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. We saw that pain was assessed regularly.
- 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. The service demonstrated continuous positive results in the Intensive Care National Audit and Research Centre data.
- 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. There were two practice-based educators assigned to the unit which met with the national critical care standards and 65% of staff had the post graduate critical care qualification.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. There was a positive approach to cross team working and patient care took a whole team approach.
- The service promoted healthy lifestyles, staff could refer patients to smoking cessation services. Staff made referrals to other teams to provide follow up care for patients. Follow up clinics were held to support patients following discharge from the hospital.
- 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. Staff had access to flow charts to assist them to identify if a deprivation of liberty safeguard was required.

However,

- The service did not provide a full seven-day service to patients which included dietetics, speech and language therapy, occupational therapy and pharmacy. This did not meet with the national core standards for critical care.

Is the service caring?

Outstanding ☆ ↑

Critical care

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

- There was a strong, visible person-centred culture and staff cared for patients with compassion. Feedback from relatives and carers was continually positive confirmed that staff treated them well and with kindness. We observed staff interactions with patients and saw that relationships between them were strong, respectful and supportive and that staff knew their patients and genuinely cared for them.
- Patients relatives and carers felt that staff go the extra mile and that care and support exceeded their expectations. we were given examples of how staff had gone the extra mile for patients which included organising a dog show which a patient judged, the organisation of a themed birthday party based on the patient's favourite television programme and organising gifts for special occasions for long-term patients.
- Patients emotional and social needs were seen as being as important as their physical needs, staff provided emotional support to patients to minimise their distress. One of the side rooms had a 'sky light' which provided a moving scene of the sky, this was to support patients to sleep and those suffering with delirium. At the time of our inspection a garden room was under construction which would enable patients who were ventilated to spend time outside with their families and those close to them.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients relatives spoke highly of their involvement in their loved one's care and felt that all staff were responsive to their questions. The service had access to hotel standard facilities for patient's relatives requiring overnight accommodation.
- Patients were empowered to have a voice and to realise their potential. The service used speak valves for patients who had tracheostomy's which enabled them to speak. Patients who had complex communication needs were supported with the use of innovative communication aids, examples were those which used head taps and eye movements to enable them to communicate.

Is the service responsive?

Good   

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

- The trust planned and provided services in a way that met the needs of people who used the service. The trust was a specialist centre that provided neurology, neurosurgery, spinal and pain management services. The critical care service was designed to meet the needs of patients who presented with these conditions
- The service took account of patients' individual needs. Due to the complexity of some of the patient's illnesses the service had access to additional aids to support with communication this included electronic aids which gave patients who were unable to speak or express themselves a voice.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit and treat patients were in line with good practice. Bed occupancy was low, and we were told that flow through the unit was well managed and there were no concerns with regards to cancelled operations due to a lack of critical care beds.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Complaint numbers were low and had been responded to within the required time frame.

However,

Critical care

- We saw that the time from the decision to admit a patient to the time of admission was not consistently recorded, this meant that the service could not always identify that admission times were in line with the national standards. This had been an identified at the last inspection.
- The service had identified that they were not consistently meeting the trusts targets for patient discharges and that discharges within the hospital were often delayed more than four hours.

Is the service well-led?

Good   

Our rating of well-led stayed the same. 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. Leaders were experienced, and staff felt they were visible and approachable, and that their development was encouraged.
- The service had a vision for what it wanted to achieve, and it had been developed with involvement from staff, patients, and key groups representing the local community. Staff were aware of the trusts values they could articulate what these were, and we saw that they demonstrated these through their interactions with patients and those close to them.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. We observed a positive culture within the service, all staff we spoke with were proud to work for the trust and described a supportive culture.
- 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. There was a clear governance structure where information was easily fed up and down the system.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Service leads could articulate risks within the service and we saw that these were recorded on the divisional risk register.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. There was a dedicated team who pulled data from patients records to submit to the Intensive Care National Audit and Research Centre.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. Staff spoke positively of engagement within the service and across the trust.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. Feedback from patients and visitors was acted upon to improve the experience of those using the service. Staff were involved in improvement projects and the service contributed to clinical research.

However,

- Staff could not always articulate the strategy for the service, however all staff articulated that they were focussed on providing the best possible care for patients.

Critical care

- Whilst we saw that the division had identified ambitions for the future there was no evidence of identified workable plans, timescales and actions to achieve the ambitions. This meant that the service was unable to assess and monitor the progress made towards achieving the strategic ambitions.
- Improvements identified from the Critical Care network peer review were not identified on the divisional risk register or as part of the strategy for the service.
- Staff identified that due to the dual record system it was sometimes difficult to access more historic information about patients care, if it had not been uploaded onto the electronic record system.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Our inspection team

Judith Connor, Head of Hospital Inspection (North West) led this inspection. An executive reviewer, Rachel Charlton, Director of Human Resources and Organisational Development at East Cheshire NHS Trust, supported our inspection of well-led for the trust overall.

The team included an Inspection Manager, four inspectors, three medicines inspectors, an executive reviewer and four specialist advisers.

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. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.