

**Health Overview and Scrutiny Committee – 22 January 2015**

**Report of the Chief Executive, Paula Clark, The Dudley  
Group NHS Foundation Trust**

Care Quality Commission Inspection Outcomes

**1.0 Purpose of Report**

- 1.1 To advise the Committee of the outcomes of the Care Quality Commission hospital inspection of The Dudley Group NHS Foundation Trust, and the plans the Trust has in place to address the report.

**2.0 Background**

- 2.1 The Trust was inspected by the Care Quality Commission in March 2014. A number of areas for improvement were highlighted and it would be usual practice to provide an action plan.
- 2.2 However, the Trust asked for a review of the ratings during the summer and as a result there has been a considerable time lag from the point at which the Inspectors visited to the publication of the final report. As a result, the majority of areas for improvement have already been addressed and completed. Those which remain open are monitored by the Board and its Committees as areas of work on which the organisation was already sighted.
- 2.3 This paper therefore takes the Committee through each of the areas of concern raised by the CQC in March and provides information about the actions already taken. In those areas which remain open it signposts Board members to where progress is being monitored.
- 2.4 The majority of areas 30 out of 38 areas were rated Good. We are disappointed, therefore, that our overall rating for the Trust is Requires Improvement. The actions taken, and those in hand, address the requires improvement areas and the Areas for Improvement/Compliance Actions.
- 2.5 Children and young people, medical care, surgery, outpatients and end of life care all received an overall Good rating. Across all core services inspected, we have been rated **caring** and **effective**.
- Chief Inspector of Hospitals, Professor Sir Mike Richards, believes we are not far off achieving a Good rating and he has confidence that we are addressing the issues highlighted by the inspection.
- 2.6 The CQC summary report is at Appendix 1.

### **3.0 Areas requiring improvement**

#### **3.1 Do Not Attempt Resuscitation Policy: Adherence, Training and Audit:**

Although the Inspectors found good adherence to the policy on the wards they found two out of 17 notes with which they had concerns. Therefore the Trust has reacted by improving processes to provide full compliance.

DNAR is on the new ward round checklist/bundle that has been developed with one of our senior consultants. Ward clerks have been asked to ensure there is a copy in each patient's notes, and Matrons agreed to take on this responsibility. The completion and audit of process is in medical responsibility. For patients with an active DNAR in place where there are concerns about capacity, each ward sends a list on a daily basis to the Mental Health team to check and challenge as appropriate.

Training has been provided for medical staff by the Trust's legal advisors to ensure they are up to date with the latest legal guidance and advice. Further sessions are planned.

#### **3.2 Emergency Department Flow**

At the time of the visit in March the Trust was failing the 4 hour ED target and had done so for two successive quarters. Concerns were raised by the Inspectors about the responsiveness of the service given the delays being experienced by patients.

The Trust also failed Q1 but management arrangements have since been changed and performance has improved to be one of the best in the region and nationally. Focus on "pull" from the ED and improved processes on the wards has resulted in achievement of Q2 and Q3 in the face of huge pressure in the wider system.

The Trust has continued to participate in Emergency Care Intensive Support Team (ECIST) and the development of the frail elderly service with the CCG. Plans are also underway to host the Urgent Care Centre on site from April 2015 which will ensure patients are streamed appropriately thereby easing pressure on the main ED relieving capacity.

Performance of ED is monitored via both the Finance and Performance Committee and the Divisional Performance meetings.

#### **3.3 Ophthalmology Clinic Provision**

The pressure on the ophthalmology service is long standing. This has been for two reasons; firstly national shortage of consultants and secondly because of increasing demand as the population ages.

Work was already underway to address this prior to the Inspection and has continued since. Additional senior medical staff have been secured from overseas recruitment and a new Consultant has now been appointed who will start in March 2015.

The team are introducing three session days to create more capacity with the extended team. However as capacity comes on stream it is being taken up by increased demand.

Performance of this service is monitored by Finance and Performance in terms of slot availability and by the Divisional Performance meetings held monthly.

### **3.4 Phlebotomy Capacity**

The Inspectors witnessed crowded clinics with patients waiting long periods and in some cases having to stand. This was unusual as most patients are seen quickly within a few minutes. However demand on the service continues to increase.

An additional waiting area has been provided at Corbett so that patients can be accommodated more comfortably if they do need to wait.

The recent decision to house the interim solution for the Urgent Care Centre in Outpatients on the Russells Hall site has created an opportunity to review the service there. We are considering how best to accommodate Phlebotomy services across our sites. Providing a convenient service off the main site and expanding capacity.

### **3.5 Documentation for the Use of Compression Stockings**

During the inspection it came to light that the forms used for Venous Thrombo Embolism (VTE) assessment could be confusing for staff who were not familiar with them. The Inspectors were concerned that this could lead to patients who may need compression stockings not be given them potentially putting them at risk.

After the inspection all critical care patients were checked and they had all received either compression stockings or the appropriate VTE prevention treatment.

As a result of the Inspection findings the forms were changed during the summer.

### **3.6 Incident Recording and Reporting**

The inspection found that in many areas this was good but there was some inconsistency. Although the Trust is one of the highest reporting trusts nationally it is recognised we can always do better. Therefore the governance team at both a corporate level and at a Divisional level have been working to embed best practice at all levels and in all areas.

### **3.7 Staffing Level Reporting and Recording in Maternity**

This was an issue of reporting midwife to birth ratios rather than concerns about staffing levels. The Inspection team wanted to ensure clarity by the reporting of one measure in the unit so that there was good understanding of staffing levels on a daily basis. This has been actioned.

### **3.8 Staffing Levels and Cover for Vacant Shifts**

The Inspection team were content that the Trust had the appropriate staffing levels in place but concerns were raised about the reliance on bank staff, many of whom were Trust staff, to fill vacant shifts.

In a difficult recruitment climate for qualified nurses, the Trust has continued to recruit and has undertaken another successful round of recruitment in Portugal. The latest round of recruitment has brought the Trust close to full establishment for qualified nurses. We are still actively recruiting to ensure that we are able to meet new vacancies as they arise through natural turnover.

The Trust plays a leading role in the Black Country Education and Training Council and the CE has a seat on the West Midlands Health Education Board. Therefore we are in a good position to influence training and education and have been successful in

getting increased training numbers and courses for sonographers and ODPs in addition to more nurse training places. Although this strategy will take three years to come to fruition with the new graduates, the Trust will continue its policy of recruiting abroad and in trying to make The Dudley Group the best place to work to attract local candidates in a difficult market.

Ward staffing levels are monitored daily and reported to the Board on a monthly basis under the Safer Staffing initiative and are available on the Trust website.

#### **4.0 Areas of good practice the CQC highlighted in the report**

- 4.1 The way we aim to meet individual needs of patients through for example the breakfast club within medical services to help stimulate patients and avoid isolation and also the pet therapy provided by Buster the dog.
- 4.2 The user engagement we have undertaken in development and launch of the learning disabilities strategy, which was praised by our patient's.
- 4.3 The smart phone app for antimicrobial prescribing captured the imagination of the inspectors as it allows prescribers to have the most up to date information at their fingertips.
- 4.4 Something that we already knew but is comforting to see within our report is the overriding view that we are very fortunate to have such caring staff here in Dudley who provide excellent care.



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**Paula Clark**  
**Chief Executive**

Contact Officer: Liz Abbiss  
Telephone: 01384 321013  
Email: liz.abbiss@dgh.nhs.uk

# Dudley Group NHS Foundation Trust

## Quality Report

Russells Hall Hospital  
Dudley, West Midlands  
DY1 2HQ  
Tel: 01384 456111  
Website: [www.dgh.nhs.uk](http://www.dgh.nhs.uk)

Date of inspection visit: 26 and 27 March 2014  
Date of publication: 03/12/2014

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

## Ratings

### Overall rating for this trust

Requires improvement



Are services at this trust safe?

Requires improvement



Are services at this trust effective?

Good



Are services at this trust caring?

Good



Are services at this trust responsive?

Requires improvement



Are services at this trust well-led?

Good



# Summary of findings

## Letter from the Chief Inspector of Hospitals

We carried out this comprehensive inspection as part of the new hospital inspection programme and as a follow up to the Keogh review which took place in 2013. Of the 14 trusts inspected under the Keogh review for the quality and safety of their services, The Dudley Group NHS Foundation Trust was one of only three trusts that were not put into special measures. That review identified concerns regarding:

- governance arrangements
- the need to embed a culture of learning from incidents
- how the trust uses and reviews mortality data
- the system for bed management and patient flows
- embedding patient experience in the organisation's learning and strategy
- staffing levels and skills mix
- safety and equipment checks
- pressure ulcer care.

Before the inspection conducted in March 2014, the Trust was identified in CQC's intelligent monitoring system as a priority band 4 Trust. There are six bands within the monitoring system so this Trust had a relatively lower risk.

We noted that the trust's action plan to address the concerns following the Keogh review had been put into place and signed off.

Our inspection of The Dudley Group NHS Foundation Trust included Russells Hall Hospital, Corbett Outpatient Centre and Dudley Guest Outpatient Centre.

The announced inspection took place between 26 and 27 March 2014, and unannounced inspection visits took place in the two weeks following this visit.

Overall, this trust was found to require improvement, although we rated it good in terms of having caring staff, and effective services.

We saw much support for the trust, both from the public and from the local health economy.

We saw a trust that was a considerable way along its improvement journey and saw many areas of strong

development. Whilst some of the core service areas within the trust required improvements in leadership, we found the executive team and the trust board had a clear focus on improvement and as such we rated this trust as good for its overall leadership.

The improvements required by the trust were within the grasp of the trust and its leaders. We were confident that these could be achieved quickly. Key findings related to the following:

- The trust's staff are seen as highly caring by many of the patients we spoke to and praised the staff for 'going the extra mile'.
- The trust's leadership team is seen as highly effective by the staff; and is recognised to be clearly in touch with the experience of patients and the work of the staff.
- Staff value the Dudley Group as a place to work and a team spirit is clearly evident.
- The trust has responded well to the Keogh review in 2013.
- There are a number of areas of good practice in the trust, which should be encouraged. Staff feel able to develop their own ideas and have confidence that the trust will support them.
- The emergency department (A&E) is busy and overstretched. There remain challenges in the flow of patients, but much of this relates to flow across the rest of the hospital. Only a small proportion relates to the emergency department itself.
- The trust does not always follow its own policy in relation to DNACPR (do not attempt resuscitation) notices.
- The ophthalmology clinics require review to ensure that all patients are followed up as required and that there is capacity for these clinics.
- The trust must review its capacity in phlebotomy clinics as this is seen as insufficient.

**Professor Sir Mike Richards**

Chief Inspector of Hospitals

# Summary of findings

## Background to Dudley Group NHS Foundation Trust

The Dudley Group NHS Foundation Trust is a medium sized hospital providing hospital and adult community services to the population of Dudley, Stourbridge and the surrounding towns and villages. Located in the heart of the Black Country area it covers a population of around 450,000 people in mainly urban areas.

The trust provides the full range of secondary care services and some specialist services for the wider populations of the Black Country and West Midlands region. The trust also provides specialist adult community based care in patients' homes and in more than 40 centres in the Dudley Metropolitan Borough Council community.

The trust consists of one main hospital with two smaller outpatients centres that are run as one main unit. The hospital has around 687 beds. It sees around 105,000 inpatients; 500,000 outpatients and almost 100,000 attendances at A&E each year.

The area of Dudley is moderately deprived (83rd out of 326 local authorities where 1 is the most deprived). Life expectancy is worse than that expected within the England average.

The trust gained foundation trust status in October 2008, and was the first trust to do so in the area.

Through CQC's Intelligent Monitoring process this organisation was seen as a relatively low risk organisation. Professor Sir Bruce Keogh undertook a review of hospitals where the rate of mortality was greater than expected. The Dudley Group NHS Foundation Trust was one of 14 trusts reviewed in that process. It was one of only three that were not put into special measures following the review.

CQC has reviewed the trust on a number of areas and against all outcomes in the CQC outcomes framework. The trust has had seven inspections since registration. The trust was last reviewed on 30 July 2013. On all reviews the trust was found to be fully compliant.

## Our inspection team

Our inspection team was led by:

**Chair:** Mr Peter Lees, Medical Director, Faculty of Medical Leadership and Management

**Team Leader:** Tim Cooper, Head of Hospital Inspection, Care Quality Commission

The team of 40 included CQC inspectors, doctors and nurses with specialist skills and interests in the areas we inspected. There was a pharmacist inspector, people with skills and experience to look at safeguarding and care of

vulnerable adults. At least two members of the team also held board level roles in other trusts and were therefore experienced in the wider organisational issues. We had both a junior doctor and a student nurse. Additionally we had two Experts by Experience (people with experience of using similar services who are able to talk to patients to gather their views) and two lay representatives.

The Patients Association was also part of our team to review how the trust handled complaints.

## How we carried out this inspection

To really understand a patient's experiences of care, we always ask the following five questions of every service and provider:

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

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

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These included the clinical

# Summary of findings

commissioning group (CCG), Monitor, NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), the Royal Colleges and the local Healthwatch.

We held two community focus groups in early March 2014 with voluntary and community organisations. The focus groups were organised in partnership with Raise, through CQC's Regional Voices Programme. They aim to listen to the views of people who may not always be heard.

We held two listening events, in Stourbridge and Dudley, on 25 March 2014, when people shared their views and experiences of The Dudley Group NHS Foundation Trust.

We carried out an announced inspection visit on 26 and 27 March 2014. We held focus groups and drop-in sessions with a range of staff in the hospital, including

nurses, junior doctors, consultants, midwives, student nurses, managers, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters. We also spoke with staff individually as requested.

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

We carried out several unannounced inspections in the two weeks following our inspection.

We are grateful to all the patients, carers, members of the public and staff for their honesty and open approach during this visit.

## What people who use the trust's services say

We spoke to two patient/community groups before the hospital inspection, which were arranged by CQC partners and held off-site. We also spoke to many patients and relatives during our inspection in each clinical area we visited. In the subsequent sections of this report we have detailed the comments as they relate to each service. However, the generic themes that emerged are:

People at the focus groups reported that they had challenges in accessing outpatients and often experienced delays in the service. People found most problems with the ophthalmology clinics.

We held two public listening events on 25 March for people of the Dudley and Stourbridge areas to join us in one-to-one discussions about their experiences, one in Stourbridge and one in Dudley. These meetings were well attended and the information shared with our inspectors informed the inspection.

People told us of areas where the care they had received was good and that they were pleased with that care; people also told us of times when (with complex clinical or social needs) they felt the service had let them down.

Letters handed to the CQC inspection team on the day of the visit were highly complimentary about the services that people had received.

### Management of complaints

During our visit, we were joined by colleagues from the Patients' Association who carried out a detailed review into the way the trust manages complaints.

Shortly before the inspection, the trust sent out 300 Patient Association complainant questionnaires. In spite of the tight timescales, there was a 13% response rate, and 38 questionnaires were returned and analysed.

Of those 38:

- 25 (65.8%) felt either dissatisfied or very dissatisfied with the response they had received;
- 8 (21%) were either satisfied or very satisfied;
- The majority felt that the Trust had told them the truth, either completely (6) or partially (16);
- Most found complaining to the Trust a stressful process, with 19 (50%) reporting that it was very stressful and 8 (21.1%) sometimes stressful;
- 18 respondents (47.4%) did not believe the response had explained how the Trust had taken action to prevent similar problems happening again;
- 20 (52.6%) felt that they had not been updated on changes made as a result of their complaint.

We saw evidence of very good practice resulting from the reflection that has already taken place in the trust as a result of the Keogh review. In particular complainants had



# Summary of findings

been invited to give feedback on their experience of the complaints process and what could be improved at the two Listening into Action events, attended by the Chief Executive and other members of the Executive Team. Events were held in December 2013 and March 2014 and some immediate changes were made to the process, including offering to meet complainants at the outset to clarify their concerns and providing clearer information in response letters about changes which have been made as a result of each complaint. We also saw evidence that the Medical Director had written to a complainant following a Listening into Action event, to tell them that he had personally met with a member of the medical staff whose behaviour had been complained about. He confirmed that the member of staff apologised for his behaviour and that he would be taking this up as part of his appraisal and attending further training around communication skills.

A positive culture of resolving issues on the ground before they become complaints was in evidence. In Critical Care / the Acute Medical Unit there appeared to be a clear process for escalating any concerns raised by patients which were not resolved immediately. We understand that if a concern is raised, nursing staff frequently phone a patient or relative back, write a letter or offer an immediate meeting. These are logged as concerns and staff reported that very few go on to become formal complaints. This early resolution of concerns by the staff involved is to be commended. Newly-introduced 'Huddle


Boards' at ward level also offered the opportunity for immediate discussion of concerns and complaints, and feedback to ward teams about learning and action points.

A member of the Patient Experience Team also watched a video entitled 'My Promise to Emrys', in which a bereaved woman speaks about her late husband's experiences of poor care at the trust. The trust's Head of Customer Relations and Communications explained that this person had made a complaint to the trust and as a result had been invited to speak to the board and make the video about her husband. The short film is also used in staff induction and training. It highlights the importance of staff asking themselves the question: 'How would I like to be treated today?'

The use of these short films in both training and induction with staff is an example of excellent practice. We understand that the trust's induction training includes a session from the Governance department, which includes some information about responding to complaints. Customer care training is available as part of a package of non-mandatory staff development training, and some ward staff had attended that or sent members of their team. However, it appeared from speaking to ward staff that there is no ongoing training on effective complaints investigation. Nurses told us that they would welcome more training and opportunities to share good practice in complaints handling and learning from complaints, including what other areas are doing to address common issues.

# Summary of findings

## Our judgements about each of our five key questions

	Rating
<p><b>Are services at this trust safe?</b></p> <p>Overall, we rated safety in the trust as requires improvement.</p> <p>A serious incident known as a never event is classified as such because it is so serious that it should never happen. The trust previously reported two never events between December 2012 and January 2014.</p> <p>The Strategic Executive Information System (STEIS) records serious incidents and never events. Serious incidents are those that require an investigation. Between December 2012 to January 2014, 168 serious incidents occurred at the trust. Between June 2012 and July 2013, the trust submitted 1,003 serious incident notifications.</p> <p>During our inspection, we found the department staffed with medical and nursing staff in sufficient numbers to meet the needs of patients. We observed patients in the Minors and Majors areas being prioritised or triaged by a 'triage trained' nurse. This process ensured that the most appropriate plan of care was organised to meet their needs. Children were triaged in the separate paediatric department from 11am to 11pm. This meant that they were seen by specialist nurses and doctors during those hours.</p> <p>We found that all of the areas we visited on the medical care directorate were clean and hygienic, which helped to protect patients from hospital-acquired infection. We saw that all areas were well maintained and free of clutter. In the 2013 NHS Staff Survey, the trust came in the top 20% of trusts nationally, regarding the proportion of staff stating that hand-washing materials were readily available ensuring people were protected from the spread of infection.</p> <p>The proportion of patients risk assessed for venous thromboembolism (VTE) was within expectations but we found some concerns with the use of anti-embolism stockings in the critical care unit.</p> <p>Some areas of the trust required improvement in aspects that we consider contribute to patient safety. In A&amp;E we saw that space was an issue for the service and patients were waiting in corridors on a number of occasions. Staff were working under significant pressure. There was a plan for looking at capacity and flow across the acute trust and into the community.</p> <p>In some areas we were concerned that not all staff understood the importance of incident reporting and the processes to use.</p>	<p><b>Requires improvement</b> </p>

# Summary of findings

In maternity, historically the capacity of the service was stretched. A plan for managing this had been agreed with the Clinical Commissioning Group (who had limited the activity at the trust). In the event of staffing or patient capacity issues, the service would be suspended in accordance with the escalation policy.

In end of life care, we found that the systems for agreeing a DNACPR order (do not attempt resuscitation) for those patients at end of life were not always robust.

We found not all risks had all been identified or recorded onto the critical care risk register. The Medical High Dependency Unit (MHDU) was routinely staffed to less than the full capacity for the number of patients they could accommodate. We were concerned that the “flex” staffing arrangements in MHDU could place people at risk of unsafe care. We found that senior nurses were spending unreasonable amounts of time covering shifts with agency staff or the Trust’s own temporary nurses.

We did however see elements of good practice including safety huddles; use of safety dashboards; antibiotic prescribing; clean clinical areas and good hand washing and hand hygiene.

## Are services at this trust effective?

The trust was delivering effective care.

Using CQC’s Intelligent Monitoring data, the trust previously had a mortality alert as an outlier for skin and sub cutaneous tissue infections. At the time of our visit this had already been recognised by the trust and investigated. This issue was discussed with the medical director who felt that this related to small numbers within the data amplifying the concerns.

Current data shows that the trust’s mortality has been reduced and it is no longer an outlier in national monitoring. The Medical Director had led work on resolving this through mortality review meetings and pathway redesign. The Medical Director showed strong leadership in resolving these concerns.

In maternity services, we saw that there were around 5,600 births during the previous year. This had now been limited to 4,900 by the commissioners as a way of managing capacity in the trust. The trust had a higher rate of elective caesarean and other forceps deliveries when compared with nationally. The trust’s normal delivery rate was also slightly higher than that reported nationally. The trust’s outcomes as judged by the maternity indicators were within expected limits for all of the indicators (i.e. Perinatal mortality Emergency caesarean sections Elective caesarean sections Neonatal readmissions and Puerperal sepsis).

Good



# Summary of findings

In many areas the trust had good practice and audit to support its work and access to nurse specialists, where required, was available. We saw good use of clinical guidelines and competency training. Most staff we spoke to had personal development plans to improve their clinical skills and training.

In maternity however, we found that monitoring information on the dashboard was inaccurate. Additionally, not all audits carried an action plan, and not all audits undertaken were part of an agreed plan for the service.

We spoke with the relative of a patient who had chosen to take part in a government-funded treatment trial. They told us that the consultant had explained the benefits and limitations of this prior to commencing the treatment.

## Are services at this trust caring?

Overall we rated the caring aspects of services in the trust as 'good'.

Since April 2013, patients have been asked whether they would recommend hospital wards to their friends and family if they required similar care or treatment, the results of which have been used to formulate NHS Friends and Family Tests for Accident & Emergency and Inpatient admissions. The Inpatient FFT survey emphasises that the trust performed better than the England average during this period. The A&E FFT highlights that the trust was performing better than the England average for all four months, with the highest score being 73 in December. It also reflected that the most responses received were 1,071 in December.

The trust has performed 'worse than other trusts' nationally for 32 of the 69 questions asked in the 2012/13 Cancer Patient Experience Survey. It has also performed 'better than other trusts' for one other question in the survey (Patient has taken part in cancer research).

Analysis of data from CQC's Adult Inpatient Survey 2012 showed the trust had performed worse than expected on two areas of questioning: the emergency/A&E department and waiting to get to a bed on a ward.

Many patients were highly positive of the care they had received. Staff were praised by patients for being very committed. Individual examples where staff went 'over and above' what would be expected are set out in individual sections. However, we noted in many areas patients were extremely appreciative of the efforts of staff to meet their needs.

Good



# Summary of findings

We saw good voluntary sector engagement and a strong sense of community feel. One of the trust's governors worked as a volunteer and we met him both in the governors meeting and also the following morning 'on duty' in the trust.

## **Are services at this trust responsive?**

Whilst many of the services provided a responsive approach to patient care, we felt a number of services required improvement. We could not be assured that services patients received would always respond to their needs.

We saw that the trust regularly breached the four-hour wait target for patients in A&E. The ability of the trust to respond to patients' needs by providing access to secondary care beds from A&E was limited. Patients were often delayed in accessing beds in the hospital.

We saw in some areas a delay in discharge related to challenges in accessing medication in a timely way.

We found delays in admission and the flow of patients through the organisation, meaning patients were taking longer to arrive on the appropriate ward than should have been the case. We saw a number of outliers on different wards (patients who were not on the ward they should have been due to bed shortages); this meant they were not always receiving care from the nursing and clinical team that would best meet their needs.

In some areas the physical space (eg Phlebotomy and A&E) was insufficient for the needs of the people using it.

However, we also noted areas where the trust was highly responsive to patients' needs. As example of this is a sonographer available on the surgical assessment unit and a holistic approach to fracture care.

We were told that the trust is undertaking an ambulatory care pilot scheme to ensure that it could improve the way it met the needs of patients coming in through A&E.

We saw good examples of how the trust protected vulnerable adults and applied safeguarding procedures.

The week before the inspection, the trust had held an international event at the hospital which had been coordinated by the hospital caterers association with dieticians from the trust and Interserve, the trust's catering company. As part of this event, new leaflets had been produced for patients on how to maintain good nutrition and hydration.

**Requires improvement**



# Summary of findings

During our listening event and throughout our hospital visits we were told by patients and relatives that problems with car parking at the hospital caused much stress. They said they found it very difficult to park and that the costs for car parking were too high. They were, however, aware that a weekly car parking pass could be purchased at a reduced rate. A relative told us, "I find the parking very stressful. There is not enough parking and I have to drive round and round to find a space."

## Are services at this trust well-led?

We saw strong leadership throughout the organisation.

The leadership of the Chief Executive was praised by many members of staff at all levels and the focus from the Executive Team on taking the organisation forwards. Both the Chief Executive and the board were visible and highly engaged. Staff we spoke to knew them by name and by sight. Staff spoke of the executive team doing shifts on the wards. One member of staff told us that following one shift, the Chief Executive saw and recognised some of the challenges the team faced, and the next day an order for a specific piece of equipment was approved. There was confidence among the staff that the board really understood the challenges and practices in the trust.

Overall, we rated the trust as good at trust wide level (reflecting the role of the executive team and the board). However, at a location level, well-led was rated as requires improvement.

The Chief Executive expressed a view of one single hospital on three sites; and this is certainly how many of the inspection team perceived it to work. There was a clear sense of team spirit throughout the whole trust.

We noted that the trust's action plan to address the concerns following the Keogh review had been put into place and signed off as complete by Monitor.

The NHS Staff Survey 2013 saw the percentage of staff reporting good communication between senior management and staff as tending towards a 'better than expected' result. Throughout our inspection we were given many examples referring to the Chief Executive and their visibility and commitment to the organisation.

The trust had been reviewed as part of the Keogh mortality review. We saw a trust that understood what it needed to do to move the organisation forwards and had focused on meeting those requirements.

The trust's performance was better than expected or tending towards better than expected for 13 of the 28 NHS 2013 Staff Survey

Good



# Summary of findings

indicators. The trust was found to be performing well in regard to staff being satisfied in their jobs, staff being supported by immediate managers and staff stating that there was good communication between staff and senior managers

The trust's performance was worse than expected or tending towards worse than expected for 11 of the 28 NHS 2013 Staff Survey indicators. Key points from these indicators are the lack of effective team working, staff not feeling that their role makes a difference to patients, staff being able to contribute towards improvements at work and staff experiencing physical violence from other staff in the last 12 months.

The NHS staff survey 2013 saw the percentage of staff having a well-structured appraisal in the last 12 months within the top 20% of trusts nationally and the percentage of staff having received job-relevant training, learning or development as tending towards better than expected. Medical and nursing staff told us that they had regular opportunities to speak with their line managers.

A member of staff at Dudley Guest Hospital told us of "strong ties between the multidisciplinary team". Another told us they received six-weekly supervision and an annual appraisal.

The trust has taken part in all the audits it was eligible to participate in. The trust's performance against the five National Bowel Cancer Audit Project indicators was found to be within expectations. The trust was found to be performing better than expected for two of the five indicators in the Myocardial Ischaemia National Audit Project. The trust was found to be performing within expectations for all three of the Antenatal and Newborn Screening Education Audit indicators.

We saw good attention being paid to professional development and training. All staff we spoke to had received both an annual appraisal and a mid-year review. All staff felt that they had a development plan that was agreed and access to support in achieving it.

The trust has implemented a vision and values drive. Its clear message was contained in the three values 'Care' 'Respect' and 'Responsibility'. It was clear that staff understood these and were signed up to them.

In some areas we saw leadership that required some development. This included systems for sharing learning from incidents, workload in some teams and communication systems that were too cumbersome to be effective.

# Summary of findings

The NHS Staff Survey 2013 also saw the percentage of staff recommending the trust as a place to work or receive treatment as 'within expectations'. All the staff we spoke with over the two days, and at staff focus groups, were confident that if their relative were admitted to the trust they would receive good, safe care.



# Overview of ratings

## Our ratings for Russells Hall Hospital (including Corbett and Dudley Guest)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Accident and emergency	Good	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Maternity & family planning	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Children & young people	Good	Good	Good	Good	Good	Good
End of life care	Requires improvement	Good	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Requires improvement	Good	Good
<b>Overall</b>	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

## Our ratings for Dudley Group NHS Foundation Trust

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

### Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both Accident & Emergency and Outpatients.

2. The rating for overall trust for the well-led key question is different for the rating for well-led for the location. This reflects the inspection team's view of strong leadership from the executive team, trust board and the chief executive.

# Outstanding practice and areas for improvement

## Outstanding practice

### Good practice

- The breakfast club within medical services to meet patients psychological need and void isolation. Pet Therapy was also available on wards.
- There had been positive user engagement in developing the Trust strategy for patients with learning needs. This was welcomed by this patient group and their carers.
- The Trust had developed a smart-phone app for antibiotic prescribing. All staff have access to this, it ensures those prescribing antibiotics have access to the most up-to-date Trust information.
- There was strong engagement from the executive team at all levels and staff report an open door and open communication culture.
- In response to a previous criticism of the food provided by the hospital, the Trust held an ‘international’ event to improve food quality. Jointly hosted by dieticians, the Trusts catering team and Interserve (PFI partners). Following this new nutrition and hydration leaflets had been produced.
- Staff were highly praised by patients for their caring approach. Numerous examples were given were staff had ‘gone the extra mile’ and this was appreciated.
- Hot clinics (rapid access) were in place to fast track patients who need to be seen quickly in surgical areas.
- There was a sensory room in the children’s ward for young babies and children with specific needs; this was seen as highly responsive to people’s needs
- We identified some excellent practice that targeted patients’ specific needs in an empathetic manner. This included the Eye Clinic Liaison Officer (ECLO) and the Care of Next Infant (CONI) programme in the outpatient clinic for children and young people.
- We saw staff respond positively and professionally to anxiety and aggression in individual patients.

## Areas for improvement

### Action the trust MUST take to improve

- The Trust must ensure that DNACPR orders are followed according to the Trust’s policy and are reviewed regularly.
- The Trust must review its flow of patients from A&E through the hospital. There are challenges to patient flow that are preventing the service meeting needs of patients early in the pathway.
- The Trust must review its ophthalmology clinic provision to ensure patients’ needs are met.
- The Trust must review its capacity in phlebotomy clinics at both Russells Hall and at Corbett Hospital.
- The Trust must review the documentation it uses for compression stockings on critical care unit; these reduce the risk of venous thrombo-embolism. The Trust must ensure that all patients who require these are given them and it is appropriately recorded.
- The Trust must review its incident recording and reporting. In many areas this is good, but this is not consistent across the organisation.
- The Trust must review its method of agreeing staffing levels in maternity so that only one figure is understood by the whole Trust.
- The Trust must ensure that staffing levels and cover for vacant shifts is satisfactory and does not place overreliance of staff who have already worked full shifts to cover these.