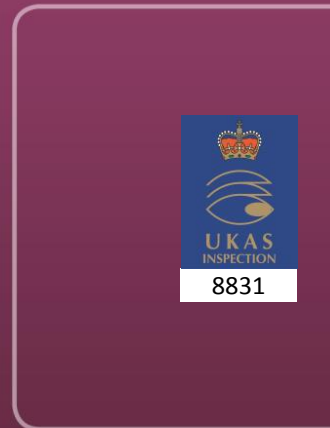


Review of Urgent Care – Ellen Badger Hospital Minor Injuries Unit

South Warwickshire Health Economy

Visit Date: 22nd October 2015

Report Date: February 2016



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INTRODUCTION

This report presents the findings of the review of the Minor Injuries Unit, Ellen Badger Community Hospital, Shipston-on-Stour, Warwickshire, that took place on 22nd October 2015. The review visit was requested by South Warwickshire NHS Foundation Trust and South Warwickshire Clinical Commissioning Group as part of their 2015/16 programme of work with the West Midlands Quality Review Service. The purpose of the visit was to review progress since the previous visit in May 2010 towards compliance with the following West Midlands Quality Review Service (WMQRS) Quality Standards:

- Urgent Care Quality Standards – Primary Care, Version 1.4, June 2010

The aim of the standards and the review programme is to help providers and commissioners of services to improve clinical outcomes and service users' and carers' experiences by improving the quality of services. The report also gives external assurance of the care, which can be used as part of organisations' Quality Accounts. For commissioners, the report gives assurance of the quality of services commissioned and identifies areas where developments may be needed.

The report reflects the situation at the time of the visit. The text of this report identifies the main issues raised during the course of the visit. Appendix 1 lists the visiting team that reviewed the services in South Warwickshire health care economy. Appendix 2 contains the details of compliance with each of the standards and the percentage of standards met.

This report describes services provided or commissioned by the following organisations:

- South Warwickshire NHS Foundation Trust
- NHS South Warwickshire Clinical Commissioning Group

Most of the issues identified by quality reviews can be resolved by providers' and commissioners' own governance arrangements. Many can be tackled by the use of appropriate service improvement approaches; some require commissioner input. Individual organisations are responsible for taking action and monitoring this through their usual governance mechanisms. The lead commissioner for the service concerned is responsible for ensuring action plans are in place and monitoring their implementation, liaising, as appropriate, with other commissioners, including commissioners of primary care. The lead commissioner in relation to this report is NHS South Warwickshire Clinical Commissioning Group.

ABOUT WEST MIDLANDS QUALITY REVIEW SERVICE

WMQRS is a collaborative venture between NHS organisations in the West Midlands to help improve the quality of health services by developing evidence-based Quality Standards, carrying out developmental and supportive quality reviews - often through peer review visits, producing comparative information on the quality of services and providing development and learning for all involved.

Expected outcomes are better quality, safety and clinical outcomes, better patient and carer experience, organisations with better information about the quality of clinical services, and organisations with more confidence and competence in reviewing the quality of clinical services. More detail about the work of WMQRS is available on www.wmQRS.nhs.uk

ACKNOWLEDGMENTS

West Midlands Quality Review Service would like to thank the staff and service users and carers of South Warwickshire health economy for their hard work in preparing for the review and for their kindness and helpfulness during the course of the visit. Thanks are also due to the visiting team and their employing organisations for the time and expertise they contributed to this review.

MINOR INJURIES UNIT – ELLEN BADGER COMMUNITY HOSPITAL

URGENT CARE – PRIMARY CARE

General Comments and Achievements

The Minor Injuries Unit (MIU) at Ellen Badger Hospital was run by South Warwickshire NHS Foundation Trust and staffed by ward nurses. The unit used mostly by the people for Shipston-on-Stour and surrounding areas and was open between 8am and 8pm seven days a week. It was a small friendly service, which had very good support from a local GP practice located close to the MIU. There was evidence of a strong community focus with a strong team commitment to delivering a good service. Links with the health visiting team had been established, and included a review of outcomes for children and young people who had attended the MIU. As wounds were the main presenting condition, staff had developed competences in wound management. The unit was able to offer minimal waiting times to those attending, and the GPs who met reviewers were complimentary about the care offered by the team.

In 2010 the number of attendances at the MIU was falling (2008/09: 871; 2009/10: 652). Attendances had increased slightly since 2010, back to 2009 levels, but were still low. Attendances averaged between 50 and 65 per month, in comparison with Stratford MIU 10 miles away which had 500 to 700 attendances per month. No patients attended on the day of the review visit.

Immediate Risks: No immediate risks were identified.

Concerns

1 Activity Levels

The number of patients attending the MIU was considered by reviewers to be too low for staff to maintain competences in the care of people with minor injuries. This issue would have been classified as an immediate risk to clinical safety and clinical outcomes had it not been that, in practice, staff referred all patients except those requiring simple wound care to the GPs for assessment. Twelve sets of care records were reviewed with staff, and few were managed by the MIU staff alone. Staff who met with the reviewing team reported that they contacted the GP unless it was very obvious that they could provide nurse-led treatment.

2 Staff Competence

A framework summarising the competences required to deliver the MIU service was not available. This issue was identified in 2010 but had not yet been addressed. Two members of staff had attended a two-day MIU course but this course did not cover competences in practical assessment. The mechanism for ensuring that staff were able to maintain the competences needed for providing a MIU service was not clear. Staff also expressed concern about access to competency-based training and development.

3 Guidelines

Many of the guidelines in the folder held in the MIU were out of date and did not cover the scope of care provided. Up to date guidelines covering the management of common presenting problems were not available. This issue would also have been considered an immediate risk to clinical safety and clinical outcomes were it not for the practice of contacting GPs for most attendances. Reviewers were told that the GPs had access to guidelines via their GP system.

4 Emergency Equipment

Some of the equipment that should have been on the trolley labelled 'For Emergency' was not in place at the time of the visit (stethoscope, torch and laryngoscope). There was no evidence that the emergency trolley was checked on an ongoing basis. The checklist records covered only the contents of the 'grab bag'

and not the emergency trolley. Reviewers were told that the 'grab bag' would be used in an emergency and that the contents of this bag were checked on a regular basis.

Further Consideration

- 1 Management of care records may benefit from review. An audit of written records undertaken with staff at the time of the visit showed that records were signed but did not always include the printed name of the practitioner. All other details were documented.
- 2 Imaging was only available three mornings a week. For most of the hours the MIU was operational, imaging was therefore not available and patients requiring imaging were referred to the Emergency Department at Warwick Hospital.
- 3 Some of the medical devices did not have re-testing dates. Staff were therefore reliant on the estates department and their programme of monitoring the equipment in the MIU. Reviewers suggested that developing a local equipment register may be helpful in ensuring that equipment was locally managed.
- 4 Further work in the following areas may be helpful in defining the future strategy for the MIU:
 - a. Reviewers were told that, despite the low attendance at the MIU, the community did not wish to travel to other services. Data seen by the reviewers showed, however, that 25% of people attending were referred to the Emergency Department (11% direct referrals by staff and half of the 28% who were referred to the GP for assessment).
 - b. Data on the number of patients who chose to access other services directly, and numbers being seen outside normal working hours, may also provide useful information.

Summary

In summary, the service did not appear to be meeting local needs effectively. The number of attendances was low, and for most patients the MIU added an additional step in their care. The MIU was primarily a wound care service. Activity levels were not sufficient to maintain staff competences and had not increased significantly since 2010. The provision of additional services, such as increased radiographer-led imaging, would be unlikely to be viable at the low activity levels. Development of advanced competences, for example nurse prescribing or Patient Group Directives, would also run into the problem of activity levels that were too low for competences to be maintained.

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APPENDIX 1 MEMBERSHIP OF VISITING TEAM

Visiting Team

Bob Colclough	Patient Safety Advisor Urgent Care Commissioner (retired)	West Midlands Ambulance NHS Foundation Trust
Karen Dawson	Service Manager	Staffordshire & Stoke on Trent Partnership NHS Trust
Nick Flint	User Representative	
Lisa Perkins	Quality Lead Nurse Primary Care	NHS Telford & Wrekin CCG

WMQRS Team

Sarah Broomhead	Assistant Director	West Midlands Quality Review Service
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APPENDIX 2 COMPLIANCE WITH THE QUALITY STANDARDS

Analyses of percentage compliance with the Quality Standards should be viewed with caution as they give the same weight to each of the Quality Standards. Also, the number of Quality Standards applicable to each service varies depending on the nature of the service provided. Percentage compliance also takes no account of ‘working towards’ a particular Quality Standard. Reviewers often comment that it is better to have a ‘No, but’, where there is real commitment to achieving a particular standard, than a ‘Yes, but’, where a ‘box has been ticked’ but the commitment to implementation is lacking. With these caveats, table 1 summarises the percentage compliance for each of the services reviewed.

Table 1 – Percentage of Quality Standards met

Service	Number of Applicable QS	Number of QS Met	% met
Ellen Badger Hospital Minor Injuries Unit	43	22	51

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URGENT CARE – PRIMARY CARE – ELLEN BADGER HOSPITAL MINOR INJURIES UNIT

Ref	Quality Standard	Met Y/N?	Reviewer Comments
AA - 101	Information should be clearly displayed advising patients with potentially life-threatening conditions to report immediately to the receptionist.	Y	
AA - 102	Information for patients and carers about common conditions and health promotion should be available.	Y	A range of information was available and displayed in the waiting area.
AA - 103	Information about NHS 111 and self-care options should be available.	Y	
AA - 199	The service should have: <ol style="list-style-type: none"> a. Mechanisms for receiving feedback from patients and carers about the treatment and care they received. b. A rolling programme of audit of a random sample of patients' experiences of the service. c. Mechanisms for involving patients and carers in decisions about the organisation of the services. 	Y	NHS Friends and Family Test was in use (with a 20% response rate). Age-specific cards were also accessible to obtain views from young people, children and their parents. The results were displayed in the waiting area. The team was planning to develop other patient involvement groups to enable ongoing feedback.
AA - 201	The service should have a nominated medical and nurse lead with responsibility for ensuring implementation of the Quality Standards for Urgent Care Services. The medical and nurse lead should undertake regular clinical work within the service.	Y	
AA - 202	All healthcare professionals should: <ol style="list-style-type: none"> a. Have sufficient knowledge of English to undertake the role expected of them b. If non-UK based, have had a risk assessment of their training and of their experience of working in the NHS c. Have contracts which require sharing of information about work undertaken for other organisations. 	Y	
AA - 203	All healthcare professionals should have competences appropriate to their role in: <ol style="list-style-type: none"> a. Safeguarding of children and young people b. Safeguarding of vulnerable adults c. Recognition of the needs of vulnerable groups including young people, people with mental health problems, dementia, alcohol and substance misuse problems, learning disabilities and older people. d. Mental Capacity Act and Deprivation of Liberty Safeguards. 	Y	All health professionals had the relevant competences. The staff also had support from the local health visitor, who reviewed all child attendances on a weekly basis or more urgently if contacted.

Ref	Quality Standard	Met Y/N?	Reviewer Comments
AA - 204	At least one registered healthcare practitioner should be available at all times with competences in: <ul style="list-style-type: none"> a. adult and paediatric injury or illness examination and treatment b. history taking, examination and formulation of diagnosis and treatment plan c. assessment and management of vulnerable patients including young people, people with mental health problems, dementia, alcohol and substance misuse problems, learning disabilities and older people. d. acting as a first responder in the care of the acutely ill patient e. primary survey assessment f. life support at the level of Intermediate Life Support and Paediatric Life Support / Paediatric Intermediate Life Support (or equivalent) and management of immediate life-threatening situations until the ambulance arrives. (See note 3 for GP OOH services.) g. prescribing for common presenting conditions. 	N	A registered health professional was not available at all times with competences in 'a', 'b', 'c' or 'f'. Staff had competences in acting as a first responder and immediate life support. None of the hospital staff had any formal recognised training in minor injuries provision or paediatric life support training, or experience in emergency care. Staff did have general basic training, which was delivered on an annual basis. In practice the reviewers were told that staff were supported by the GPs who had expertise in these areas.
AA - 205	Sufficient registered healthcare professionals should be available for the expected number of patients. Where only one healthcare practitioner is needed for the expected number of patients, a lone worker policy meeting the requirements of QS AA-603 should be in use.	Y	Sufficient staff were allocated on a daily basis to cover the activity in the MIU. The ward manager was supernumerary and able to attend the MIU as required.
AA - 206	Where wound closure, plaster casting, cannulation and radiographic services are offered, healthcare practitioners should have appropriate competences including, for radiographic services, training in IRMER regulations.	Y	Staff had appropriate competences for the limited work undertaken in the MIU. Plaster casting was not offered. Wound closure was undertaken by the GPs. GPs requested radiological investigations, so training in IRMER regulations was not required.
AA - 207	In services providing telephone assessment and advice, a member of staff with competences in giving telephone advice and using the validated assessment system should be available at all times	N/A	
AA - 208	There should be arrangements for quality assuring the recruitment of doctors. Providers of GP out of hours services are responsible for: <ul style="list-style-type: none"> a. recording the performers list all doctors b. verifying this with the named PCT as part of their recruitment procedures c. reminding doctors who are on the performers list of a PCT outside the area where they are providing an out of hours service that they should be on the list where they predominantly practice. 	N/A	

Ref	Quality Standard	Met Y/N?	Reviewer Comments
AA - 209	All staff should undertake a competence-based induction programme. For registered healthcare professionals, this induction should include a period of supervised work with a clinician employed by the same provider who has been trained in undertaking inductions.	N	A competence-based induction framework was not in place. Reviewers were told that new starters to the service would have local induction, but this was not recorded on the learning and development worksheet. The corporate induction attendance was recorded.
AA - 210	There should be a training and development plan for all staff. The competences expected of each role should be identified and the plan for achieving and maintaining these competences described. For staff in training, the level of supervision required should be specified.	N	A training and development plan including the competences expected for all staff of the MIU was not in place. Individual appraisals and Personal Development Plans were undertaken and reviewers were told that staff had completed training in wound care, which was the main presenting condition to the MIU.
AA - 301	Access for advice to Senior Decision Makers in local acute specialties should be available.	Y	This was achieved through referral from the nurses to the GP who then accessed advice from medical staff within the hospital.
AA - 302	Access for advice to a mental health service Senior Decision Maker should be available.	Y	Staff would contact the Mental Health Crisis Team for advice.
AA - 303	Access to an initial assessment by a competent mental health practitioner and to Mental Health Act assessment should be available.	Y	Staff would contact the Mental Health Crisis Team or transfer the patient to the Emergency Department at Warwick Hospital as appropriate.
AA - 304	Staff should be able to access the following services at all times: a. Community nursing support, including admission avoidance and supported early discharge teams b. Mental Health Crisis Intervention Team c. Social services d. Youth services.	Y	
AA - 401	Resuscitation drugs and equipment should be available and should be checked in accordance with local policy.	N	See main report. A 'grab bag' was sealed and checked daily but the emergency trolley had contents listed which were missing (stethoscope, torch and laryngoscope). The checking of the trolley contents was not explicitly listed on the checklist.
AA - 402	The following equipment should be available: a. ECG machine with ability to print or electronically transfer the ECG trace b. Plain x-ray facility.	N	Plain x-ray facility was only available three mornings a week and only via GP referral.

Ref	Quality Standard	Met Y/N?	Reviewer Comments
AA - 403	An IT system capable of collecting data on activity levels and response times (QS AB-701) and supporting appropriate clinical audits (QS AB-702) should be available. There should also be the capability for secure email / transmission of information to GP surgeries.	N	Secure email transmission of information was not yet available. At the time of the visit paperwork was photocopied and sent to GPs. Data on activity was recorded on paper and then recorded electronically on Lorenzo.
AA - 404	If home visits are undertaken, the following drugs and equipment should be available: a. Portable resuscitation drugs and equipment b. Appropriate analgesia.	N/A	
AA - 501	Services providing telephone advice or assessment service should use a validated assessment system.	N/A	
AA - 502	Guidelines should be in use which ensure that patients are treated, transferred or referred to the most appropriate service, according to the health economy matrix of services at which different patient groups and conditions should be treated (QS AZ-601).	N	Guidelines provided in the folder kept in the MIU were not up to date (mainly dated 2011 and not referenced or in the usual Trust format). Some of the Trust-wide guidance documents presented were not applicable to the MIU: for example, ENT guidance for the South Warwickshire Hospital Emergency Department, which did not include the actions and responsibilities required of the MIU staff should patients attend with ENT problems.
AA - 503	Guidelines for reception staff on action for 'front of the queue' patients (QS AA-101) and advice to patients who do not fall within the patient groups or conditions that can be treated by the service (QS AZ-601) should be in use.	N	No guidelines were in place. In practice the receptionist would ring the ward and could access help in an emergency.
AA - 504	Guidelines on the identification of immediate life-threatening conditions in adults and children should be in place. These guidelines should include resuscitation and handover to the ambulance service (or other appropriate acute service).	N	The documentation seen was from 2011 and was a basic stroke (FAST prompt) document.

Ref	Quality Standard	Met Y/N?	Reviewer Comments
AA - 505	Clinical guidelines should be in use covering the assessment and management of common presenting conditions including: a. Chest pain b. Shortness of breath c. Cardiac Failure d. Headache e. Pneumonia f. Alcohol and substance misuse g. TIA and stroke h. Abdominal pain i. Retention of urine j. Cellulitis k. Gastro-intestinal bleeding l. Unstable blood sugars in diabetic patients m. Vaginal bleeding and common obstetric problems n. Venous thrombo-embolism prevention.	N	Guidelines for 'g', 'h' and 'l' did not cover the expected initial pathway for patients attending the MIU. From the documentation seen and discussions with staff, those with the majority of the other conditions detailed in the Quality Standard were excluded from the MIU service. Reviewers considered that there should be some guidance covering the management of common presenting problems should patients present to the MIU.
AA - 506	Access to evidence-based clinical guidelines for less common conditions should be available.	Y	Patients with less common conditions would be assessed by the GPs who would access the relevant guidance on the EMIS system.
AA - 507	A procedure to ensure a timely response from the ambulance service, according to clinical need, should be in use.	N	GPs reported that the response times in the local area did not meet the agreed targets.
AA - 508	A procedure for seeking advice and/or immediate referral where clinically indicated to the Emergency Department, Acute Medical Admissions Unit, Acute Surgical Admissions Unit, mental health service or other specialist facilities should be in use. This procedure should include notifying the service to which patients are referred and providing details of assessments undertaken.	N	Written agreements for accessing the GPs were not in place although, in practice, a GP was called for most cases.
AA - 509	A procedure for referral of patients to other services should be in use, including at least: a. Same day / next day services (see note 1) b. Health promotion and disease prevention programmes, including smoking cessation, contraception and sexual health services, brief intervention and other support services for those with alcohol and substance misuse problems. c. GP and other primary and community services d. Social services This procedure should include ensuring patients are given information about their condition.	N	No specific written procedure was in place. In practice there was a directory of services with contact numbers.

Ref	Quality Standard	Met Y/N?	Reviewer Comments
AA - 510	<p>A Medicines Management Policy should be in use which:</p> <ul style="list-style-type: none"> a. Links to national or local formularies b. Includes arrangements for monitoring individual clinicians' prescribing c. For nurse-led services, includes Patient Group Directives to support the treatment of common presenting conditions d. Specifies arrangements for access to pharmacist advice e. Covers arrangements for responsibility, reconciliation, record keeping and disposal requirements for the movement of drugs f. Covers access to palliative care drugs g. Ensures a complete, documented and coherent audit trail for controlled drugs, including those administered in the patient's home and drugs returned for destruction. 	Y	The Trust Medicines Management policy was in place, although it had limited relevance to the MIU.
AA - 511	Guidelines, agreed with the specialist palliative care services serving the local population, should be in use covering, the management of patients with palliative care needs.	Y	Trust-wide guidance was available.
AA - 599	Staff should be aware of local guidelines for end of life care.	Y	

Ref	Quality Standard	Met Y/N?	Reviewer Comments
AA - 601	<p>Services providing telephone advice or assessment service should have a system in use which ensures:</p> <ol style="list-style-type: none"> All calls are answered within 60 seconds of the end of the introductory message, which should normally be no more than 30 seconds long. Where there is no introductory message, all calls should be answered within 30 seconds. Patients are treated by the clinician best equipped to meet their needs and in the most appropriate location. Patients calling GP OOH services must, where it is clinical appropriate, be able to have a face-to-face consultation with a GP including, where necessary, at the patient's place of residence. Telephone clinical assessment including identification of life-threatening conditions and, once identified, transfer of these calls to the ambulance service within three minutes. Start of definitive clinical assessment for urgent calls within 20 minutes of the call being answered by a person. Start of definitive clinical assessment for all other calls within 60 minutes of the call being answered by a person. At the end of the assessment, the patient is clear of the outcome including, where appropriate, the time-scale within which further action will be taken and the location of any face-to-face consultation. 	N/A	
AA - 602	<p>GP OOH services should have systems to ensure that face-to-face consultations are started within the following timescales after definitive assessment has been completed:</p> <ul style="list-style-type: none"> emergency - within 1 hour urgent - within 2 hours less urgent - within 6 hours. 	N/A	
AA - 603	<p>Services where staff work alone or undertake home visits should have a lone worker policy covering, at least, staff safety and security, the implications for medicines management and the system for calling additional help if required.</p>	Y	
AA - 604	<p>Arrangements for identifying people with advance care plans (QS AZ-705) and accessing the patient's latest care plan should be in use.</p>	N	<p>No arrangements were in place although, in practice, people with advanced care plans were unlikely to attend the MIU.</p>

Ref	Quality Standard	Met Y/N?	Reviewer Comments
AA - 605	A system should be in place to notify the patient's GP of any OOH consultations by 8.00 a.m. on the next working day.	N	After 6pm the GP out of hours service was in operation, and processes were not in place to notify the patient's GP of any MIU/out of hours consultations by 8am on the next working day.
AA - 606	Representatives of the service should meet at least annually with the following local services to review links between the services and address any problems identified: a. Emergency Department/s b. Mental Health services.	N	Meetings with local services as defined by the Quality Standard were not yet in place.
AA - 607	The service should be part of the local health economy's Urgent Care Group (QS AZ-701) or a sub-group thereof.	N	Staff from the service were not represented on the local group.
AA - 701	There should be regular collection of data and monitoring of: a. activity levels b. response times and locally agreed key performance indicators c. referrals to other services, including local Emergency Department/s d. compliance with national standards on clinical documentation.	Y	See main report in relation to recording of printed names of practitioners in care records. No key performance indicators had been agreed.
AA - 702	The service should have a rolling programme of audit of compliance with evidence-based guidelines (QS AA-505/6).	N	A rolling programme of audit was not yet in place. There were plans to develop an audit programme with support from the Trust management and Compliance Team.
AA - 703	The service should have a complaints procedure that is consistent with the principles of the NHS complaints procedure.	Y	
AA - 704	The service should have a system for reporting anonymised details of each complaint, including the way in which it has been handled, to the contracting CCG.	Y	
AA - 705	The service should have appropriate arrangements for reporting and investigating adverse incidents and 'near misses'.	Y	
AA - 706	The service should have appropriate arrangements for clinical review of complaints, positive feedback, morbidity, mortality, transfers, critical incidents and 'near misses'.	N	Arrangements for multidisciplinary review and learning were not clear. The team said that they did not have complaints and, when asked, were not able to share examples of positive or negative issues. Informal feedback with GPs did take place but not feedback about any onward referrals, so learning from these aspects of the service was not achieved.

Ref	Quality Standard	Met Y/N?	Reviewer Comments
AA - 707	The services should be regularly comparing its achievement of key performance indicators with other similar providers.	N	Key performance indicators were not in place.
AA - 799	All policies, procedures and guidelines should comply with the host organisation's document control procedures.	N	Evidence in the resource folder did not follow the Trust document control procedures. Trust-wide documents were document controlled.

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