Plymouth Hospitals NHS Trust

Quality Report

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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?	Outstanding
Are services at this trust responsive?	Inadequate
Are services at this trust well-led?	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

We inspected Plymouth Hospitals NHS Trust as part of our programme of comprehensive inspections of all acute NHS trusts. We carried out our announced inspection on 22, 23 and 24 April 2015 and unannounced inspections at Derriford Hospital on 30 April, 1 and 5 May 2015.

The trust has 12 registered locations:

- Derriford Hospital
- Launceston General Hospital
- Liskeard Community Hospital
- Mount Gould Hospital
- Cumberland Centre
- Plymouth Dialysis Unit
- Plymouth Hospitals NHS Trust HQ
- Royal Cornwall Hospital
- South Hams Hospital (Kingsbridge Hospital)
- Stratton Hospital
- Tamar Science Park
- Tavistock Hospital

During our inspection we inspected the following locations:

- Derriford Hospital
- Mount Gould Hospital

We rated the trust as requires improvement overall and as requires improvement for safety, responsiveness was rated as inadequate. We rated it as good for effective and well-led key questions. There were three services – maternity, end of life care, and services for children and young people – where caring was judged to be outstanding. All other services were rated as good for caring. At hospital level Derriford and Mount Gould Hospitals were rated as requires improvement for the well-led key question, and also requires improvement overall.

Our key findings were as follows:

- We saw and heard many examples where staff had demonstrated outstanding support for patients and their families. The patient bereavement survey undertaken between January 2015 and April 2015 covered eight different wards and all comments seen were very positive, confirming that relatives felt that the care provided was excellent. Patients said they felt able to influence decisions made about them, and relatives felt included in treatment decisions.
- In the maternity service we observed compassionate, dignified and person-centred care. Staff demonstrated a familiarity with how patients preferred to receive their care. Children in both acute and community services were truly respected and valued as individuals and encouraged to self-care and were supported to achieve their full potential within the limitations of their clinical condition. One young person said "I have a whole health team around me who have worked with me and my family over many years. I have always felt involved in my care and the children's community nurse is excellent and I would like to nominate them for a trust WOW award".
- The trust had been experiencing a period of high activity since December 2014, with an increase in attendances at the emergency department. As a result the trust had operated at a position of red or black escalation for a number of weeks, leading to an enhanced focus on patient flow, discharge and liaison with other external organisations to ensure patients were seen, treated and discharged in a timely way. At times this proved challenging. We saw on our inspection that in the emergency department staff were sometimes stretched in being able to care for the numbers of additional patients, who at times were cared for in corridor areas.
- People were frequently unable to access services in a timely way for initial diagnosis and treatment. People experience unacceptable waits for some surgical services.
- At the peak of activity there had been up to 100 medical patients being cared for on surgical wards. The increased demands on the trust's services and beds resulted in a high number of elective operations being cancelled. There was a lack of robust system for booking patients for surgery. The system used was not streamlined and relied upon a number of individuals to populate the theatre lists with no one in overall charge of this process.
- We were told of plans to introduce new IT software to help this and re-introduce a scheduling team to take

over the process. The increased demands on the trust's services and beds resulted in a high number of elective operations being cancelled. The trust was also not always meeting the national targets for rebooking patients within the 28-day timescale.
- There was a lack of robust system for booking patients for surgery. The system used was not streamlined and relied upon a number of individuals to populate the theatre lists with no one in overall charge of this process. We were told of plans to introduce new IT software to help this

and re-introduce a scheduling team to take over the process.

- Concerns were identified with the management of medicines in a number of areas. This related to some practice not being in line with trust policy and a lack of suitable arrangements for storage of medicines.
- At Mount Gould Hospital the management of FP10 prescriptions (these are prescriptions used for out patients that can be taken to any community pharmacy) was not robust. The trust took immediate action when we brought this to their attention.
- In diagnostic imaging there was a backlog of radiology reporting with a total of 12,693 unreported diagnostic imaging scans in September 2014. An action plan was implemented consisting of: prioritisation of urgent scans; general practice chest X-ray's taking ultimate priority; a waiting list initiative to prioritise patients at risk. This was managed by radiologists and radiographers volunteering to report on these scans as well as close monitoring of reporting capacity. As a result, unreported scans dropped to 4,750 in March 2015. However, since then and before the inspection this had increased to approximately 7,000.
- In April 2015 there was a total of 110,657 patients on a follow-up waiting list with 36,724 (33%) of these patients in breach of their see-by date. A total of 1961 patients had their outcomes missing and no see-by date (meaning that the hospital did not know when a follow up appointment was required). Of the patients in breach of their see-by date, more than 26,000 (71%) did not have appointments.
- In October 2014 a validation exercise was started to identify and prioritise patients who may be at high risk of harm as a result of long waiting times. There were a total of 4,703 'time critical' patients identified at the time of the inspection. However, progress with the validation exercise varied between service lines, as not all of them had begun the validation exercise and there remained a risk to those patients who had yet to be identified as urgent or at risk of harm from a delay in their being seen or treated.
- At Mount Gould Hospital we found there was a lack of leadership and senior engagement with the service. This meant the systems for governance and performance were not operated effectively to ensure optimum oversight of risks.
- The hospitals were predominantly seen to be clean and well maintained, although the maternity delivery suite required improvement in the fabric of the building as it was difficult to clean and not all hand wash basins met the required standard.
- Levels of staffing were raised as a concern in several areas. This had an impact on patients, particularly in diagnostics in addressing the diagnostic reporting backlog. In wards and departments bank and agency staff were frequently used. While this enabled some shifts to be adequately staffed, at times there were fewer staff on duty than was required. We heard of difficulties in recruitment and retention, and how the trust was working on a targeted approach to attract staff to the area.
- Access to the Children's and Adolescent Mental Health Services (CAMHS) at weekends was not always timely. There were internal issues around the security team – although they were present, they were not able to provide practical assistance because they had not been trained in dealing with young people. The practice educator had begun a programme of training for paediatric ward based staff in the use of restraint and conflict de-escalation.
- Patients were at the centre of the critical care service and good results were achieved for patients who were critically ill with complex problems and multiple needs. The mortality rates within units showed that more people than would have been expected survived their illness due to the care provided.
- Care pathways complied with National Institute for Health and Care Excellence (NICE) guidelines and the Royal College standards. Outcomes demonstrated that the majority of services provided care, treatment and support that achieved good outcomes, promoted a good quality of life and were based on the best available evidence.

Summary of findings

- There was good multidisciplinary working within the units and wards to make sure that patient care was coordinated, and staff in charge of patients' care were aware of their progress. We saw physiotherapists and occupational therapists assessing and working with patients on the wards, then liaising with and updating the nursing and medical staff.

We saw several areas of outstanding practice including:

- The care and support provided to patients at the end of their lives was outstanding. Patients and relatives told us that they felt included and involved in decisions about care and treatment, and that they had been treated as individuals, with their choices listened to and respected. Feedback from all patients and relatives was extremely complimentary about the care they had received and the staff who had delivered the care.
- The involvement with community services in patient care was integral. As a result discharges were seen to be managed quickly to meet patients' needs. We heard and saw instances of how the specialist palliative care team (SPCT) within the hospital worked with the local hospice and Hospice at Home team within the community to improve patient support.
- The acute care team within critical care providing an outstanding service in terms of outreach and responding to deteriorating patients in the hospital. This was recognised by other staff, in particular the surgical and medical wards. We were told the team were quick to respond, were highly experienced and knowledgeable, and staff could ask their advice and support on any matter. Staff said the acute care team had encouraged and enabled them to ask for advice or a review of any patient where, although the patient might not be triggering a risk level, the nurse or doctor had doubts or, as was described by one of the staff, "something that didn't feel quite right, or a gut instinct."
- The consultant intensivist clinical lead provided an outstanding example of compassion and support to a past patient who came to the unit during our inspection. This patient had effectively become "lost within the healthcare system" for a number of reasons linked to other events in their life. The patient was not judged for perceived or accepted failings in their life so far, but was offered compassion, advice, support, understanding and encouragement to move forward.
- Staff on the delivery suite, Argyll ward (maternity) and Norfolk ward (gynaecology) provided outstanding care to patients. The culture was focused and embedded on the provision of person-centred care and treatment to meet individual patient needs. Patient feedback was overwhelmingly positive, which was also reflected in monthly Friends and Family tests. Patients said that the reassurance and care given had increased their own confidence. Staff of all professions and grades demonstrated kindness, compassion, dignity and respect. Patients were fully involved with their care and treatment and were actively encouraged to ask questions. Specialist professional counselling was available from midwives and a clinical psychologist supported women with difficult or complex decisions, care or treatment.
- The neonatal intensive care unit (NICU) clinical director was an advanced neonatal nurse practitioner (ANNP).NICU benefitted from a neonatal technician service which staff found invaluable. The clinical educator for general paediatrics offered bespoke training and had performed a comprehensive training needs analysis to ensure staff were able to access training to meet their needs.
- The paediatric services benefitted from dedicated pain assessment services and dedicated pain nursing staff.
- We found staff to be very caring and supportive of the children, young people and their families that the paediatric services looked after both in the acute and community settings. We heard many positive comments about staff going beyond the call of duty to provide care and support. Children were truly respected and valued as individuals and encouraged to self-care and were supported to achieve their full potential within the limitations of their clinical condition. Feedback from children who used the paediatric community services, parents and stakeholders was continually positive about the way staff treated people. Parents said staff went the extra mile and the care they received exceeded their expectations.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must ensure:

Summary of findings

- All staff are aware of their role in incident reporting and there are systems and process in place to monitor not only individual incidents but trends and themes.
- Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed to provide adequate levels of nursing and medical staff to ensure the safety of patients at all times. This applies to the emergency department, children's services, outpatients and diagnostics, maternity services and medical services.
- Patients in the emergency department that are awaiting x-rays in the corridor and the reception area away from staff vision are suitably monitored.
- The safety and security of staff and patients in the CDU by providing a means of calling for assistance in an emergency.
- Systems for booking theatre slots are robust and coordinated across the trust so that theatre time is utilised to provide a timely and consistent service.
- Ensure there are systems in place so that the impact of system escalation does not delay patients who are cancelled at short notice and that they are re booked for their surgery within the 28 day requirement. The reception and waiting area in the emergency department complies with the Disability Discrimination Act.
- Staff are administering medicines in line with the NMC standards for medicines management.
- The checking systems for ensuring medication is fit for use, is consistently followed by staff. Intravenous fluids should be stored securely so that they are not accessible by patients and visitors to wards and departments.
- Medicines and controlled drugs are kept in locked cabinets in the obstetric theatre and anaesthetic rooms when not in use.
- Medications are managed appropriately in the outpatients departments and trust processes and policies are followed.
- Patients receive appropriate and ongoing risk assessments such as mental health risk assessments and complexity scoring, to determine the appropriate place for them to be cared for and monitored.
- All staff have sufficient knowledge of and implement the Mental Capacity Act so that patients' mental capacity is confirmed and to identify patients who lack capacity to make decisions, so that patients' best interests were being served.
- Patients are protected from risk through improvement of systems and performance in relation to the time patients spend in the emergency department.
- Treatment Escalation Plans (TEPS) are fully completed to ensure patients' choices and preferences and ceilings of care are identified.
- It improves the premises for patients who are using Interventional Radiology, to make sure there is a suitable environment for patients to recover post procedure.
- Patients' records are stored securely at all times to prevent unauthorised access to them.
- It improves the experience of patients by addressing the high numbers of elective operations that have been cancelled.
- Systems for booking theatre slots are robust and coordinated across the trust so that theatre time is utilised to provide a timely and consistent service.
- The critical care service improves the experience of patients by addressing the significantly high levels of discharge from the unit that are either delayed for more than four hours or happen at night.
- It provides a suitable environment for patients awaiting x-ray that will provide privacy and the ability to call for assistance if required.
- The environment and equipment on the delivery suite is fit for purpose and is able to be effectively cleaned and decontaminated to prevent the risk of cross infection. The delivery suite did not comply with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.
- Care and treatment is provided in a safe way for patients by ensuring premises are safe to use for their intended purpose, that is cleaning materials and sharps materials are stored securely in areas that are not accessible to patients or visitors.
- There are sufficient resources to ensure the cleaning of blood and body fluid spillages does not pose a risk that clinical staff are unable to meet the clinical needs of patients in preference to cleaning
- The ratio of supervisor of midwives to midwives is at the recommended level of 1:15 (Midwifery Rules and Standards, rule 12, Nursing and Midwifery Council, 2014).
- Staff working in gynaecology are supported to have annual appraisals.

Summary of findings

- Rooms used for recovery of children following intrathecal chemotherapy on the children's Outpatients Department meets laid down recommendations.
- The safety of adolescents with mental health issues when using any of the paediatric services at all times.
- All children using the acute or community paediatric services have a care plan in place that is updated at regular intervals or when changes occur to the child or young person.
- Systems and process are in place to manage the backlog of follow-up appointments and the backlog of imaging reporting, to mitigate the risks to patients of delayed diagnosis and treatment.
- Action plans are realistic and focused on the areas of concern in relation to the backlog of unreported scans in diagnostic imaging.
- Staff have the competence, skill and experience to deliver patient care and treatment and meet patients' needs. This includes the management and leadership roles at Mount Gould Hospital
- Systems, processes and standard operating procedures are reliable and appropriate to keep people safe, and monitor whether safety systems are implemented at Mount Gould Hospital
- At Mount Gould Hospital the consistent application of medicines optimisation across the services, in particular: safe storage and management of stocks of FP10 and outpatient prescription forms, safe disposal of surplus or wasted medicines, and safe custody of medicines keys, so that prescription forms and medicines are only accessible to staff with suitable authority.
- They review the managerial and governance arrangements in outpatients, so that risks systems and processes to minimise likelihood of risk in relation to access to services and a standard booking process for appointments across all departments are fully implemented.
- All staff understand and work within the requirements of the Mental Capacity Act 2005 where they work with people who may lack the mental capacity to make decisions.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Background to Plymouth Hospitals NHS Trust

Plymouth Hospitals NHS Trust is the largest hospital trust in the South West Peninsula. It is a teaching trust in partnership with the Peninsula College of Medicine and Dentistry. The trust is not a Foundation Trust. The trust has an integrated Ministry of Defence Hospital Unit which has a staff of approximately 250 military personnel who work within a variety of posts from lead doctors to trainee medical assistants.

The trust provides comprehensive secondary and tertiary healthcare to people in Plymouth, North and East Cornwall and South and West Devon. The catchment population for secondary care is 450,000 with a tertiary care role for 1.6 million people in the South West of England. The majority of these services are provided at the Derriford site.

The trust has 1,016 beds consisting of:

- 943 general and acute (of which 65 children's beds)
- 27 maternity
- 46 critical care (of which 4 paediatric beds).

There are 5,639.5 whole time equivalent staff employed at the trust, consisting of:

- 883 medical staff
- 1,563 nursing staff
- 3,193.5 other staff.

Secondary care services include emergency and trauma services, maternity services, paediatrics and a full range of diagnostic, medical and surgical sub-specialties. Specialist services include kidney transplantation, neurosurgery, pancreatic cancer surgery, cardiothoracic surgery, bone marrow transplant, upper GI surgery, hepatobiliary surgery, plastic surgery, liver transplant evaluation, stereotactic radiosurgery and high risk obstetrics. The trust is a designated cancer centre, major trauma centre and level 3 neonatal care provider.

The City of Plymouth was ranked 67th of 326 local authorities in the English Indices of Deprivation 2010 (1st is 'most deprived'). The Public Health profile indicates that Plymouth is significantly worse than the England average for 17 of 31 indicators (55%) including violent crime and incidence of malignant melanoma. Four of five indicators in 'Children's and young people's health' were ranked significantly worse than the England average.

Our inspection team

Our inspection team was led by:

Chair: Nick Bishop, Senior Medical Advisor, Care Quality Commission

Head of Hospital Inspections: Mary Cridge, Head of Hospital Inspections, Care Quality Commission

The team included CQC inspectors and a variety of specialists:

Consultants from medicine, anaesthetics, surgery, emergency medicine, paediatrics, obstetrics, an intensive care consultant, a junior doctor, newly qualified nurse, a midwife and nurses from medicine, surgery, and care of the elderly and critical care, a children's community nurse. The team also included three Experts by Experience, analysts and an inspection planner.

How we carried out this inspection

Prior to our inspection we reviewed a range of information we held about the organisation. We asked other organisations to share what they knew about the trust and its hospitals. These included the local clinical commissioning group, the Trust Development Authority, the local council, Healthwatch Plymouth and Healthwatch Devon, the General Medical Council, the Nursing and Midwifery Council and the Royal Colleges.

Summary of findings

We held a listening event on 14 April 2015 in Plymouth, where people shared their views and experiences of care and treatment at Plymouth Hospitals NHS Trust. More than 35 people attended this event. People who were unable to attend the event shared their experiences by email, telephone and our website. We also held a community focus group that was hosted by Plymouth People First, a self advocacy organisation which is run by and for adults with a learning disability and through this we obtained views from fourteen people who had recently used the trust services.

We carried out our announced inspection on 22, 23 and 24 April 2015 and unannounced inspections at Derriford Hospital on 30 April, 1 and 5 May 2015. We held focus groups and drop-in sessions with a range of staff in the hospital including nurses, junior doctors, consultants, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, staff side representatives, domestic staff and porters. We also spoke with staff individually as requested.

We talked with patients and staff from across the trust. We observed how people were being cared for, talked with carers and family members and reviewed patients' records of their care and treatment.

What people who use the trust's services say

Results of the Friends and Family test (2013) were similar to the England average over previous year for all questions including:

- Were you involved as much as you wanted to be in decisions about your care and treatment?
- Did a member of staff answer your questions about the operation or procedure?
- Discharge delayed due to wait for medicines/to see doctor/for ambulance

Results for the Friends and Family test for those who would recommend the trust ranged between 94.9 and 92.4 from March 2014 to November 2014.

In the Cancer Patient Experience Survey 2013/14 the trust was in the bottom 20% of trusts for six outcomes, and in the top 20% for two outcomes. These were the 'hospital staff gave information about support groups' and the action that staff took to control the side effects of radiotherapy. They were in the middle 60% of trusts regarding explanations provided to patients about and being involved in their care and treatment.

The trust performed in line with the England average in the Patient-Led Assessments of the Care Environment indicators for 2014. The score for food matched the England average with scores for cleanliness 2% below. Privacy and dignity scored 81 against the England average of 87.

In the CQC inpatient survey results (2014) the trust scored "about the same" as other trusts, for example in the questions for: Were you involved as much as you wanted to be in decisions about your care and treatment? Do you feel you got enough emotional support from hospital staff during your stay? Did a member of staff answer your questions about the operation procedure?

Facts and data about this trust

Plymouth Hospitals NHS Trust had been inspected 10 times since registration with 54 standards being inspected. Derriford Hospital had been inspected four times since June 2012 and the Plymouth Dialysis Unit inspected once as follows:

- January 2012 Plymouth Dialysis Unit: five standards met
- June 2012 Derriford Hospital: one standard checked and met
- November 2012 Derriford Hospital: six standards met, one standard not met
- July 2013 Derriford Hospital : four standards met, five standards not met
- September 2013 Derriford Hospital: one standard checked and met

Summary of findings

The trust's activity for Apr 2013 – Mar 2014 included 109,808 inpatient admissions, 585,503 outpatient contacts (total attendances, all sites Jan 14 – Dec 14), and 92,770 (Feb 14 – Jan 15) accident and emergency attendances. Bed occupancy was between 82.5% and 86.0% over the six quarters prior to our inspection.

For the period of Jan 2014 – Dec 2014 the Trust Revenue was: £422,621,000 against a full cost of: £427,802,000. There was a deficit of £5,181,000 for the same period.

More than 48,000 people pass through the main entrance of Derriford in a week. The hospital has more than 900 beds and 1,000 public car parking spaces. Derriford Hospital is the second largest bus terminal in Plymouth, beaten to first place only by Plymouth central bus station.

The trust has an integrated Ministry of Defence Hospital Unit which has a tri-service staff of approximately 240 military personnel working within clinical services. The unit prepares military medical personnel to support exercises and deployed operations and oversees the treatment of military personnel within the trust.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? Overall, we rated safety of the services in the trust as 'requires improvement'. For specific information, please refer to the individual reports for Derriford Hospital and Mount Gould Hospital. The team made judgements about nine services. Of those, two were judged to be good, six as requiring improvement and one as inadequate. Therefore the trust was not consistently delivering good standards of safety in all areas. While there were some issues with equipment and working practices, a key issue impacting on safety was the pressures on staffing. There was evidence of significant improvements in the safety culture at the trust despite the recent never events. Feedback from stakeholders and other regulators referred to some exceptional work having been done to improve patient safety. Significant improvements have been made to safety in theatres and in working practices across the trust. Corporate policies such as the Quality Strategy have had improvements in safety at their heart. However there are improvements needed to ensure that services are being consistently delivered as safely as possible. **Duty of Candour** • The trust had taken steps to ensure that the duty would be met. Duty of Candour was embedded into the quality governance documentation. There had been two email circulars to staff and a series of articles in the trust's "Vital Signs" newsletter. Matrons had also run sessions on this. • There was a varied response from staff in their understanding of the term duty of candour. However the majority of staff in all areas understood the principles. Staff across the trust talked about being encouraged to be open and honest. The patient safety team ran a regular search of the electronic system to ensure that all incidents (moderate or above) had Duty of Candour documentation completed. • At the time of the inspection new guidance on the handling of serious incidents had recently been published. This was fully reflected in the incident management policy which was integrated with the Duty of Candour requirements. Matrons had implemented 72 hour reviews and ward staff talked to the teams about their involvement in these. **Safeguarding**	**Requires improvement** 

- The trust had clear safeguarding objectives which were supported by appropriate governance, training and metrics. The trust had a safeguarding steering group that provided assurance to the board that national standards and requirements were met. Plymouth City Council described the trust as “very committed partners in the local safeguarding community” and referred to them being proactive and supportive. They confirmed that full co-operation was given when alerts were raised.
- All staff we spoke with were aware of the hospitals safeguarding procedures. Staff were confident about what constituted a safeguarding incident and the action they would take to keep patients safe. The trust electronic system prompted staff to identify if an incident constituted safeguarding. Information about the safeguarding liaison team and how to contact them were displayed on wards.
- Adult safeguarding training was part of the trust update training which all staff had to complete. The training figures for this were monitored and included in the mandatory training figures.
- There were processes in place to ensure safeguarding was identified for all children attending the Emergency department with those under the age of one being seen by a senior doctor before discharge and safeguarding prompts for staff providing care for children in the department, particularly in relation to non-accidental injury.
- Close working relationships with community midwives enabled people in vulnerable circumstances to be identified early through antenatal clinics. Further support was available from two midwives who had specialist lead roles for safeguarding and drug and alcohol issues.

Incidents

- Staff across the trust were aware of how to use the incident reporting system and reported that they received feedback and shared learning to prevent reoccurrence. In critical care there was a good track-record on safety, with lessons learned and improvements made when things went wrong. This was supported by staff working in an open and honest culture and a desire to get things right. However in some areas, such as the emergency department, staff said they saw little change as a result of incidents they reported, and seldom received comprehensive and useful feedback.
- In the emergency department not all incidents were reported. For example staff described incidents occurring in the CDU which they had not reported through the incident reporting process. While these were known to have occurred by senior

staff, the lack of an incident report had not been challenged. This lack of challenge meant the belief that some occurrences were 'normal' was reinforced and opportunities to learn and prevent reoccurrence missed.

- We were shown copies of a newsletter for staff that detailed any incidents that had taken place and actions taken to reduce them from happening again. The newsletter was called Emmentaler and was published bi- monthly.
- Many services held regular morbidity and mortality meetings to review cases and ensure learning was shared and cascaded.
- It is a requirement for certain radiology incidents to be reported to the Care Quality Commission and we saw in the radiology department that such incidents were reported appropriately.

Staffing

- The lack of sufficient numbers of staff to meet patient needs was a concern in a number of clinical areas. Staff vacancies in the hospital showed a gap of 8-9% with a staff turnover of 10-11%. Staff were concerned regarding the vacancies in their staff teams and two people gave us examples of how long it took for their recruitment process to be completed so they could commence work. However changes had recently been made to the recruitment procedures and there was evidence of some improvement.
- In the emergency department, due to the high number of patients attending, it was common for there to be insufficient staff to care for those patients who were held in the corridor area. Care was provided by nursing staff who were also caring for patients in the majors bay. This meant that at times nursing staff were required to care for patients in excess of the recommended number as per NICE guidance of two registered nurses to one patient in cases of major trauma or cardiac arrest and one registered nurse to four cubicles in either 'majors' or 'minors'.
- A full review of the staffing establishment (baseline for the numbers and skill mix of nursing staff allocated to each ward) on the medical wards was undertaken within the hospital approximately two years ago and additional staff were recruited following this exercise. During our inspection we identified that a number of wards were working under their staffing establishment and that a number of medical wards had vacancies for nursing staff.
- Staff in theatres told us they were short staffed and that this caused them the most stress. Some theatres had been cancelled due to staff shortages.

- The trust was below the England average for junior doctors as a whole but surgical staffing numbers were good for junior doctors.
- The national recommended ratio of Supervisor of Midwives (SoM) to midwives is 1:15, and was not being achieved (Midwifery Rules and Standards, rule 12, Nursing and Midwifery Council, 2014).
- The ratio of SoM to midwives at Derriford hospital was 1:27.
- In outpatients the levels of staffing were having an impact on the size of the backlog of follow up patients which was increasing the risk to patients delaying diagnosis and treatment.
- In diagnostic imaging an on-call rota had been implemented to manage staffing during the evenings and at weekends. This increased the risk to the patients as the availability of staff fluctuated and the required skill mix was not guaranteed.

Environment and equipment

- The trust presents something of a challenging environment given the size and age of the estate. The trust had an ongoing development and refurbishment programme in progress. Significant developments included new car parks and a helipad. Some staff were concerned whether signage was as clear as it could be, particularly in the crowded main entrance. Some services were being provided in cramped conditions and where this was the case plans were in place although as a whole the site is restricted in terms of further expansion.
- Cleanliness and infection control was managed effectively and hospital looked clean. A number of patients and visitors mentioned how clean the hospital was to the team. This perception was supported by audits.
- Equipment was well maintained with the majority of maintenance checks being taken within the due dates. Information and guidance was available to staff on the trust intranet. This covered both the use of equipment and servicing and maintenance procedures. Facilities were well managed.
- The environment in the delivery suite did not comply with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. While there was a plan to refurbish the delivery suite as part of the trust's rolling programme of refurbishment and the five year development plan, there was no identified start or completion date.

Medicines

Summary of findings

- The trust provided guidance and information to staff in a comprehensive medicines management policy, supporting policies, (for example, self-medication of medicines) and standard operating procedures (SOPs). Staff we spoke with were aware of the availability of this information. At Derriford Hospital Medicines were appropriately stored in locked cupboards or fridges. Fridge temperatures were regularly checked and were correct the time of our visit.
- Regular monthly audits took place for most areas where medicines were stored, with an escalation plan in place for wards or departments which showed non-compliance with the trust's medication management policies. Regular audits were conducted of controlled drugs including the ordering, storage, records and disposal of the drugs. However, the process in place to identify out of date medication was not effective in all areas as we observed a controlled drug that had been out of date for three months and was still in use.
- All medical wards which we visited had drugs trolleys for use when administering medication to patients. These were locked shut and fastened securely to a wall when not in use. Observation of medication administration on the medical wards demonstrated the system in operation protected patients from the risk of errors. We saw staff took time to explain the medication to the patient during the medication round.
- At Mount Gould Hospital we saw unsafe practices in medicines optimisation including: ineffective processes for the disposal of medicines, lack of safe storage and management of prescription forms, and non-adherence to the trust policy for the custody of medicines keys.

Are services at this trust effective?

Good

Overall we rated effectiveness of the services in the trust as 'good'. For specific information, please refer to the individual reports for Derriford Hospital and Mount Gould Hospital. This means that people have good outcomes because they receive effective care and treatment that meets their needs.

The team made judgements about nine services. Outpatient services are not currently rated for effectiveness. Of the services rated, six were judged to be good and one required improvement. This demonstrated that the majority of services provided care, treatment and support that achieved good outcomes, promoted a good quality of life and were based on the best available evidence.

Evidence-based care and treatment

- Policies and guidelines were readily available on the trust intranet. These were seen to be up to date. Care pathways complied with National Institute for Health and Care Excellence (NICE) guidelines and the Royal College standards.
- In colorectal, hepatobiliary and oesophagogastric surgery the Enhanced Recovery After Surgery (ERAS) pathway had now been converted into a mobile telephone app (www.erasapp.co.uk) which was regularly used by nurses and doctors.
- The midwifery service did not comply with NICE quality standards 192 for the clinical management of antenatal and postnatal mental health. The maternity services did not have a dedicated perinatal mental health team.
- The implementation of the pre-school and school age Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) pathways was supporting a multidisciplinary approach to the clinical assessment of children at the Child Development Centre.

Patient outcomes

- The majority of patients received good outcomes because they received effective care and treatment that was delivered in accordance with evidenced based guidance, standards, best practice and legislation. The trust participated in national audits and used the outcomes from audits to improve services. The trust had exceeded its target of operating on patients with fractured neck of femur within 36 hours. Good results were achieved for patients who were critically ill with complex problems and multiple needs. The input of the specialist play therapist was noted to have a positive impact on outcomes for children.
- However some patient outcomes were found to be worse than the England average in national audits which may impact on patients.
- An action plan had been formulated to address the areas of shortfall noted by the National Care of the Dying audit and the hospitals Quality Assurance Committee was asked to comment on the audit results and recommendations proposed. The End of Life Committee was to develop and monitor the action plan to meet the recommendations.

Multidisciplinary working

- There was good multidisciplinary working within the units and wards to make sure patient care was coordinated and the staff

in charge of patients' care were aware of their progress. We saw physiotherapists and occupational therapists assessing and working with patients on the wards then liaising with and updating the nursing and medical staff.
- There was an integrated discharge team comprising of allied health professionals and nurses, employed by the local Council and the trust, who supported ward staff with the arrangements for the discharge of patients with complex needs. Teams worked together to expedite discharge of patients.
- The weekly children's cancer service multidisciplinary team (MDT) meeting was structured and well attended by 14 staff including a CLIC Sargent (a charity helping children and young people with cancer) social worker.
- Weekly community MDT meetings also took place at the hospice, with a lead member of staff from the hospital specialist palliative care team attending the meeting. This provided a facility for follow up information and review of care.
- One stop clinics were utilised in several outpatient departments, where patients had their tests and diagnostic examinations and consultations in a four hour period.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Staff had access to guidance and information on the trust intranet regarding consent, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- There were variations in staff knowledge and application of the Mental Capacity Act and some had not completed training. In those areas where staff demonstrated a good knowledge consent was sought and obtained in line with guidelines and in the patient's best interest where they did not have the capacity to provide consent themselves.
- The trust had four consent forms in use there was a consent form for patients who were able to consent, another for patients who were not able to give consent for their operation or procedure, one for children and another for procedures not under a general anaesthetic.
- Consent for children was obtained using the principles of the Gillick competencies (used to help assess whether a child has the maturity to make their own decisions and to understand the implications) when making decisions about people's ability to consent to procedures, especially with adolescent patients.
- The Treatment Escalation Plans (TEP) used to identify decisions around resuscitation and ceilings of care agreed with patients

Summary of findings

were not consistently completed to ensure patient choice was being identified. The ceilings of care were an indication of when a patient wanted treatment to stop or what treatment they did or did not want

Are services at this trust caring?

Outstanding 

We judged overall rating for caring as outstanding across the trust. There is a strong, visible person-centred culture. There was evidence that staff at all levels, for example porters and board members, had patients genuinely at the heart of their work. There are patient stories at every board meeting, most usually presented by patients themselves. Patients are in key positions within trust governance structures and patients involved in research attend conferences to give feedback on their experiences.

Staff are motivated and inspired to offer care that is kind and promotes people's dignity. Relationships between those who use the service, those close to them and staff are strong, caring and supportive. The team saw and were told about many excellent examples of staff going the extra mile for patients and for their families.

For specific information, please refer to the individual reports for Derriford Hospital and Mount Gould Hospital. Three services were judged as outstanding; this included maternity and gynaecology, services for children and young people and end of life care. Six services were judged as good. We found a clear focus on child-centred care which involved families and ensured the child was able to contribute and be involved in decisions. Staff treated patients with compassion, kindness, dignity and respect.

Compassionate care

- Patients described staff as friendly, brilliant and welcoming in outpatient departments. Healthwatch Plymouth undertook a consultation in November of the outpatient services and received 565 feedback comments on the services. Of these 305 were positive with the standard of treatment and care generally being reported as good and that staff attitudes (dignity & respect, honesty, support) were also good.
- We found outstanding care for patients at the end of their life with a strong and visible person centred approach to end of life care. For end of life patients identified on admission to the Emergency Department, they would be immediately transferred to a bed for their comfort as opposed to a trolley.

- Ward staff told us that any patients identified as being near the end of their life would be preferably placed in a side room, for privacy and dignity. This would enable family members to stay overnight and have open visiting access throughout the day.
- The patients' bereavement survey was last undertaken between January 2015 and April 2015. The results noted eight different wards and all comments seen were very positive and confirmed that relatives considered care provided to have been excellent. It was identified that patients felt able to influence the decisions made about them and that relatives felt included in treatment decisions.
- Children were truly respected and valued as individuals and encouraged to self-care and were supported to achieve their full potential within the limitations of their clinical condition.
- In the maternity service we observed compassionate, dignified and person-centred care was provided to patients. Staff demonstrated a familiarity with how patients preferred to receive their care. Regardless of this understanding, we heard when staff wished to provide care, they explained what they would like to do and why. Ward areas were relaxed and staff had developed friendly but respectful relationships with both patients and relatives, checking if all needs were being met.
- The monthly Friends and Family Test results for inpatient care on the Norfolk (gynaecology) and Argyll (ante and post natal) wards was consistently positive. The Friends and Family Test information displayed on Argyll ward at the time of our inspection showed 90% of patients had contributed, of which 99% was positive feedback. We observed recent letters and cards from patients of grateful thanks for the care received.
- However, patients' privacy and dignity was not always respected while in some areas.

Understanding and involvement of patients and those close to them

- The hospital has a carer's policy which was based on the national strategy for carers. This had helped staff ensure that carers of all ages were well informed and involved in the decision making process. We saw examples of where this was implemented were through our observations of carers being included in conversations with patients.
- In oncology we found that 55% of patients would not recommend the service to friends and family due to long waits for appointments.

Summary of findings

- Staff empowered people at the end of life to make decisions. We saw an occasion when the patient had a ward preference outside of where they would normally be admitted. As a result the patient was supported to remain where they wanted to be and the oncologist and SPCT visited the person there.
- One young person said “I have a whole heath team around me who have worked with me and my family over many years. I have always felt involved in my care and the children’s community nurse is excellent and I would like to nominate them for a trust WOW award”.

Emotional support

- Feedback on support from staff was positive with one example of a parent whose child was attending the continence service at the Child Development Centre told us they had been at their wits end around trying to manage their child’s soiling problems on their own. The emotional support they had received from the lead nurse of the Children’s Community Nursing Service had been wonderful.
- Patients receiving care in critical care units were able to come back to talk about any aspect of their care or look for emotional support. We met a patient who had arranged to meet with the clinical lead consultant intensivist and spoke with them after their meeting. They spoke highly of the care they had received and being able to come back to the unit.

Are services at this trust responsive?

Inadequate

Overall, we rated the responsiveness of the services in the trust as inadequate For specific information, please refer to the individual reports for Derriford Hospital and Mount Gould Hospital.

The team made judgements about the responsiveness of nine services across two hospitals where services were provided. Of those, three were judged to be good, four required improvement, and two were judged as inadequate. People were frequently unable to access services in a timely way for initial diagnosis and treatment with people experiencing unacceptable waits for some surgical services. There was a wide variation in how the trust was responding to people’s needs which impacted on their safety and experience. The Trusts inability to maintain and operate its surgical services at times of escalation and the failure to address the backlog of patients awaiting outpatient and diagnostic services were of concern. Systems in place were not robust and patients were placed at risk of

harm. It was recognised that the pressures in the Accident and Emergency department were related to pressures within the wider system that could only be wholly resolved as part of wider action impacting across the trust and the system.

Support for patients with learning disability and dementia was good across all services with the specialist nurses reported as being easily accessible

Service planning and delivery to meet the needs of local people

- The trust had developed services to meet the needs of local people. The emergency department had developed a system for the management of frequent attenders. Patterns of frequent attendance were identified, care plans developed and approved by a named consultant and these were shared with the GP and other local partners.
- Within surgery a robot to assist with some major pelvic surgeries had enabled local patients to have their surgery at Plymouth and not be referred to other hospitals in the south west.
- Changes in the diversity of the population had led to the community midwives adapting and responding to an increase in the Polish community in Devonport.
- The NICU was a level 3 tertiary unit and part of the South West Neonatal Operational Delivery Network (ODN) that included two other tertiary units and provided this level of care for babies in Cornwall and Devon.
- A project was underway, with young people involved, to renovate areas of facilities on Brent Ward (oncology and haematology ward) and Bracken Ward (clinical haematology) to make then suitable for cancer care of adolescents.
- We heard and saw instances of how the specialist palliative care team within the hospital worked with the local hospice and Hospice at Home team within the community to improve patient support. These included rapid discharges, access to packages of care and equipment at short notice and provision of anxiety support on discharge.
- An outpatient management centre was being rolled out to make booking high risk and time critical patients easier and centralised. Several services were using the new system. Previously the central booking team organised clinics for doctors. The new system gives the clinicians oversight over who they see and when allowing them to prioritise high risk or time critical patients.

- The trust had recently opened a new multi storey car park to address the parking issues which patients told us were often difficult.

Meeting people's individual needs

- There were robust arrangements in place to support patients with dementia in all service across the trust. The hospital had a dementia care lead nurse and consultant who provided support to staff and patients. The Alzheimer's national dementia friend scheme was in operation. This is a programme for people to learn more about dementia and the ways in which people can help others living with dementia. Patients with learning disabilities were 'flagged' on the computer system so that everyone involved in that patient's care were well informed. This flag would also alert the learning disability nurse who would attend the department to offer further support and assistance if require
- When the patients were admitted to the critical care unit, the LD team would attend the unit, hand over the patient, including details of their mental and physical situation, and make sure the unit had the hospital 'passport'.
- We spoke with one patient who had a learning disability in the maternity unit. This person told us all staff had been kind, helpful and reassuring during pregnancy, birth and with post natal care. This person said information had been presented in a way they understood so they had been able to make choices about their care and treatment.
- The learning disability specialist nurse was also available during theatre lists that were specifically for children and young people with learning difficulties for example a dental list.
- The implementation of the school age pathway was led by the LD nurse who provided an integrated learning disability (LD) service for children across the trust and was based at the Child Development Centre. The LD nurse held clinics and undertook assessments in schools where practical strategies were deployed to enable children to better manage their condition.
- On surgical wards staff were supported by 'bed watchers'; these were normally health care staff but at times they were security staff. These staff were used to sit with patients who had behaviour that challenged, or were confused and trying to get out of their bed. Staff also said that at times they did not have enough bed watchers to meet the needs of all patients.

- In the critical care there were staff in the units trained in supporting people living with dementia. These 'dementia champions' among the nursing team attended workshops to enable them to be up-to-date in providing specialised care and support to both the patient and other staff working with them.

Access and flow

- Leading up to and during the winter period of 2014-15 had seen the trust experience an increase in attendance at the emergency department. This resulted in a higher than expected number of acutely unwell patients requiring admission to the hospital, particularly from December 14 to Feb 15.
- As a result the trust was consistently failing to meet the standard requirement that 95% of patients were discharged, admitted or transferred within four hours of arrival at A&E. The department dashboard for 2014-15 reported they had only met this target once (in May 2014).
- The longest any one patient remained in the department was reported as 14 hours and 9 minutes for an admitted patient and 25 hours and 32 minutes form a non-admitted patient.
- Overcrowding in the ED presented a risk to patient safety, patient experience and performance against key waiting time targets and was recognised as a trust wide problem to be addressed.
- At times of peak activity and high numbers of patients attending the department impacting on flow through the hospital the trust declared an escalation situation of 'black alert'. During the black alert there were daily conference calls in the morning between the hospital, community services and ambulance service to discuss pressures and plans for the day ahead.
- Staff raised concerns about the procedure for booking operations onto theatre lists. For example, once the lists were finalised other operations were added without informing for checking with the relevant staff. Operation lists were often too long or too short and some theatres were being underutilised. Operations were also cancelled as there was not enough time as too many had been booked or specialist equipment was not being arranged at the time the operation was added to the list.
- The increased demands on the trust's services and beds resulted in a high number of elective operations being cancelled. 1500 operations from all surgical specialties were

cancelled in January and February 2015. In addition to the high number of cancelled operations the trust was also not always meeting the national targets for rebooking these patients within the 28-day timescale.

- In critical care the impact of the busy hospital led to discharges from the unit not being achieved within the recommended standard

- Services for maternity and children were meeting the needs of patients in terms of access with the maternity triage service which was open 24 hours a day, all year round. The Child Development Centre had implemented an improvement plan in August 2014 which had taken into account the different needs of children and ensured they had timely access to initial assessment, diagnosis and / or urgent treatment through outpatient services.
- Access and flow for end of life patients was dependant on the admission and discharge process. This was seen in both cases to be efficient and patient centred. On admission through the Emergency Department, initial holistic needs assessments were carried out by the Acute Oncology Specialist Nurse and if any specialist needs were identified then a referral was made to the hospital SPCT. We spoke with a patient who confirmed they had been admitted directly from home to the ward. They had rung the Oncology Ward and been directly admitted. They told us they felt able to ring at any time.
- One of the largest challenges to the trust in maintaining patient access was in outpatients and diagnostic imaging service. In April 2015 there was a total of 110,657 patients on a follow-up waiting list with 36,724 (33%) of these patients in breach of their see-by date. A total of 1961 patients had their outcomes missing and no see by date (meaning that the hospital did not know when a follow up appointment was required). Out of the patients in breach of their see-by date over 26,000 (71%) did not have appointments.
- The trust had implemented a programme to identify and prioritise patients who may be at high risk of harm as a result of long waiting times. However it was recognised that this would take time to achieve and for access times to be within the required range for all specialities.
- A backlog of 12,693 unreported diagnostic imaging scans identified in September 2014 was also a concern being addressed and managed by the radiology teams to, prioritise of urgent scans, and set up a waiting list initiative to prioritise patients at risk.

Learning from complaints and concerns

Summary of findings

- The trust has kept complaints procedures under regular review and the team considered that the arrangements were in line with current best practice. Complaints, along with incidents, are considered by a weekly meeting involving the medical director and director of nursing. Complaints are investigated at a senior level by staff not previously involved with the situation. The most serious complaints, known as “red complaints” are escalated for rapid action. Efforts have been made to engage with the Health Service Ombudsman to help improve handling and outcomes.
- Learning from complaints was routine in the majority of wards and departments and staff were able to provide examples of changes that had been implemented as a result of complaints. However in the emergency department there was not a formal process to disseminate learning from complaints or to share learning and staff we spoke with were unable to describe any learning that had arisen.
- Access to information on how to complain was widely available in wards and departments with the exception of the emergency department.
- The surgical care group had received a higher number of complaints leading up to our inspection which was due in the main to the high number of cancelled operations at the time of peak activity in the winter months.
- The Patient Advice and Liaison Service (PALS) provided support to patients and relatives who wished to make a complaint. We noted some wards had information on how to access the PALS team and the team had recently moved to a more visible office near the main hospital entrance to ensure they were more visible and accessible to patients and the public.
- Information explaining how parents, children and young people could raise their concerns or complaints was displayed on the children’s areas.

Are services at this trust well-led?

Good

We have rated the trust as good for being well-led. The trust’s leadership, governance and culture promote the delivery of high quality person-centred care. Improvements were needed in aspects of the leadership of urgent and emergency care, surgery and outpatients and diagnostic imaging services. Significant cultural change, including the promotion of an open and transparent culture, has been achieved within the last two years by the current trust leadership team.

There was a clear statement of vision and values that were driven by quality and safety. Staff across the trust knew and understood the

vision and values. There was a patient focused culture and an absolute encouragement around openness and honesty. Morale appeared to the team to be buoyant despite the pressures and staff felt supported and valued.

Governance structures were sound and had been regularly reviewed. Work was underway to increase the pace of improvement and grip on risks and to increase the effectiveness of care group and service line leadership where that was needed.

Vision and strategy

The trust's vision and strategy is set out in a document "At the Heart of Health in the Peninsula" which was published in June 2013. The stated vision is to become one of the country's leading specialist centres delivering excellent care, teaching, training and research. The strategy sets out the influencing factors which included serving the diverse population locally and more widely across the peninsula, focusing on the quality of care, increasing the confidence of patients, GPs and commissioners, developing research and innovation and collaborating with local partners. The vision and strategy are summed up in the phrase "Leading with excellence, caring with compassion" and this appears on all trust documentation and was visible in public and ward areas at Derriford Hospital.

The vision and strategy is underpinned by the following values which were developed in conjunction with staff in April 2007 with the fifth value being added as part of the strategy in 2013. They are:

- Respecting others
- Taking ownership
- Putting patients first
- Being positive
- Listening, learning and improving.

The values were on display throughout the trust. The majority of staff that the team encountered in focus groups and on wards were aware of the values and some of them talked in detail about them and how they were applied to their work. Values driven leadership was being promoted through the corporate programme around engagement, communication and behaviours known as the Plymouth Way and described in more detail below.

Governance, risk management and quality measurement

- The governance structures within the trust were clear and had been regularly reviewed. The committee structures were aligned to corporate objectives and risks. Three key committees, Safety & Quality, Finance & Investment and

Workforce & Organisational Development reported into the Board. The arrangements were set out in the Board Assurance Framework and associated policies and these were effective in clearly describing levels of responsibility and accountability. Operational performance of services at the trust were managed in a Care Group structure with service lines aligned to and reporting into the groups. The four groups were Medicine, Surgery, Women and Children and Clinical Support Services. The Trust Management Executive, chaired by the Chief Executive, included the Care Group directors along with executive directors.

- The performance reporting framework had been aligned to CQC's five key questions. An integrated performance report was produced that included a summary performance dashboard covering safe, effective, caring, responsive and well-led. The report includes external as well as internal assessments and these included the CQC risk rating, NHS Choices and a governance risk rating using Monitor performance measures. The latter was rated as red at the time of the inspection based on trust performance against targets for referral to treatment, cancer and emergency care. The performance report was being developed to increase the focus on issues and services that needed improvement or additional support including detailed analysis of the performance of care groups and service lines.
- The risk management arrangements were effective in providing good visibility on the key risks. The trust's own review had identified the need to increase the pace with which risks are addressed and also to improve the consistency in the way the board assurance framework is used. An increasing emphasis was being given to holding care groups and service lines to account to improve. The inspection confirmed that risk arrangements were in place and that generally risks were well understood and accurately recorded but a recurring theme was variability in terms of assigning owners to risks and clearly recording mitigation and action.
- The trust's ambitions for quality improvement were set out in their Quality Improvement Strategy, known as Aspire. It identifies four priorities around prevention, protection, preparation and patient and staff engagement. As reported below the involvement of patients at a relatively senior level in trust governance structures, for example a shadow governor

and patient representative chaired the Patient Experience Committee, have significantly increased the profile of patient experience and outcomes as part of the overall consideration of risk and quality.

- Changes were made to the way quality governance operated following a review of corporate governance teams early in 2014. There has been a deliberate move to integrate quality into care groups and service lines supported by a Quality Governance team. The Director of Nursing took overall lead and team included the assistant medical director for quality and the patient safety lead. A newsletter, Quality Matters, has communicated changes and developments to staff.

Leadership of the trust

- There had been significant change at Board and Executive level within the last three years. Prior to this there had been a period of turmoil with a rapid turnover of chairmen and the resignation of a group of non-executive directors, leaving just two in place. The trust had recognised that this period of huge change had not helped the organisation and that a consequence had been that at times there had been a lack of strong direction from the board and ambiguity in the trust vision and priorities. There was evidence that things had moved on significantly since then. The current chair joined the trust in August 2012 and the chief executive arrived in September 2012. Since then five non-executive directors had been appointed. A new chief operating officer, director of nursing and medical director had all been appointed in the last two years. There was a board development plan in place.
- It was apparent that the chair and chief executive worked well together and that stability and a clear strategic direction had been established. The chairman had personally emphasised the need for transparency and openness. This was evident from a significant change in board agendas with the majority of board business being dealt with in part one of board meetings when members of the public are able to attend. Part one opened with a patient story and these were usually presented by the patient, sometimes supported by a clinician. The board assurance framework was included in part one with part two being confined to matters that were commercial in confidence. The inspection team considered that this approach to board business was exceptionally open in comparison with many other NHS trusts.

Summary of findings

- In discussion with the chair and non-executive directors we considered that the scale of the financial challenges for the trust and the wider system coupled with the unprecedented pressures on the unscheduled care pathway combined to give the single biggest challenge for the short and medium term. While this could be said of many trusts the scale of the financial challenge in the Devon healthcare economy make this particularly acute. The trust was seeking to influence the situation positively but at the time of the inspection there had not been any significant progress.
- The non-executives appeared skilled and engaged and to have an appropriate balance in terms of their operational and strategic focus. There was a sense of their frustration with the pace of some of the improvement work and a concern, shared with executives, to turn the listening into action.
- The executive team appeared strong and cohesive. In discussions with individuals there was a consistency in the way that risks were described and a strong sense of shared purpose. The chief executive was highly visible and staff across the trust credited her with the transformation in culture described below. Feedback from stakeholders was positive about the leadership of the chief executive, both in terms of the trust and wider engagement. The trust was regarded as an active and effective member of a number of strategic groups across the city involving health and education. The trust were described as engaging fully with the health scrutiny function of Plymouth City Council and of having strong relationships with adult social care staff. The inspection team considered that this level of positive engagement compared well with other trusts.
- Financial leadership and management within the trust was robust and patient centred and it was clear that care had not and would not be compromised on financial grounds. The trust had had significant financial challenges for a number of years and was operating in one of the most challenged healthcare economies nationally. The trust set a deficit budget of £13 million for 2013/14 and achieved this while delivering a cost improvement programme of £22 million. This departure from the normal requirement to deliver a surplus or breakeven was agreed with the Trust Development Authority.
- Nursing leadership was strong. The Director of Nursing was visible and well respected by staff and had worked clinically one day a week since his appointment. The profile of nursing

had increased under his leadership with the introduction of a nursing conference, the launch of a nursing badge to recognise length of service and the introduction of clinical Wednesdays involving all matrons.

- There was evidence that some of the management systems and processes needed improvement or at least clarification and clear communication to staff. There had been long delays in recruitment and in particular in the time taken between a job offer being made and starting work. Changes had recently been made to recruitment processes and there was evidence of some improvement. Examples were given of this taking up to three months and beyond. The new online system for appraisals had proved difficult to use in practice and a number of teams told us that they had reverted to the previous paper based system. There was a new sickness policy in place which had increased management discretion and concerns were raised with the team that differences in the approach of individual managers had led to unfairness. When this was raised with the trust it was not clear how the implementation of the policy was being monitored to ensure consistent application. It was evident that different approaches were being taken to the Compensatory Rest Rule in different parts of the trust and with different staff groups. For example the approach taken in the emergency department and with physiotherapists was different to the approach being taken in radiology. Some staff suggested that the situation had contributed to some people deciding to leave and join neighbouring trusts who took a different approach. The team raised this with the trust for their consideration.

Culture within the trust

- The team found a vibrant and positive culture within the trust. The trust leadership, especially the chief executive and director of nursing, were highly visible. The chief executive's name was mentioned many times with staff saying that things had changed since her arrival. She was described as approachable, she had been seen in many departments and she was credited with getting things done. Staff side representatives described the positive changes since her arrival including better access and improved relationships.
- The team met over 270 staff at focus groups and drop in sessions and spoke to at least as many again while visiting wards and other areas. Despite the challenges and pressures that staff had experienced over the winter period and the poor staff survey results the overwhelming majority of staff talked

about their hospital, their service and their colleagues with pride and enthusiasm. Staff talked about being encouraged to be open and transparent, about good team work and the support they got from managers. Staff told the team that they felt respected and valued. The sense of teamwork extended to contractors working at the trust who felt integrated into the hospital team. The team heard many references to "Village Plymouth". A significant number of staff with experience in a number of NHS trusts talked positively about the hospital having a different "personality" to other places that they had worked. Staff talking in these terms included people involved in direct patient care and those providing support services.

- The pressures on the trust had impacted on staff. Many staff talked about how they regularly worked beyond their hours and some staff had felt subtle pressure to do this on a more consistent basis. Because of this some staff felt that their goodwill had been taken for granted. That said there was no evidence of a bullying culture and both the staff survey and information from the staff side representatives that met confirmed this.
- The Chair described the board's commitment to values driven leadership. This had taken the form of a leadership and cultural programme known as The Plymouth Way. The programme set out the expectations about leadership and management in line with the trust values to ensure that staff are able to deliver the best care for patients. The programme was cascaded through the trust in 2013 and is ongoing. Leaders were being supported by a range of assessment, support and educational tools aimed at developing the quality of engagement and communication with staff at all levels. The programme has led to an increased emphasis on behaviours and living the values through everyday interactions. Leaders and managers across the trust referred to the programme in discussions with the team.

Fit and Proper Persons

- The trust became subject to a new regulation (Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014) on 27 November 2014. This regulation states that individuals in authority (board members) in organisations that deliver care are responsible for the overall quality and safety of that care. The regulation is about ensuring that board members are fit and proper to carry out that role.
- The trust was prepared to meet the requirements related to Fit and Proper Persons. The processes relating to the recruitment

of executive and non-executive directors had been adjusted to take account of the requirement. At the time of the inspection there had not been any recent appointments so the system had yet to be tested in practice. The trust had introduced a system of an annual self declaration for existing board members. The team reviewed a number of personnel files for current directors and saw that this process had been completed. The team were informed that contracts for board members were being adjusted to include a requirement to notify of any relevant issues as they arose between the annual declarations. Fit and Proper Persons requirements would also form part of the appraisal of all board members.

Public and staff engagement

- Trust strategies, including the Quality Improvement Strategy, referred to patient engagement and involving them at an early stage in the design of services. Patients and lay representatives were included on committees. Significantly the Patient Experience Committee, which reported to a sub committee of the Board, was chaired by a patient and was recognised as an effective committee that was having an impact. A Patients Council had recently been formed, chaired by a shadow governor and attended by the Director of Nursing. The Council was providing good challenge and undertaking activities such as mystery shopping reviews within the hospital.
- Members of the public were directly engaged and involved through volunteering at the trust. At the time of the inspection there were over 600 volunteers actively involved at the trust. Volunteers undertake a range of roles including supporting patients to eat their meals and supporting families who have relatives in critical care.
- The trust has both governors and members from the time when it was preparing to become a foundation trust. The trust maintains governor and member areas on its website and continues to engage with them. Some of the shadow governors are involved on trust committees.
- Improving staff engagement was a key part of The Plymouth Way programme described above. The programme was aimed at improving the quality of engagement and communication with staff at all levels. The trust had scored poorly on engagement in the 2014 NHS Staff Survey with negative findings for 17 of the 29 indicators with the remainder being within the expected range. Within the survey communication from managers, support from immediate managers and effective

team working all scored poorly. These findings were at odds with the observations of the inspection team and with the feedback from the majority of the 270 staff who attended the focus groups and drop in sessions. With a few exceptions staff talked about good team working and strong support from managers. The majority of staff talked about working for the trust with enthusiasm and said they felt respected and valued.

- The staff survey results may have been influenced by the extreme pressure that staff had been working under at the time that it was completed (autumn 2014). It was suggested to the team that significant increases in parking charges for staff and the removal of a meal subsidy may also have been factors. While the leadership team at the trust were disappointed that the work undertaken since the 2013 survey had apparently not had the intended impact they had decided to concentrate on further improvement work rather than retrospective analysis. Improvement plans included the formation of a staff council. The trust were also holding staff focus groups. The Workforce & Organisational Development Committee, chaired by a non-executive director, had recently introduced Staff Stories, along the line of Patient Stories, at the start of meetings in order to better inform the Committee's insight and understanding of staff issues.

Innovation, improvement and sustainability

- Innovation, improvement and research was a key part of the trust's "At the Heart of Health in the Peninsula" strategy. The strategy referred to developing strong relationships with Plymouth University and the South West Peninsula Academic Health Science Network and working together to become a leading centre for innovation and research. There was a research and development team in place to oversee the governance of research. The trust had successfully increased the number of patients recruited to clinical trials run at Plymouth Hospitals which had grown by 240% over three years. Recruitment for interventional trials had increased by 80%. The trust was a leader in the south west for recruiting patients to research programmes and had been recognised as one of the top 100 trusts nationally on this aspect.
- The trust launched a new Innovations Strategy and pathway in April 2014. This was aimed at supporting improvements in patient care and clinical outcomes, improvements in the workplace, creating income from licensing or sale of Intellectual Property, saving resources (time and cost) and nurturing a creative culture.

- Improvement work was being undertaken across the trust. There was a Plymouth Programme Board in place to direct and oversee the trust's transformation programme. Priorities for improvements in quality were set out in the Quality Improvement Strategy. Current priorities and projects included the reduction of key harm events including hospital acquired pressure sores, falls and infections, introducing seven day working, getting staffing levels right and improving overall patient experience. A Quality Improvement Committee chaired by the Medical Director was in place to support and evaluate the implementation of improvements across the trust.
- The trust has set out objectives to provide healthcare in a sustainable way that does not harm the local environment. Examples included a Carbon Reduction Plan and a scheme involving a local community interest company that turned confidential waste into fuel briquettes that were sold to low income families. Over the last 12 months a combined heat and power plant had been installed at Derriford Hospital which supplied 50% to 60% of electricity requirements.
- The trust had had significant financial challenges for a number of years and was operating in one of the most challenged healthcare economies nationally. The trust set a deficit budget of £13 million for 2013/14 and achieved this while delivering a cost improvement programme of £22 million. This departure from the normal requirement to deliver a surplus or breakeven was agreed with the Trust Development Authority. Savings included £4.3 million through clinical frontline schemes, such as negotiating a lower rental cost on modular theatres and £1.5 million from improvements in the management of pharmaceuticals. Financial leadership and management within the trust was robust and patient centred and it was clear that care had not and would not be compromised on financial grounds.

Working in partnership with the Ministry of Defence

- The trust had a longstanding relationship with the Derriford Ministry of Defence Hospital Unit (MDHU). A tri-service staff of over 200 military doctors, nurses, and allied health professionals were fully integrated within the hospital workplace, working and training alongside NHS staff. Agreements were in place for the supply of staff to the hospital and staff are treated as supernumerary as they can be subject to short notice deployment. Military staff work across the trust

but are concentrated in the emergency department, theatres, acute surgery and critical care. Military staff have influenced working practices and at the time of the inspection there were military staff in governance and clinical leadership roles.

- Military staff described a very strong working relationship with the trust at all levels. The trust had a good reputation within the military and was a very popular posting with military staff. Military staff, distinctive in their uniforms, were popular with staff and patients and were valued by the trust for the skills and experience. Plymouth has a long tradition as a military city and there was a sense of mutual pride and respect and a recognition that both the trust and the military benefit from the arrangement.

Overview of ratings

Our ratings for Derriford Hospital are

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Inadequate	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Surgery	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity and gynaecology	Requires improvement	Good	☆ Outstanding	Good	Good	Good
Services for children and young people	Requires improvement	Good	☆ Outstanding	Good	Good	Good
End of life care	Good	Requires improvement	☆ Outstanding	Good	Good	Good
Outpatients and diagnostic imaging	Inadequate	Not rated	Good	Inadequate	Inadequate	Inadequate
Overall	Requires improvement	Good	☆ Outstanding	Inadequate	Requires improvement	Requires improvement

Our ratings for Mount Gould Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement

Overview of ratings

Our ratings for Plymouth Hospitals NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Good	☆ Outstanding	Inadequate	Good	Requires improvement

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients.

2. We have rated the trust as good for being well-led. The trust's leadership, governance and culture promote the delivery of high quality person-centred care.

Improvements are needed in aspects of the leadership of urgent and emergency and outpatients and diagnostic imaging services. Significant cultural change, including the promotion of an open and transparent culture, has been achieved within the last two years by the current trust leadership team.

Outstanding practice and areas for improvement

Outstanding practice

- The care and support provided to patients at the end of their lives was outstanding. Patients and relatives told us that they felt included and involved in decisions about care and treatment and that they had been treated as individuals with their choices listened to and respected. Feedback from all patients and relatives was extremely complimentary about the care they had received and the staff who had delivered the care.
- The involvement with community services in patient care was integral. As a result discharges were seen to be managed quickly to meet patients' needs. We heard and saw instances of how the SPCT within the hospital worked with the local hospice and Hospice at Home team within the community to improve patient support.
- The acute care team within critical care providing an outstanding service in terms of outreach and responding to deteriorating patients in the hospital. This was recognised by other staff, in particularly the surgical and medical wards. We were told the team were quick to respond, were highly experienced and knowledgeable, and staff could ask their advice and support on any matter. Staff said the acute care team had encouraged and enabled them to ask for advice or a review of any patient where, although the patient might not be triggering a risk level, the nurse or doctor had doubts or, as was described by one of the staff, "something that didn't feel quite right, or a gut instinct."
- The consultant intensivist clinical lead provided an outstanding example of compassion and support to a past patient who came to the unit during our inspection. This patient had effectively become "lost within the healthcare system" for a number of reasons linked to other events in their life. The patient was not judged for perceived or accepted failings in their life so far, but was offered compassion, advice, support, understanding and encouragement to move forward.
- Staff on the delivery suite, Argyll ward (maternity) and Norfolk ward (gynaecology) provided outstanding care to patients. The culture was focused and embedded on the provision of person-centred care and treatment to meet individual patient needs. Patient feedback was overwhelmingly positive, which was also reflected in monthly Friends and Family tests. Patients said that the reassurance and care given had increased their own confidence. Staff of all professions and grades demonstrated kindness, compassion, dignity and respect. Patients were fully involved with their care and treatment and were actively encouraged to ask questions. Specialist professional counselling was available from midwives and a clinical psychologist supported women with difficult or complex decisions, care or treatment.
- The neonatal intensive care unit (NICU) clinical director was an advanced neonatal nurse practitioner (ANNP).NICU benefitted from a neonatal technician service which staff found invaluable. The clinical educator for general paediatrics offered bespoke training and had performed a comprehensive training needs analysis to ensure staff were able to access training to meet their needs.
- The paediatric services benefitted from dedicated pain assessment services and dedicated pain nursing staff.
- We found staff to be very caring and supportive of the children, young people and their families that the paediatric services looked after both in the acute and community settings. We heard many positive comments about staff going beyond the call of duty to provide care and support. Children were truly respected and valued as individuals and encouraged to self-care and were supported to achieve their full potential within the limitations of their clinical condition. Feedback from children who used the paediatric community services, parents and stakeholders was continually positive about the way staff treated people. Parents said staff went the extra mile and the care they received exceeded their expectations.

Outstanding practice and areas for improvement

Areas for improvement

Action the trust MUST take to improve

Action the trust MUST take to improve

The trust must ensure:

- All staff are aware of their role in incident reporting and there are systems and process in place to monitor not only individual incidents but trends and themes.
- Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be are deployed to provide adequate levels of nursing and medical staff to ensure the safety of patients at all times. This applies to the emergency department, children's services, outpatients and diagnostics, maternity services and medical services.
- Patients in the emergency department that are awaiting x-rays in the corridor and the reception area away from staff vision are suitably monitored.
- Systems for booking theatre slots are robust and coordinated across the trust so that theatre time is utilised to provide a timely and consistent service.
- Ensure there are systems in place so that the impact of system escalation does not delay patients who are cancelled at short notice and that they are re booked for their surgery within the 28 day requirement. The safety and security of staff and patients in the CDU by providing a means of calling for assistance in an emergency.
- The reception and waiting area in the emergency department complies with the Disability Discrimination Act.
- Staff are administering medicines in line with the NMC standards for medicines management.
- The checking systems for ensuring medication is fit for use, is consistently followed by staff. Intravenous fluids should be stored securely so that they are not accessible by patients and visitors to wards and departments.
- Medicines and controlled drugs are kept in locked in cabinets in the obstetric theatre and anaesthetic rooms when not in use.
- Medications are managed appropriately in the outpatients departments and trust processes and policies are followed.
- Patients receive appropriate and ongoing risk assessments such as mental health risk assessments and complexity scoring, to determine the appropriate place for them to be cared for and monitored.
- All staff have sufficient knowledge of and implement the Mental Capacity Act so that patients' mental capacity is confirmed and to identify patients who lack capacity to make decisions, so that patients' best interests were being served.
- Patients are protected from risk through improvement of systems and performance in relation to the time patients spend in the emergency department.
- Treatment Escalation Plans (TEPS) are fully completed to ensure patients' choices and preferences and ceilings of care are identified.
- It improves the premises for patients who are using Interventional Radiology, to make sure there is a suitable environment for patients to recover post procedure.
- Patients' records are stored securely at all times to prevent unauthorised access to them.
- It improves the experience of patients by addressing the high numbers of elective operations that have been cancelled.
- The critical care service improves the experience of patients by addressing the significantly high levels of discharge from the unit that are either delayed for more than four hours or happen at night.
- It provides a suitable environment for patients awaiting x-ray that will provide privacy and the ability to call for assistance if required.
- The environment and equipment on the delivery suite is fit for purpose and is able to be effectively cleaned and decontaminated to prevent the risk of cross infection. The delivery suite did not comply with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.
- Care and treatment is provided in a safe way for patients by ensuring premises are safe to use for their intended purpose, that is cleaning materials and sharps materials are stored securely in areas that are not accessible to patients or visitors.

Outstanding practice and areas for improvement

- There are sufficient resources to ensure the cleaning of blood and body fluid spillages does not pose a risk that clinical staff are unable to meet the clinical needs of patients in preference to cleaning
- The ratio of supervisor of midwives to midwives is at the recommended level of 1:15 (Midwifery Rules and Standards, rule 12, Nursing and Midwifery Council, 2014).
- Staff working in gynaecology are supported to have annual appraisals.
- Rooms used for recovery of children following procedures undertaken under general anaesthetic on the children's Outpatients Department meets laid down recommendations.
- The safety of adolescents with mental health issues when using any of the paediatric services at all times.
- All children using the acute or community paediatric services have a care plan in place that is updated at regular intervals or when changes occur to the child or young person.
- Systems and process are in place to manage the backlog of follow-up appointments and the backlog of imaging reporting, to mitigate the risks to patients of delayed diagnosis and treatment.
- Action plans are realistic and focused on the areas of concern in relation to the backlog of unreported scans in diagnostic imaging.
- Staff have the competence, skill and experience to deliver patient care and treatment and meet patients' needs. This includes the management and leadership roles at Mount Gould Hospital
- Systems, processes and standard operating procedures are reliable and appropriate to keep people safe, and monitor whether safety systems are implemented at Mount Gould Hospital
- At Mount Gould Hospital the consistent application of medicines optimisation across the services, in particular: safe storage and management of stocks of FP10 and outpatient prescription forms, safe disposal of surplus or wasted medicines, and safe custody of medicines keys, so that prescription forms and medicines are only accessible to staff with suitable authority.
- They review the managerial and governance arrangements in outpatients, so that risks systems and processes to minimise likelihood of risk in relation to access to services and a standard booking process for appointments across all departments are fully implemented.
- All staff understand and work within the requirements of the Mental Capacity Act 2005 where they work with people who may lack the mental capacity to make decisions.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 Good Governance 17(2) (a) There must be systems and process in place to monitor and improve the quality of and safety of services. Action plans to manage the backlog need to be focused and realistic in achieving what is required. Staff must be aware of their role in incident reporting and there must be systems to ensure trends and themes are monitored Systems to improve the quality and experience of patients must improve to address the high numbers of elective operations cancelled. 17 (2) (b) Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; The processes and systems in place to identify and assess risks to the health and safety of people who use the service were not effective or timely. The numbers of patients at risk of harm due to the backlog of new and follow up appointments and delays in reporting of diagnostics was not fully understood by the provider. This placed patients at risk of harm due to delays in treatment and assessment. The processes and systems in place to identify and assess risks to the health and safety of people who use the service were not effective. The system used for booking operations failed to identify when mistakes were made resulting in patients being cancelled. This placed patients at risk of harm due to delays in their treatment. Patients were being cancelled for surgery and not being rebooked within the 28 day required timescale. Ensure

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there are systems in place so that the impact of system escalation does not delay patients who are cancelled at short notice and that they are re booked for their surgery within the 28 day requirement.

17(2)(c) must maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Records must be stored securely at all times to prevent unauthorised access.

17(20(d) End of life decisions were not consistently recorded. We saw evidence of end of life decisions having been made without documentation of, or discussion with, patients. The Treatment Escalation Plans (TEP's) that included do not attempt cardio-pulmonary resuscitation (DNA CPR) decisions were not consistently being completed appropriately. Mental capacity assessments were not consistently undertaken to identify patients who lacked capacity to make decisions and so ensuring patients best interests were being served.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Person-centred care 9 (1) (a) and (b) The care and treatment of service users must – (a) be appropriate; and (b) meet their needs. Patients in the critical care service were not discharged from the unit onto wards when they were ready to leave. In the most recent data provided (the last quarter of the year 2014) around 70% of patients were delayed more than four hours. Patients in the critical care service were

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also discharged too often at night. In the most recent data provided (the last quarter of the year 2014) around 12% of all patients were discharged between 10pm and 7am when there are known risks associated with this.

9(3) (a) Assessments of peoples care and treatment needs should include all their needs. Not all children in acute and community settings had a care plan in place that is updated at regular intervals when changes occur.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Safe Care and Treatment 12- (1) Care and treatment must be provide in a safe way for service users. (2) Without limiting paragraph (1), the things which the registered person must do to comply with that paragraph include- (c) ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experiences to do so safely; (d) ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way; (g) the proper safe management of medicines; (h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated 12 (2) Where responsibility for the care and treatment of service users is shared with, or transferred to, other persons, working with such other persons, service users and other appropriate persons to ensure that timely care planning takes place to ensure the health, safety and welfare of the service users.

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Care plans were either not in place or had not been updated to reflect the care and support required or risks that may be associated with the child or young person.

12 (2) (a) The processes and systems in place to identify persons at risk of harm in accordance with the Mental Capacity Act 2005 were not understood in the Chestnut Unit and Ophthalmology or Mount Gould Hospital.

12 (2) (b) The environment for patients waiting X-ray did not provide privacy or the ability for patients to call for assistance if required.

The rooms used for recovering children following intrathecal chemotherapy did not always provide line of sight to the trained nurse meaning that deterioration of the child may go unnoticed between nurses carrying out the required observations every five minutes.

The environment for patients who are using Interventional Radiology must be suitable environment for patients to be recovered in post procedure.

12 (2) (c) There were no standards or guidance on the staffing skill mix in outpatients at Mount Gould Hospital. Non registered nurses were at times given responsibilities such as holding the medicine keys which were not within their competence.

12(2) (g) Staff were not administering medicines in line with NMC standards. Medicines such as intravenous fluids were not stored securely away from access by unauthorised people. Medicines used in obstetric theatres were not locked away when not in use. Policies for medication were not being followed in the outpatient department. At Mount Gould Hospital there were unsafe practices in medicines optimisation including: ineffective processes for the disposal of medicines, lack of safe storage and management of prescription forms, and non-adherence to the trust policy for the custody of medicines keys.

12(2) (h) The delivery suite was not able to be cleaned to an acceptable standard. All rooms were similar; with ripped wallpaper and exposed or missing plaster on the walls, chipped and raw wooden shelving, unfitted and damaged skirting and exposed drilling and fixings on

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walls where equipment had been removed and not recovered or resealed. Sinks were badly stained and none of the sinks had elbow operated taps. These did not comply with the Health technical memorandum 64, Note 00-10: Part C – Sanitary assemblies (DH, 2014). The radiator covers in the shared patient toilets (one between every two delivery rooms) were rusted.

The unsealed and damaged environment and equipment allowed debris and dirt to collect in areas and on surfaces. These and rusted components could not be cleaned effectively.

Cleaning materials and sharps materials were not stored securely in areas that were accessible to patients or visitors to wards and departments. The sluices contained cleaning materials that were accessible and needles were left on unsecured trolleys in ward corridors.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18:Staffing** 18-(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part. Staffing levels did not always meet the ward / departments establishment of nursing staff. Due to the complexities of patients care needs, there were not always sufficient staff numbers on duty to meet their assessed care and treatment needs. The provider failed to deploy sufficient numbers of suitably qualified competent, skilled and experienced persons in outpatients and diagnostic imaging, the Emergency department, children's wards (Neonatal Intensive Care Unit (NICU), Children's Assessment Unit (CAU), Wildgoose Ward and Woodcock Ward) the

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Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment Regulation 15: Premises and equipment 15 (1) All premises and equipment used by the services provide must be: (a) clean (b) secure (C) suitable for the use for which they are being used, (d) properly used (e) properly maintained (f) and appropriately located for the use for which they are being used. 15 (1)(a) The environment and equipment on the delivery suite was not fit for purpose and was not able to be effectively cleaned and decontaminated to prevent the risk of cross infection. The delivery suite did not comply with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.

maternity service and medical wards to make sure that peoples care and treatment needs were met. There were insufficient staff to address the backlog of reporting for diagnostic imaging scans.

18 (2) (a) Not all staff had sufficient knowledge of and implement the Mental Capacity Act in order that patients mental capacity is confirmed to identify patients who lacked capacity to make decisions and so ensure patients best interests were being served.

The ratio of supervisor of midwives to midwives did not meet the recommended level of 1:15 (Midwifery Rules and Standards, rule 12, Nursing and Midwifery Council, 2014).

Staff working in gynaecology were not supported to have annual appraisals.

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Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Regulation 10 : Dignity and respect 10 (1) Service users must be treated with dignity and respect The reception and waiting area in the emergency department did not comply with the disability discrimination act.
	There were insufficient resources to ensure the cleaning of blood and body fluid spillages does not pose a risk that clinical staff are unable to meet the clinical needs of patients in preference to cleaning. 15 (1) (c) cleaning materials and sharps materials were not always stored securely in areas that are not accessible to patients or visitors to wards and departments.