Milton Keynes Hospital

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?	Good
Are services at this trust responsive?	Requires improvement
Are services at this trust well-led?	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

Milton Keynes Hospital NHS Foundation Trust consists of one medium-sized district general hospital. The trust provides a full range of hospital services including accident and emergency, critical care, general medicine including elderly care, general surgery, paediatrics and maternity care. In total the trust has 508 hospital beds.

The trust serves a population of 252,000 living in Milton Keynes and the surrounding areas. Milton Keynes is an urban area with a deprivation score of 192, out of 326 local authorities (with 1 being the most deprived). Life expectancy for men is worse than the England average, but for women is about the same as the England average.

Monitor is the independent regulator of foundation trusts in England. It issues licences to operate. In November 2014, Monitor issued enforcement undertakings on Milton Keynes Hospital NHS Foundation Trust because it was in breach of its licence. Breaches were in three areas: A&E waiting times, financial breaches (financial deficit) and governance (the failure to deliver the clinical risk management plan). The trust was taking steps to address these enforcement undertakings.

We inspected Milton Keynes Hospital NHS Foundation Trust as part of our comprehensive inspection programme. We carried out an announced inspection of Milton Keynes Hospital between 22 and 23 October 2014. In addition, an unannounced inspection was carried out between 5pm and midnight on 2 November 2014. The purpose of the unannounced inspection was to look at the accident and emergency (A&E) department and the general management of medical patients out of hours.

Overall, we rated this trust as “requires improvement," and noted some outstanding practice and innovation. However, improvements were needed to ensure that services were safe and responsive to people’s needs. Our key findings were as follows:

- Staff were caring and compassionate and generally treated patients with dignity and respect.
- The hospital was generally clean and well maintained. Infection rates were in line with England averages. We saw that staff washed their hands between patients.
- The trust had consistently not met the target for treating 95% of patients attending accident and emergency (A&E) within four hours. Plans were in place to address performance, and progress was being made. The hospital was under significant pressure for beds, and demand was exceeding the capacity.
- There were staffing vacancies in some areas, although the nursing and medical numbers had recently increased. We found some examples where staffing levels were not in accordance with the required levels, but escalation procedures were in place and risk assessments were being carried out. Patients told us that staff, particularly nurses, were very busy. We found some staff felt under pressure and were concerned that they were not able to deliver the care they wanted to.
- There were medical staff vacancies. Recruitment was underway and the trust reported that it was finding it easier to attract the best medical staff to the hospital because they were opening a new medical school.
- There were no open mortality outliers at the trust at the time of our inspection. Outcomes for patients were generally good and the trust was providing effective services.
- We saw that patients were given assistance to eat and drink, although fluid and food intake charts were not always completed. The catering department worked with dieticians and ward nurses to provide menu options for patients who required a different diet to that on offer.

We saw several areas of outstanding practice including:

- Sensory walk rounds had taken place in the wards and departments and had led to improvements for people who had visual impairments.
- The Cancer Patient Partnership group was providing the trust with an outstanding way of engaging with patients and the public. There was good engagement between staff and the members of this group which had led to improvements in patient care.
- The care delivered by staff working in bereavement teams was good, this included the care provided to women and their partners after a bereavement of a baby. The bereavement specialist midwife had recently won a national award for her work in the trust’s maternity service.

Summary of findings

- Leadership within surgery was "outstanding." There was a shared purpose, excellent relationships were in place and there were high levels of staff satisfaction. Staff were very committed to working together in order to improve quality for patients.
- Consultant medical staff were extremely engaged with the leaders in the trust and were very positive about the future for Milton Keynes Hospital.

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

The trust should:

- The trust should ensure that patients in the waiting area in the medical assessment unit (Ward 1) have a means of calling for urgent help if required.
- The trust should ensure that cytotoxic waste is always stored securely.
- The trust should ensure that full and accurate records are maintained in relation to the care and treatment provided to each patient. This should include accurate recording of venous thromboembolism risk assessments for all patients, dementia risk assessments for patients aged 75 years or over, and records of food and fluids for patients assessed at risk of inadequate nutrition and dehydration.
- The trust should ensure that there are suitable arrangements in place for all staff to receive appropriate training and appraisal.
- The trust should ensure that patients who need inpatient care and treatment are transferred from the medical assessment unit to an appropriate ward within 72 hours.
- The trust should ensure pre-operative safety checks are carried out in accordance with WHO for all types of surgery, including dental extractions.
- The trust should ensure patients' privacy and dignity is maintained with the A&E department.
- The trust should ensure the completion of DNACPR documentation is consistent across the hospital.
- The maternity and gynaecology governance team should ensure appropriate and timely monitoring, updating and checking for the completion of action plans that had resulted from serious incident investigations or root cause analysis to ensure lessons were learnt.
- The trust should consult with the trust's health and safety and fire teams to establish operational protocols for partners who remain on Ward 9 overnight.

In addition the trust should consider the following areas:

- The trust should consider working with their commissioners to ensure the service provided by the Child and Adolescent Mental Health team (CAMH's) is consistently providing a responsive service.
- The trust should consider reviewing the process for the nursing handover in the A&E department.
- The trust should consider increasing the amount of information that is available for patients in languages other than English.
- The trust should consider how they can provide better facilities for relatives who need to stay at the hospital because their relative is at the end of life. This should include a suitable space for families and or patients to talk with staff in private on ward 22.
- The trust should consider providing protected time for departmental leaders working in A&E to have time to reflect and plan their service.
- The trust should consider ways of improving communications between staff and managers within the A&E department and how this would improve staff morale.
- The trust should consider reviewing the allocation of pharmacy support for the maternity service to provide medicines management and audit support.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Milton Keynes Hospital NHS Foundation Trust

Milton Keynes Hospital NHS Foundation Trust consists of one medium-sized district general hospital. Monitor authorised the trust as a foundation trust in October 2007. An NHS foundation trust is still part of the NHS, but the trust has gained a degree of independence from the Department of Health. The trust provides a full range of hospital services including an emergency department, critical care, general medicine including elderly care, general surgery, paediatrics and maternity care. In total the trust has 508 hospital beds.

The trust serves a population of 252,000 living in Milton Keynes and the surrounding areas. Milton Keynes is an urban area with a deprivation score of 192, out of 326 local authorities (with 1 being the most deprived). Life expectancy for men is worse than the England average, but for women is about the same as the England average. The local health profile shows that Milton Keynes has two indicators that are worse than the England average: statutory homelessness and violent crime. In 2011, 26.1% of Milton Keynes residents were from an ethnic group, compared with 20% in England as a whole. This included people from the EU.

The trust was rated as band 3 in the July 2014 update of the CQC's Intelligent Monitoring system (the scores range from bands 1-6, with band 1 being the highest risk and 6 the lowest). The highest risks within our monitoring were:

- Sentinel Stroke National Audit Programme (SSNAP) domain 2 – overall team-centred rating score for key stroke unit indicator
- Composite indicator: A&E waiting times more than four hours
- Monitor – governance risk rating
- The number of whistleblowing alerts received.

In 2013/14, the trust had a total income of £168 million and a deficit of £15 million.

Our inspection team

Our inspection team was led by:

Chair: Helen Coe MBE, Director of Operations at Frimley Health NHS Foundation Trust

Head of Hospital Inspections: Carolyn Jenkinson, Head of Hospital Inspection, Care Quality Commission

The team included a CQC inspection manager, 13 CQC inspectors and a variety of specialists, including: a professor of respiratory medicine, professor of surgery, consultant in paediatric emergency medicine, consultant obstetrician, clinical director for surgery and critical care, consultant paediatrician (nephrology), junior doctor, senior nurse in medicines and palliative care, lecturer in adult nursing and end of life care, operating theatre manager, A&E nurse, Head of Midwifery, consultant nurse (critical care) and a paediatric nurse. We were also supported by two experts by experience who had personal experience of using, or caring for someone who used, the type of services we were inspecting.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

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

Before our inspection, we reviewed a wide range of information about Milton Keynes Hospital NHS

Summary of findings

Foundation Trust and asked other organisations to share the information they held. We sought the views of the clinical commissioning group, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, and the local Healthwatch team.

We held a listening event in Milton Keynes on 21 October 2014, where members of the public shared their views and experiences of Milton Keynes Hospital. Some people also shared their experiences of the trust with us by email and telephone.

The announced inspection of Milton Keynes Hospital took place on 22 and 23 October 2014. We held focus groups with a range of staff in the hospital, including nurses, junior doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters. We also spoke with staff individually, as requested.

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

We carried out an unannounced inspection between 5pm and midnight on 2 November 2014 at Milton Keynes Hospital. The purpose of our unannounced inspection was to look at the A&E department and the general management of medical patients out of hours.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at Milton Keynes Hospital.

What people who use the trust's services say

We spoke with over 30 people who attended our listening event. Some people were very positive about the care they had received at the trust. Other people were less positive about their care. One person felt that their concerns about their treatment had not been listened to and we raised this with the Trust who took action to address this. We spoke with the relatives of another patient who had just been discharged from the hospital and had complex needs. They told us that a lot of their relative's care was exceptionally good, but other areas such as communication and being treated with dignity and respect by medical staff were not as positive. The patient's relatives also had concerns about the patient's discharge planning. We raised this with the trust and it took action to address these concerns straight away.

The Family and Friends test for inpatient services showed that 90% of patients would recommend the hospital to their friends and family. There were 443 people who responded to this test.

For A&E, 270 people responded to the Friends and Family test. Of these, 81% of patients would recommend the A&E department to their friends and family.

The NHS Choices website included a total of 205 reviews for the trust. The overall rating for the trust was four stars out of a possible five (that is, patients had reported that they were likely to recommend the hospital).

The national inpatient survey was carried out between September 2013 and January 2014. A total of 850 patients of the trust were sent a questionnaire asking about their experiences during their stay in hospital. Responses were received from 412 patients. The trust's scores were all average compared with those for other trusts in England.

The results of the National Accident and Emergency Patient Survey for 2014 placed Milton Keynes Hospital in the bottom 10 trusts in England. Patients answers to 29% of the questions asked gave scores worse than expected.

Summary of findings

Facts and data about this trust

Milton Keynes Hospital NHS Foundation Trust has one location, Milton Keynes Hospital. The trust has 508 beds in total and employs about 3,000 members of staff. In 2013/14 there were 24,613 non elective admissions, 260,227 outpatients and 78,131 emergency department attendances.

The trust serves a local population of around 252,000 living in and around Milton Keynes.

In 2013/14 the trust had a total income of £168 million; its full costs were £184 million, therefore it had a £15 million deficit.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? Overall, we rated the safety of services in the trust as requiring improvement, although the safety of the core services – critical care, end of life care, maternity and gynaecology and outpatients and diagnostics – was 'good'. For specific information, please refer to the individual report for Milton Keynes Hospital. We found that staff knew how to report incidents and understood what they should be reporting. We also saw evidence of how staff carried out investigations and made changes to learn from what had happened. Most staff told us they received feedback on the incidents they reported, although some staff were not sure whether this happened. There were vacancies in the trust, but there had been significant recruitment recently and plans to continually recruit staff were on-going. We found some examples within A&E and on medical wards where nurse staffing levels were not in line with the required numbers. The trust used agency, bank and locum staff. The percentage use of bank or agency staff was 7.9%, which was higher than the England average of 6.1%. An induction programme was in place for bank and agency staff, and the trust aimed to use the same staff where possible, to give continuity. Bank staff had access to the trust's mandatory training programme. When nurse staffing levels were different to the required level, we saw that staff followed an escalation procedure and the situation was risk assessed. We did not see patients' needs not being met as a result of nurse staffing levels, but many patients commented that they thought the nurses were very busy. Some staff told us they felt under pressure and did not always feel they had given the care they wanted to. Medical staff were under pressure, and there were occasions when patient care was affected; for example, staff told us there were delays getting the doctor to see patients out of hours. The trust was recruiting additional consultant medical staff, and it reported that the prospect of a new medical school on the site of the hospital was attracting high quality staff.	**Requires improvement** 

Summary of findings

The trust's board and the council of governors received regular reports on staffing levels, which were incorporated in the nursing metrics dashboard. Staffing levels could increase if patients' needs increased. For example, we saw a medical patient during our visit who was being given one-to-one nursing care.

We found that the trust had a focus on patient safety, and that patient safety was important to everyone.

The hospital was generally clean. Most areas were uncluttered and the hospital was well maintained. We had no concerns about maintenance or availability of equipment.

Safeguarding processes were in place. Staff were trained in safeguarding and could describe what process they would follow.

We found Do Not Attempt Cardio Pulmonary Resuscitation (DNA CPR) forms were inconsistently completed.

We noted that the duty of candour had been discussed at the meeting of the Trust's board in October 2014, and there were plans to include the duty of candour at the December 2014 board away day. All NHS trusts are required to be open and transparent as part of their NHS standard contract. The duty of candour requires the Trust to notify the relevant person (the patient or their relative) of a suspected or actual reportable patient safety incident. From 27 November 2014, the duty to be open and transparent became statutory. A series of staff briefings had been undertaken, including training sessions for consultants and senior clinicians.

The trust tracked compliance with the duty of candour through the serious incident review group and through monthly reporting to the risk and compliance board, quality and clinical risk committee and the trust's board.

Are services at this trust effective?

Good

Overall, we rated the effectiveness of services as "Good."

Care was based on evidence-based guidance or national recommendations, and care pathways were in place. The Care Quality Commission's (CQC's) Intelligent Monitoring system, which reviews information about the trust, indicated no evidence of risk when reviewing the trust's Hospital Standardised Mortality Ratio (HSMR) or Summary Hospital-level Mortality Indicator (SHMI). These values represent the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures. The values trigger alerts that require further investigation. There were no open mortality alerts at the time of our inspection.

Summary of findings

We found the monitoring of patients' food intake and fluid balance was often not properly recorded within the medical service. This meant patients could be at risk of inadequate nutrition and dehydration.

The trust confirmed there had been five neonatal deaths between July 2013 and March 2014. A neonatal death is the death of a baby within the first 28 days of life. These had been investigated internally. Following the trust's internal review, the trust had commissioned an external, independent review into the deaths, which was completed by the Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives (RCM). The report had not been published when the CQC inspection was undertaken. At the time of our inspection, the trust was engaging with families affected by the neonatal deaths. Out of respect for the families who had not yet been communicated with, we have not included the findings of this review within our report. The trust had committed to publishing the reports as soon as all the families had been communicated with.

There was a clear commitment to education and training, and staff were supported to attend professional development aside from mandatory training. Staff had good working relationships, and we saw evidence of multidisciplinary working.

Are services at this trust caring?

Good

Overall, we rated the caring aspects of the services as 'good', although caring in the A&E department requires improvement. For specific information, please refer to the individual report for Milton Keynes Hospital.

We saw that patients were treated with dignity and respect, although we did see one patient in the A&E department being helped onto a commode without the curtains being pulled around them, and another patient receiving treatment without the curtains being drawn.

Generally, patients felt that the care they received was caring, although many patients commented on how busy the nurses were. We saw, and patients told us about, some excellent examples of staff being kind and caring towards patients. We witnessed positive interactions between patients and staff. Patients and relatives told us they felt involved in patients' care.

We heard some very positive feedback about the cancer services and the palliative care teams.

Summary of findings

A range of services were in place to support the emotional needs of patients and relatives, which included multi-faith spiritual services. We found that mortuary staff were caring and treated the deceased and their relatives with dignity and respect.

The results of the Friends and Family test for inpatient services showed that 90% of the 443 patients who responded would recommend the hospital to their friends and family.

In A&E, the results of the National A&E Patient Survey 2014 placed Milton Keynes Hospital in the bottom 10 trusts in England. Of the questions asked, 29% scored worse than expected. This reflects the rating of 'requires improvement' for A&E.

Are services at this trust responsive?

Requires improvement

Overall, we rated the responsiveness of services in the trust as 'requires improvement'. For specific information, please refer to the individual report for Milton Keynes Hospital.

A number of areas needed to be addressed to improve the responsiveness of the services provided by the trust.

Like in many NHS trusts, demand for services was increasing. Bed occupancy was consistently higher (worse than) than the England average. The rate was above 95% for 2013, while the England average remained below 90%. There were issues with the flow of patients through the hospital. The trust had consistently failed to maintain the Government's target for 95% of patients to be admitted, transferred or discharged within four hours of attending the A&E department. Total time spent in A&E was consistently above the English trust average. The trust had recognised significant problems with patient flow from the emergency department to the medical assessment unit and onto other wards. The current model was not operating effectively, and the trust had a plan for major changes to improve patient flow through these departments.

The trust handled complaints in accordance with its policy but recognised that more improvements were needed. We heard some feedback from patients who were not satisfied that the trust had taken their complaints seriously enough. The trust had reviewed the way it managed complaints and had made changes in line with national recommendations. It was aware of the need to improve the way that complaints were handled, and we saw some examples of this happening. The trust was committed to making sure complaints were handled with compassion.

We found that the outpatient service was responsive. The most current data indicated that 96.2% of patients waiting for outpatient appointments were seen within 18 weeks. This compared with the

Summary of findings

NHS standard of 95% and was better than the England average. About 1% of patients waited six weeks or more for the results of diagnostic tests. This was better than the England average of just over 2%. The number of patients who did not attend their appointments was under 4% compared with an England average of about 6.8%.

People's individual needs were generally well catered for. Training on dementia had been good, and support was provided for patients with a learning disability. Although there was a translation service, there was a lack of written information in languages apart from English.

Are services at this trust well-led?

Good

We rated the overall leadership of the trust as 'good' but within surgery we rated it as "outstanding." For specific information, please refer to the individual report for Milton Keynes Hospital.

There were some very good examples of effective leadership at ward, service, directorate and overall trust level, but a lot of improvements were needed in the A&E department.

There was a problem with communication within the A&E department which had resulted in a disconnect between staff working in the A&E department and those in more senior management positions within the A&E division. Staff in A&E frequently commented they felt that the trust was more focused on targets than on patient care. This was the complete opposite of what we found when we spoke with executive leaders within the Trust. We found an open culture between members of staff working in the A&E department, but they did not always feel that their opinions were listened to and reflected in the planning of future service delivery.

Leadership within surgery was outstanding. Senior surgical staff demonstrated passion and responsibility for the provision of excellence to their patients and to supporting staff in their roles. Leadership was regarded very highly by surgical staff, with visibility and efficient and effective communication commented on by most staff.

Staff engagement was generally good. We were impressed by the number of consultant medical staff who spoke with us at one of our focus groups. Consultants were overwhelmingly positive about the organisation, and there was a real sense that Milton Keynes Hospital had a good future which the doctors wanted to be part of. The staff survey in 2013 also showed that the trust compared with other acute trusts in England on an overall indicator of staff engagement.

Summary of findings

This score, along with others areas in the survey, had got better since the 2012 staff survey. This showed that the trust had taken action to improve. However, the trust was not complacent and knew it needed to continue to improve.

The executive and non-executive leaders in this Trust provided good leadership. They were a supportive team with a shared agenda. They were self-aware, knowing their strengths and also their weaker areas.

Vision and strategy for this trust

- The trust had a mission, a strategy and objectives, which were incorporated in a programme called 'We care'.
- Staff knew about the vision and values of the trust and were familiar with the 'We care' programme. They felt the vision and values were easy to follow and they could relate to them.
- We saw evidence that work programmes centred around 'We care' were embedded within the various trust committees.
- The trust had a comprehensive strategy in place that set out the direction of the trust. Once such vison was for the trust to open a medical school. The trust was working in partnership with the University of Buckingham, and work to build a new medical school was due to start at the end of 2014.
- Many of the medical staff we spoke with were extremely positive about the new medical school and could see huge benefits for their own development as well as the opportunities it would offer patient care and treatment.
- The trust had already noticed that the future medical school had improved the trust's ability to attract and retain high quality staff.
- A strategic review of NHS services across Milton Keynes and Bedford was underway at the time of our inspection. The review aimed to improve the healthcare of local people.

Governance, risk management and quality measurement

- Monitor is the independent regulator of foundation trusts in England. It issues licences to operate. In November 2014, Monitor issued enforcement undertakings on Milton Keynes Hospital NHS Foundation Trust because it was in breach of its licence. Breaches were in three areas: A&E waiting times, financial breaches (financial deficit) and governance (the failure to deliver the clinical risk management plan). The trust was taking steps to address these enforcement undertakings.

Summary of findings

- We found governance systems and processes in place across the trust that enabled the management of risk and quality monitoring to take place.
- The trust's board delegated many of the governance and risk management processes to the quality and risk committee. This committee reported to the trust's board.
- Morbidity and mortality meetings took place within all specialties, and the medical director oversaw this work. Outputs from morbidity and mortality meetings were reported to the trust's board.
- Non-executive directors provided leadership within the governance structure. For example, two non-executives directors chaired the quality and risk committees.
- We saw evidence that the non-executive directors challenged the board, but they did this in a supportive manner. Executive directors, particularly those in their first executive director role, felt well supported but still challenged. All the executive directors we met told us that the trust's board provided healthy challenge and held the trust to account.
- Non-executive directors were clear about their role in holding the trust to account.
- The new chair of the trust had introduced weekly telephone calls with the non-executive directors to ensure the non-executive directors were kept updated on current issues.
- We reviewed the minutes of the trust's board meetings. Quality of patient care always formed the first section of the board's agenda. We found some examples where actions were not always reported on at subsequent meetings, although systems had been strengthened in the latter part of 2014.
- Patient stories were part of public board meetings and there were examples of patient stories that highlighted aspects of care that fell below the standard expected. Non-executive directors felt these were powerful and helped the board to focus on the patients experience and the importance of quality.
- The trust had a board assurance framework (BAF), which was linked to its strategic objectives.
- The BAF was used to drive the board's agenda. We could see that the BAF was embedded in the various committees that reported to the trust's board. We noted the trust had agreed to provide a summary report of the BAF at each board meeting.
- The trust had made changes to its risk management processes following a recent executive team appointment for corporate governance. All risks were now reviewed on a monthly basis at the risk and compliance board, and risk owners were challenged if deadlines for review had passed and if controls were not deemed adequate.

Summary of findings

- There were 53 risks on the trust-wide significant risk register dated 8 September 2014. We found some weakness in the risk register; for example nearly half of the risks had a review date that was in the past. Not all control measures were dated, so it was difficult for anyone to know whether risks were being addressed in a timely fashion. The trust were aware of their weaknesses and were actively addressing these
- The trust was aware that review dates for some risks had passed. Rather than simply resetting the review date, the trust's process was to challenge risk owners on overdue reviews and the increased controls they had put into place.
- The trust told us there were some historic risks on the register that had inadequate controls. We saw these had been escalated to the risk and compliance board and risk owners were again challenged around reducing risk level. These risks were then further reviewed at monthly divisional clinical governance meetings and reported and further challenged (as part of the on-going risk management process) through the risk and compliance board. Risks were not closed until the risk and compliance board was completely assured that the risk had been sufficiently managed, even if this meant going past the review date.
- A risk management strategy was in place, which had been reviewed in September 2014 to incorporate recommendations from an external audit review.
- The annual deanery quality management report for the School of Anaesthesia for 2013-2014 gave Milton Keynes Hospital an 'excellent' rating. Milton Keynes Hospital was the only hospital within the Thames Valley area to achieve this score

Leadership of trust

- The trust's chair had been in post for 10 weeks before our inspection. We found that the chair had a very clear understanding of the challenges the trust faced. We saw evidence that the chair was extremely committed to her work at the trust.
- The chair was providing strong leadership to her non-executive directors and, for example, had introduced weekly telephone conferences in order to keep in regular contact with them. She was also undertaking a review of the non-executive director appraisal process.
- We saw the chair and CEO worked closely together but they had a complimentary style. It was clear they shared an interest in the quality of patient care.

Summary of findings

- The trust's chief executive officer (CEO) had been at the trust since February 2013. Staff spoke very highly of the CEO, telling us the CEO was approachable, listened and got things sorted. Staff were confident in the CEO's ability to lead them through the challenges they faced.
- Staff at all levels knew who the CEO and the chief nurse were, and told us they visited their wards.
- The results of the staff survey for 2013 showed the trust scored better than the England average on the percentage of staff reporting good communication between senior management and staff.
- Consultant medical staff were positive about the medical leadership within the Trust Medical staff were extremely positive and engaged with the trust's agenda and had confidence that the leadership team were able to take them forward to make this an outstanding trust.
- We held focus groups with nursing staff, allied health professionals and unregistered staff. Many staff told us about the opportunities they had been given and that they felt confident in the trust's senior leadership. The healthcare support workers knew the chief nurse and CEO by name and felt they listened to them.
- The leadership team appeared to have a good working relationship; they were cohesive and strong. Although the NED's were prepared to hold others to account, there was also a very supportive culture. Newer members of the executive team told us how welcoming the trust was and spoke positively about the support they received from colleagues.
- We noted a great deal of respect between members of the executive team.
- The Chair of the trust and the CEO met the with the foundation trust's council of governors. They completed monthly reports to the governors. Other information such as nursing metrics was also presented to the council of governors.
- Working relationships between the executive team and the council of governors were Good.
- All executive and non-executive directors of the trust had buddy wards/departments.. This meant they each had named wards/departments where they would talk to staff and provide help and support. We did find one of the executive members of the team was not able to clearly articulate what they did for their buddy wards. The non-executives and the executive team completed regular walk rounds and visits to all clinical areas. These were not always documented.

Summary of findings

Culture within the trust

- The executive directors and non-executive directors were knowledgeable about the challenges that staff faced at ward level. They were able to tell us about issues on various wards and departments. this demonstrated there was a connection between what happened in the patient areas of the hospital he culture throughout the Trust was open and transparent. There had been whistleblowing concerns in this trust, and whistleblowing was an elevated risk on our Intelligent Monitoring system. We saw examples of how the trust had investigated and responded to whistleblowing appropriately. One case was not concluded at the time of our inspection.
- The executive director and non-executive directors we spoke with talked about issues with the patient experience. For example, we spoke with the director of finance. There was a strong sense that patient care had priority within the trust. Financial deficits and meeting targets, although extremely important, were not dealt with at the expense of quality. The finance director was engaged with the quality agenda.
- Consultant medical staff were extremely engaged with the leaders in the Trust and were very positive about the future for Milton Keynes Hospital.
- Generally, we found that staff were proud to work for the trust.
- The staff survey results for 2013 showed that 78% of staff were satisfied with the quality of work and patient care they were able to deliver. The national average was 97%.
- There was an annual staff awards ceremony. We noted that the CEO personally wrote to staff to celebrate their achievement if a member of the public praised their work.

Public and staff engagement

- The staff survey in 2013 showed that the trust compared well with other acute trusts in England on an overall indicator of staff engagement. This score had increased since the 2012 staff survey.
- The trust's score for staff who would recommend the trust as a place to work or receive treatment was 3.8 out of 5, which was in line with other trusts. The highest score in any trust was 4.25 and the lowest was 3.05. We noted that this score had increased since the 2012 survey.
- The results of the General Medical Council (GMC) National Training Scheme Survey were within expectations, apart from two areas that scored better than expected. These two areas related to feedback and local teaching.

Summary of findings

- The 'We care' programme which formed the trusts vision and objectives had been developed following consultation with staff and patients.
- The trust's COE sent staff a weekly message. Staff told us about the CEO's messages; many staff said they looked forward to them.
- Healthcare support workers told us how they had developed their skills and competencies and embraced the opportunities the trust had provided for them to develop. This group of staff felt they had very few opportunities to progress within the pay structure, despite taking on many additional roles.

Innovation, improvement and sustainability

- The trust anticipated a £24.9 million deficit in 2014/15 despite its programmes of work to improve efficiency and introduce robust financial planning.
- The partnership with the University of Buckinghamshire to have an on-site medical school offered an excellent opportunity for the trust and the population of Milton Keynes.
- The trust had plans in place to redevelop its A&E department and create a new front door to the hospital.
- Although not concluded, the strategic review of healthcare services in Milton Keynes and Bedfordshire presented a real opportunity for the trust to develop healthcare services to support the needs of its growing and ageing population.
- The trust was working in partnership with Oxford University Hospitals NHS Trust to develop a cancer centre. Macmillan Cancer Support was supporting the development of the centre, which was planned to open in 2016. Patients will have access to specialist services closer to home.

Fit and Proper Person test

- The fit and proper persons requirements were being considered by the trust. The trust had assessed its director-recruitment process against the fit and proper persons guidance and was in the process of updating its policies for incident management and complaints, and updating relevant human resources policies to incorporate national guidance. The fit and proper person requirements apply to individuals who have authority in organisations that deliver care and are responsible for the overall quality and safety of that care. As such they can be held accountable if standards of care do not meet legal requirements.

Overview of ratings

Our ratings for Milton Keynes Hospital

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

Our ratings for Milton Keynes Hospital NHS Foundation Trust

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

Outstanding practice and areas for improvement

Outstanding practice

- Sensory walk rounds had taken place in the wards and departments and had led to improvements for people who had visual impairments.
- The Cancer Patient Partnership group was providing the trust with an outstanding way of engaging with patients and the public. There was good engagement between staff and the member of this group which had led to improvements in patient care.
- The care delivered by staff working in bereavement teams was good, this included the care provided to women and their partners after a bereavement of a baby. The bereavement specialist midwife had recently won a national award for her work in the trust's maternity service.
- Leadership within surgery was "outstanding." There was a shared purpose, excellent relationships were in place and there were high levels of staff satisfaction. Staff were very committed to working together in order to improve quality for patients.
- Consultant medical staff were extremely engaged with the leaders in the trust and were very positive about the future for Milton Keynes Hospital.