

# Buckinghamshire Healthcare NHS Trust

## Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?


Requires improvement 

Are resources used productively?

Requires improvement 

# Summary of findings

## Combined quality and resource rating

Good 

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

## Background to the trust

Buckinghamshire Healthcare NHS Trust (BHT) is an integrated acute and community trust providing a range of specialist, acute and community services from facilities across the county, including:

- Patients' own homes and a range of community settings including health centres, GP surgeries and schools.
- Five community hospitals (across Buckinghamshire).
- Two acute hospitals (Stoke Mandeville Hospital (SMH) and Wycombe Hospital (WH)).

The trust serves a Buckinghamshire population of 525,000 as well as delivering care to patients from a wider catchment across neighbouring counties. The National Spinal Injuries Centre (NSIC) at SMH treats patients from across the UK as well as from abroad. The trust employs around 6,000 doctors, nurses, midwives, health visitors, therapists, healthcare scientists and other support staff.

The trust is part of the Buckinghamshire integrated Care System (ICS) comprising commissioners and other providers including the local GP federation, ambulance service, mental health trust and Bucks County Council working together to build a future model of integrated health and social care.

## Overall summary

**Our rating of this trust improved since our last inspection. We rated it as Good  **

## What this trust does

Buckinghamshire Healthcare NHS Trust (BHT) is an integrated acute and community trust providing a range of specialist, acute and community services from facilities across the county.

The trust has two acute hospital sites Stoke Mandeville Hospital and Wycombe Hospital. There are two community hospitals with community inpatient beds for adults at Buckingham and Amersham. The trust is currently in the third year of an integrated community care hub model at the Marlow and Thame community hospital sites. Healthcare services are also provided in a number of community sites across the county.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

# Summary of findings

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

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

We inspected Buckinghamshire Healthcare NHS Trust on the 19 to 21 February 2019 and the 26 to 29 February 2019 and 26 to 18 March 2019. The core services we inspected as part of our continual checks on the safety and quality of healthcare services were in the acute hospital setting urgent and emergency care, medical care, surgery, out patients, end of life care and the hospice. In the community we inspected community, community adults and community children and young people. We selected the services for inclusion in this inspection based on the intelligence information we held on these areas. These core service inspections were announced.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised in the section headed; Is this organisation well-led?

## What we found

### Overall trust

Our rating of the trust improved. We rated it as good because:

We rated safe, effective and responsive as good, caring as outstanding and well led as requires improvement.

- At Stoke Mandeville Hospital we rated five of the trust's services as good and one as outstanding. In rating the trust, we took into account the current ratings of the three services not inspected this time.
- At Wycombe Hospital we rated three of the trust's services as good and one as outstanding. In rating the trust, we took into account the current ratings of the three services not inspected this time.
- In the community services we rated two of the services as good and one as requires improvement. In rating the trust, we took into account the current ratings of the one service not inspected this time.
- We rated well-led for the trust overall as requires improvement.

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

### Are services safe?

Our rating of safe improved. We rated it as good because:

- The trust provided mandatory training in key skills to all staff and made sure everyone completed it.
- There were comprehensive systems to keep people safe, which took account of current best practice. People who used services were at the centre of safeguarding and protected from discrimination.
- In general, the services controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The services generally had suitable premises and equipment and looked after them well.

# Summary of findings

- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The trust was working hard to recruit and retain staff across all areas. The service had a dedicated team of medical staff providing the palliative care service with the right qualifications, skills, training and experience to provide the right care and treatment. In most areas where staffing shortages posed a risk for example in the community children and young people and families service the service took actions to reduce the risks to children, young people and families.
- In most areas staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The services followed best practice when prescribing, giving, recording and in most areas when storing medicines. Patients received the right medication at the right dose at the right time.
- Patient safety incidents were well managed. Staff recognised incidents and reported them appropriately, Managers investigated incidents and shared lessons learned with the whole team and the wider service.

However,

- There was no assurance staff working in the community had the knowledge and skills to identify the specific signs and symptoms for a child or baby suffering from sepsis.
- There was lack of assurance that infection prevention and control was considered in clinics carried out in premises not owned by the trust.
- Targets for completion of safeguarding training were not met for all staff groups and not all medical staff were required to complete adult safeguarding training.
- In the community health inpatients areas, we did not see action was consistently taken when patients showed signs of a health deterioration.
- In the community health inpatients areas, the service did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Safer staffing levels were not always met which impacted on patient safety. Patients could not always have their needs met in a timely way and this impacted on their length of stay.
- Medicines including emergency medications were not always stored safely and in line with manufacturer's guidance and regulations.
- Staff did not follow processes to keep patients safe and minimise the risks of medicines misappropriation when dispensing patients' medicines in the day surgery unit.
- Patients' records were not always kept securely which may pose risks of unauthorised access to confidential information. In some areas records of care including risk assessments were not consistently completed which may pose patient safety risks.
- Safety checks were not consistently completed such as World Health Organisation surgical safety checklists, the five steps to safer surgery. All three phases of checks were not completed as required.
- The process for the transfer of patients to the wards was not always followed which meant patients were not accommodated in an area suitable for their needs.

## Are services effective?

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

# Summary of findings

- The trust provided care and treatment based on national guidance and monitored evidence of its effectiveness.
- The trust participated in a number of national audits. Overall outcomes were positive for those patients accessing the hospital. Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- Patients received information on how to manage their pain. Staff assessed and monitored patients pain regularly and offered them pain control. Staff used pain tools to support those unable to communicate their pain.
- In most areas staff gave patients enough food and drink to meet their needs. Staff made adjustments for patients' religious, cultural and other preferences. The trust had taken a proactive approach to pre-empting problems associated with food and drink in end of life care, through the development of 'Palliative Feeding for Comfort Guidelines' (February 2017) in collaboration with the clinical commissioning group. This ensured professionals worked together to ensure they considered the risks and benefits of eating and drinking for everyone.
- The trust responded to patient's needs and patients could access a variety of services seven days a week.
- The trust had systems in place to work with staff to ensure they were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Although in some areas the appraisal rates did not always meet the trust target of 90%.
- There was effective multi- disciplinary working which benefitted patients. Staff of different disciplines worked together as a team to support and provide good care.
- There was a range of information and support available for patients and their families and carers.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust's policy and procedures when a patient could not give consent.

However;

- In some areas patients' dietary needs were not always monitored and recorded to minimise risks of malnutrition.

## Are services caring?

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

- Feedback from patients and their relatives confirmed that staff treated them well and with kindness. We saw how staff took the time to interact with people who used the services and those close to them in a respectful and considerate way.
- Staff cared for patients at the end of their life with compassion. There was a passionate caring ethos throughout the service. Without exception staff were caring, considerate and passionate about getting it right first time for patients.
- There was a strong, visible person-centred culture in the end of life care service. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive.
- Staff provided emotional support to patients to minimise their distress. Patients had their physical and psychological needs regularly assessed and addressed and we saw how patients had time to ask staff questions.
- Staff providing end of life care recognised and respected the totality of people's needs. Staff always took patient's personal, cultural, social and religious needs into account. Patient's individual concerns were identified and responded to in a positive and reassuring way. A patient and their relative described the hospice as an "Oasis of calm".
- Patients were empowered and supported to manage their own health, care and wellbeing and to maximise their independence.

# Summary of findings

- Staff involved patients and those close to them in decisions about their care and treatment. They recognised the importance of relatives in the recovery of patients in their care.
- Patients emotional and social needs were seen as being as important as their physical needs.
- The bereavement team and medical examiner service understood the need to 'get it right' for every individual family and supported relatives in a sensitive and proactive way.

## Are services responsive?

Our rating of responsive improved. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. The trust looked at alternative models of care provision to try and reduce patients needing to be admitted to inpatient areas. The trust had adopted the 'Purple Rose' scheme to raise the profile of those at the end of life across the trust and ensure all staff had access to the information and resources they required in a timely way. In the emergency department the facilities, premises and the patient journey were being redesigned to increase capacity and to provide a better service for the local community.
- The services took account of patients' individual needs by making reasonable adjustments, providing specialised support. Staff from the palliative care team were actively involved in the trust's work in relation to people with protected characteristics.
- People could access services when they needed to. Waiting times from referral to treatment were in line with good practice. The service reviewed any cancellations of surgery ensuring these were re-scheduled in a timely way. Teams worked collaboratively with internal staff groups and external agencies to provide care in the individuals preferred place when receiving end of life care. On occasions this had resulted in patients at the end of their life being discharged very quickly.
- The trust was working towards improving clinic cancellations and appointment delays. Clinic room scheduling software had been introduced and telephone and virtual appointments had been implemented in some areas to make better use of appointment times for patients and staff.
- The trust treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- Complaints received were not all dealt with, within the timescales stipulated in the trust's complaints policy
- The community health inpatients service had arrangements in place to meet the needs of people in vulnerable circumstances including those receiving end of life care. The ward environments however, did not always support the needs of those living with dementia. Buckingham Community Hospital, for example, was an older ward which did not have a dementia friendly environment to support patients to move independently around the ward.

## Are services well-led?

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

- There was strong leadership in most areas, with managers having the right skills and abilities to run a service providing high-quality sustainable care. Local nursing leaders at ward level were experienced and knowledgeable about the needs of the patients they treated. However, at the executive level some essential roles, key to the trust moving forward were being covered by interim appointments.

# Summary of findings

- Strategic priorities fed through to the divisions and on into each service delivery unit. Divisions and SDUs all had clear strategic vision for 2018-2020 and workable plans to achieve it. Some of the trust's enabling strategies were still under development which would be key to turning the plans into action.
- There was a governance framework that ensured responsibilities were clear, and that quality, performance and risk were understood and managed. However, at board level these had not always been effective, for example the trust's current financial position had been contributed to by the board and executive team not being fully sighted on the risk relating to a change in contract and the impact of this.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. However, whilst there was a governance structure in place some aspects were reactive rather than proactive.
- Services collected, analysed, managed and used information well to support all its activity, using innovative and best practice electronic systems and processes. Although information was not always presented and used in an informative way.

However:

- The trust's strategy, vision and values underpinned a culture which was patient centred. Local managers across the services promoted a positive culture that supported and valued staff.
- In general services had a positive, inclusive and collaborative culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff we spoke with said they were proud to work at the hospital.
- Services engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- Services was committed to improving by learning from when things went well and when things went wrong.

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in the emergency department core service, the out patients core service, community health services adults and end of life care core service.

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

## Areas for improvement

We found areas for improvement including 18 breaches of legal requirements that the trust must put right. We found 52 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

# Summary of findings

## Action we have taken

We issued two requirement notices to the trust and took one enforcement action. Our action related to breaches of three legal requirements at a trust-wide level and 18 in number of core services or locations.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.”

## What happens next

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

## Outstanding practice

### End of Life Care core service

- The purple rose model of care introduced as part of the trusts continued aim to provide excellent care for patients and their families at the end of their life. The rose placed on the door or curtain, alerts others to the fact someone is approaching end of their life, to allow families further privacy. Purple rose resource boxes on each ward bringing together practical resources and information to help staff to provide end of life care for patients and their loved ones.
- The trust had an established medical examiner service which ensured deaths were reviewed, death certificate written accurately and families contacted. The service ensured learning was shared and had resulted in a reduction in the number of coroner.
- End of life care was a priority for the trust as a whole and was seen as being important by all the staff we spoke with. There was a culture that spoke about death and dying and acknowledged the support that staff needed to care for those at the end of life.
- The trust had an evolving, inclusive model of chaplaincy. The chaplaincy service was available seven days a week with plans to increase this further to 24 hours a day. The chaplaincy worked with faith leaders in their local community and 40 trained chaplaincy volunteers to offer a responsive service.

### Outpatients core service

- The trust had introduced a range of digital options to improve outpatient services and patient choice. These included virtual and telephone appointments, two-way SMS (short message service) reminders, digital appointment letters and clinic room scheduling software.

### Emergency care core service

- ED consultants had been given admitting rights to admit patients to the specialties of medicine, surgery and trauma & orthopaedic. This had helped make the patient’s journey through ED quick and reduce unsafe crowding of ED.
- The introduction of patient flow co-ordinators. They were responsible for the overall movement of patients through ED in a safe and efficient manner. They coordinated patient care activities such as arranging and getting results of blood samples and diagnostic tests, liaising with clinical staff and admitting teams on the wards and keeping an eye on potential ED patient breaches. Their introduction had freed up time for doctors and nurses for clinical duties and patient flow had improved.
- The department had implemented a new ED intranet site. This was a single platform to share relevant information with the ED staff. It was a way to communicate, share learning, give easy access to information, provide an audit trail for all communications and gave the team information available to everyone whether at work or at home.



# Summary of findings

## Community health service adults

- The strength and balance training scheme 'Better Balance' class for people at risk of falls, giving them postural stability. The class is based on the postural stability instruction programme and is delivered by qualified postural stability instructors. The exercises are structured and progressed over a period of several weeks. Participation in the exercises in the class can help improve strength, balance and flexibility which are designed to build confidence in carrying out everyday activities. The programme is delivered in a variety of locations across the region.
- The speech and language team had developed a 'feeding for comfort' guideline which enabled patients at the end of life stage and on a liquid diet to enjoy the experience of chewing and eating normal food.
- The introduction of a community nutrition nurse specialist to prevent malnutrition and dehydration, reducing hospital admissions. The role of the nutrition nurse specialist in the community is to act on concerns raised by other community healthcare professionals. If there are concerns regarding a patient's daily diet and fluid intake, they support the feeding route and process for patients requiring artificial nutrition and complex feeding requirements across Buckinghamshire Healthcare NHS Trust.
- Consultant competency training for doctors in non-training posts. The 'consultant in elderly care' training programme was based on acquisition of competencies, designed for a non-trainee doctor. This enabled a doctor in a non-training post to develop all the skills required for holistic assessment of the frail patient in the community setting under the supervision of a consultant.
- Getting patients with brain injury back into work. 'Working Out' is a specialist brain injury vocational assessment and rehabilitation programme run by the Community Head Injury Service (CHIS), Buckinghamshire Healthcare NHS Trust. Initially to assist those unable to establish or re-establish themselves in employment or other occupation post-injury. In response to an increasing number of referrals of both people in work but experiencing difficulties late post injury and people with stroke seeking a return to previous work, specialist brain injury job retention interventions are also provided at any stage post-injury.

## Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations.

### Action the trust MUST take to improve

We told the trust that it must take action to bring services into line with three legal requirements. This action related to five services.

Trust well led

- The trust must ensure there is a proactive approach to governance.
- The trust must ensure the systems for identifying risks is effective.
- The trust must ensure information is presented in an informative way to facilitate its use in monitoring performance and driving change.

Surgery Core Service Wycombe Hospital

- The service must ensure medicines are managed safely at all times and in line with regulation and guidance to safeguard patients.
- The service must ensure emergency medicines (Glucagon) are stored safely in line with manufacturer's guidance to ensure they are fit for use.

# Summary of findings

- The service must ensure care is provided in a safe way to include all necessary checks such as the five steps to surgery safety checks must be completed in line with practice guidelines.
- The service must ensure risk assessments are completed and actions developed to mitigate those risks for patients undergoing surgical procedures.

## Surgery Core Service Stoke Mandeville Hospital

- The service must ensure medicines including controlled drugs are managed safely and in line with regulations to protect patients.
- The service must ensure emergency medicine (Glucagon) is managed safely in line with manufacturer's guidance to ensure they are fit for use.
- The service must ensure care is provided in a safe way to include all necessary checks such as the five steps to surgery safety checks must be completed in line with practice guidelines.
- The service must ensure risk assessments are completed and actions developed to mitigate those risks for patients undergoing surgical procedures.
- The service must ensure equipment used at the service for providing care and treatment must be properly maintained and safe for use.

## Emergency care core service

- The service must ensure vulnerable patients and those who present with acute mental health needs are treated in a suitable, safe, risk assessed environment.
- The service must ensure patient's records are fully completed in a timely manner

## Community health inpatients core service

- The service must ensure safer staffing levels are appropriately assessed against patient need.
- The service must ensure suitable numbers of staff are deployed to match identified safer staffing levels.
- The service must ensure processes are in place and effective in identifying, and responding to, the impact of safer staffing levels on patient's rehabilitation journeys.

## Community health services for children young people and families

- The service must ensure waiting times are reduced for paediatrician and therapy services.

Action a trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the hospital **SHOULD** take to improve:

## Medicine Core Service Wycombe Hospital

- The hospital should improve compliance with all mandatory training including safeguarding
- The hospital staff should follow infection control policies and procedures at all times.
- The endoscopy unit should consider alternative arrangements for the decontamination of their scopes.
- The staff should complete all medical and nursing records to ensure a full and contemporaneous record.
- The hospital should continue to improve its antibiotic prescribing to reach the trust target of 90%.

# Summary of findings

- The hospital should provide appraisals for all of its staff.
- The hospital should monitor the safe management of disinfectant.

## Medicine Core Service Stoke Mandeville Hospital

- The hospital should improve compliance with all mandatory training including safeguarding
- The staff should complete all medical and nursing records to ensure a full and contemporaneous record.
- The hospital should continue to improve its antibiotic prescribing to reach the trust target of 90%.
- The hospital should provide appraisals for all of its staff.
- The hospital should monitor the safe management of disinfectant.
- The hospital should check medication expiry dates and annotate opening dates on medicines with limited expiry dates.
- All intravenous fluids should be stored safely.
- The hospital should monitor the ambient room temperature in treatment rooms where medicines and intra-venous fluids are stored.
- The hospital should check hard copies of standard operating procedures and policies are in date and the latest version.

## Surgery core service Wycombe Hospital

- The service should review non-compliance with mandatory training including safeguarding training and implement action plans to improve compliance.
- Patients records should be stored safely and securely to protect data protection breaches.
- Policies and procedures should be reviewed and reflect current guidelines to support staff's practices.

## Surgery Core Service Stoke Mandeville Hospital

- The service should review non-compliance with mandatory training including safeguarding training and implement action plans to improve compliance.
- Patients records should be stored safely and securely to protect data protection breaches.
- The process for assessing and recording food and fluids intakes should be reviewed and action plans put in place to protect patients from the risk of malnutrition.
- Policies and procedures should be reviewed and reflect current guidelines to support staff's practices.
- Staff should follow the standard operating procedures for transfer of patients to the wards, and patients are not nursed in corridors for a prolonged period whilst waiting for beds to become vacant.

## End of Life Care core service Stoke Mandeville Hospital

- The trust should consider some form of annual, end of life mandatory training to capture staff who may have been working for the trust for many years and missed the induction session on end of life.

## Outpatients Core Service Stoke Mandeville Hospital

- The trust should make arrangements for patient records to be securely stored at all times to protect patient confidentiality.

# Summary of findings

## Emergency care core service

- The service should consider how to provide consultant presence 16 hours a day in line with the Royal College of Emergency Medicine's recommendations.
- The service should consider better line of sight by staff for waiting area
- The service should consider further training to embed the use of the safety checklist by staff
- The service should consider how to protect patient's privacy when carrying out assessments in the GP streaming area waiting area.
- The service should consider making the 'fit to sit' area in the major's area a more patient friendly space
- The service should consider how to store patient's paper records more securely.
- The service should consider using patient group directions for the administration of certain categories of medication.
- The service should reply to patient's complaints according to the trust's targets.
- The service should continue looking at ways to improve their RCEM ED targets.

## Community health inpatients core service

- The service should document and evidence action is taken in response to an identified deteriorating patient.
- The service should update the trust website to ensure ward visiting times reflected the actual, flexible visiting hours
- The service should review out of hours transfers to the service to identify ways to minimise wherever possible.

## Community health services for adults core service

- The service should consider including responding to the deteriorating patient as part of their mandatory training programme.
- The service should work with staff to complete appraisals in line with the trust policy
- The service should work to process complaints within the timescale described in the trust's complaints policy

## Community health services for children, young people and families

- The service should continue to monitor and identify the reasons for delays in looked after children health assessments and take appropriate action to bring about improvements.
- The service should develop a formalised process to record risks associated with staffing levels and monitor the impact of the risk to children and families.
- The service should continue to embed the use of and analysis of data to support the delivery and improvement to the delivery of the service.
- The service should continue to work towards health visiting performance meeting national targets.
- The service should consider whether medical staff need to complete adult safeguarding training and ensure staff complete safeguarding training according to the trust procedures and targets.
- The service should carry out risk assessments for all environments services are provided from, including those not owned by the trust.
- The service should improve infection prevention and control in all areas the service is provided from.

# Summary of findings

- The service should ensure staff working with children, young people and families in the community have the knowledge and skills to identify the specific signs and symptoms for a child or baby suffering from sepsis and take appropriate action.

## Hospice

- The service should monitor the temperature of the chilled room.
- The service should undertake local audits to monitor the effectiveness of care and treatment and use the findings to improve them.
- The service should monitor when patients were not able to access the access the service when they needed.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Our rating of well-led at the trust stayed the same. We rated well-led as requires improvement because:

- Managers in general, at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. However, the trust had two interim directors in post one of these being the finance director which, considering the trust's current financial position would be a key role for the trust moving forward.
- The trust had a vision for what it wanted to achieve, developed with involvement from staff, patients, and key groups representing the local community. Some of the trust's enabling strategies were still under development which would be key to turning the plans into action.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. However, whilst there was a governance structure in place some aspects were reactive rather than proactive. A lack of robust governance around the management of the estates had resulted in aspect of work not being completed in a timely way which in turn had, had a financial impact. The trusts financial governance processes had not been effective and this had contributed to a financial over spend.
- The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. However, this had not always been effective, for example the trust's current financial position had been contributed to by the board and executive team not being fully sighted on the risk relating to changing to a block contract and the operational changes required.
- The trust collected, analysed, managed information well to support its activities, using secure systems with security safeguards. Although information was not always presented and used in an informative way.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

# Summary of findings

- The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.

## Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at [www.cqc.org.uk/provider/RXQ/Reports](http://www.cqc.org.uk/provider/RXQ/Reports).

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Jun 2019	Good →← Jun 2019	Outstanding ↑ Jun 2019	Good ↑ Jun 2019	Requires improvement →← Jun 2019	Good ↑ Jun 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

### Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Good ↑ Jun 2019	Good →← Jun 2019	Outstanding ↑ Jun	Good ↑ Jun 2019	Good ↑ Jun 2019	Good ↑ Jun 2019
Community	Good ↑ Jun 2019	Good ↑ Jun 2019	Good →← Jun 2019	Good ↑ Jun 2019	Good ↑↑ Jun 2019	Good ↑ Jun 2019
<b>Overall trust</b>	Good ↑ Jun 2019	Good ↑ Jun 2019	Good →← Jun 2019	Good ↑ Jun 2019	Requires improvement →← Jun 2019	Good ↑ Jun 2019

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for Stoke Mandeville Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Jun 2019	Good →← Jun 2019	Good →← Jun 2019	Good ↑ Jun 2019	Good →← Jun 2019	Good ↑ Jun 2019
Medical care (including older people's care)	Good ↑ Jun 2019	Good ↑ Jun 2019	Good ↑ Jun 2019	Good →← Jun 2019	Good →← Jun 2019	Good ↑ Jun
Surgery	Requires improvement →← Jun 2019	Good →← Jun 2019	Good →← Jun 2019	Good ↑ Jun 2019	Good ↑ Jun 2019	Good ↑ Jun 2019
Critical care	Good Mar 2014	Good Mar 2014	Outstanding Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014
Maternity	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014
Services for children and young people	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014
End of life care	Good ↑ Jun 2019	Good ↑ Jun 2019	Outstanding ↑ Jun 2019	Outstanding ↑ Jun 2019	Outstanding ↑ Jun 2019	Outstanding ↑ Jun 2019
Outpatients	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019
National Spinal Centre	Good Mar 2014	Outstanding Mar 2014	Outstanding Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014
<b>Overall*</b>	Good ↑ Jun 2019	Good →← Jun 2019	Outstanding ↑ Jun 2019	Good ↑ Jun 2019	Good ↑ Jun 2019	Good ↑ Jun 2019

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.



## Ratings for Wycombe Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good ↑ Jun 2019	Good ↑ Jun 2019	Good ↔ Jun 2019	Good ↑ Jun 2019	Good ↑ Jun 2019	Good ↑ Jun 2019
Surgery	Requires improvement ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↑ Jun 2019	Good ↔ Jun 2019	Good ↑ Jun 2019
Critical care	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014
Maternity	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014
Services for children and young people	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014
End of life care	Good ↑ Jun 2019	Good ↑ Jun 2019	Outstanding ↑ Jun 2019	Outstanding ↑ Jun 2019	Outstanding ↑ Jun 2019	Outstanding ↑↑ Jun 2019
Outpatients	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019	Good Jun 2019
<b>Overall*</b>	Good ↑ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↑ Jun 2019	Good ↑ Jun 2019	Good ↑ Jun 2019

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good ↑ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↑ Jun 2019	Good ↑ Jun 2019	Good ↑ Jun 2019
Community health services for children and young people	Good ↑ Jun 2019	Good ↑ Jun 2019	Outstanding ↔ Jun 2019	Requires improvement ↔ Jun 2019	Good ↑↑ Jun 2019	Good ↑ Jun 2019
Community health inpatient services	Requires improvement ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Requires improvement ↔ Jun 2019	Requires improvement ↔ Jun 2019
Community end of life care	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014	Good Mar 2014
<b>Overall*</b>	Good ↑ Jun 2019	Good ↑ Jun 2019	Good ↔ Jun 2019	Good ↑ Jun 2019	Good ↑↑ Jun 2019	Good ↑ Jun 2019

\*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Acute health services

## Background to acute health services

Buckinghamshire Healthcare NHS Trust (BHT) is an integrated acute and community trust providing a range of specialist, acute and community services from facilities across the county, including:

Acute services are provided from the trust's two acute hospitals Stoke Mandeville Hospital (SMH) and Wycombe Hospital (WH).

The trust provides twelve core services but not all services at both of its hospitals. It provides urgent and emergency care only at SMH which is also where the National Spinal Unit (specialist core services) is based and this hospital is also the main site for the gynaecology service. The Hospice is also situated on the SMH site. All other core services are provided at both hospitals.

## Summary of acute services

**Good** 

We inspected six core services. Four at Wycombe Hospital and Six at Stoke Mandeville. We rated all of the core services we inspected as good. In rating the acute health services, we took into account the current ratings of the core service, we have previously inspected but we did not inspect this time. Two of the core services have not received standalone inspections but have previously been inspected as a combined service with other core services these include gynaecology and diagnostics.

The summary of these services appears in the overall summary of this report.

# Wycombe Hospital

Queen Alexandra Road  
High Wycombe  
Buckinghamshire  
HP11 2TT  
Tel: 01494 526161  
[www.buckinghamshirehospitals.nhs.uk](http://www.buckinghamshirehospitals.nhs.uk)

## Key facts and figures

Wycombe Hospital is situated in the centre of the historic town of High Wycombe and offers a wide range of surgical services and specialist medical care for stroke and heart conditions. The hospital also offers specialist cancer and urological services. The hospital is the area's major hub for planned surgical care and carries out over 24,900 operations every year. Wycombe Hospital sees more than 36,000 inpatients and 145,000 outpatients a year.

Wycombe hospital is also home to a midwifery-led maternity unit and complements the full consultant-led maternity service at Stoke Mandeville.

Wycombe hospital has 137 beds (excluding paediatrics, maternity and critical care), outpatient care including diagnostics, therapies and an older people's day hospital, planned and inpatient care: day case surgery, an elective treatment centre, rehabilitation, children's ambulatory care centre, chemotherapy, a minor injuries and illness unit and a GP-led Urgent Treatment Centre.

Specialist care the hospital provides includes specialist cardiology, respiratory services, haematology and inpatient stroke care.

It is open seven days a week, 24 hours a day.

At Wycombe Hospital, we inspected the medical care (including older people's care), surgery, end of life care and outpatients core services.

We spoke with 99 members of staff across the core services, 41 patients and their relatives, and reviewed 47 sets of patient records.

We observed care being provided, looked at clinical environments, policies and procedures, observed clinical handovers and daily safety huddles and reviewed information provided by the trust both before and after the inspection.

## Summary of services at Wycombe Hospital

**Good** ● ↑

Our rating of services improved. We rated it them as good because:

- The service had enough staff with the right skills and training with managers who supported and monitored their performance.

# Summary of findings

- The services managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learnt. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance and ensured patients were offered nutritional support and adequate pain relief.
- There was good multidisciplinary working. When people received care from a range of staff, teams or services, it was coordinated.
- People were supported, treated with dignity and respect and were involved as partners in their care. People were treated with kindness during all interactions with staff and relationships with staff were positive.
- Most leaders were visible and approachable. Leaders modelled and encouraged compassionate, inclusive and supportive relationships among staff so that they felt respected, valued and supported.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services.

However:

- In the surgical wards and theatres, medicines were not stored safely or managed at all times.
- The use of the five steps to surgery safety checks were not completed in line with practice guidelines.
- For patients undergoing surgical procedures, risk assessments were not always completed, and actions were not taken to mitigate potential risks.
- Staff did not always store patients' care records in a way which protected patient confidentiality within the surgery department.

# Medical care (including older people's care)

Good  

## Key facts and figures

Buckinghamshire Healthcare NHS Trust provides medical care and treatment for a number of specialties at two main acute sites: Stoke Mandeville Hospital and Wycombe Hospital. The trust had 44,898 medical admissions from August 2017 to July 2018. Emergency admissions accounted for 15,343 (34.2%), 682 (1.5%) were elective, and the remaining 28,873 (64.3%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 12,776 admissions
- Gastroenterology: 12,154 admissions
- Clinical oncology: 4,137 admissions

*(Source: Hospital Episode Statistics)*

We inspected adult services at Wycombe Hospital which are delivered across a number of wards and units on the site:

- Ward 2A–22 bedded unit. Cardiology
- Wards 8–18 bedded. 12 Hyper Acute Stroke Unit (HASU) beds and 6 step down beds.
- Ward 9-23 bedded unit. Acute stroke Unit (ASU)
- Medical Day Assessment Unit (MUDAS)- Emergency service for GPs and local ambulance trust. Monday to Friday 9.00am–5.00pm
- Cardiac and Stroke Receiving Unit (CSRU)-8 trolley receiving unit for acute cardiac and stroke referrals
- Endoscopy- JAG accredited unit- two procedure rooms/22 lists per week.

*(Source: Routine Provider Information Request AC1 - Acute context)*

During this medical core service inspection, we visited the cardiac and stroke receiving unit (CSRU), the endoscopy unit, the cardiac ward (ward 2a) the hyper acute stroke ward (ward 8) and the stroke ward (ward 9).

Our inspection was announced. The inspection team spoke with 19 members of staff including consultants, junior doctors, nurses of all grades, allied health professionals, domestic staff and receptionists. We observed staff and patient interactions and spoke with four patients and two relatives. We reviewed patients records and medicine charts and before and after the inspection visit, reviewed information we held about these services and information requested from the trust.

## Summary of this service

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

- The hospital delivered safe care in an environment that was suitable and looked after well.
- Leaders on the wards had the skills, knowledge, experience and integrity they needed to fulfil their roles.

# Medical care (including older people's care)

- We could see how nurse led roles, rota changes, and adaptations and recruitment were planned and discussed to combat nurse staffing shortfalls.
- The service provided care and treatment based on national guidance and monitored evidence of its effectiveness.
- The trust had processes to ensure care and treatment was aligned with current evidence-based practice.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs.

However

- The service provided mandatory training in key skills to all staff but not everyone had completed it.
- On occasion we saw that staff did not always wear the appropriate personal protective equipment and wash their hands in line with national standards.
- Not all staff had received their annual appraisal.

## Is the service safe?

**Good** ● ↑

Our rating of safe improved. We rated it as good because:

- The hospital had suitable premises and equipment and looked after them well.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff completed and updated risk assessments for each patient. This had been an improvement since our last inspection.
- The service took a flexible approach to ensure there were enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Vacancy levels indicated there were not always enough medical staff at the required level. However, the medical staff worked to ensure people were safe from avoidable harm and to provide the right care and treatment .
- Staff kept detailed records of patients' care and treatment, which were generally accurate contemporaneous and legible.
- Overall the service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time, a significant improvement since our last inspection
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

However

- Whilst staff were provided with mandatory training in safety systems, processes and practices, not all staff were meeting the trust target.
- Whilst the service controlled infection risk well and used control measures to prevent the spread of infection, on occasion we saw that staff did not always wear the appropriate personal protective equipment.

# Medical care (including older people's care)

- The flow of the endoscopy decontamination was not in line with current JAG standards, however staff managed this to the best of their capabilities and there had been no reportable infection control incidents.

## Is the service effective?

**Good** ● ↑

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

- The hospital provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health. Staff made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools, this was an improvement since our last inspection.
- Overall outcomes were positive for those patients accessing the hospital. Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers generally appraised staff's work performance and held meetings with them to provide support. Development was encouraged. Specialist nurses and teams were in place to support wards and departments and assisted with planning care and treatment for patients with specific conditions.
- Clinical psychology services were available to help staff and patients and staff knew how to contact these teams.
- Staff of different kinds worked together as a team to benefit patients. We observed how well staff of different kinds worked together to assess, plan and deliver care and treatment.
- Health promotion information was available for patients, relatives and carers.

However

- Staff appraisal rates did not always reach the trust target of 90%

## Is the service caring?

**Good** ● → ←

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

- Feedback from patients and their relatives confirmed that staff treated them well and with kindness. We saw how staff took the time to interact with people who used the services and those close to them in a respectful and considerate way.
- Staff provided emotional support to patients to minimise their distress. Patients had their physical and psychological needs regularly assessed and addressed and we saw how patients had time to ask staff questions.
- Patients were empowered and supported to manage their own health, care and wellbeing and to maximise their independence.
- Staff involved patients and those close to them in decisions about their care and treatment. They recognised the importance of relatives in the recovery of patients in their care.



# Medical care (including older people's care)

## Is the service responsive?

Good  

Our rating of responsive improved. We rated it as good because:

- The hospital planned and provided services in a way that met the needs of local people. The hospital looked at alternative models of care provision to try and reduce patients needing to be admitted to inpatient areas.
- Staff at all levels of clinical responsibility demonstrated a consistent focus on dementia awareness and provided care tailored to the needs of people living with the condition
- People could access the service when they needed it. Average length of stay for patients at the hospital and waiting times from referral to treatment were in line with national targets.
- Concerns and complaints were listened and responded to and used to improve the quality of care.

However

- Not all complaints were closed in line with trust's expected time frames

## Is the service well-led?

Good  

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

- Leaders across the wards at had the skills, knowledge, experience and integrity they needed to fulfil their roles. Local nursing leaders at ward level were experienced and were knowledgeable about the needs of the patients they treated.
- Staff told us the leadership on their wards and departments was supportive. Staff were complimentary about their ward leaders and senior executive teams and said they visible and approachable.
- The trust had a clear vision and a credible strategy to deliver good quality care. Staff on the wards and departments were aware of the trust values.
- Strategic priorities fed through to the divisions and on into each service delivery unit. Divisions and SDUs all had clear strategic vision for 2018-2020 and workable plans to achieve it.
- The culture encouraged candour, openness and honesty. Staff we spoke with said they were proud to work at the hospital. Staff said the culture of the hospital enabled teams to provide good care and treatment for patients.
- Staff told us there was a 'no blame' culture they told us should they need to raise a concern or a complaint they would have no issues in doing so.
- The governance framework ensured responsibilities were clear, and that quality, performance and risks were understood.
- The medical divisions had systems for identifying risks, planning to eliminate or reduce them. Risk registers were used to improve and monitor services across departments and the trust as a whole.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

# Medical care (including older people's care)

- The medical divisions engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

However

- Whilst we observed good examples of data security across the hospital. Mandatory training for medical and dental staff was below the 90% trust target.

# Surgery

Good  

## Key facts and figures

Wycombe Hospital is part of the Buckinghamshire Healthcare NHS Trust. It is situated in the centre of High Wycombe and serves the population of Buckinghamshire and the surrounding areas. There are 69 surgical beds at this service. The service offers a wide range of surgical care which comprises of day case surgery and elective surgery.

The trust had 32,692 surgical admissions from August 2017 to July 2018. This figure included both hospitals.

Emergency admissions accounted for 8,334 (25.5%), 20,657 (63.2%) were day case, and the remaining 3,701 (11.3%) were elective surgery.

The general surgery service delivery unit (SDU) is provided by specialisms including upper and lower GI surgery, breast surgery, vascular surgery and emergency surgery.

Acute surgery took place at Stoke Mandeville Hospital and elective surgery was predominantly carried out at Wycombe Hospital in the dedicated treatment centre. This included with some day case ambulatory and short-stay trauma procedures.

The hospital has three theatre suites, with 11 theatres across these three areas. Four of the theatres have laminar airflow ventilation systems (a system of circulating filtered air to reduce the risk of airborne contamination). There is a dedicated recovery area for each theatre suite.

Wycombe hospital have three surgical wards-

Ward 12 a- Elective general surgery 14 beds

Ward 12b-Elective orthopaedic 20 beds

Ward 12c-Elective and Emergency Urology 17 beds

Day surgery unit- 18 beds with ability to flex to 10 additional beds on ward 12 a.

## Summary of this service

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

The surgical services at Wycombe Hospital were divided into care groups, according to speciality. Each care group was managed by a clinical director, general manager and matron. The surgical service included the operating theatres, the surgical wards, recovery units and pre-operative assessment unit.

The Care Quality Commission (CQC) carried out an announced inspection (staff knew we were coming) of the trust between 19 to 21 February 2019.

We observed care and treatment and we spoke with 17 patients, carers and their relatives. We also spoke with approximately 35 staff members including senior managers, matrons, ward managers, theatre managers, consultants, doctors, nurse practitioners, registered nurses, agency staff health care assistants, physiotherapists, occupational therapists, pharmacy staff, ward clerks, housekeepers, porters and domestic staff.

# Surgery

We reviewed 19 patients' records, including risk assessments, elective surgery care pathways, care plans, medicines charts and other records pertaining to the service.

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

- Staff followed the trust's internal procedures for reporting incidents. Incidents were investigated, and lessons learnt were shared with staff across surgical services and the directorates.
- Staff had clear understanding about their safeguarding responsibilities and were confident about actions they would take if they had any concern about a patient's wellbeing.
- Actions were taken to improve service provision in response to feedback, incidents investigations.
- The service provided care and treatment that was based on national guidance and monitored its application in practice.
- Arrangements were in place for the prevention and control of infection. The service carried out regular audits and outcomes were shared with the staff. Action plans were developed to address any shortfalls in infection control management.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Patients were treated with care and compassion; carers and relatives were involved as appropriate in the care and treatment. Feedback we received in relation to patients' care was consistently positive.
- The service planned and delivered care based on the identified needs of the local community it served.
- Information on how to raise concerns and complaints was available. Complaints were investigated and learning from them was shared with staff.
- Patients told us their pain was managed effectively and they received pain control as needed.
- Managers at local levels in the trust had the skills to manage the service providing quality and sustainable care.
- The trust's vision and strategy was understood by staff and staff said they were supported by their managers.

However;

- The service did not manage medicines safely in line with regulations and guidance. Staff did not follow processes to keep patients safe and minimise the risks of medicines misappropriation when dispensing patients' medicines in the day surgery unit.
- Patients' records were not always kept securely which may pose risks of unauthorised access to confidential information.
- All necessary checks such as World Health Organisation surgical safety checklists, the five steps to safer surgery were not always adhered to and may pose risks to patients' safety. The service did not use the Local Safety Standards for Invasive Procedure checklists.
- Risk assessments were not consistently completed such venous thrombo- embolism VTE (blood clots). This may pose risks to patients as preventative measures may not be in place.
- The service was not meeting their referral to treatment time which may impact on patients care, welfare and well-being.

# Surgery

## Is the service safe?

**Requires improvement** ● → ←

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

- Medicines including emergency medications were not always stored safely and in line with manufacturer's guidance and regulations.
- Staff did not follow processes to keep patients safe and minimise the risks of medicines misappropriation when dispensing patients' medicines in the day surgery unit.
- Patients' records were not kept securely which may pose risks of unauthorised access to confidential information.
- Safety checks were not consistently completed such as World Health Organisation surgical safety checklists, the five steps to safer surgery. All three phases of checks were not completed as required.

However:

- Staff followed their internal process for reporting patients' safety incidents. These were investigated, and learning was shared across the surgical services and other directorates.
- The nursing staff understood how to protect patients from abuse and had completed training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risks well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Equipment we checked was maintained safely and ready for use.
- Emergency equipment checks such as the resuscitation trolleys were effectively completed, and records were maintained of these checks. Anaesthetic equipment checks were also completed and recorded.
- Records of care including surgery and anaesthetic records were detailed and fully completed.

## Is the service effective?

**Good** ● → ←

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

- The service provided care and treatment based on national guidance and monitored evidence of its effectiveness.
- The service participated in a number of national audits and their results were similar to other trusts in a number of the outcomes.
- Patients received information on how to manage their pain. Staff assessed and monitored patients pain regularly and offered them pain control. Staff used pain tools to support those unable to communicate their pain.
- The service was responsive to patients' needs and they could access a variety of services seven days a week.
- There was effective multi- disciplinary working which benefitted patients. Staff of different kinds worked together as a team to support and provide good care.
- There was a range of information and support available for patients and their families and carers.

# Surgery

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

## Is the service caring?

Good ● → ←

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

- Staff treated patients with care and compassion. Feedback from patients and their relatives were positive and said staff treated them with kindness and respect.
- Staff involved patients and those close to them in decisions about their care and treatment. We observed staff discussing care treatment options with both patients' and their relatives.
- All patients we spoke with were complimentary about the staff and the care they had received.
- Staff provided emotional support to patients to minimise patients' anxiety. Staff promoted independence and monitored their safety.

## Is the service responsive?

Good ● ↑

Our rating of responsive improved. We rated it as good because:

- The trust planned and delivered services to meet the needs of the local population.
- Patients could access the service when they needed it. The service managed waiting times and admissions well.
- The service reviewed any cancellations of surgery ensuring these were re-scheduled in a timely way. Patients who were cancelled were treated within 28 days.
- The service treated concerns and complaints seriously, investigated them and learnt lessons from the results, which were shared with the staff.

However:

- The service was not meeting their 18 weeks referral to treatment time in four of the seven outcome measures.

## Is the service well-led?

Good ● → ←

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

- There was a developed governance structure and staff were clear about their roles, responsibilities and promoted a quality service.
- The trust's strategy, vision and values underpinned a culture which was patient centred. Local managers across the surgical services promoted a positive culture that supported and valued staff.

# Surgery

- The surgical services followed the trust procedures and used a systematic approach to continually improve the quality of its services and safeguarding standards of care.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service collected, analysed, managed and used information to support all its activities, using secure electronic systems with security safeguards.
- Managers in the surgical division at the trust had the skills and abilities to run a service providing direction and support.
- The surgical risk register identified risks to the service and these were reviewed, and action plans developed to manage this.

# End of life care

Outstanding  

## Key facts and figures

There is an expectation that all staff across the acute Buckinghamshire Healthcare NHS (Buckinghamshire Healthcare NHST) hospitals at Stoke Mandeville, Wycombe and Amersham (irrespective of medical specialty or role within the organisation) will deliver high quality End of Life Care (EOLC). The specialist palliative care clinicians facilitating End of Life Care in the acute hospitals is a highly motivated and compassionate team of clinical nurse specialists and doctors physically working out of the hospice for patients in Stoke Mandeville Hospital and from an office at Wycombe hospital for Wycombe and Amersham patients. Each ward and department had an EOLC champion who could be from any grade of staff who was passionate about EOLC and took responsibility for communicating changes in practice from the leadership and feeding back issues from their area.

The leadership team of the palliative care teams in the hospice, hospital and community is the same. These three teams (acute, community and hospice) although succinct units, work as a wider integrated team to provide seamless care to patients and their families from home to hospital or hospital and back home. These teams were led by the same palliative care lead consultant, palliative care matron and supported by the same operations manager. The palliative care team was placed within the division of integrated elderly and community Care (IECC) and the palliative care consultant was this service delivery unit lead.

The Florence Nightingale Hospice (FNH) is situated on the Stoke Mandeville site but has a dedicated multidisciplinary team that delivers care to an inpatient, outpatient and lymphoedema service. The hospice was inspected at the same time (but by a different team). This report refers to the inspection of EOLC in the acute Buckinghamshire Healthcare NHS trust however some areas such as the leadership overlap.

The EOLC inspection in the acute Buckinghamshire Healthcare NHS trust, mainly covered patients whose death was imminent (expected within a few hours or days) but included those approaching the end of life and were likely to die within the next 12 months irrespective of underlying diagnosis.

In this report we refer to the 'Purple Rose' model of end of life care (Buckinghamshire Healthcare NHST 2018). The acute Buckinghamshire Healthcare NHS trust had adopted the 'Purple Rose' scheme to raise the profile of those at the end of life across the trust. Each ward and department had a 'Purple Rose' plastic storage box that contained: a resource file for staff, EOLC care plans, intentional rounding checklists, EOLC information leaflet for relatives, a 'Purple Rose' magnet for the patients' whiteboard; a 'Purple Rose' laminated card to go on curtains and doors; a purple gauze bag for keepsakes. In addition, any relatives under the 'Purple Rose' scheme were entitled to concessionary parking, snack packs and mini toiletries from the hospital reception desks.

During our inspection we looked at EOLC for adults and visited Stoke Mandeville and Wycombe Hospitals. Across the two hospitals we spoke to staff in: A&E\*; wards where end of life care was being provided (6), the bereavement centre\*; the chapel (2) and the mortuary (2). We spoke with eight relatives and two relatives (2). We spoke to a representative sample of most teams involved in end of life care: bereavement team (3) chaplaincy (3); chief nurse (1); cleaners (2); consultants (3); clinical nurse specialists in palliative care team (5); discharge co-ordinators; doctors of all grades (6); end of life care champions (2); equipment library technician (1); healthcare assistants (3); matron (1); medical examiners service\* (2); mortuary staff (3); operational manager (1); patient pathway co-ordinator (1); pharmacist specialist palliative care (1); porters (2); registered nurses (13); students(1); ward clerk (1) and ward managers (4). \*Stoke Mandeville only

We looked at how the clinical nurse specialists and doctors in the palliative care team interacted, guided and delivered teaching to other staff. We observed interactions between the staff and patients and relatives in their care.



# End of life care

We looked at Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms, drug charts, checklists and nursing care records (17). We also reviewed performance information prior to our visit and additional information was requested documents to support our observations after our visit.

## Summary of this service

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

- People are protected by a strong comprehensive safety system and a focus on openness, transparency and learning when things go wrong.
- People are able to transition seamlessly between services because there is advance planning and information sharing between teams.
- There is a genuine open culture in which all safety concerns raised by staff and people who use the service are highly valued as being integral to learning and improvement.
- The continuing development of the staff's skills and knowledge is recognised as being integral to ensuring high quality care. Staff are proactively supported and encouraged to acquire new skills, use their transferable skills and share best practice. Chaplaincy volunteers re proactively recruited and supported in their role.
- There is a strong, visible person-centred culture. Staff are highly motivated and inspired to offer care that is kind and promotes peoples' dignity. Relationships between people in the service, those close to them and staff are strong, caring respectful and supportive. These relationships are highly valued by staff and promoted by leaders.
- There is a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which is accessible and promotes equality. This includes people with protected characteristics under the equality act, people who are approaching end of life and people in vulnerable circumstances who have complex needs.

There is compassionate inclusive and effective leadership at all levels. Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There is a deeply embedded system of leadership development and succession planning, which aims to ensure that the leadership represents the diversity of the workforce.

## Is the service safe?

**Good** ● ↑

Our rating of safe improved. We rated it as good because:

- There were comprehensive systems to keep people safe, which take account of current best practice. People who use services were at the centre of safeguarding and protection from discrimination.
- Innovations such as the introduction of the Medical Examiner service has been encouraged to achieve sustained improvements in safety and continual reductions in harm.
- A proactive approach to anticipating and managing risks to people who use the service was embedded and is recognised as the responsibility of all staff.
- Staff were able to discuss risk effectively with people using the service.

# End of life care

- However, the trust did not classify end of life care training as a mandatory subject although it was now a part of trust induction.
- There were some issues with the environment at Wycombe Hospital mortuary that needed attention.

## Is the service effective?

**Outstanding** ☆ ↑

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

- Buckinghamshire Healthcare NHS trust demonstrated considerable evidence that they had implemented the National Institute of Clinical Excellence (NICE) Quality Standards: 'End of life care for adults' (QS13, November 2011 updated March 2017) and 'Care of dying adults in the last days of life' (QS144, March 2017).
- The staff took into account patients' needs and preferences 'Palliative care for adults: strong opioids for pain relief' (NICE, Clinical Guidelines 140, May 2012 updated August 2016) when prescribing and administering medication. The palliative care pharmacist was employed to audit compliance to opioid guidance.
- The trust EOLC strategy (based Ambitions for Palliative and End of Life Care National Framework 2015 – 2020) and emphasized community involvement. Last year as part of dying matters week the trust ran Death Cafes (group directed discussions to increase awareness of death with no intention of leading people to any conclusions, product or course of action). These Death Cafes had subsequently evolved to facilitate patients with dementia, frailty and mental health issues to access adv
- The Buckinghamshire Healthcare NHS trust had developed 'Palliative Feeding for Comfort Guidelines' (February 2017) in collaboration with the clinical commissioning group and these were currently under review. The staff acknowledged that deciding whether to introduce artificial nutrition and hydration (ANH) or to continue to allow food and drink orally once a swallow becomes unsafe was challenging for professionals, patients and carers. The Buckinghamshire NHS Healthcare trust had taken a proactive approach to pre-empt problems associated with food and drink in EOLC to ensure professionals worked together to ensure the risks and benefits of eating and drinking are considered for each individual.

## Is the service caring?

**Outstanding** ☆ ↑

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

- There was a passionate caring ethos throughout the service. Without exception staff were found to be caring, considerate and passionate about getting it right first time for patients. The respectful behaviours of staff towards those they cared for at the end of life reflected the way the hospital palliative care team approached their colleagues.
- We spoke to a wide range of hospital staff including chaplaincy, cleaning staff, doctors, nursing, porters who without exception told us that the patients and their families should be treated with dignity, kindness, compassion, courtesy respect, understanding and honesty.

# End of life care

- The chaplaincy team provided emotional support, spiritual, pastoral and religious care to patients, families, visitors and staff, regardless of beliefs, culture or religion. People were proactively invited to engage with the team provided to access emotional support and care. The chaplains and the chaplaincy volunteers were visibly present on the wards to encourage and facilitate support. The team told us “actually everything that we do is out of compassion and love for the patients we see”.
- The bereavement team and Medical Examiner service (based at Stoke Mandeville Hospital but also covered Wycombe Hospital) clearly understood the need to ‘get it right’ for every individual family and supported relatives in a sensitive and proactively ensured they had transparent a seamless process to collect the cause of death certificate.
- The mortuary team understood the needs of those who were bereaved. The team treated the deceased patient and those close to them with respect and dignity and in every situation, they would make the deceased person look the best they possible could.
- The staff told us that they would offer family members a reclining chair to stay overnight in the room with their loved one. The staff recounted an occasion at Wycombe Hospital where they were able to move another hospital bed into the side room to accommodate the patient’s spouse (this was unusual because the size of most side rooms limited this). The staff would not hesitate to do all they could to support families by offering hot drinks and meals and support from other members of the multidisciplinary team such as chaplaincy.

## Is the service responsive?

**Outstanding** ☆ ↑

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

- The trust had an inclusive agenda and had started networks for people with protected characteristics and staff involved in end of life care were actively involved this work. This work had been triggered by using the results of an equality impact assessment. The purpose of using these assessments is to identify or address existing or potential inequalities resulting from policy or practice development. The nine protected characteristics are characteristics protected by The Equality Act (2010): age; disability; gender reassignment; race religion (or belief), sexual orientation, marriage and civil partnership and pregnancy and maternity. Staff told us these protected characteristics were linked to trust policy to enable people to feel empowered and believed and we met staff representatives on these networks.

## Is the service well-led?

**Outstanding** ☆ ↑

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

- The board member with EOLC responsibility was the chief nurse and staff without exception told us that they understood the ELOC issues within the organisation and they were active and visible to staff. Staff told us that they had never felt so supported in their work as they had in this trust and that the Chief Nurse had ‘a real passion for end of life’. Staff in the palliative care team explained to us that there was ‘no i in team because of the examples of leadership at executive level, SDU level and in their Band 7 team leader.

# End of life care

- The end of life matron attended bi-monthly NHS Trust Safety and Quality Committee meetings (this is attended by the CEO: Medical Director; Chief Nurse; and all senior team). At that meeting the Matron presented a workplan (this is an update on progress against the end of life care strategy) and had become a flexible, evolving document. The current strategy is not due for completion until 2020 but we were told that it may well change early as the actions had been completed and the strategy had become an evolving document.
- An open culture was evident with all the staff we spoke to. Staff felt support, respected and valued. There was a system for excellence reporting and staff told us how they received feedback from their colleagues. If feedback had to be given to staff as result of an incident or a process being followed incorrectly then it was done in a supportive and constructive way. Staff felt generally encouraged by the engagement of the executive leadership team who took genuine interest in their specialty and led by example by being visible and engaged with staff.
- Buckinghamshire Healthcare NHS trust was a pilot site using the DATIX Structured Judgement Review platform and linked to the National Mortality Case Review (Royal College of Physicians') project. The trust had worked with the coroner's office, registrar and clinical commissioning group to embed the role and had become the regional lead. The Medical Examiner's role had had some unexpected additional benefits such as the identification of inherited disease and has led to advice and support of the family members.

# Outpatients

Good 

## Key facts and figures

Outpatients services at Wycombe Hospital are centrally managed by the trust and have close links with the outpatient's department at Stoke Mandeville Hospital. All the main acute specialties provide outpatient services which run five days a week between 8am and 5pm. The department had 237,852 first and follow up outpatient appointments from October 2017 to September 2018.

Cardiology outpatient's department is based at Wycombe Hospital and there is a one-stop breast clinic in the breast unit.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We visited the general outpatient area, including trauma and orthopaedics, and the breast unit. We spoke with 15 staff at different levels including consultants, nursing staff allied health professionals, administrators and service leads. We visited different clinical areas including a fracture clinic, plaster room and the breast unit. We spoke with five patients and three family members, reviewed six sets of electronic patient records and attended one meeting.

## Summary of this service

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

- People were protected from avoidable harm and abuse. The department was sufficiently staffed and most of the team had received up-to-date mandatory training, including safeguarding. Premises were visibly clean and tidy. Staff were pro-active in managing risk, and patient records were completed appropriately. Incidents were reported and investigated.
- Patients received effective care and treatment that met their needs. The trust had participated in a national benchmarking programme and was using the findings to make improvements to the service. Staff development was encouraged, and appraisals were up to date.
- People were supported, treated with dignity and respect, and were involved as partners in their care. Patient survey results were good, and patients we spoke with were happy with their care. Staff were compassionate and helpful in their interactions with patients.
- People's needs were met through the way services were organised and delivered. The trust recognised where the service needed improving and was taking action to do so. People with particular needs were prioritised for appointment times and patients were told when appointment delays were longer than expected.
- The leadership, governance and culture promote the delivery of high-quality person-centred care. The team felt supported by managers and were supportive of each other. Systems were in place with appropriate escalation processes for governance, quality and performance. There was a focus on continuous learning and improvement throughout the service.

## Is the service safe?

Good 

# Outpatients

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Processes were in place to support those staff who were not compliant with their mandatory training and this was monitored by managers and divisional leads. Safeguarding training was up to date.
- The service controlled infection risk well. Staff kept equipment and the premises clean and tidy. They used control measures to prevent the spread of infection. Equipment was well maintained and ready for use.
- There were systems and processes in place to identify risks to patients and take appropriate action when necessary. Staff held daily board meetings where information was shared about patients. Electronic patient records included an alert system when risks had been identified.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Medicines were managed safely and stored correctly.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

**Good** ●

Outpatients was not previously rated for effective. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. For example, the service was aware of issues with patient tracking, cancelled appointments and referrals where there was no follow-up activity or treatment required in an admitted pathway. Work was underway to make improvements in these areas.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and there was a positive culture towards staff development.
- Staff of different kinds worked together as a team to benefit patients. Medical staff, nursing staff and allied health professionals supported each other to provide good care.
- Staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

## Is the service caring?

**Good** ●

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

# Outpatients

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We saw staff support a family and each other following an incident which occurred during our inspection.
- Staff involved patients and those close to them in decisions about their care and treatment. There was a wide range of information available in the department for patients to take away if they needed and patients we asked had received information about their condition.
- The service actively sought feedback from patients in different ways, and where possible made changes to accommodate patients' suggestions.
- Staff provided emotional support to patients to minimise their distress.

## Is the service responsive?

**Good** ●

Our rating of responsive improved. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. Initiatives had been put in place to improve capacity and patient flow, which had resulted in a much improved 'did not attend' rate.
- People could access the service when they needed it. When waiting times were longer, staff informed patients so they could plan their time accordingly in terms of getting refreshments and car parking fees.
- The service was working towards improving clinic cancellations and appointment delays. Clinic room scheduling software had been introduced and telephone and virtual appointments had been implemented in some areas to make better use of appointment times for patients and staff.
- The service took account of patients' individual needs and priority was given to patients when necessary, for example when they were reliant on patient transport services.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

**Good** ●

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

- The service had managers with the right skills and abilities to run a service providing high-quality sustainable care. The temporary manager was being well supported by senior staff and the manager from Stoke Mandeville Hospital. A new manager had been recruited but had not yet started.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff at different levels and patients.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were encouraged with professional development, and their ideas for improvement were listened to and valued.

# Outpatients

- The service had effective systems for governance, identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Regular governance, quality and performance meetings took place with a planned escalation route to the trust board for issues that required very senior oversight.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Some of these systems were new to the service and work was ongoing to embed them fully.
- The trust engaged well with patients, staff and the public to plan and manage appropriate services.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. A number of initiatives were in place to improve services, for example engaging with NHS Improvement to benchmark outpatient services and the implementation of a temporary vanguard to help clear a backlog of ophthalmology procedures.



# Stoke Mandeville Hospital

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## Key facts and figures

Stoke Mandeville Hospital is located on the edge of the market town of Aylesbury. Stoke Mandeville hospital provides a wide range of services to Buckinghamshire and beyond including 24-hour accident and emergency, maternity, cancer care and outpatient services. The regional burns and plastics unit provides specialist services to numerous patients, from as far away as Reading and Northampton. The hospital is also the base for eye care for the area.

Stoke Mandeville hospital has 431 beds (excluding paediatrics, maternity and critical care). It has an outpatient service, planned day surgery and inpatient care, a consultant-led women and children's centre, neonatal intensive care, rehabilitation, chemotherapy, accident & emergency, critical care, emergency and trauma surgery, acute medical care, acute obstetrics and gynaecology. There is a National Spinal Injuries Centre, burns and plastic surgery unit, ophthalmology, radiology department, pharmacy and pathology services.

It is open seven days a week, 24 hours a day.

At Stoke Mandeville hospital we inspected the urgent and emergency care, medical care (including older people's care), surgery, end of life care, Hospice services for adults and the outpatients core services.

We spoke with 226 members of staff across the core services, 53 patients and their families and reviewed 51 patient records.

We observed care being provided, looked at clinical environments, policies and procedures, observed clinical handovers and daily safety huddles and reviewed information provided by the trust both before and after the inspection.

## Summary of services at Stoke Mandeville Hospital

**Good**  

Our rating of services improved. We rated it them as good because:

- The services had enough staff with the right skills and training with managers who supported and monitored their performance.
- The services managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learnt. When things went wrong, staff apologised and gave patients honest information and suitable support.

# Summary of findings

- There was good multidisciplinary working. When people received care from a range staff, teams or services, it was co-ordinated.
- People were supported, treated with dignity and respect and were involved as partners in their care. People were treated with kindness during all interactions with staff and relationships with staff were positive.
- Most leaders were visible and approachable. Leaders modelled and encouraged compassionate, inclusive and supportive relationships among staff so that they felt respected, valued and supported.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services.

However:

- Staff did not always store patients care records in a way which protected patient confidentiality.
- In the surgical wards and theatres, medicines were not stored safely or managed at all times.
- The use of the five steps to surgery safety checks were not completed in line with practice guidelines.
- For patients undergoing surgical procedures, risk assessments were not always completed, and actions were not taken to mitigate potential risks.
- Not all equipment for providing care and treatment across the services was maintained and therefore safe for use.
- The emergency department did not always provide a suitable, safe, risk assessed environment for patients with acute mental health needs.

# Urgent and emergency services

Good  

## Key facts and figures

Stoke Mandeville Hospital (SMH) emergency department (ED) provides emergency and acute care. It operates 24 hours a day, seven days a week and delivers services typical of accident and emergency in the main areas of majors, resuscitation, paediatrics, and minor injuries.

Patients who walk into the department are streamed at the front door by an experienced nurse and sent either to the ED or if appropriate, the 'GP streaming'. The GP streaming service provides a service for walk-in patients requiring urgent primary care. This is situated in the corridor opposite and away from the main ED waiting area.

Patients arriving by ambulance will receive initial assessment and treatment in the resuscitation area or in majors, which has a five-bedded rapid assessment and treatment (RAT) facility.

The Emergency Observation Unit (EOU) provides a 24 hour, seven day service for ED patients requiring an extended period of observation and/or treatment after their initial assessment in ED. The EOU has specific admission and discharge criteria and policies. It is designed for short term stay no longer than 12 hours and is separated from the ED acute assessment area. It has eight trolley spaces and four chair spaces.

There is a paediatric decision unit (PDU) providing emergency urgent care and specialist paediatric medical and nursing care for minors, majors, and assessment & triage for paediatric cases.

From October 2017 to September 2018 there were 89,825 attendances at the trust's urgent and emergency care services.

We inspected the service between 19th and 20th February 2019. Our inspection was announced.

During the inspection we spoke with approximately 37 members of staff. This included; the clinical lead for emergency medicine; the matron, the business manager, and administration staff. We also spoke with allied health professionals, consultants, junior and senior doctors, governance facilitator, governance lead, healthcare assistances, housekeeping staff, junior and senior nurses, paramedics and volunteers.

We observed care being provided, looked at patient waiting areas and clinical environments, policies and procedures, observed clinical handovers and daily safety huddles and spoke with 14 patients and their relatives. We reviewed information provided by the trust both before and after the inspection.

We last inspected urgent and emergency services in March 2015, with the report published July 2015 when the service was rated as requires improvement for safe and responsive, and good for effective, caring and well-led. Overall the service was rated as requires improvement.

## Summary of this service

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

- The service effectively controlled all infection risks.
- The service had a good approach to anticipating and managing risks to people who used the service, and they managed patient related safety incidents well.
- There were enough staff with the right qualifications and skills. The training they received helped them to protect patients from avoidable harm and to keep people safe.

# Urgent and emergency services

- The service provided care and treatment based on national guidance and could evidence its effectiveness.
- There was a multidisciplinary approach to working in the service. Staff of different roles worked together as a team to benefit patients and supported each other to provide good care.
- Staff cared for patients with compassion. Feedback from patients, and those close to them, was positive and confirmed that staff treated them with kindness.
- The services provided reflected the needs of the local population and considered patients' individual preferences and choices.
- Most patients were able to access the service in a timely way.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with staff.
- There was strong leadership in the emergency department with leaders having an inspiring shared purpose and strove to deliver and motivate staff to succeed.
- The governance processes enabled the service to monitor its standards and performance.
- The department was forward looking, promoting training and research and encouraging innovations to ensure improvement and sustainability of the service.

However,

- The service did not provide consultant presence 16 hours a day in line with the Royal College of Emergency Medicine's recommendations.
- There was lack of a dedicated safe space for assessing patients with mental health needs.
- Patient's records were not always completed fully or stored securely.

## Is the service safe?

**Good** ● ↑

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

- Staff adhered to processes and policies to ensure patient safety was maintained.
- Staff at all levels understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff were able to identify children and adults who might be at risk of potential harm.
- Staff complied with systems to control and prevent the spread of infection. Staff kept equipment and premises clean, used personal protective equipment and demonstrated good hand hygiene practice to prevent the spread of infection.
- The service had changed the footprint of the department to increase the patient flow and capacity of the department.
- Equipment was checked to ensure it was ready for use and fit for purpose.
- Staff used recognised clinical assessments to spot potential risks to patients and keep them safe and free from harm.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. However, there were a significant number of registered nurse vacancies and there was reliance on temporary staff to ensure safe staffing.

# Urgent and emergency services

- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- The service did not provide consultant presence 16 hours a day in line with the Royal College of Emergency Medicine's recommendations.
- There was lack of a dedicated safe space for assessing patients with mental health needs.
- Patients waiting areas were not always observed by staff.
- Patient safety checks were completed in the GP streaming area, but patient's privacy was not maintained.
- Staff kept detailed records of patients' care and treatment. Records were clear, but not always fully completed.
- Patient's paper notes were not always stored securely.

## Is the service effective?

Good   

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

- The staff provided care and treatment based on national guidance and monitored its effectiveness.
- Where clinical audits showed deviation from clinical standards, the department worked to identify why, made changes to working practices and revisited to ensure positive clinical outcomes were achieved.
- Staff gave patients enough food and drink to meet their needs and improve their health, and they assessed and monitored patients regularly to see if they were in pain.
- The service made sure staff were competent for their role through the provision of additional training and development opportunities.
- Staff with different roles worked together as a team to benefit patients and supported each other to provide good care.
- The department provided care to adults and children 24 hours a day, 365 days a year.
- The service supported patients by promoting healthier lifestyles by identifying those who may need extra support during assessment and sourcing the right staff to help provide specialist care for them.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent. There was effective multi-disciplinary working across the department.

However,

- Patient group directives were not being used to administer pain relief which would allow trained staff to administer pain relief without a doctor's prescription. Staff told us that they were removed for updating purposes.

# Urgent and emergency services

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Patients and their relatives were attended to in a respectful, non-judgemental and considerate manner even when the department got busy.
- Staff provided emotional support to patients to minimise their distress. The department used volunteers to speak with patients and relatives which helped attend to people's emotional needs.
- Staff involved patients and those close to them in decisions about their care and treatment

## Is the service responsive?

Good ● ↑

Our rating of responsive improved. We rated it as good because

- The trust planned and provided services in a way that met the needs of local people. Facilities, premises and the patient journey were being redesigned to increase capacity and to provide a better service for the local community.
- Staff uniforms and identification badges made it easy for patients and relatives to recognise staff and their role in the busy emergency department.
- The service took account of patients' individual needs by making reasonable adjustments, providing specialised support and facilities and fast-tracking patients due to clinical need.
- The service was addressing the timeliness of patients accessing care and treatment, with the introduction of the rapid assessment and treatment unit, GP streaming service and ED consultant's admitting patient rights. The service was meeting some of the Royal College of Emergency Medicines targets for ED.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with staff.

However,

- The service was not consistently responding to complaints within the timescales set out in the trust policy.
- Not all of the Royal College of Emergency Medicine targets for ED were being met.

## Is the service well-led?

Good ● → ←

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

- There was strong leadership in the emergency department, with managers having the right skills and abilities to run a service providing high-quality sustainable care. Leaders had an inspiring shared purpose and strove to deliver and motivate staff to succeed.

# Urgent and emergency services

- Leaders understood the challenges to good quality care and identified the actions needed to address these. There was a quality improvement programme in place and leaders could clearly describe improvement plans.
- The emergency medicine service had a vision for what it wanted to achieve and plans to turn it into action.
- The emergency department promoted a positive, inclusive and collaborative culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff spoke highly of their job despite the pressures and were committed to delivering a good service.
- There was a governance framework that ensured responsibilities were clear, and that quality, performance and risk were understood and managed.
- The service collected, analysed, managed and used information well to support all its activity, using innovative and best practice electronic systems and processes.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when things went wrong. The unit was forward looking, promoting training and research and encouraging innovations to ensure improvement and sustainability of the service.

# Medical care (including older people's care)

Good  

## Key facts and figures

The medical care service at Buckinghamshire Healthcare NHS Trust provides medical care and treatment for several specialties at two main acute sites: Stoke Mandeville Hospital and Wycombe Hospital. The trust had 44,898 medical admissions from August 2017 to July 2018. Emergency admissions accounted for 15,343 (34.2%), 682 (1.5%) were elective, and the remaining 28,873 (64.3%) were day case. Admissions for the top three medical specialties were:

- General medicine: 12,776 admissions
- Gastroenterology: 12,154 admissions
- Clinical oncology: 4,137 admissions

Stoke Mandeville hospital is the main provider of acute hospital services to the population of Buckinghamshire. Medical services at Stoke Mandeville were last inspected in 2016 (report published in 2017) and was rated as 'requires improvement' overall.

The hospital provides acute medical care including respiratory, general medicine and care of the elderly and has approximately 200 beds for medical admissions.

- Acute Medical Unit (AMU) – 24 bedded unit for overnight stays only, supporting the emergency observation unit (EOU) in the emergency department (ED).
- Short Stay Ward (Ward 10) – 25 bedded medical ward for short-stay (ideally, less than three days).
- Ambulatory Care Unit (ACU)- provides specialist ambulatory day clinic/appointments and services- hospital avoidance

The specialty medical and general wards are:

- Ward 4 and 7: 42 bedded service over two wards. Respiratory, including high-level acuity (level 2) patients. Provides non-invasive ventilation (NIV), high flow oxygen and supports community integrated respiratory service.
- Ward 5: 18 bedded unit for haematology and general medicine in-patients
- Ward 6: 24 bedded unit. Endocrinology offering comprehensive type 1 diabetes services and multidisciplinary clinics/service for people with type 1 and type 2 diabetes.
- Wards 8 and 9: 42 beds over two wards. Medicine for older people (MFOP). Care for older patients with complex comorbidities and frailty triaged on admission from ED and/or via other medical or specialist wards.
- Ward 17: 24 bedded unit. Gastroenterology inpatients with consultant delivered weekend review.
- Endoscopy- JAG accredited unit- two procedure rooms/22 lists per week
- St Joseph's ward is 14 bedded temporary unit used for day procedures and a discharge area.

During this inspection, we visited the acute medical unit and wards, two, four, five, six, seven, eight, nine 10, 16B (medical outliers), 17, and St Joseph's ward.



# Medical care (including older people's care)

Our inspection was announced (staff knew we were coming). The inspection team spoke with 33 members of staff including consultants, junior doctors, managers and nurses of all grades, allied health professionals, domestic staff and receptionists. We observed staff and patient interactions and spoke with 10 patients and four relatives. We reviewed patients records and medicine charts and before and after the inspection visit, reviewed information we held about these services and information requested from the trust.

## Summary of this service

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

The hospital delivered safe care in an environment that was suitable and looked after well.

- Leaders on the wards had the skills, knowledge, experience and integrity they needed to fulfil their roles.
- We could see how nurse led roles, rota changes, and adaptations and recruitment were planned and discussed to combat nurse staffing shortfalls.
- The service provided care and treatment based on national guidance and monitored evidence of its effectiveness.
- Overall outcomes were positive for those patients accessing the hospital. Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The trust had processes to ensure care and treatment was aligned with current evidence-based practice.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs.
- People could access the service when they needed it. Average length of stay for patients at the hospital and waiting times from referral to treatment were in line with national targets.
- Leaders across the wards had the skills, knowledge, experience and integrity they needed to fulfil their roles. Local nursing leaders at ward level were experienced and were knowledgeable about the needs of the patients they treated.
- Staff told us the leadership on their wards and departments was supportive. Staff were complimentary about their ward leaders and senior executive teams and said they were visible and approachable.
- The trust had a clear vision and a credible strategy to deliver good quality care. Staff on the wards and departments were aware of the trust values.

However

- The service provided mandatory training in key skills to all staff but not everyone had completed it.
- On occasion we saw that staff did not always wear the appropriate personal protective equipment and wash their hands in line with national standards.
- Not all staff had received their appraisal.
- The average length of stay for medical elective patients was significantly higher than the national average but the trust recognised this and had opened a therapy/nurse led unit which focused on rehabilitation.
- Not all complaints were closed in line with trust's expected time frame.

# Medical care (including older people's care)

## Is the service safe?

Good ● ↑

Our rating of safe improved. We rated it as good because:

- The hospital controlled infection risk well. Staff kept, equipment and the premises clean. They used control measures well to prevent the spread of infection.
- The hospital had suitable premises and equipment and looked after them well.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. These risk assessments were completed in a timely manner and were up to date, this was an improvement since our last inspection.
- The hospital took a flexible approach to ensure there were enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff mostly kept detailed records of patients' care and treatment, which were generally accurate contemporaneous and legible.
- Overall the hospital followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time, a significant improvement since our last inspection.
- The hospital managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

However

- Whilst staff were provided with mandatory training in safety systems, processes and practices, not all staff were meeting the trust target. The trust had recognised this and changes to the system were due to be implemented.

## Is the service effective?

Good ● ↑

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

- The hospital provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health. Staff made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools, this was an improvement since our last inspection.
- Overall outcomes were positive for those patients accessing the hospital. Managers monitored the effectiveness of care and treatment and used the findings to improve them.

# Medical care (including older people's care)

- The service made sure staff were competent for their roles. Managers generally appraised staff's work performance and held meetings with them to provide support. Development was encouraged. Specialist nurses and teams were in place to support wards and departments and assisted with planning care and treatment for patients with specific conditions.
- Staff of different kinds worked together as a team to benefit patients. We observed how well staff of different kinds worked together to assess, plan and deliver care and treatment.
- Health promotion information was available for patients, relatives and carers.

However

- Staff appraisal rates did not always reach the trust target of 90%

## Is the service caring?

Good   

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

Feedback from patients and their relatives confirmed that staff treated them well and with kindness. We saw how staff took the time to interact with people who used the services and those close to them in a respectful and considerate way.

- Staff provided emotional support to patients to minimise their distress. Patients had their physical and psychological needs regularly assessed and addressed and we saw how patients had time to ask staff questions.
- Patients were empowered and supported to manage their own health, care and wellbeing and to maximise their independence.
- Staff involved patients and those close to them in decisions about their care and treatment. They recognised the importance of relatives in the recovery of patients in their care.

## Is the service responsive?

Good   

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

- The hospital planned and provided services in a way that met the needs of local people. The hospital looked at alternative models of care provision. The trust recognised that for many patients who needed rehabilitation the acute ward environment was not necessary.
- People generally could access the service when they needed it. The average length of stay for non-elective medical patients was only slightly higher than the national average. Six out of seven medical specialities referral to treatment time (RTT) for admitted pathways for medicine was better than the England average.
- Concerns and complaints were listened and responded to and used to improve the quality of care.

However

- The average length of stay for medical elective patients was significantly higher than the national average but the trust recognised this and had opened a therapy/nurse led unit which focused on rehabilitation.
- Not all complaints were closed in line with trust's expected time frames

# Medical care (including older people's care)

## Is the service well-led?

Good ● → ←

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

- Leaders across the wards at had the skills, knowledge, experience and integrity they needed to fulfil their roles. Local nursing leaders at ward level were experienced and were knowledgeable about the needs of the patients they treated.
- Staff told us the leadership on their wards and departments was supportive. Staff were complimentary about their ward leaders and senior executive teams and said they visible and approachable.
- The trust had a clear vision and a credible strategy to deliver good quality care. Staff on the wards and departments were aware of the trust values.
- Strategic priorities fed through to the divisions and on into each service delivery unit. Divisions and SDUs all had clear strategic vision for 2018-2020 and workable plans to achieve it.
- The culture encouraged candour, openness and honesty. Staff we spoke with said they were proud to work at the hospital. Staff said the culture of the hospital enabled teams to provide good care and treatment for patients.
- Staff told us there was a 'no blame' culture they told us should they need to raise a concern or a complaint they would have no issues in doing so.
- The governance framework ensured responsibilities were clear, and that quality, performance and risks were understood.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The medical divisions engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

However

- Whilst we observed good examples of data security across the hospital. Mandatory training for medical and dental staff was below the 90% trust target.

# Surgery

Good  

## Key facts and figures

Stoke Mandeville Hospital has approximately 112 surgical beds which excluded paediatrics, maternity and critical care. The trust provided care to patients in the Buckinghamshire area and as far as Reading and Northampton.

The general surgery service delivery unit (SDU) was provided by specialisms including upper and lower gastrointestinal (G1) surgery, breast surgery, vascular surgery and emergency surgery.

Acute surgery took place at Stoke Mandeville Hospital and elective surgery was predominantly carried out at Wycombe Hospital in the dedicated treatment centre.

The trauma and orthopaedics team provided care for a wide range of musculoskeletal conditions including complex reconstruction. The trauma unit was supported by a consultant ortho-geriatrician, advanced nurse specialist, trauma coordinator and a fracture liaison nurse. Orthopaedic pathways were integrated with the Bucks Integrated Musculoskeletal Service.

The plastic surgery and burns department had recently expanded from six to nine consultants, with a supporting speciality doctor and specialist nursing and multi-disciplinary team (MDT) staff.

At Stoke Mandeville Hospital, the trust also offered surgery for urology, ear, nose and throat (ENT), ophthalmology and maxillofacial surgery.

The trust provided a seven-day interventional radiology service through a formal arrangement with Oxford University Hospital Foundation Trust.

*(Source: Routine Provider Information Request AC1 - Acute context)*

The trust had 32,692 surgical admissions from August 2017 to July 2018. Emergency admissions accounted for 8,334 (25.5%), 20,657 (63.2%) were day case, and the remaining 3,701 (11.3%) were elective.

*(Source: Hospital Episode Statistics)*

During this inspection we visited the following wards-

Surgical assessment unit (SAU) 10 beds

Ward- 16 a- Emergency surgery ward 25 beds

Ward- 16b- Elective surgical ward 23 beds. This was also used for medical outliers.

Ward 1- Trauma and orthopaedic ward 22 beds

Ward 2- Trauma and orthopaedic emergency and rehabilitation ward 20 beds

Operating theatres

Day surgery unit

Ward 11- Burns unit

# Surgery

## Summary of this service

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

The surgical services at Stoke Mandeville Hospital were divided into care groups, according to speciality. A clinical director, general manager and matron managed each care group. The surgical service included the operating theatres, the surgical wards, recovery units and pre-operative assessment unit.

The Care Quality Commission (CQC) carried out an announced inspection of the trust between 19 to 21 February 2019.

We observed care and treatment and we spoke with 17 patients, carers and their relatives. We also spoke with approximately 35 staff members including senior managers, matrons, ward managers, theatre managers, consultants, doctors, nurse practitioners, registered nurses, agency staff health care assistants, physiotherapists, occupational therapists, pharmacy staff, ward clerks, housekeepers, porters and domestic staff.

We reviewed 19 patients' records, including risk assessments, elective surgery care pathways, care plans, medicines charts and other records pertaining to the service.

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

- Staff followed their internal procedures for reporting incidents. These were investigated, and lessons learnt were shared with the staff across the other directorates.
- Staff had clear understanding about their safeguarding responsibilities and were confident about actions they would take if they had any concern about a woman's wellbeing
- Actions were taken to improve service provision in response to feedback, incidents investigations and complaints received.
- The service provided care and treatment that was based on national guidance and monitored its application in practice.
- Arrangements were in place for the prevention and control of infection. The service carried out regular audits and outcomes were shared with the staff. Action plans were developed to address any shortfalls in infection control management.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Patients were treated with care and compassion; carers and relatives were involved as appropriate in the care and treatment. Feedback we received in relation to patients' care was consistently positive.
- The service planned and delivered care based on the identified needs of both the immediate community and wider community it served.
- Information on how to raise concerns and complaints was available. Complaints were investigated and learning from them was shared with staff.
- Patients told us their pain was managed effectively and they received pain control as needed.
- Managers at local levels in the trust had the skills to manage the service providing quality and sustainable care.
- The service worked with the trust's vision and strategy was understood by staff and staff said they were supported by their managers.

However:

# Surgery

- Medicines including emergency medications were not always stored in line with manufacturer's guidance and regulations.
- The service did not manage controlled drugs effectively in one of the operating theatres. This was not in line with regulations and guidelines.
- All necessary checks such as World Health Organisation surgical safety checklists, the five steps to safer surgery were not always adhered to which may pose risks to patients' safety. The service did not use the Local Safety Standards for Invasive Procedure checklists.
- Equipment checks were not consistently undertaken which may pose a risk as it may not be fit for use when needed in an emergency.

Records were not fully completed, missing information included assessments for blood clots and malnutrition risk assessments.

## Is the service safe?

**Requires improvement** ● → ←

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

- Controlled drugs were not managed safely and in line with trust policy, national guidance and legislation.
- Medicines including emergency medications were not always stored in line with manufacturer's guidance and regulations.
- The checking of equipment was not carried out consistently posing risk of equipment not being available or fit for purpose in the event of an emergency
- Patients' risks assessments and other records including blood clots risks and the five steps to safer surgery checklists were not always completed and may pose patients' safety risks.
- The process for the transfer of patients to the wards was not always followed which meant patients were not accommodated in area suitable for their needs.
- The records of care including risk assessments were not consistently completed which may pose patient safety risks.
- Staff had not all completed mandatory training in safeguarding adults which may pose risks of out of date care practices.

However:

- Staff followed their internal process for reporting patients' incidents. These were investigated, and learning was shared across the directorate.
- Staff understood how to protect patients from abuse and how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Patients for elective surgery followed a pre- assessment process for various risks and their general fitness prior to their admission for surgery.

# Surgery

## Is the service effective?

Good ● → ←

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

- The service provided care and treatment based on national guidance and monitored evidence of its effectiveness.
- The service participated in a number of national audits and their results showed they were similar to other trusts in a number of their outcomes.
- Patients received information on how to manage their pain. Staff assessed and monitored patients pain regularly and offered them pain control. Staff used pain tools to support those unable to communicate their pain.
- The service responded to patient's needs and patients could access a variety of services 7 days a week.
- There was effective multi- disciplinary working which benefitted patients. Staff of different disciplines worked together as a team to support and provide good care.
- There was a range of information and support available for patients and their families and carers.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust's policy and procedures when a patient could not give consent.

However:

- Patients' dietary needs were not always monitored and recorded to minimise risks of malnutrition.

## Is the service caring?

Good ● → ←

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

- Staff treated patients with care and compassion. Feedback from patients and their relatives were positive and they confirmed that staff treated them with kindness and respect.
- Staff involved patients and those close to them in decisions about their care and treatment. We observed staff discussing care treatment options with both patients' and their relatives.
- All patients we spoke with were complimentary about the staff and the care they had received.
- Staff provided emotional support to patients to minimise patients' anxiety. Staff promoted independence and monitored their safety.

## Is the service responsive?

Good ● ↑

Our rating of responsive improved. We rated it as good because:

- The trust planned services and delivered to meet the needs of the local population.



# Surgery

- Patients could access the service when they needed it. The service managed waiting times and admissions well.
- The service reviewed any cancellations of surgery ensuring these were re-scheduled in a timely way. Patients who were cancelled were treated within 28 days.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

**Good** ● → ←

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

- There was a developed governance structure and staff were clear about their roles, responsibilities and promoted a quality service.
- The trust's strategy, vision and values underpinned a culture which was patient centred. Local managers across the service promoted a positive culture that supported and valued staff.
- The surgical services used a systematic approach to continually improve the quality of its services and safeguarding high standards of care.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service collected, analysed, managed and used information to support all its activities, using secure electronic systems with security safeguards.
- Managers at all levels in the trust had the right skills and abilities to run a service providing direction and support.
- The surgical risk register identified risks to the service and these were reviewed, and action plans developed to manage this.

# End of life care

**Outstanding** ☆ ↑↑

## Key facts and figures

The trust's palliative care service aims to improve the quality of life for patients and their families facing the problems associated with life-limiting illnesses. The philosophy of this service is to identify, assess and treat pain and other symptoms which may have physical, emotional, social and spiritual components.

The service offers specialist palliative care, irrespective of diagnosis, based on clinical need, in the chosen location of the patient wherever possible and offers care and support to families and carers, including end of life care and bereavement support.

Specialist services provided by the trust within palliative care includes inpatients at Florence Nightingale Hospice, Stoke Mandeville which is covered in a separate report. The trust provides community specialist palliative care service, but on this occasion, we have not inspected these services.

There is a team of allied health professionals which comprises a physiotherapist, occupational therapist, chaplain and therapy assistant/discharge facilitator. They assess and treat patients with specialist palliative care needs in all areas of the service. They are also a source of specialist advice to other healthcare professionals.

The medical team offers specialist palliative medical care throughout the service. The team also offers outpatient appointments and domiciliary visits, as well as medical support to the hospital team on the Stoke Mandeville and Wycombe Hospital sites. The team offers a 24-hour advice line for health care professionals across all settings.

The trust's bereavement service is managed from Florence Nightingale Hospice, trained volunteer bereavement listeners offer support to families and carers following the death of a loved one. A specially trained team offer bereavement support to children facing the loss of siblings, parents or grandparents. Listeners provide time when it is mutually convenient with the bereaved client.

There was an expectation that all staff across the acute Buckinghamshire Healthcare NHS Trust hospitals at Stoke Mandeville, Wycombe and Amersham (irrespective of medical specialty or role within the organisation) would deliver high quality End of Life Care (EOLC). The specialist palliative care clinicians facilitating End of Life Care in the acute hospitals were a highly motivated and compassionate team of clinical nurse specialists and doctors.

The leadership team of the palliative care teams in the hospice, hospital and community was the same. These three teams (acute, community and hospice) although succinct units, worked as a wider integrated team to provide seamless care to patients and their families from home to hospital or hospital and back home. These teams were led by the same palliative care lead consultant, palliative care matron and supported by the same operations manager. The palliative care team was placed within the division of integrated elderly and community Care (IECC) and the palliative care consultant was the service delivery unit lead.

This report refers to the inspection of EOLC in the acute Buckinghamshire Healthcare NHS trust however some areas such as the leadership overlap with other areas of the service.

The EOLC inspection in the acute Buckinghamshire Healthcare NHS trust, mainly covered patients whose death was imminent (expected within a few hours or days) but also included those approaching the end of life and were likely to die within the next 12 months irrespective of underlying diagnosis.

# End of life care

In this report we refer to the 'Purple Rose' model of end of life care (Buckinghamshire Healthcare NHS trust 2018). The acute Buckinghamshire Healthcare NHS trust had adopted the 'Purple Rose' scheme to raise the profile of those at the end of life across the trust.

This was an integrated service across the trust. During our inspection we looked at EOLC for adults and visited Stoke Mandeville and Wycombe Hospitals. We spoke with eight patients and two relatives, shadowed the palliative care team on their rounds and attended multi-disciplinary meetings. Across the two hospitals we looked at the emergency department, wards where end of life care was being provided, bereavement offices; chapels and mortuaries. We spoke with 69 staff as a representative sample of most teams involved in end of life care: bereavement team; chaplaincy; chief nurse; cleaners; consultants; clinical nurse specialists in palliative care team; discharge co-ordinators; doctors of all grades; end of life care champions; equipment library technician; healthcare assistants; matron; medical examiner service; mortuary technicians; operational managers; patient pathway co-ordinator; pharmacist specialist palliative care; porters; registered nurses; students; ward clerk and ward managers.

We looked at how the clinical nurse specialists and doctors in the palliative care team interacted, guided and delivered teaching to other staff. We observed interactions between the staff and patients and relatives in their care.

We looked at Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms, drug charts, checklists and nursing care records, a total of 17 records. We also reviewed performance information prior to our visit and requested additional information documents to support our observations after our visit. We visited both trust's mortuaries.

## Summary of this service

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

- The service protected patients with a strong comprehensive safety system with a focus on openness, transparency and learning when things went wrong.
- Patients could transition seamlessly between services because there was good advance care planning and information sharing between teams.
- There was a genuine open culture in which all safety concerns raised by staff and patients were highly valued as being integral to learning and improvement.
- The continuing development of the staff's skills and knowledge was recognised as being integral to ensuring high quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills and share best practice. Chaplaincy volunteers were proactively recruited and supported in their role.
- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted peoples' dignity. Relationships between people in the service, those close to them and staff were strong, caring respectful and supportive. These relationships were highly valued by staff and promoted by leaders.
- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met these needs, which was accessible and promoted equality. This included people with protected characteristics under the equality act, people who are approaching end of life and people in vulnerable circumstances who had complex needs.
- There was compassionate inclusive and effective leadership at all levels. Leaders at all levels demonstrated high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There was a deeply embedded system of leadership development and succession planning, which aimed to ensure that the leadership represented the diversity of the workforce.

# End of life care

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- There were comprehensive systems to keep people safe, which took account of current best practice. People who used services were at the centre of safeguarding and protection from discrimination.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough nursing staff with the right qualifications, skills, training and experience to provide the right care and treatment in support of a safe dignified death.
- The service had a dedicated team of medical staff providing the palliative care service with the right qualifications, skills, training and experience to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- Innovations such as the introduction of the Medical Examiner service had been encouraged to achieve sustained improvements in safety and continual reductions in harm.
- A proactive approach to anticipating and managing risks to people who use the service was embedded and was recognised as the responsibility of all staff.

However:

- Although the service had a dedicated team of medical staff the number of palliative care consultants was not reflective of current guidance.

## Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and could evidence its effectiveness.
- Staff assessed and monitored patients regularly to see if they were in pain. The staff took into account patients' needs and preferences 'Palliative care for adults: strong opioids for pain relief (NICE, Clinical Guidelines 140, May 2012 updated August 2016) when prescribing and administering medication.

# End of life care

- Staff gave patients enough food and drink to meet their needs. The trust had taken a proactive approach to pre-empting problems associated with food and drink in EOLC, through the development of 'Palliative Feeding for Comfort Guidelines' (February 2017) in collaboration with the clinical commissioning group. This ensured professionals worked together to ensure they considered the risks and benefits of eating and drinking for everyone.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.

## Is the service caring?

**Outstanding** ☆ ↑

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

- Staff cared for patients with compassion. There was a passionate caring ethos throughout the service. Without exception staff were caring, considerate and passionate about getting it right first time for patients.
- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive.
- Staff provided emotional support to patients to minimise their distress. Staff recognised and respected the totality of people's needs. Staff always took patient's personal, cultural, social and religious needs into account.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Patients emotional and social needs were seen as being as important as their physical needs.
- The bereavement team and Medical Examiner service understood the need to 'get it right' for every individual family and supported relatives in a sensitive and proactive way.
- The mortuary team understood the needs of those who were bereaved. The team treated the deceased patient and those close to them with respect and dignity and in every situation, they would make the deceased person look the best they possible could.

## Is the service responsive?

**Outstanding** ☆ ↑

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

- The trust planned and provided services in a way that met the needs of local people. The trust had adopted the 'Purple Rose' scheme to raise the profile of those at the end of life across the trust and ensure all staff had access to the information and resources they required in a timely way.

# End of life care

- The service took account of patients' individual needs. People's individual needs and preferences were central to the delivery of the service. Staff from the palliative care team were actively involved in the trusts work in relation to people with protected characteristics
- People could access the service when they needed it. Waiting times from referral to treatment were in line with good practice. Teams worked collaboratively with internal staff groups and external agencies to provide care in the individuals preferred place. On occasions this had resulted in patients at the end of their life being discharged very quickly.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

**Outstanding**  

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

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff felt supported, respected and valued.
- Staff felt encouraged by the engagement of the executive leadership team who took genuine interest in their specialty and led by example by being visible and engaged with staff.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities.

# Outpatients

Good ● ↑

## Key facts and figures

Outpatients services at Stoke Mandeville Hospital are centrally managed by the trust and have close links with outpatients at Wycombe Hospital and the community sites. All the main acute specialties provide outpatient services which run five days a week between 8am and 5pm. The department had 384,559 first and follow up outpatient appointments from October 2017 to September 2018.

Ophthalmic clinics are run in the Mandeville Wing at Stoke Mandeville Hospital. The orthopaedic out-patient clinic or fracture clinic is provided at Stoke Mandeville Hospital close to the main outpatient department.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We visited the general outpatient area and the Mandeville Wing (ophthalmology and rheumatology). We spoke with 35 staff at different levels including consultants, nursing staff allied health professionals, administrators and service leads. We visited different clinical areas including a hand clinic, plaster room and eye theatres. We spoke with 10 patients and five family members, reviewed six sets of electronic patient records and attended one meeting.

## Summary of this service

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

- People were protected from avoidable harm and abuse. The department was sufficiently staffed and most of the team had received up-to-date mandatory training, including safeguarding. Premises were visibly clean and tidy. Staff were pro-active in managing risk, and patient records were completed appropriately. Incidents were reported and investigated.
- Patients received effective care and treatment that met their needs. The trust had participated in a national benchmarking programme and was using the findings to make improvements to the service. Staff development was encouraged, and appraisals were up to date.
- People were supported, treated with dignity and respect, and were involved as partners in their care. Patient survey results were good, and patients we spoke with were happy with their care. Staff were compassionate and helpful in their interactions with patients.
- People's needs were met through the way services were organised and delivered. The trust recognised where the service needed improving and was taking action to do so. People with particular needs were prioritised for appointment times and patients were told when appointment delays were longer than expected.
- The leadership, governance and culture promote the delivery of high-quality person-centred care. The team felt supported by managers and were supportive of each other. Systems were in place with appropriate escalation processes for governance, quality and performance. There was a focus on continuous learning and improvement throughout the service.

However:

- Confidential patient records were not always locked away or kept secure.

# Outpatients

## Is the service safe?

Good  → ←

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Processes were in place to support those staff whose mandatory training was not up to date and this was monitored by managers and divisional leads. Safeguarding training was up to date.
- The service controlled infection risk well. Staff kept equipment and the premises clean and tidy. They used control measures to prevent the spread of infection. Equipment was well maintained and ready for use.
- There were systems and processes in place to identify risks to patients and take appropriate action when necessary. Staff held daily board meetings where information was shared about patients. Electronic patient records included an alert system when risks had been identified.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Medicines were managed safely and stored correctly.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- Confidential patient records were not always locked away or kept secure.

## Is the service effective?

Good 

Outpatients was not previously rated for effective. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. For example, the service was aware of issues with patient tracking, cancelled appointments and referrals where there was no follow-up activity or treatment required in an admitted pathway. Work was underway to make improvements in these areas.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and there was a positive culture towards staff development.
- Staff of different kinds worked together as a team to benefit patients. Medical staff, nursing staff and allied health professionals supported each other to provide good care.
- Staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.



# Outpatients

## Is the service caring?

Good ●

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment. There was a wide range of information available in the department for patients to take away if they needed and patients we asked had received information about their condition.
- The service actively sought feedback from patients in different ways, and where possible made changes to accommodate patients' suggestions.
- Staff provided emotional support to patients to minimise their distress. Volunteers worked in the department three days per week to help patients find their way and look out for anyone who needed extra support

## Is the service responsive?

Good ● ↑

Our rating of responsive improved. We rated it as good because:

- The service planned and provided services in a way that met the needs of local people. Initiatives had been put in place to improve capacity and patient flow, which had resulted in a much improved 'did not attend' rate.
- People could access the service when they needed it. When waiting times were longer, staff informed patients, so they could plan their time accordingly in terms of getting refreshments and car parking fees.
- The service was working towards improving clinic cancellations and appointment delays. Clinic room scheduling software had been introduced and telephone and virtual appointments had been implemented in some areas to make better use of appointment times for patients and staff.
- The service took account of patients' individual needs and priority was given to patients when necessary, for example when they were reliant on patient transport services.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

Good ● ↑

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

- The service had managers with the right skills and abilities to run a service providing high-quality sustainable care. The manager had had a positive impact on the team since joining the department and in turn, felt well supported by their senior managers.

# Outpatients

- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff at different levels and patients.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were encouraged with professional development, and their ideas for improvement were listened to and valued.
- The service had effective systems for governance, identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Regular governance, quality and performance meetings took place with a planned escalation route to the trust board for issues that required very senior oversight.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Some of these systems were new to the service and work was ongoing to embed them fully.
- The service engaged well with patients, staff, the public and local organisations, for example the Red Cross, to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. A number of initiatives were in place to improve services, for example engaging with NHS Improvement to benchmark outpatient services and the implementation of a temporary vanguard to help clear a backlog of ophthalmology procedures.

## Outstanding practice

We found examples of outstanding practice in this service:

- The trust had introduced a range of digital options to improve outpatient services and patient choice. These included virtual and telephone appointments, two-way SMS (short message service) reminders, digital appointment letters and clinic room scheduling software.

## Areas for improvement

We found areas for improvement in this service:

- The trust should make arrangements for patient records to be securely stored at all times to protect patient confidentiality.

# Hospice services for adults

Good 

## Key facts and figures

The trust operates a hospice in partnership with the Florence Nightingale Hospice (FNH) charity. The FNH at Stoke Mandeville Hospital site has 11 palliative care inpatient beds and one day-case bed for symptom control, end of life care and complex reassessment and re-evaluation.

FNH also provides a day hospice offering therapeutic treatments, pain and symptom relief, medical interventions, and psychological and spiritual support including creative and complementary therapies. The day hospice can take up to 12 patients a day, four days a week. A 12-week programme is provided for patients with chronic lung disease and heart failure.

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

The hospice services were part of the clinical division of integrated elderly and community care and came under the palliative care service delivery unit (PCSDU).

There was a total of 315 inpatient admission during the ten-month period April 2018 to January 2019 and the day hospice had 753 attendances.

During the inspection we visited the hospice in patient unit and the day hospice. We spoke with 17 staff including doctors, nurses, and ancillary staff. We also spoke with the leadership team. We spoke with six patients and relatives. We reviewed nine patient records and ten medication administration records. We attended the weekly multidisciplinary team meeting for the inpatient unit made observations. We looked at documentary information accessible within the department and provided by the trust.

## Summary of this service

*We previously inspected the Florence Nightingale Hospice within the acute End of Life Care core service, so we cannot compare our new ratings directly with previous ratings.*

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

# Hospice services for adults

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and clinical supervision meetings were available to staff to provide support and monitor the effectiveness of the service.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. All the patients and relatives we spoke with told us they were very happy with their treatment all saying the doctors and nurses all contribute to their care and wellbeing in an outstanding way.
- Staff provided emotional support to patients to minimise their distress. Patient's individual concerns were identified and responded to in a positive and reassuring way. A patient and their relative described the hospice as an "Oasis of calm".
- Staff involved patients and those close to them in decisions about their care and treatment. It was clear from observing that interactions between patients and relatives they trusted the medical and nursing staff. Patients told us they were treated as individuals and that they felt listened to.
- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs. Patients who were receiving EoLC were identified by a 'Purple Rose'.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- The service used a systematic approach to continually improve the quality of its services.

# Hospice services for adults

- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

However

- The service had suitable premises and equipment and looked after them well. However, the hospice did not record temperatures of the chilled room, which meant the service could not be assured the deceased appearance, condition and dignity was preserved or what actions they would need to take if the chilled room temperature became out of range.
- Managers monitored the effectiveness of care and treatment, through national audits, and used the findings to improve them. However, they were not undertaking local audits which meant they could not compare local results to learn from them.
- The service could not be assured people could access the service when they needed it as the service did not record when they were not able to admit a patient when there were no beds available.

## Is the service safe?

**Good** ●

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However

# Hospice services for adults

- The service had suitable premises and equipment and looked after them well. However, the hospice did not record temperatures of the chilled room, which meant the service could not be assured the deceased appearance, condition and dignity was preserved or what actions they would need to take if the chilled room temperature became out of range.

## Is the service effective?

**Good** ●

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and clinical supervision meetings were available to staff to provide support and monitor the effectiveness of the service.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However

- Managers monitored the effectiveness of care and treatment, through national audits, and used the findings to improve them. However, they were not undertaking local audits which meant they could not compare local results to learn from them.

## Is the service caring?

**Outstanding** ☆

We rated it as outstanding because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. All the patients and relatives we spoke with told us they were very happy with their treatment all saying the doctors and nurses all contribute to their care and wellbeing in an outstanding way.
- Staff provided emotional support to patients to minimise their distress. Patient's individual concerns were identified and responded to in a positive and reassuring way. A patient and their relative described the hospice as an "Oasis of calm".

# Hospice services for adults

- Staff involved patients and those close to them in decisions about their care and treatment. It was clear from observing interactions between patients and relatives they trusted the medical and nursing staff. Patients told us they were treated as individuals and that they felt listened to.

## Is the service responsive?

**Good** ●

We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs. Patients who were receiving end of life care were identified by a 'Purple Rose'.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- The service could not be assured people could access the service when they needed it as the service did not record when they were not able to admit a patient when there were no beds available.

## Is the service well-led?

**Good** ●

We rated it as good because:

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- The service used a systematic approach to continually improve the quality of its services.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

# Community health services

## Background to community health services

The trust had over 1,400 staff including nurses, health visitors, doctors, practitioners, therapists and admin support staff working across the county providing community health services.

Community health professionals support Buckinghamshire families, children, people with special needs and older people in their homes or from local health centres, GP surgeries, the Florence Nightingale Hospice, Rayners Hedge Rehabilitation Unit and the community hospitals Buckingham, Marlow, Thame, Amersham and the Chalfonts and Gerrards Cross Community Hospital.

Community healthcare services include

- Adult community healthcare teams
- Children community healthcare teams
- Community hospital inpatient services
- Continence
- Diabetic specialist nursing, education and dietetics
- Falls service
- Health visiting
- Integrated home care services
- Musculoskeletal assessment and treatment
- Musculoskeletal physiotherapy and women's health
- Pain management
- Palliative and end of life care services
- Podiatry
- Primary care mental health
- Public health nursing
- School nursing
- Smoking cessation
- Speech and Language Therapy
- Specialist nursing
- Wheelchair service



# Summary of findings

Services are provided from 20 sites across the county.

## Summary of community health services

**Good** ● → ←

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

We inspected three of the community healthcare services. We rated two of the services as good and one as requires improvement. In rating the community healthcare services we took into account the current ratings of the one service we did not inspected this time.

The summary of these services appears in the overall summary of this report.

# Community health services for children and young people

Good  

## Key facts and figures

Buckinghamshire Healthcare NHS trust provides a range of community based services to children, young people and families in the county of Buckinghamshire. Care is provided in a variety of settings including schools, health clinics and home visits. Services provided include health visiting, school nursing, special school nursing, community children's nursing, community paediatricians, occupational therapy, physiotherapy, speech and language therapy, and Looked after Children's nurses.

The inspection was carried out because the children, young people and family service was rated as requires improvement at the previous comprehensive inspection in 2015. At this current inspection we inspected all domains for this service. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Before carrying out the inspection, we reviewed a range of information submitted by the trust prior to the inspection. We carried out an announced inspection over three days between 26 – 28 February 2019. During the inspection we spoke with 76 staff including community nurses, health visitors, looked after children nurses, doctors, physiotherapists, speech and language therapists, occupational therapists, administrators, specialist nurses and managers.

We attended team meetings and handovers, observed clinics and staff interactions with patients. We viewed 15 sets of patient records and spoke with or interacted with 10 children or young people and 20 parents or carers. We received a total of 87 comment cards from children, young people and families who used the service, in which they told us about their experiences and views of the service provided.

## Summary of this service

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

- Children, young people and families were protected from poor care and abuse by staff who had the relevant skills and received appropriate support. This was by mandatory training, safeguarding awareness, competency assessments, supervision and appraisals. Where there were staff shortages the service took actions to reduce the level of risk to patients.
- The service had a culture of learning from where things had gone wrong, this included learning from incidents and complaints.
- The service mostly provided care and treatment based on national guidance. Staff followed processes to ensure management of medicines was carried out in a sure way that met national guidance.
- There was effective multidisciplinary working both across the trust and with partner organisations.
- The leadership of the service supported monitoring and improvements to the services they delivered. The service engaged well with patients, partner organisations and staff. Staff reported a supportive working environment that looked after their wellbeing as well as supporting them in their personal career development.

However,

# Community health services for children and young people

- Health visiting performance was below the national average. Health visiting and some aspects of the Looked after Children's performance did not meet national targets. People could not always access services in a timely manner. Waiting times from referral to treatment were not in line with good practice.
- Although the service had systems for identifying risks, not all risks were formally identified which meant there was no plan to eliminate or reduce them.
- Although the service collected information, not all information was analysed and used to support all its activities.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service mostly controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Risks to children, young people and families were assessed, monitored and managed appropriately.
- Staffing shortages posed a risk that children, young people and families would not be kept safe from avoidable harm and provided with the right care and treatment. However, the service took actions to reduce the risks to children, young people and families.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service followed best practice when giving, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately, Managers investigated incidents and shared lessons learned with the whole team and the wider service.

However,

- However, there was no assurance that staff had the knowledge and skills to identify the specific signs and symptoms for a child or baby suffering from sepsis.
- There was lack of assurance that infection prevention and control was considered in clinics carried out in premises not owned by the trust.
- Targets for completion of safeguarding training were not met for all staff groups and medical staff were not required to complete adult safeguarding training.

## Is the service effective?

Good  

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

# Community health services for children and young people

- The service mostly provided care and treatment based on national guidance and evidence of its effectiveness.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff in health visiting and school nursing, educated families and carers about nutritional health.
- Staff of different kinds worked together as a team to benefit patients.
- The service effectively promoted and empowered service users to manage their own health, care and wellbeing to maximise their independence.
- Staff understood their roles and responsibilities under the Mental Capacity Act and Gillick competency framework with respect to issues of consent and capacity.

However,

- Health visiting performance was below the national average and did not fully meet national guidance about timeliness of health visitor reviews of babies and young children.
- Looked after Children performance did not meet the national targets for completion of health assessments for children entering care.

## Is the service caring?

**Good** ● ↑

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

- The service mostly provided care and treatment based on national guidance and evidence of its effectiveness.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff in health visiting and school nursing, educated families and carers about nutritional health.
- Staff of different kinds worked together as a team to benefit patients.
- The service effectively promoted and empowered service users to manage their own health, care and wellbeing to maximise their independence.
- Staff understood their roles and responsibilities under the Mental Capacity Act and Gillick competency framework with respect to issues of consent and capacity.

However,

- Health visiting performance was below the national average and did not fully meet national guidance about timeliness of health visitor reviews of babies and young children.
- Looked after Children performance did not meet the national targets for completion of health assessments for children entering care.

## Is the service responsive?

**Requires improvement** ● → ←

# Community health services for children and young people

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

- People could not always access services in a timely manner. Waiting times from referral to treatment were not in line with good practice.

However,

- The service planned and provided services in a way that mostly met the needs of local people.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

**Good** ● ↑↑

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- Information collected using secure electronic systems had security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service encouraged and supported innovation and improvement.

However,

- Although the service had systems for identifying risks, not all risks were identified which meant there was no plan to eliminate or reduce them.
- The service collected information, but did not analyse and use it well to support all its activities.

# Community health services for adults

Good ● ↑

## Key facts and figures

Buckinghamshire Healthcare NHS Trust offers a range of acute and community services, and is the main provider of community services across Buckinghamshire. The service is made up of integrated community teams providing care throughout the year for 24 hours a day, seven days a week.

Community hubs at Marlow and Thame hospitals provide a new community assessment and treatment service (frailty assessment service) CATS, outpatient clinics and diagnostic testing. The services in Thame and Marlow, are provided in addition to those already running at Stoke Mandeville and Wycombe hospitals. These services are designed to help frail older patients avoid a visit to the emergency department or a hospital admission. Teams of elderly care consultants, nurses, therapists, paramedics and GPs can provide expert assessments, undertake tests and agree a treatment plan with patients. If needed they can refer patients to the right community or hospital team to provide ongoing support or treatment.

The Adult Community Healthcare Team (ACHT) provides community and district nursing. The Rapid Response and Intermediate Care (RRIC) team provides a seven-day multidisciplinary service for patients who need short term rehabilitation, and support packages for up to six weeks based on clinical need. These packages of care help avoid a stay in hospital and help patients to leave hospital promptly once they are able to do so. Both services are based in seven geographical bases across Buckinghamshire. These services are for adults from 16 years old to the frail elderly who are housebound or if the intervention needed is most appropriate to be delivered in the home environment. Referrals are made through the Community Care Coordination Team (CCCT) which provides GPs, hospital clinicians and other health and social care staff with 24/7 phone and email 'single point of access' to organise specialist community services for their patients.

To access these service patients must be registered with a Buckinghamshire GP. The trust cares for 600,000 patients outside of hospital.

During the inspection visit, the inspection team:

- Spoke with 29 patients and three relatives;
- Observed staff giving care to 14 patients, which included care given in eight patient homes;
- Reviewed 16 patient records;
- Reviewed performance information and data from, and about the trust;
- Obtained patient feedback from Healthwatch
- Spoke with 57 members of staff of different grades. Including frontline clinical staff, service leads, professional leads and team managers.

The Care Quality Commission last inspected the service in March 2015 and rated the community health services for adults as requires improvement overall with safe and responsive rated as requires improvement. The community health service for adults was issued with six requirement notices During our inspection, we looked at changes the community health services for adults had made to address these concerns.

# Community health services for adults

## Summary of this service

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

- The service provided mandatory training in key skills to all staff, and staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staffing levels and skill mix were planned and reviewed to ensure patients received safe care and treatment.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean, and kept appropriate records of patients' care and treatment.
- Risk assessments were carried out for people and risk management plans were developed which ensured staff delivered safe care and treatment.
- Patients received the right medication at the right dose at the right time. There were processes to ensure care and treatment was delivered in line with current evidence-based national guidance.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff.
- Staff assessed patients' nutrition and hydration needs using appropriate assessments, where applicable and managed patient's pain effectively.
- The service ensured staff were competent for their roles and had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- Staff in different professional groups, including local GPs, worked together as a team to benefit patients, and patients were given advice on improving their general health and wellbeing.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and provided emotional support to patients to minimise their distress. Patients and those close to them felt involved in decisions made about their care and treatment.
- The service planned and provided services in a way that met the needs of local people ensuring patients had flexibility and choice. In all areas we saw that staff tailored their services in response to the complex needs of vulnerable patients.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. They promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- There were effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service engaged with patients, staff, the public and local organisations to plan and manage the delivery of care in the community and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong.

However:

- The trust did not include responding to the deteriorating patient as part of their mandatory training programme.

# Community health services for adults

- Not all teams were able to complete staff appraisals within the trust timescales.
- Complaints received were not dealt with according to the trust complaints policy

## Is the service safe?

**Good** ● ↑

Our rating of safe improved. We rated it as good because:

- The service provided mandatory training in key skills to all staff. There was a comprehensive mandatory training programme available to staff, which included courses centred on patient safety. Staff felt the quality of the training was good and most said they had opportunity to complete it
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff received training on how to recognise and report abuse and were aware of how to apply it. There were systems available to staff which offered support with safeguarding issues.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. Staff used control measures to prevent the spread of infection and audited practice across all services to monitor performance.
- Most premises and equipment were suitable and well maintained. There was good availability of specialist equipment and any repairs were dealt with promptly.
- Comprehensive risk assessments were carried out for people and risk management plans were developed which ensured staff delivered safe care and treatment. Patients were assessed by staff at first contact and on an ongoing basis to identify potential risks to their health and wellbeing. Appropriate actions were taken following assessments to reduce the possibility of patients suffering any avoidable harm.
- Staffing levels and skill mix were planned and reviewed to ensure patients received safe care and treatment. There were staff shortages, due to vacancies, in some services but any associated risks were being addressed with effective caseload management, additional recruitment and bank staff.
- Staff kept appropriate records of patients' care and treatment. All the records we reviewed were clear, up-to-date and available to all staff providing care. The records we reviewed also contained all relevant risk assessments and had been completed within 24 hours of a patient visit. Good practice included individual care plans being present in almost all records, evidence of patients being involved in their care and records being written in full.
- Patients received the right medication at the right dose at the right time, which was aided by the presence of non-medical prescribers in a number of services. Non-medical prescribing is the term used to describe any prescribing done by a healthcare professional other than a doctor or dentist. We saw evidence of effective and safe medicine management practices and processes.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff. The service used information to improve the service. The monthly CIRCLE report delivered to staff mail boxes collated safety data and shared learning with staff throughout the division
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However;



# Community health services for adults

- The trust did not include responding to the deteriorating patient as part of their mandatory training programme. This could mean that there was a potential for delays in providing prompt urgent care.

## Is the service effective?

Good   

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

- There were processes to ensure care and treatment was delivered in line with current evidence-based national guidance. Team managers and professional leads audited practice and delivered training to staff to ensure the latest guidance was being followed. We observed staff providing care and treatment to patients which was in line with national guidance.
- Staff assessed patients' nutrition and hydration needs using appropriate assessments, where applicable. The service used a nationally recognised Malnutrition Universal Screening Tool (MUST) to identify a patient's level of risk of malnutrition at initial assessment.
- Staff assessed and managed patient's pain effectively. There was a chronic pain service in the community which worked closely with the muscular skeletal pathway and the local mental health trust.
- The service collected data on the effectiveness of care and treatment provided to patients but it was unclear as to whether the findings were used to drive improvement. Some of the teams undertook local audits and submitted data to national audits.
- The service ensured staff were competent for their roles. Staff completed competency frameworks, which were signed off by supervisors, which ensured they were able to deliver safe care and treatment to patients. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff in different professional groups, including local GPs, worked together as a team to benefit patients. The development of the clinical hubs ensured that the service had strong links with health and care provision throughout the county. All teams demonstrated patient centred care with a focus on keeping patients out of hospital and in their own homes.
- Nurses, therapists and other healthcare professionals supported each other to provide good care. We saw multiple examples of safe and high-quality care provided to patients delivered in a coordinated way, by healthcare professionals working across different services.
- Patients were given advice on improving their general health and wellbeing. This including staff advising patients on nutrition and weight loss.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system which they could all update. We reviewed patient records and saw that all relevant information was available and could be accessed quickly. Staff said this helped to deliver safe care to patients.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to obtain consent and support those patients who lacked the capacity to make decisions about their care.

However

# Community health services for adults

- Not all teams were able to complete staff appraisals within the trust's timescales.

## Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff paid good attention to ensure patient's dignity and respect were maintained.
- Staff provided emotional support to patients to minimise their distress. Patients' emotional needs and feelings were identified and were treated sensitively. Staff directed patients to support services when appropriate to do so.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients' and their loved ones' needs and decisions were respected and staff kept them informed of developments and treatment plans. Communication with patients was prompt and in a manner which could be easily understood.

## Is the service responsive?

Good ● ↑

Our rating of responsive improved. We rated it as good because:

- The service planned and provided services in a way that met the needs of local people. Services were planned to ensure patients had flexibility and choice. Clinics were run from locations across the whole county and were available to patients at times most convenient to them. Staff provided training to patients and loved ones to promote independence and reduce their reliance on services.
- The service took account of patients' individual needs. Staff in all areas tailored their services in response to the complex needs of vulnerable patients, for example, those living with dementia or neurological conditions.
- The arrangements for referrals, triaging, treating and discharging patients were in line with good practice and patients could access the right care and support at the time it was needed
- The service received very few complaints, they were investigated and closed.

However:

- Complaints received were not dealt within the timescales stipulated in the trust's complaints policy

## Is the service well-led?

Good ● ↑

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

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Professional leads had been recruited to ensure clinical leadership was effective. Service leads were visible, supportive and approachable.

# Community health services for adults

- The trust had a vision for what it wanted to achieve and workable plans to turn it into action. Staff were aware of the values of the trust which were centred on quality safety and respect.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff felt valued and respected by service leads, line managers and colleagues. We were told the culture within services promoted challenge and performance improvement.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. There were effective processes for discussing, reviewing and disseminating information across services. Meetings to review service performance took place regularly and all levels of staff were involved in them.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Risks within services were recorded on registers and were discussed in detail on a monthly basis.
- The trust engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. There were initiatives to actively seek feedback, ideas and opinions from those within and outside the organisation in order to improve the services delivered.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. Pilots were being run within community health services for adults to improve the care patients received.

# Community health inpatient services

Requires improvement   

## Key facts and figures

The trust's community inpatients service is provided over two sites – Amersham Hospital and Buckingham Community Hospital. Referrals are accepted for all patients with a Buckinghamshire GP through the Community Care Coordination Team (single point of access for referrals) into the 46 beds across Waterside and Chartridge wards and the 15 beds (with 12 open) in Buckingham Community Hospital. The Bucks Neuro Rehabilitation Unit maintains its own referral service.

Amersham Hospital houses three wards Chartridge, Waterside and the Bucks Neuro Rehabilitation Unit. Waterside and Chartridge wards provide general rehabilitation to all adult patients over the age of 16 years, they are also able to support patients receiving palliative care although this was a smaller part of the services offered. The services are operated on a nursing model of care and are supported by a consultant geriatrician and a full medical team consisting of foundation, GP and speciality trainees, Monday to Friday. Out of hours emergency cover is provided by the out of hours GP service. Physiotherapy and occupational therapy services are provided on a daily basis according to patient need and this is supported by healthcare and therapy clinical support workers who work 24/7 and are part of the nursing establishment.

Bucks Neuro Rehabilitation Service (BNRU) is a specialist level two service with 17 beds which is led by a clinical psychologist with consultant neurology support. The nursing team is also fully supported by a specialist therapy team consisting of occupational and physiotherapy, dietician and speech and language therapy.

Buckingham Community Hospital is a 15-bedded unit (with 12 beds currently open) which is nurse led with therapy support. The ward is also able to support patients receiving palliative care although this was a smaller part of the services offered. The medical support is provided by our local GP practice on a daily basis, Monday to Friday. Out of hours medical care is provided by the out of hours GP service.

*(Source: Community Routine Provider Information Request (RPIR) – CHS1 Context CHS)*

This inspection was announced (staff knew we were coming) to ensure patients and staff were available to be spoken with during our inspection. The inspection was completed by an inspector, one assistant inspector, a specialist professional advisor nurse for three days, one specialist professional advisor physiotherapist and one pharmacist inspector for one day.

During the inspection we spoke with 21 patients, nine relatives and 28 members of staff including housekeeping, therapy, nursing, GP, sisters, matron and lead nurse. We viewed 12 patient records, medicines administration records and other documentation in relation to the service provided including audits, action plans, policies and procedures. We also observed care delivery and group activity conducted during the inspection.

Following the inspection, we asked the trust to provide us with additional documentation and evidence to support what was seen during the inspection.

## Summary of this service

Our rating of this service **stayed the same**. We rated it as requires improvement because:

# Community health inpatient services

- Buckinghamshire Community Hospital's environment did not support patients to move independently within the ward. Staff documented risks and deterioration to patient's health, however these records were not always accurate, and we could not see appropriate action was always taken in response to an identified patient decline. The service was not sufficiently staffed to meet patient needs which impacted on patient therapy and hospital length of stay. Documentation relating to medicines storage did not always meet best practice guidelines.
- Systems in place to recognise, document and escalation risks relating to governance, quality and performance were not effective in identifying key risks to service delivery. Previously identified staffing concerns for inpatient services had not been fully addressed and impacted on patient care.

However:

- Most staff had received up-to-date mandatory training, including safeguarding. Premises and equipment were visibly clean and available for patient use. Medicines were managed safely. The service monitored key safety performance and incidents were reported and investigated.
- Patients received effective care and treatment which met their needs. The trust participated in benchmarking programmes to drive improvements to the service. Staff development was encouraged, and appraisals were up to date. Patient's received care from integrated multidisciplinary care teams. Patients were supported to make decisions about their care.
- People were supported, treated with dignity and respect, and were involved as partners in their care. Patient feedback results were good, and most patients we spoke with were happy with their care. Staff were compassionate and helpful in their interactions with patients.
- Patient needs were met through the way services were organised and delivered which included those in vulnerable circumstances. Patient complaints were investigated, and responses provided.
- The leadership, service vision and culture sought to promote the delivery of high-quality person-centred care. Teams felt supported by managers and were supportive of each other. Staff and patient engagement was sought and innovation encouraged.

## Is the service safe?

**Requires improvement** ● → ←

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

- Staff completed and updated risk assessments for each patient. They kept clear records and generally asked for support when necessary. However, we did not see action was consistently taken when patients showed signs of a health deterioration.
- The service did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Safer staffing levels were not always met which impacted on patient safety. Patients could not always have their needs met in a timely way and this impacted on their length of stay.
- The service, in the main, followed best practice when prescribing, giving, recording and storing medicines. Documentation relating to the storage temperatures of medicines at Buckingham and Amersham however, did not always meet best practice guidelines. Patients received the right medication at the right dose at the right time.

However:

# Community health inpatient services

- The service provided mandatory training in key skills to all staff and systems were in place to monitor compliance figures against the trusts identified target. Not all staff had met the trust target for training compliance however, this was due to recent recruitment. The trust had employed a practice development nurse to support staff to achieve their training targets.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and evidence viewed showed staff knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used safe control measures to prevent the spread of infection. Audits regularly assessed the levels of cleaning to ensure patients remained safe from risks associated with cross infection.
- The service generally had suitable premises and equipment available and looked after them well. During the inspection security issues were identified at Buckingham Hospital which the trust immediately addressed. Equipment was available to support patients to achieve their rehabilitation goals.
- Staff kept detailed records of patient's care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Care and nursing records detailed patient's short and long term goals required for patient rehabilitation and discharge.
- The service used safety monitoring results well. Staff collected monthly safety information and shared it with staff, patients and visitors. Managers used this information to help drive improvements within the service.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong staff apologised and gave patients honest information and suitable support.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. All staff were involved in care delivery in a structured way which supported patients' rehabilitation pathways.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patient's religious, cultural and other preferences where possible. Patients who required additional support with eating and drinking received this in a consistent and personalised way.
- Staff assessed and monitored patients regularly to see if they were in pain. Tools were available to support those unable to verbally communicate their level of pain. Guidance was documented in patients' records which supported nurses to provide additional pain relief to ease patient pain and discomfort.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. The service compared local results with those of other services to learn from them. The service identified key performance indicator for patients care and rehabilitation which were monitored and discussed at both a local and trust level.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Nursing staff held link speciality roles with provided them with additional training and knowledge which was shared with other staff.

# Community health inpatient services

- Staff in different roles worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide care. Multidisciplinary meetings to discuss patient's progress were well attended and detailed in their completion.
- Patients were supported to make healthier life style choices. Information was available for patients and their visitors to guide them on their wellness journey. Online support was available on trust's website for the local population on how to manage health conditions.

However:

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff however, had not always followed the service policy and procedures when documenting if a patient had capacity and were therefore able to provide consent.
- 

## Is the service caring?

Good   

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

- Staff cared for patients with compassion. Feedback from most patients confirmed staff treated them well and with kindness. Staff had, on occasions, taken proactive action to support patients with personal errands and to ensure they returned home to a safe living environment.
- Staff sought and provided emotional support to patients to meet their needs. Staff identified patients at risk of social isolation, which could impact on mental wellbeing, and sought external support for them to minimise this.
- Staff involved patients and those close to them in decisions about their care and treatment. The service supported patients at the end of their life and ensured they had a personalised and dignified death with loved ones present and also supported.

However

- Patients did not always receive care in a timely way which met their needs. Patients and relatives spoke of waiting to receive care once it had been requested. Staff were aware of patient need and prioritised care and apologised when they were unable to respond immediately to requests for support.

## Is the service responsive?

Good   

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

- The service planned and provided services in a way which met the needs of local people. The service had access to other care services within their division, such as palliative care for example, who could support the delivery of a complete care package for patients.

# Community health inpatient services

- People could not access full therapy services at the weekend however, some staff were receiving training to support patients with their rehabilitation journey. Medical staff such as GPs were available weekdays to support patients and the use of the out of hours on call GP ensured medical support was always available.
- The service treated concerns and complaints seriously, investigated them, learned lessons from the results and shared these with staff. The trust publicly promoted guidance to patients and their relatives on how to raise a concern or complaint on the trust's webpage, posters within wards and information in publicly accessible hospital areas.

However;

- The service had arrangements in place to meet the needs of people in vulnerable circumstances including those receiving end of life care. The ward environments however, did not always support the needs of those living with dementia. Buckinghamshire Community Hospital, for example, was an older ward which did not have a dementia friendly environment to support patients to move independently around the ward.

## Is the service well-led?

**Requires improvement** ● → ←

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

- The service had not always safeguarded standards of care and ensured service quality was maintained by creating an environment for clinical care to flourish. It had been recognised and documented staffing and therapy levels did not always support patients on their rehabilitation journey. However, actions to minimise and patient risk had not been assessed to ensure they were effective.

However:

- Management at all levels in the service had the right skills and abilities to run a service providing quality sustainable care. There were clear lines of accountability and responsibility for all staff which were known and evidenced.
- The service had a vision for what it wanted to achieve which had been developed in line with the trust's overall strategy. Staff could not always identify these, however, knew the aim of care delivery was to empower and support patients to achieve their goals.
- Managers across the service promoted a positive culture which supported and valued staff. Staff took pride in their work and felt confident to raise concerns with their managers without fear of retribution.
- The service engaged well with patients, the staff and the public to plan and manage appropriate services. Patients were encouraged to identify where improvements could be made in service delivery. When changes were made these were publicised, so patients could see the work undertaken in response to their suggestions.
- The trust was committed to improving services by learning from when things went well and when they went wrong and promoting training and innovation. Orientation scripts were used to support patients on the neurorehabilitation ward to minimise anxiety and distress sometimes associated with patients suffering a cognitive impairment.



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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

#### Regulation

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

#### Regulated activity

#### Regulation

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Nursing care

Surgical procedures

Termination of pregnancies

Treatment of disease, disorder or injury

This section is primarily information for the provider

## Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Amanda Williams Head of Hospital Inspections led this inspection. An executive reviewer, Rosi Edwards Non-Executive Director supported our inspection of well-led for the trust overall.

The team included 2 Inspection manager, 15 inspectors, two assistant inspectors, 2 medicine inspectors and 21 specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.