

# Hull and East Yorkshire Hospitals NHS Trust

## Inspection report

Hull Royal Infirmary  
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Date of inspection visit: 7 February to 14 March 2018  
Date of publication: 01/06/2018

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

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

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.

# Summary of findings

## Background to the trust

Hull and East Yorkshire Hospitals NHS Trust was established in October 1999 as a result of a merger between Royal Hull Hospitals NHS Trust and East Yorkshire Hospitals NHS Trust. The trust provides a range of planned and acute services to a catchment population of approximately 602,700 people, serving the residents of Kingston upon Hull, and the East Riding of Yorkshire.

It also provides specialist and tertiary services to a catchment population of between 1.1 million and 1.3 million extending from Scarborough in North Yorkshire to Grimsby and Scunthorpe in North East and North Lincolnshire respectively.

The trust has approximately 1,000 inpatient beds and employs just over 7,260 whole time equivalent staff to deliver its services.

The trust operates from two main hospital sites:

- Hull Royal Infirmary
- Castle Hill Hospital

Hull Royal Infirmary is the larger site with approximately 700 beds and is recognised as a major trauma centre for the region. It provides acute medical services, surgery, maternity and children's services. Castle Hill Hospital has 370 beds and has the regional Queen's centre for oncology and haematology. It also provides cardiac and elective surgery services. The trust provides other clinical services, mainly outpatients at other locations within the Hull and East Riding of Yorkshire area.

Hull clinical commissioning group (CCG) and the East Riding of Yorkshire CCG commission the majority of the trust's services, based on the needs of their local populations.

CQC carried out a comprehensive inspection of the trust in June 2016. We rated safe, effective, responsive and well led as requires improvement and caring as good. We rated the trust as requires improvement overall and issued requirement notices in regard to compliance with Regulation 11: need for consent, Regulation 12: safe care and treatment, Regulation 13: safeguarding service users from abuse and improper treatment, Regulation 14: meeting nutritional and hydration needs, Regulation 17: good governance and Regulation 18: staffing. The trust put action plans in place, which have been implemented and monitored by CQC.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Requires improvement**



## What this trust does

Hull and East Yorkshire Hospitals NHS Trust provides a range of planned and acute services to a catchment population of approximately 602,700 people, serving the residents of Kingston upon Hull, and the East Riding of Yorkshire. It also provides specialist and tertiary services to a catchment population of between 1.05 million and 1.25 million extending from Scarborough in North Yorkshire to Grimsby and Scunthorpe in North East and North Lincolnshire respectively.

The trust operates from two main hospital sites:

- Hull Royal Infirmary

# Summary of findings

- Castle Hill Hospital

Hull Royal Infirmary is recognised as a major trauma centre for the region and provides acute medical services, surgery, maternity and children's services. Castle Hill Hospital has the regional Queen's centre for oncology and haematology and provides cardiac and elective surgery. The trust provides other clinical services, mainly outpatients at other locations within the Hull and East Riding of Yorkshire area.

The trust has approximately 1,000 inpatient beds and employs just over 7,260 whole time equivalent staff to deliver its services.

We inspected the medical, surgical and outpatient services at both Hull Royal Infirmary and Castle Hill Hospital and maternity services at Hull Royal Infirmary.

## 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.

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.

Between 7 and 9 February 2018, we inspected medical care, surgery and outpatient services provided by this trust at its two main hospitals and maternity services at Hull Royal Infirmary.

We inspected medical care services because we rated this as requires improvement at both hospital sites at our previous inspection. We received several concerns and complaints from service users about patient care and staffing levels on some medical wards as part of CQC monitoring activity.

We inspected surgery because we rated this as requires improvement at both hospital sites at our previous inspection. The trust reported two never events in August 2017 and one in September 2017

We inspected outpatient services because we rated this as requires improvement at both hospital sites at our previous inspection. Through our monitoring, CQC had concerns about referral to treatment times and 62-day cancer waits. In addition to these concerns, the trust reported a serious issue with a large number of patients lost to follow up since the introduction of a new patient record system. We wanted to follow this up during the inspection to seek assurance that the trust was addressing and managing this issue effectively.

We inspected maternity services because we rated this as requires improvement at our previous inspection at Hull Royal Infirmary. The trust declared eight serious incidents linked to maternity services within the last year, and they received a CQC maternity outlier alert for elective caesarean sections.

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 at the trust level. Our findings are in the section headed "is this organisation well-led?"

# Summary of findings

## What we found

### Overall trust

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

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

Our rating of Hull Royal Infirmary stayed the same. We rated it as requires improvement. We rated seven of the hospital's eight services as good and one as requires improvement.

Our rating of Castle Hill Hospital improved. We rated it as good. We rated three of the hospital's five services as good and two as requires improvement.

In rating the trust, we took into account the current ratings of the four services not inspected this time.

- We rated well-led for the trust overall as good. This was not an aggregation of the core service ratings.

### Are services safe?

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

- At the previous inspection, we had highlighted that the five steps to safer surgery including the World Health Organisation (WHO) surgical safety checklist was not used effectively within the surgery health group. During this inspection we did not observe consistency across the trust with five steps to safer surgery including the WHO surgical safety checklist. For example from our observations in surgery it was apparent the five steps to safer surgery checklist, was not embedded as a routine part of the pathway. The trust had reported three never events associated with wrong site surgery or the wrong prosthesis being inserted. We could therefore not be assured that the checklist was being used correctly and consistently.
- The trust had completed work towards improving compliance with risk assessments: particularly nutrition and falls risk assessments and actions taken in response to patients' National Early Warning Score (NEWS). Staff in medical care did not always complete this in line with the trust's policy.
- Patients' records were not always stored securely or in an organised manner. There was a risk that patient's records could go missing or that staff did not have access to information they required to provide patient care.
- Services did not always have appropriate numbers of staff to ensure patients received safe care and treatment. The trust had introduced some additional staff and roles to provide cover and mitigate some of the risk. However, despite the shortage of registered nurses in particular, the trust managed staffing well and had a robust escalation and review process.

However:

- The trust had systems in place for reporting, monitoring and learning from incidents. Staff we spoke with knew how to report incidents.
- Staff we spoke with understood how to protect patients from abuse and services 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.
- We found wards and departments we visited visibly clean and tidy, and we saw ward cleanliness scores displayed in public corridors.
- The trust had completed work and improvements in regards to medicines and checking of fridge temperatures and emergency equipment.

# Summary of findings

## Are services effective?

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

- Policies and procedures were based on evidence based practice, and national guidance, for example, from the National Institute for Health and Care Excellence (NICE).
- The trust participated in national and local audits, patient outcomes in a number of national audits showed variable performance in the four core services we inspected. We saw action plans and spoke with leadership teams who understood where performance needed to improve.
- Patients were provided with adequate food and drink. Individual preferences were taken into account. Initiatives had been implemented to try and improve patient's nutrition. Pain relief was offered to patients and reviewed to identify its effect.
- We observed and saw that patient's records had evidence of effective multi-disciplinary working. We observed effective information sharing at daily huddles.
- Staff received additional training to ensure that they were competent. Staff understood the need to gain consent and understood the relevant consent and decision making requirements.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care

However:

- Records we reviewed showed that surgical in-patients were being fasted for too long prior to surgery. Eight out of eight records we reviewed all showed that patients had fasted for longer than national guidance.
- The number of staff who had an up to date appraisal was worse than the trust's target in three of services we inspected.

## Are services caring?

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

- Staff cared for patients with care and compassion. Feedback from patients confirmed that staff respected patients' wishes and provided individualised care.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and relatives we spoke with told us they felt well informed by doctors and nursing staff about their condition, treatment options and plan of care.
- Patients were provided with emotional support from staff to minimise their distress.
- The trust had a multi-faith chaplaincy service and bereavement service and patients had access to specialist nurses for further information and support when required.

## Are services responsive?

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

- The trust showed variable performance against the constitutional standards, for example, in urgent and emergency care, referral to treatment times and cancelled operations in surgery.
- There was a lack of consistency in reviewing medical outlier patients in line with the trust policy. The referral criteria list for moving patients to non-medical wards was not adhered to at all times.

# Summary of findings

- The trust identified a tracking access issue in July 2017 where patients may not have received follow up appointments or interventions following the introduction of an electronic patient record in June 2015. The trust declared this as a serious incident and established a validation and clinical harm review process involving an external healthcare company, commissioners and NHS Improvement (NHSI).

However:

- Services were planned and provided services in a way that met the needs of local people. The trust worked effectively with commissioners, external providers and local authorities.
- Patient's individual needs were met. The electronic patient record was endorsed with an alert identifier to aid staff caring for vulnerable patients or those with additional needs. Systems were in place for patients living with dementia and learning difficulties to support them through their hospital stay.
- People using services felt they could raise concerns and complaints and they would be listened to. Complaints and concerns were taken seriously by the trust and were acted on in a timely manner.

## Are services well-led?

Our rating of well-led at core service level improved. We rated it as good because:

- We rated well led as good in all of the core services we inspected.
- Positive leadership was noted at all levels in the health groups. Senior staff were visible and supportive to staff.
- Health groups had clear strategies that all staff understood and put into practice. Staff we spoke with were aware of the trust's vision and values.
- All health groups had governance and risk management processes and quality measures in place to improve patient care, safety and outcomes. The governance framework in surgery had been strengthened to monitor performance and risks. This meant that health group leadership teams were able to escalate issues to the board in a timely way.
- Staff morale was good overall and teams worked well together and supported each other. Managers were proud of their staff and success was celebrated through local and trust wide events. The trust invested in supporting staff in completing and providing extra training to advance in their career.

However:

- There was a lack of pace in addressing some of the issues from the last inspection in medical care: for example risk assessments and the escalation of the deteriorating patient.
- The surgery health group could have moved with more pace to address issues from the previous inspection, particularly processes to embed the safer surgery checklist in practice.

## 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 medical care throughout the trust and in outpatients and maternity at Hull Royal Infirmary.

For more information, see the outstanding practice section of this report.

# Summary of findings

## Areas for improvement

We found areas for improvement including two breaches of legal requirements that the trust must put right. We found several 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.

## Action we have taken

We issued two requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of two legal requirements in medical care, surgery and outpatients.

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

We found the following outstanding practice:

- A specialist bereavement midwife had been recruited and staff had raised funds to decorate a bereavement room in the antenatal day unit for use by families experiencing pregnancy loss.
- A midwifery led unit had been opened, utilising some labour ward rooms but with recruitment of separate staff. This had been developed with input from local women, midwives and other local services.
- The trust had a vulnerabilities midwife who was key in supporting women living with complex physical or psychological health needs. They based this service around “care of the complex woman with complex social factors perinatal guidelines (toolkit)”. Examples of vulnerable women included, sex workers, women involved in abuse of drugs or alcohol, women living with learning disabilities and women living with HIV. The specialist vulnerabilities midwife was involved from booking onwards, in development of birth plans, and worked closely with the perinatal mental health team.
- The perinatal mental health team concentrated on multi-agency working, and included the specialist midwives, substance misuse services and their wrap around services.
- The eye hospital was given an ophthalmology award in 2017, for the introduction of the virtual reviewing service for patients with glaucoma. These awards celebrate outstanding work within ophthalmology practice.
- The trust used a computer system that allowed staff to be aware of where bed availability was and this was updated by staff on the ward. In turn this then provided staff at the safety brief meeting a true reflection of the current issues. The system allowed the senior managers to review and plan where the risks were to nurse staffing and manage these safely and effectively. A record of the decision made were made during the meetings and logged onto the system to provide an audit trail.
- The trust had introduced different roles to support the patient pathway, these included discharge assistants and nutritional apprentices.



# Summary of findings

## Areas for improvement

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

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

#### In medical care:

##### Hull Royal Infirmary

- The trust must ensure that at all times there are sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patient's dependency levels. In particular the correct staffing levels for patients cared for in hyper acute stroke (HASU) beds.
- The trust must ensure that patients are escalated for medical reviews in line with the trust policy when the trigger is alerted when using the National Early Warning Score (NEWS).
- The trust must ensure that patient risk assessments are completed, in particular falls, nutrition and mental capacity assessments.
- The trust must ensure that registered nurses follow the correct steps when administering medicines in line with their nurse policy and NMC regulations and sign medication charts after it has been given to patients.

##### Castle Hill Hospital

- The trust must ensure that at all times there are sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patient's dependency levels. This includes both nursing and medical staff.
- The trust must ensure that patient risk assessments are completed, in particular falls and nutrition assessments to determine if patients are at risk of falls or malnutrition.
- The trust must ensure that registered nurses follow the correct steps when administering medicines in line with their nurse policy and NMC regulations and sign medication charts after it has been given to patients.

#### In surgery:

##### Hull Royal Infirmary

- The trust must ensure the effective use and auditing of best practice guidance such as the five steps for safer surgery checklist within theatres.
- The trust must ensure that all instruments used are clean, ready for use and stored in appropriate packaging to ensure traceability.
- The trust must ensure that all patients' records are filed appropriately and stored securely.
- The trust must ensure that at all times there are sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patient's dependency levels. This includes both nursing and medical staff.



# Summary of findings

## Castle Hill Hospital

- The trust must ensure the effective use and auditing of best practice guidance such as the five steps for safer surgery checklist within theatres.
- The trust must ensure that patients are fasted pre-operatively in line with best practice recommendations.
- The trust must ensure that all instruments used are clean, ready for use and stored in appropriate packaging to ensure traceability.
- The trust must ensure that all patients' records are filed appropriately and stored securely.
- The trust must ensure that at all times there are sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patient's dependency levels. This includes both nursing and medical staff.

## In outpatients:

### Hull Royal Infirmary

- The trust must continue to take action to address the performance to meet the national standards for referral to treatment and care.
- The trust must ensure that medical records are stored securely and are accessible for authorised people in order to deliver safe care and treatment.

### Castle Hill Hospital

- The trust must continue to take action to address the performance to meet the national standards for referral to treatment and care.
- The trust must ensure that medical records are stored securely and are accessible for authorised people in order to deliver safe care and treatment.

## Action the trust SHOULD take to improve:

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future or to improve services. This action related to three services.

## In medical care:

### Hull Royal Infirmary

- The trust should ensure that all medical outlier patients are moved in line with the referral criteria and are reviewed in line with the trust's policy.
- The trust should ensure that staff understand the principles of mental capacity and deprivation of liberty safeguards.
- The trust should ensure that a patient's lack of mental capacity is recorded within their records and reviewed.
- The trust should ensure that all staff groups meet the requirements for mandatory training and achieve the trust's set target over a 12 month period.
- The trust should continue to develop and embed the documentation in relation to dementia care.

### Castle Hill Hospital

- The trust should ensure that staff understand the principles of mental capacity and deprivation of liberty safeguards.
- The trust should ensure that a patient's lack of mental capacity is recorded within their records and reviewed.

# Summary of findings

- The trust should ensure that all staff group met the requirements for mandatory training and achieve the trust's set target.

## **In surgery:**

### **Hull Royal Infirmary**

- The trust should ensure that action plans developed in response to national audit results clearly address all the concerns highlighted in the audit and the actions the trust has put in place.
- The trust should improve on national treatment performance standards.
- The trust should ensure that 85% of staff have up to date appraisals in line with their own target.
- The trust must ensure that all patients' records are stored in an organised manner and ensure that loose entries are filed.
- The trust should ensure that all patients have weights recorded in their record.
- The trust should ensure mandatory training compliance for medical and dental staff meets their own target over a 12 month period.
- The trust should investigate and address the reasons for the number of cancelled operations to bring this in line with the England average.

### **Castle Hill Hospital**

- The trust should ensure that action plans developed in response to national audit results clearly address all the concerns highlighted in the audit and the actions the trust has put in place.
- The trust should improve on national treatment performance standards.
- The trust should improve compliance with abbreviated mental test scores for patients over 75 who have been in hospital for longer than 72 hours.
- The trust should ensure that 85% of staff have up to date appraisals in line with their own target.
- The trust should ensure mandatory training compliance for medical and dental staff meets their own target over a 12 month period.
- The trust should investigate and address the reasons for the number of cancelled operations to bring this in line with the England average.

## **In maternity:**

### **Hull Royal Infirmary**

- The trust should ensure that all medical records are stored securely.
- The trust should continue to reduce the elective caesarean section rate in comparison with the England average.
- The trust should continue to address the lack of capacity in antenatal day unit and causes of regular long waits for women to be seen or receive results of scans and tests.

## **In outpatients:**

### **Hull Royal Infirmary**

- The trust should ensure they develop processes to formally monitor patient waiting times.

# Summary of findings

## Castle Hill Hospital

- The trust should ensure they develop processes to formally monitor patient waiting times.

## 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.

We rated well-led at the trust as good because:

- The trust had a stable and experienced leadership team with an appropriate range of skills, knowledge and experience. The board of directors' portfolios covered all key areas and they understood the challenges to quality and sustainability. The board recognised the development needs of leaders at all levels.
- The trust had a vision, 'great staff, great care, great future' and values of 'care, honesty and accountability.' The value statements clearly stated what behaviours were acceptable for staff and which were not. The leadership team and staff we spoke with were able to explain what the vision and values meant to them.
- We saw a significant improvement in the culture in the organisation and all staff we spoke with spoke positively about the leadership team and told us they felt supported, respected and valued. The culture at the trust was centred on the needs and experiences of people who use services.
- Overwhelmingly staff were positive about and proud to work in the organisation. They were passionate about their services and morale was generally high. The trust had completed a recognised cultural survey and had seen what appeared to be a two times increase above expectations in culture.
- The trust had clear systems to support good governance. The four health groups' governance, processes and structures were aligned with the corporate structures and processes. There was a committee structure in place to manage the board's business. All sub-committees of the board were chaired by a non-executive director and had clear terms of reference. There was also an executive management committee structure.
- The trust had a clear structure for overseeing risk. The leadership team were able to articulate key risks for the trust that included workforce and the delivery of the constitutional standards. We did not identify any risks during the inspection that the trust had not identified in their own internal governance processes.
- The executive team had worked to improve public, patient and stakeholder engagement recognising that some relationships had been challenging in the past. People's views and experiences were gathered and acted on to shape and improve services and culture.
- The trust had responded to national guidance on learning from deaths and demonstrated it was prepared to learn from the death of patients, and support families and carers through any investigation process.
- There was a culture of learning and improvement. Training and development was encouraged at all levels in the organisation. The executive team were supportive of clinically driven improvement and innovation including through appropriate use of external accreditation and participation in research.

However:

# Summary of findings

- The delivery of constitutional standards was a challenge for the trust. From our discussions with the executive team, stakeholders and local partners we were assured the trust had a robust recovery plan in place and was on target with this. The trust was actively working with stakeholders where system pressures affected the trust's performance.
- Following our core service inspection, we spoke with the executive team about the pace of change after the previous inspection, which was not at the rate we would have expected in some of the services.
- The executive team were aware that medical engagement remained an issue and they were working to address this. They had run two development sessions with medical leaders setting out expectations and identifying a plan to overcome the engagement barriers. Following these sessions an executive and medical staff committee was set up in February 2018.
- Board members recognised that they had work to do to improve diversity and equality across the trust and at board level.

## 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
Requires improvement →← Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018	Requires improvement →← Jun 2018	Good ↑ Jun 2018	Requires improvement →← Jun 2018

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.

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Hull Royal Infirmary	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Requires improvement ↔ Jun 2018
Castle Hill Hospital	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
<b>Overall trust</b>	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Requires improvement ↔ Jun 2018

Ratings for the trust are from combining ratings for hospitals. 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 Hull Royal Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Feb 2017	Good Feb 2017	Good Feb 2017	Requires improvement Feb 2017	Good Feb 2017	Good Feb 2017
Medical care (including older people's care)	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018
Surgery	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
Critical care	Requires improvement Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Requires improvement Feb 2017	Requires improvement Feb 2017
Maternity	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Services for children and young people	Requires improvement Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
End of life care	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Outpatients	Good Jun 2018	N/A	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018
<b>Overall*</b>	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Requires improvement ↔ Jun 2018

\*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 Castle Hill Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement →← Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018
Surgery	Requires improvement →← Jun 2018	Requires improvement →← Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Requires improvement →← Jun 2018
Critical care	Requires improvement Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Requires improvement Feb 2017	Requires improvement Feb 2017
End of life care	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Outpatients	Good Jun 2018	N/A	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018
<b>Overall*</b>	Requires improvement →← Jun 2018	Good ↑ Jun 2018	Good →← Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018

\*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.

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## Key facts and figures

Hull Royal Infirmary (HRI) is one of the two main hospital sites for Hull and East Yorkshire Hospitals NHS Trust. It is located within the City of Kingston upon Hull and serves the population of Hull and the East Riding of Yorkshire.

HRI has approximately 700 beds and is the main centre for acute medical and emergency care. The main accident and emergency (A&E) services are based on this site and it is recognised as a major trauma centre for the region.

The Women and Children's Hospital is located at HRI and houses maternity and children's services, including neonatology with a 26-cot neonatal intensive care unit. The obstetrics department provides maternity services to the women of Hull and East Yorkshire. The trust has an accredited Endometriosis Centre for the North East of England.

In addition, the hospital provides critical care services, with 22 beds available for intensive care and high dependency, close to the main theatre complex. There is an ophthalmology (eye) hospital on site.

We inspected only outpatients, medical care, maternity and surgery services at this visit. During our inspection of this hospital, we spoke with 69 patients and relatives, 167 staff and we checked 111 patient records.

## Summary of services at Hull Royal Infirmary

**Requires improvement**   

Our rating of services stayed the same. We rated them as requires improvement because:

- We rated safe and responsive as requires improvement and effective, caring and well led as good.
- We rated one of the hospital's eight services as requires improvement and seven as good.
- The rating of medical care and surgery improved from our last inspection.
- There was a lack of pace in addressing some of the issues from the last inspection, for example, management of the deteriorating patient in medical care and the effective use of the five steps to safer surgery processes.
- The trust had undertaken work towards improving the compliance with recording of patient's National Early Warning Score (NEWS). However we found there were still concerns with the escalation of NEWS score in line with the trust's policy. Nursing staff used their own clinical judgement as to when to escalate a patient's NEWS score which was not in line with the trust's policy.

# Summary of findings

- At this inspection it was apparent the five steps to safer surgery checklist was still not embedded as a routine part of the surgical pathway. The trust had reported three never events associated with wrong site surgery or the wrong prosthesis being inserted. We could therefore not be assured that the checklist was being used correctly and consistently.
- The trust did not always meet referral to treatment indicators. We saw high numbers of patients waiting for first and follow up appointments across several outpatient areas. In addition to this the trust declared a serious incident related to a trust wide tracking issue within the electronic database. This resulted in a number of patients being lost to follow up.
- Patients' records were not always stored securely or in an organised manner. There was a risk that staff may not have access to the information they needed to deliver patient care and that the public could access patients' confidential records.
- The trust did not always have appropriate numbers of staff to ensure patients received safe care and treatment. The trust had introduced some additional staff and roles to provide cover and mitigate some of the risk. However, despite the shortage of registered nurses in particular, the trust managed staffing well and had a robust escalation and review process.

However:

- Staff were encouraged and knew how to report incidents. We saw evidence from actions plans and root cause analysis that serious incidents were identified and investigated appropriately.
- The trust provided care based on evidence based practice and national guidance. Services reviewed the effectiveness of care through national and local reviews and implemented any findings. We saw improvements in how the trust reviewed effectiveness of the care, through monitoring and auditing compliance with nine fundamental standards.
- Staff cared for patients with care and compassion and respected patient's wishes. Staff provided individualised care and involved patients and those close to them in decisions about their care and treatment. They provided patients with emotional support to minimise their distress.
- Patient's individual needs were met. Systems were in place for identifying patients living with dementia and learning difficulties and to support them through their hospital stay.
- Staff morale was good and teams worked well together and supported each other. Managers were proud of their staff and success was celebrated through local and trust wide events.

# Medical care (including older people's care)

Good  

## Key facts and figures

The medical care service at Hull and East Yorkshire Hospitals NHS Trust provides care and treatment for cardiology, clinical haematology, clinical oncology (previously radiotherapy), general medicine, geriatric medicine, nephrology, rehabilitation, respiratory medicine, and stroke medicine.

Medical care is provided across two sites in the trust with Hull Royal Infirmary providing acute medical services including older people's care and Castle Hill Hospital provided cardiology, oncology, haematology and rehabilitation.

A site breakdown can be found below:

- Hull Royal Infirmary: 343 beds are located within 13 wards

The trust had 68,478 medical admissions from October 2016 to September 2017. Emergency admissions accounted for 32,209 (47%), 3,030 (4%) were elective, and the remaining 33,239 (49%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 19,227 admissions, up 2% compared to previous year
- Gastroenterology: 11,708 admissions, up 6% compared to previous year
- Medical oncology: 6,837 admissions, up 11% compared to previous year

At the last inspection in June 2016, medical care was rated overall as requires improvement. Safe and well-led was rated as requires improvement and all other domains were rated as good. We inspected all five domains at this inspection.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

We inspected the whole core service and looked at all five key questions. In order to make our judgements we visited 15 clinical areas, and spoke with 22 patients and 84 staff from different disciplines, including doctors, nurses, allied health professionals and health care assistants. We observed daily practice and viewed a variety of information in 80 sets of records. Before and after our inspection, we reviewed performance information about the trust and reviewed information provided to us by the trust.

We visited the following wards during our inspection:

- Acute medical unit (AMU)
- Ward 1 general medicine
- Elderly assessment unit (EAU)
- Ward 5 (respiratory ward)
- Respiratory support unit (RSU)
- Ward 50
- Ward 500
- Ward 70

# Medical care (including older people's care)

- Ward 8
- Ward 9
- Ward 90
- Ward 11
- Ward 110
- Hyper acute stroke unit (HASU)
- Ward 35 (eye hospital)

## Summary of this service

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

- We saw improvements with medicine compliance previously raised as a concern with the trust. Medicine reconciliation, recording of fridge temperatures and recording of controlled drugs had all seen improvement since our last inspection in June 2016.
- Patients received adequate food and drink during their admissions. Pain relief was provided. Patient outcomes were audited and reviewed in line with national audits. Multidisciplinary team working was in place and staff had the relevant training to be competent in their roles.
- Staff provided care with compassion and treated patients with kindness. Emotional support was provided to patients to minimise their distress. Patients felt involved in their care and were well informed by staff.
- We saw improvements with the access and flow within the hospital. Various projects were in place to reduce the length of stay and provide care within a home environment. The number of bed moves had reduced since our last inspection in June 2016. The way medical outliers were managed had changed and no outlying patients were sent to Castle Hill Hospital. Patients were cohorted on specific wards at Hull Royal Infirmary site however the trust required to develop a more consistent approach across the site in monitoring patients.
- We saw that services were well-led and staff were provided with leadership and a clear vision for their health group. Governance and risk management systems were in place to provide assurances across the services.

However:

- We were not assured that patient's documentation was fully completed. Some records did not always contain the relevant information and staff had not completed certain risk assessments such as falls, nutrition and mental capacity. Nursing and medical staffing levels were not always at the required level and staff fill rates were reduced as a result.
- We raised concerns to the trust regarding the escalation of deteriorating patients. We were not assured that patients received medical reviews for raised observations in line with their trust policy.
- We were not assured that nursing staff followed the trust policy or nursing and midwifery (NMC) standards in administering medicines to patients.
- Knowledge of mental capacity and deprivation of liberty safeguards (DoLS) varied between staff. We were not assured that patient's mental capacity was recorded to reflect the patient's current mental capacity.

# Medical care (including older people's care)

## Is the service safe?

**Requires improvement**   

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

- The service did not always have appropriate numbers of staff to ensure patients received safe care and treatment. Healthcare assistants provided some cover to be able to mitigate the risk. However, despite the shortage of nurses the service did manage staffing well and reviewed staffing throughout the day.
- The trust had insufficient hyper acute stroke unit (HASU) beds. A recent stroke peer review identified that the current four beds was inadequate and required to be increased up to 12 beds. Plans were in place to extend the amount of beds to eight which had been agreed to be a sufficient number and agreed by the board. The increase of beds was on hold until the nursing staffing levels had improved. Nurse staffing levels were not being met to provide the requirements needed for the current four HASU patients.
- The trust had undertaken work towards to increasing the compliance with recording of patients National Early Warning Score (NEWS). However, we found there were still concerns with the escalation of NEWS score in line with the trust's policy. Nursing staff used their own clinical judgement as to when to escalate a patient's NEWS score: this was not in line with the trust's policy.
- The trust had completed work towards increasing compliance with risk assessments, particularly nutrition and falls risk assessments. However we found there were still some concerns with the completion of nutrition and falls risks assessments. There were some concern's regarding patients mental capacity as this was not always documented within the patient's records leaving it difficult to determine the patient's capacity.
- We still had concerns regarding the administrations of medicines and registered nurses signing charts prior to patients receiving the medication.

However:

- The trust had completed work and improvements in regards to medicines. Improvements were seen in the recording of fridge temperatures, recording of controlled drugs and medicine reconciliation had also improved.
- Staff were aware of how to make a referral to safeguarding and discussed circumstances when this occurred. Safeguarding training figures were at the required levels.
- Infection control measures were in place. Although on two wards we saw individual practises that did not comply with infection control policies, these were discussed with ward staff at the time of inspection. Side rooms were available on wards to isolate patients with infectious diseases.
- Resuscitation equipment was checked regularly and systems in place to review when equipment required to be electrically tested.

## Is the service effective?

**Good**   

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

# Medical care (including older people's care)

- Care was provided based on evidence based practice and national guidance. The service reviewed the effectiveness of care through national and local reviews and implemented any findings. The trust reviewed effectiveness of the care provided on the wards through nine fundamental standards and reviewed these at regular time periods.
- Patients were provided with adequate food and drink. Individual preferences were taken into account. Initiatives had been implemented to try and improve patient's nutrition. Pain relief was offered to patients and reviewed to identify its effective.
- Patient outcomes were completed in line with national standards and performance reviewed in relation to other regional areas. Results varied for different standards in each national report and the trust had action plans in place when improvements were required.
- Staff were competent in their roles: extra training had been provided for specialist areas.
- Staff of different disciplines worked together as a team, we observed that wards had effective approaches to multidisciplinary working. Staff described good working relationships between consultants, nurses and allied health professional staff.

However:

- The knowledge and understanding of mental capacity and deprivation of liberty safeguards (DoLS) varied between staff. Some did not know when a DoLS application would be required to be submitted.
- Most staff groups did not meet the trust's target of 85% for annual appraisals. Medical staff results were 83% and nursing staff at 70%. The lowest group was estates and ancillary at 67%.

## Is the service caring?

Good  → ←

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

- Staff cared for patients with care and compassion. Feedback from patients confirmed that staff treated them well and with kindness. Privacy and dignity was maintained.
- Patient's wishes were respected and staff provided individualised care.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and relatives we spoke with told us they felt well informed by doctors and nursing staff about their condition, treatment options and plan of care.
- Patients were provided with emotional support from staff to minimise their distress. Patients felt reassured.

However:

- Results from the Friends and Family Test were slightly worse (23%) than the England average of 25%.

## Is the service responsive?

Good  ↑

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



# Medical care (including older people's care)

- Services were planned and provided in a way that met the needs of local people. They worked with commissioners, external providers and local authorities.
- Patient's individual needs were met. Systems were in place for patients living with dementia and learning difficulties to support them through their hospital stay. There were several activities on the elderly wards for patients to interact with.
- Flow was managed appropriately through the hospital. Initiatives were in place to reduce patient's admission, these included frailty intervention team (FIT) and daily meetings with local authority colleagues to review any care packages or care home placements.
- The number of patients that were required to move wards had reduced since the last inspection. This allowed the patient to maintain the same discharge and rehabilitation team.
- Complaints were taken seriously, investigated and lessons learned the results: these were shared with all staff.

However:

- The new dementia care bundle was currently piloted on specific wards and required further embedding into practice.
- There was a lack of consistency in reviewing medical outlier patients in line with the trust policy. The referral criterion for moving patients to non-medical wards was not always adhered to when moving patients to ward 35.
- Referral to treatment time within 18 weeks was 75% which was worse than the England average of 90%.

## Is the service well-led?

**Good**   

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

- Positive leadership was noted at all levels of medical care services. Senior staff were visible and supportive to staff.
- The directorate had a clear strategy that all staff understood and put into practice. Senior managers were clear on the vision for their health groups.
- The directorate had governance, risk management and quality measures to improve patient care, safety and outcomes. Staff within the health group were aware of the risks and action plans were in place to improve compliance. Information technology was used to support the trust in providing assurance.
- Staff morale was overall good and teams worked well together and supported each other. Managers were proud of their staff and success was celebrated through ward and trust events. The trust were invested in supporting staff in completing and providing extra training to advance in their career.

However:

- There was a lack of pace for addressing the issues from the last inspection, particularly risk assessments and NEWS scores.

## Outstanding practice

We found examples of outstanding practice in this service. See the outstanding practice section above

# Medical care (including older people's care)

## Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

# Surgery

Good  

## Key facts and figures

Surgical services at Hull and East Yorkshire Hospitals NHS Trust provides elective and emergency surgical care to patients.

The trust has 16 surgical wards and 33 operating theatres. The surgery health group provides acute, elective and day case surgery and covers 11 surgical specialities: including breast, cardiothoracic, colorectal, gastroenterology, general, neuro, ophthalmology, urology, trauma and orthopaedics and vascular surgery.

The health group runs elective services across both the hospital sites in the city of Hull: Hull Royal Infirmary and Castle Hill Hospital. Emergency surgery is run mainly on the Hull Royal Infirmary site with limited emergency surgery taking place on the Castle Hill Hospital site.

The trust has 381 inpatient surgical beds.

*(Source: Routine provider Information request (RPIR) – Sites tab)*

The trust had 55,614 surgical admissions from October 2015 to September 2017. Emergency admissions accounted for 13,001 (23%), 29,854 (53.4%) were day cases and the remaining 12,759 (22.9%) were elective admissions.

*(Source: Hospital Episodes Statistics)*

The trust was last inspected in June 2016, where all five domains in surgery were inspected and an overall rating of requires improvement was given. Safe, effective, responsive and well led were all rated requires improvement with caring rated as good.

The main areas of concern from the last inspection and the areas in surgery the trust were told they must address were:

- The trust must ensure that planning and delivering care meets the national standards for the referral to treatment times.
- The trust must ensure learning from never events is further disseminated and lessons learnt are embedded.
- The trust must ensure that staff are knowledgeable about when to escalate a deteriorating patient using the trust's national early warning score (NEWS) and escalation procedures: that patients requiring escalation receive timely and appropriate treatment and: that the escalation procedures are audited for effectiveness.
- The trust must ensure staff follow the established procedures for checking resuscitation equipment in accordance with trust policy.
- The trust must ensure that patients' food and fluid charts are fully completed and audited to ensure appropriate actions are taken for patients.
- The trust must ensure staff record medicine refrigerator temperatures daily and respond appropriately when these fall outside of the recommended range.
- The trust must ensure the effective use and auditing of best practice guidance such as the 'five steps to safer surgery' checklist within theatres and standardising of procedures across specialities relating to swab counts.
- The trust must ensure that elective orthopaedic patients are regularly assessed and monitored by senior medical staff.

# Surgery

- The trust must ensure that there are at all times sufficient numbers (including junior doctors) of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients' dependency levels on surgical wards.

We also said the trust should:

- Ensure that ward sisters/charge nurses had dedicated time to carry out their management duties.

Our inspection was unannounced to enable us to observe routine activity and we re-inspected all domains and key questions.

During this inspection, we visited the surgical wards, operating theatres and recovery areas, including day surgery and the eye hospital. We spoke with 10 patients, three relatives and 26 members of staff. We observed staff delivering care and reviewed 12 sets of patient records and prescription charts. We reviewed trust policies and performance information from, and about the trust.

## Summary of this service

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

- We saw improvements in some of the areas that were a concern at the previous inspection. For example, the processes staff used to identify and escalate patients who were deteriorating and in the recording of medicine refrigerator and resuscitation equipment checks.
- Patients we spoke with were consistently positive about the care and experience they had received.
- Policies and procedures were based on guidance from the Royal College of Surgeons and the National Institute for Health and Care Excellence (NICE).
- We observed effective multidisciplinary working and staff we spoke with had a good understanding in relation to mental capacity and deprivation of liberty safeguards. Staff understood the need to gain consent and understood the relevant consent and decision making requirements.
- We observed evidence of care which took into account the individual needs of patients. Patients described the care they received in positive terms. Patients we spoke with reported staff were caring and compassionate.
- The service had systems in place for reporting, monitoring and learning from incidents. Staff we spoke with knew how to report incidents.
- We found wards and departments we visited visibly clean and tidy, and we saw ward cleanliness scores displayed in public corridors.
- The health group had a stable management structure in place and staff we spoke with felt supported by the senior management team.

However:

- From our observations it was apparent the five steps to safer surgery checklist, was not embedded as a routine part of the surgical pathway.
- There were shortages of nursing and medical staff: these shortages were evident in the majority of surgical areas.

# Surgery

- We saw variable performance in all national audits with some criterion performing worse than the national rate, some within the expected range and some performing better than expected. Action plans we reviewed did not capture all the issues of concern within the audit and did not clearly demonstrate all the areas of action that the trust had taken.
- The trust was not meeting the national performance standards for treatment or cancer standards. The trust referral to treatment times were consistently worse than the England average, fluctuating around 60%. Seven out of nine surgical specialities were worse than the England average performance.

## Is the service safe?

**Requires improvement** ● ➡ ➡

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

- At the previous inspection, we had highlighted that the five steps to safer surgery including the World Health Organisation (WHO) trust was not used effectively within the health group. During this inspection we did not observe consistency with five steps to safer surgery including the WHO surgical safety checklist. For example from our observations it was apparent the five steps to safer surgery checklist, was not embedded as a routine part of the surgical pathway. The trust had reported three never events associated with wrong site surgery or the wrong prosthesis being inserted. We could therefore not be assured that the checklist was being used correctly and consistently.
- Patients' records were not always stored in an organised manner and the majority of the notes we reviewed had loose entries. There was a risk that staff may not have access to the information they required to deliver patient care.
- There were shortages of nursing and medical staff: these shortages were evident in the majority of surgical areas. On the days of the inspection, for example, nurse staffing boards we reviewed showed that 71% of wards (five out of seven wards visited) had not met the planned staffing levels.
- Some equipment in theatres (main and eye) was not managed appropriately. For example we saw that reusable laryngoscope blades had been removed from the packaging therefore there would be no traceability of this piece of equipment.

However:

- We saw improvements in the processes to identify patients who were deteriorating. We saw that staff had completed records correctly and saw evidence of appropriate escalation.
- The service had systems in place for reporting, monitoring and learning from incidents. Staff we spoke with knew how to report incidents.
- Staff had received training in safeguarding, and the staff we spoke with were aware of how to report safeguarding and how to contact the trust's safeguarding team.
- Staff we spoke with said they had enough equipment to provide safe care.
- We found wards and departments we visited visibly clean and tidy, and we saw ward cleanliness scores displayed in public corridors.
- We saw improvements in the recording of medicine refrigerator and resuscitation equipment checks.

# Surgery

## Is the service effective?

Good  

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

- Within surgery patients had a lower than expected risk of readmission for both elective and non-elective admissions when compared to the England averages.
- Policies and procedures were based on guidance from the Royal College of Surgeons and the National Institute for Health and Care Excellence (NICE).
- We observed and saw that patient's records had evidence of effective multi-disciplinary working. We observed effective information sharing at daily huddles.
- Staff we spoke with had a good understanding in relation to mental capacity and deprivation of liberty safeguards. Staff understood the need to gain consent and understood the relevant consent and decision making requirements.

However:

- We saw a deteriorating position in relation to the proportion of patients having surgery on the day of or day after admission. This was 52% in 2017, which was worse than the national standard of 85% and worse than the 2016 figure of 57%.
- We saw variable performance in all national audits with some criterion performing worse than the national rate, some within the expected range and some performing better than expected. Action plans we reviewed did not capture all the issues of concern within the audit and did not clearly demonstrate all the areas of action that the trust had taken.
- Appraisal rates for staff did not meet the trust target of 85%.

## Is the service caring?

Good   

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

- Patients described the care they received in positive terms. Patients we spoke with reported staff were caring and compassionate.
- We observed privacy and dignity being maintained for patients receiving care.
- We saw staff provide emotional support and reassurance to patients.
- The trust had a multi-faith chaplaincy service and bereavement service and patients had access to specialist nurses for further information and support when required.
- From speaking with patients and their relatives and reviewing care records, we found evidence of their involvement in care planning and delivery.

However:

- Friends and Family Test recommendation rates for the trust were worse at 25% than the England average of 29%.

# Surgery

## Is the service responsive?

**Good** ● ↑

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

- The health group's performance for elective and non-elective length of stay was better than or similar to the England average.
- The overall numbers of patients whose operations were cancelled and not treated within 28 days was better than the England average.
- We saw evidence of care which took into account the individual needs of patients. We saw examples of support and care planning for vulnerable patients including those living with dementia or learning disabilities.
- The trust responded to patients complaints in line with the trust policy.

However:

- The trust was not meeting the national performance standards for treatment or cancer standards. The trust referral to treatment times were consistently worse than the England average, fluctuating at around 60%. Seven out of nine surgical specialities were worse than the England average.
- The percentage of cancelled operations at the trust showed an upward trend to a peak at quarter four 2016/17, since then an improvement had been noted. Overall the percentage of cancelled operations was generally worse than the England average.

## Is the service well-led?

**Good** ● ↑

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

- The health group had a stable management structure in place, with clear lines of responsibility and accountability. Senior staff were aware of the issues within the health group and had plans in place to improve patient care.
- The governance framework had been strengthened to monitor performance and risks. This meant that the senior management team were able to escalate issues to the board in a timely way.
- Although we saw staff shortages the health group was aware of the shortfalls and was monitoring and using mitigating actions to reduce the risk and impact of the shortfalls.
- Staff we spoke with were aware of the trusts values and the vision of the health group and we saw these displayed on wards we visited.
- Staff we spoke with felt supported by the senior staff and the management team.
- Staff morale was good in ward and departments we visited and staff felt supported and able to escalate any concerns.

However:



# Surgery

- The health group could have moved with more pace to address issues from the previous inspection, particularly the five steps to safer surgery checklist. The health group now had a robust plan in place to meet the national safety standards for invasive procedures (NatSSIPs) and local safety standards for invasive procedures (LocSSIPs) requirements however: this was not fully implemented or embedded at the time of the inspection.
- Action plans following national audit results did not always detail the actions required or the actions that the trust had taken to improve performance and patient outcomes.

## Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

# Maternity

Good 

## Key facts and figures

Hull Royal Infirmary provides maternity services for Hull and East Yorkshire Hospitals NHS Trust. The maternity service consists of antenatal, intrapartum and postnatal services. There are obstetric outpatient clinics, an antenatal day unit, delivery suite including a midwifery led unit, two dedicated operating theatres, antenatal and postnatal wards and a team of community midwives.

From July 2016 to June 2017, there were 5,237 deliveries at the trust.

In 2016 CQC carried out an announced comprehensive inspection and found the overall rating of the service was requires improvement. The safe and well-led domains were rated as requires improvement. However, the effective, caring and responsive domains were rated as good. At our last inspection we found there were some areas for improvement and these included:

Midwife to birth ratios were higher than recommended at our last inspection and remained at a similar level at this inspection. However, staff were assured that all women received safe care.

We reported a lack of capacity in consultant antenatal clinics which had resulted in an increased demand on the antenatal day unit and a lack of capacity within the scanning department following the implementation of growth assessment protocol (GAP). At this inspection we noted no capacity issues in clinics or any delays for scanning. However, the antenatal day unit was showing very high capacity at times. Managers were making plans to redirect patients needing urgent care to labour ward but these had not yet been put in place.

Previously, some of the governance arrangements did not enable the effective identification of risk and we found some risks were not clearly identified by the senior management team. However, at this inspection we found this had improved and the service had governance structures in place with clearly defined roles so that risk and quality were monitored and actions taken to address any gaps.

At our last inspection we reported strong leadership at a local level. At this inspection staff at all levels were proud of changes implemented to make improvements to the service. However, many of these had been reported on at our last inspection and therefore the service had remained mainly static in a lot of areas.

Our inspection was unannounced to enable us to observe routine activity and we re-inspected all domains and key questions.

During our inspection we visited the labour ward, antenatal and postnatal wards, the antenatal day unit and obstetric theatres. We spoke with eight women, and 18 staff including senior managers and service leads, ward managers, midwives, community midwives, consultants, doctors, nurses, anaesthetists, midwifery support workers, administrators and domestic staff. We reviewed six sets of maternity records.

## Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated the service as good because:

- There was a senior leadership team in the maternity service covering business, midwifery and clinical leadership. We found that this team was cohesive and promoted a positive culture in the service.

# Maternity

- Staff were encouraged and knew how to report incidents. We saw evidence from actions plans and root cause analysis that serious incidents were identified and investigated appropriately.
- Completion of the World Health Organisation surgical safety checklist was monitored and regularly met trust targets.
- Recruitment of midwifery and medical staff had improved with a good number of applications for posts.
- Changes in practice were based on national guidelines and best practice and audited to ensure they were embedded throughout the team.
- Patient outcomes were mostly in line with national averages when compared to similar services.
- A full seven day service was provided.
- Women we spoke to all felt involved in their care and had been provided with information to allow them to make informed decisions.
- Staff were compassionate and caring and there were counselling and bereavement services available in the unit when required.
- The trust served a community with a wide range of needs and there were good systems in place to ensure effective communication.

However:

- The number of elective caesarean sections carried out was worse than the England average and the trust had been identified as an outlier for this data.
- Staff had identified opportunities to improve patient pathways and flow through departments, although these were not yet implemented.

## Is the service safe?

**Good** 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated safe as good because:

- Staff were aware of and followed the process to report incidents.
- Risk meetings were held regularly to discuss incidents and key messages in various formats informed all staff of lessons learned. Risks were managed following national guidelines and best practice.
- Paper records relating to women's care were detailed enough to identify individual needs and to inform staff of any risk and how they were to be managed.
- There was a programme of skills and drills that took place within the department. This meant staff had been trained to use equipment, follow recommended guidance and manage emergency situations appropriately.
- The completion of the World Health Organisation (WHO) surgical safety checklist was audited and compliance rates were consistent and met trust standards.
- The unit used the 'fresh eyes' approach, a system which required two members of staff to review fetal heart tracings or any findings where a midwife felt the need of a second opinion.

# Maternity

- Staff carried out risk assessments throughout the patient pathway for all women using trust guidance to determine whether individuals were high or low risk. This began at antenatal booking through to postnatal discharge to health visitors and community midwives.
- Staff could describe escalation procedures. We saw evidence of this in patient records including “fresh eyes” observations.
- Clinical areas were visibly clean and tidy and we observed good practice in relation to infection prevention and control. The service scored well on cleanliness audits.
- Medicines were stored securely in appropriately locked rooms and fridges. Fridge temperatures were checked and recorded daily.
- The service provided one to one care in labour and had assurance midwifery staffing was maintained at a level to keep patients safe.

## Is the service effective?

**Good** 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated effective as good because:

- The service provided care based on national guidelines. Guideline updates were shared with the team and action plans were in place, regularly reviewed and ratified by the senior clinical team.
- Information about patients’ care and treatment was routinely monitored and collected via the maternity dashboard. Patient outcomes were monitored and actions were taken to address performance.
- Outcomes for patients that used the service were in line with national averages when compared to similar services.
- Midwifery staff on duty highlighted any patients at medical or social risk and reviewed their care with the wider team.
- Women had access to effective nutrition and hydration and a range of pain relief options to support them to manage their pain.
- Women were well supported and staff educated them about feeding.
- Staff received additional training to ensure that they were competent, and understood the importance of consent to treatment and had been trained in dealing with patients who lacked capacity to consent to treatment.
- The service was open 24 hours a day, seven days a week for deliveries. The service promoted healthy lifestyles.
- Staff received regular appraisals and worked effectively as part of a multi-disciplinary team. Midwifery staff had a competency framework which evidenced their progression from preceptorship. Development of midwives continued from student placements to a senior level.

However:

- The number of elective caesarean sections carried out was higher than the England average and the trust had been identified as an outlier for this data.

# Maternity

## Is the service caring?

**Good** 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated caring as good because:

- Women we spoke with felt involved in their care and had been provided with information to allow them to make informed decisions. All women had a named midwife and staff were available if they needed them.
- Friends and family test data for maternity services from November 2016 to October 2017 (NHS England) showed very positive responses for care from birth to postnatal care in the community scoring higher (better) than the England average. Data for antenatal care showed scores were similar to the England average.
- Staff were compassionate and caring and there were counselling and bereavement services available in the unit when required. Staff provided emotional support and responded compassionately. Families' emotional needs were recognised and valued by staff.
- Single rooms were provided for medical management of pregnancy or miscarriage.
- Families were encouraged to be involved in the care of vulnerable patients such as those with learning disabilities and teenage pregnancies.

## Is the service responsive?

**Good** 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated responsive as good because:

- The leadership team planned services working with commissioners to ensure that they could respond to the needs of women. Women were able to choose a birth at home, a midwife led birth for low risk pregnancies, or an obstetric led birth.
- The service strove to meet people's individual needs by providing access to care and information via different routes including antenatal day unit, antenatal ward and labour ward. The service took part in audits for twin births, trained staff to administer intravenous antibiotics so that the mother could stay with their baby and had recommenced provision of parenting classes.
- The service provided bereavement support for women and had translation services to support staff working with women whose first language was not English.
- We saw that the service was organised to improve access and flow issues through the service and waiting times were closely monitored.
- There was provision for partners to stay on the labour ward, in particular for bereaved families.
- Women using the service felt they could raise concerns and complaints and they would be listened to. Complaints and concerns were taken seriously by the service and were acted on in a timely manner.

However:

# Maternity

- Lack of capacity in antenatal day unit meant women regularly had long waits to be seen or to receive results of scans and tests.

## Is the service well-led?

**Good** 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated well led as good because:

- The maternity service had a strategy and the leadership team were working towards implementing the strategy and kept it under review.
- The senior leadership team in maternity was cohesive. The team were aware of the challenges and were able to articulate the actions required to take the service forward.
- The local leadership multidisciplinary team was strong and effective. This was evident throughout all parts of the service. Staff spoke positively about their leaders and felt respected. We spoke with staff who were engaged and felt involved in the service and its continuing development: this was evident throughout the service.
- The service had governance structures in place with clearly defined roles so that risk and quality were monitored and actions taken to address any gaps.
- All areas we visited were patient focussed. The culture amongst staff was positive and staff appeared motivated and passionate about caring for women in pregnancy.
- The service engaged well with staff and the public through a series of initiatives and there were a number of activities the service had completed to innovate, learn and continuously improve.

However:

- At our last inspection we reported strong leadership at a local level. At this inspection staff at all levels were proud of changes implemented to make improvements to the service. However, we noted many of these had been reported on at our last inspection and therefore in some areas progress against actions was slower than planned.

## Outstanding practice

We found examples of outstanding practice in this service. See the outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

# Outpatients

Good 

## Key facts and figures

Hull Royal Infirmary (HRI) is the main hospital site for the Hull and East Yorkshire Hospitals NHS Trust and Castle Hill Hospital (CHH) at Cottingham is approximately five miles away from the main HRI site. The trust also has several off-site locations delivering outpatient services.

Outpatient clinics are held from Monday to Friday from 8.30am until 6pm with some late clinics until 8.30pm and regular Saturday appointments are provided dependant on specialty.

Before the inspection visit, we reviewed information that we held about the services.

We spoke with 39 members of staff in outpatients including managers, nurses, radiographers, medical staff and administration staff. We also spoke with 26 patients. We reviewed paper and electronic patient records in outpatients and looked at other records such as audits, meeting minutes, policies and procedures. We also reviewed the systems for managing the departments, including quality and performance information.

Between October 2016 and December 2017, there were 679,926 first and follow-up outpatient appointments at the trust overall, including the off-site locations.

Services at the trust were split into four health groups, medicine, surgery, family and women's health and clinical support services. Outpatient (OP) services are provided in each of the four health groups.

Following our last inspection in 2016, outpatient services are now hosted and managed within the family and women health group.

The trust was last inspected in June 2016, where all five domains were inspected and an overall trust rating of 'requires improvement' was given. Safe, effective, responsive and well led were all rated 'requires improvement' with caring rated as 'good'.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

The main areas of concern from the last inspection and the areas the trust were told they must address in outpatients were:

- The trust must ensure that planning and delivering care meets the referral-to-treatment time indicators and: eliminates any backlog of patients waiting for follow ups with particular regard to eye services and longest waits.
- The trust must ensure the effective use and auditing of best practice guidance such as the "Five steps for safer surgery" checklist within theatres and standardising of procedures across specialties relating to swab counts.
- The trust must ensure outpatients services have timely and effective governance processes in place to ensure they identify and actively manage risks and audit processes to monitor and improve the quality of the service provided.
- The trust must ensure that medical records are stored securely and are accessible for authorised people in order to deliver safe care and treatment, especially with outpatient and maternity services.

## Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated the service as good because:

# Outpatients

- The previous inspection identified a lack of effective governance processes within outpatients. At this inspection we saw the trust had strengthened these processes by introducing performance reports, performance and access meetings and a trustwide outpatients governance committee.
- The majority of staff we spoke with knew how to report incidents and about learning lessons from incidents within the individual health groups.
- All staff we spoke with felt positive about the new management changes and the future of outpatients.
- Some work had been undertaken to look at staff skills and develop training specific to the needs of individual staff.
- Most patients we spoke with told us that staff were caring and friendly.
- Complaints were investigated thoroughly and in a timely manner.
- Mandatory training compliance figures were high.

However:

- The previous inspection identified that the trust must ensure the effective use and auditing of best practice. We saw inconsistent completion of safety checklists when carrying out surgery in outpatients and no audit activity to review this or drive improvement.
- Some problems with the storage of patient records remained. Patient records were not always stored securely in some clinics visited.
- The trust was not meeting its internal appraisal standard.
- The previous inspection found issues with waiting times for patients and referral to treatment indicators not always being met. During this inspection, we found that referral to treatment indicators were still not always met.
- We saw high numbers of patients waiting for first and follow up appointments across several outpatient areas, resulting in backlogs. This issue was also identified within the previous inspection report.

## Is the service safe?

**Good** 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated safe as good because:

- The trust mandatory training compliance figures were high at 89%. The internal trust target was 85% in most of the courses.
- 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.
- All areas we inspected were visibly clean and we saw staff adhered to the bare below the elbow protocols.
- Improvements had been made to several areas of the environment since our last inspection. For example, the preparation room within surgical outpatients
- There were sufficient staff to provide safe 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.



# Outpatients

- Medicines were stored and managed safely.
- There were robust processes to identify records and manage incidents.

However:

- A previous issue was identified in relation to the inconsistent completion of safety checklists when carrying out day surgery in outpatients. We saw these checks were not fully complete in some of the files we checked.
- Patient confidential records were left unattended in a small number of clinics that we visited.
- We saw one serious incident had occurred due to a treatment delay. The incident involved a child who had been identified as requiring treatment within a specified timeframe, but due to clerical error received treatment several weeks later.

## Is the service effective?

We do not rate outpatients services as effective. We found:

- The service provided care and treatment based on national guidance. Senior managers within the specific health groups reviewed clinical guidance for the relevant outpatient clinic.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- The service had clear processes for obtaining patient consent.
- We saw health promotion literature displayed within the different speciality clinics.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

However:

- The service identified that some staff were working in clinical areas in which they were not trained. For example, surgical staff working in plastics.
- The trust was not meeting its internal appraisal target. At the time of the inspection, 79% of nursing and medical staff had received an appraisal compared to a target of 85%.

## Is the service caring?

**Good** 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated caring as good because:

- Staff cared for patients with compassion. Patients we spoke with confirmed that staff treated them well and with kindness.
- We saw chaperones were available to those patients who requested them.
- Staff involved patients and those close to them in decisions about their care and treatment.

# Outpatients

- Clinical nurse specialists were provided to support patients with a greater level of understanding regarding their condition.
- Patients were signposted to support groups and agencies, when they were required.

However:

- The 2017 patients led assessments of the care environment showed a trustwide figure of 79% which is worse than the national average of 84%

## Is the service responsive?

### Requires improvement



We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated responsive as requires improvement because:

- The previous inspection found issues with waiting times for patients and referral to treatment indicators not always being met. During this inspection, we found that referral to treatment indicators were still not always met.
- We saw high numbers of patients waiting for first and follow up appointments across several outpatient areas. This issue was also identified within the previous inspection report.
- The trust identified a tracking access issue in July 2017 where patients may not have received follow up appointments or interventions following the introduction of an electronic patient record in June 2015. The trust declared this as a serious incident and established a validation and clinical harm review process involving an external healthcare company, commissioners and NHS Improvement (NHSI).
- The trust did not formally monitor waiting times for patients sitting in the clinics but we saw waiting times displayed within some of the clinics.

However:

- Staff used a traffic light system to prioritise patients who were deemed to have a specific need or condition.
- Dementia champions were widely used across outpatients.
- We saw translation services available for those patients that required it.
- The trust was performing better than the 93% operational standard for people being seen within two weeks of an urgent GP referral, within cancer waiting times.
- The trust had robust plans for clinical validation of patients in the tracking access issue and robust plans for recovery of waiting list backlogs and RTT indicators. We saw the trust was actively working with partners to improve numbers.

## Is the service well-led?

### Good



We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated well led as good because:

# Outpatients

- The previous inspection identified a lack of effective governance processes within outpatients. At this inspection we saw the trust had strengthened these processes by introducing performance reports, performance and access meetings and a trustwide outpatients governance committee. Managers across the service promoted a positive culture that supported and valued staff, that was based on the trust's vision and values.
- Work had been undertaken to bring the various outpatients services together, although senior managers recognised there was still work to be undertaken.
- The head of outpatients was well respected and there was a feeling of positive change amongst the staff.
- Risk registers were in place for each health group and processes were in place to discuss and share the content across the outpatients service, however, at the time of the inspection the trust was implementing improvements to this.

However:

- We had concerns about the leadership capacity in the service.
- At the time of inspection, the strategy for outpatient services was in draft. We saw goals for outpatients were included within the overarching trust strategy
- The outpatient dashboard was not utilised by all outpatient staff. However, there was a wide range of other tools available to staff and used to review outpatient performance and activity.

## Outstanding practice

We found an example of outstanding practice in this service. See the outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

# Castle Hill Hospital

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[www.hey.nhs.uk](http://www.hey.nhs.uk)

## Key facts and figures

Castle Hill Hospital (CHH) is one of the two main hospital sites for Hull and East Yorkshire Hospitals NHS Trust. It is located in Cottingham and serves the population of Hull and the East Riding of Yorkshire.

CHH is a smaller hospital than Hull Royal Infirmary and has approximately 370 beds. It provides cardiac and elective surgery services. It has an ear, nose and throat (ENT) and breast surgery facility as well as the regional Queen's Centre for oncology and haematology.

It also has the Daisy Building, which houses medical research teaching and day surgery facilities. Critical care is provided in two units, which support the cardiology and cardio-thoracic services and there is a large outpatients department.

There are no accident and emergency services at this hospital: these are provided at Hull Royal Infirmary.

We inspected only outpatients, medical care and surgery services at this visit. During our inspection of this hospital, we spoke with 59 patients and relatives, 96 staff and we checked 48 patient records.

## Summary of services at Castle Hill Hospital

**Good**  

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

- We rated effective, caring, responsive and well led as good and we rated safe as requires improvement.
- We rated three of the hospital's five services as good and two as requires improvement.
- The rating of surgery stayed the same as our last inspection and the rating of medical care improved.
- We saw improvements in the processes to identify patients who were deteriorating. Staff completed records correctly and we saw evidence of appropriate escalation.
- The trust provided care based on evidence based practice and national guidance. Services reviewed the effectiveness of care through national and local reviews and implemented any findings. We saw improvements in how the trust reviewed effectiveness of the care, through monitoring and auditing compliance with nine fundamental standards.

# Summary of findings

- Staff cared for patients with care and compassion and respected patient's wishes. Staff provided individualised care and involved patients and those close to them in decisions about their care and treatment. Staff provided patients with emotional support to minimise their distress.
- Patient's individual needs were met. Systems were in place for identifying patients living with dementia and learning difficulties and to support them through their hospital stay.
- Staff morale was good and teams worked well together and supported each other. Managers were proud of their staff and success was celebrated through local and trust wide events.

However:

- At this inspection it was apparent the five steps to safer surgery checklist was still not embedded as a routine part of the surgical pathway. The trust had reported three never events associated with wrong site surgery or the wrong prosthesis being inserted. We could therefore not be assured that the checklist was being used correctly consistently.
- The trust did not always meet referral to treatment indicators. We saw high numbers of patients waiting for first and follow up appointments across several outpatient areas. In addition to this the trust declared a serious incident related to a trust wide tracking issue within the electronic database. This resulted in a number of patients being lost to follow up.
- Patients' records were not always stored securely or in an organised manner. There was a risk that staff may not have access to the information they needed to deliver patient care and that the public could access patients' confidential records.
- Records we reviewed showed that surgical in-patients were being fasted for too long prior to surgery. Eight out of eight records we reviewed all showed that patients had fasted for longer than national guidance.
- The trust did not always have appropriate numbers of staff to ensure patients received safe care and treatment. The trust had introduced some additional staff and roles to provide cover and mitigate some of the risk. However, despite the shortage of registered nurses in particular, the trust managed staffing well and had a robust escalation and review process.

# Medical care (including older people's care)

Good  

## Key facts and figures

The medical care service at Hull and East Yorkshire Hospitals NHS Trust provides care and treatment for cardiology, clinical haematology, clinical oncology (previously radiotherapy), general medicine, geriatric medicine, nephrology, rehabilitation, respiratory medicine, and stroke medicine.

Medical care is provided across two sites in the trust with Hull Royal Infirmary providing acute medical services including older people's care and Castle Hill Hospital provided cardiology, oncology, haematology and rehabilitation.

A site breakdown can be found below:

- Castle Hill Hospital: 163 beds are located within nine wards

The trust had 68,478 medical admissions from October 2016 to September 2017. Emergency admissions accounted for 32,209 (47%), 3,030 (4%) were elective, and the remaining 33,239 (49%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 19,227 admissions, up 2% compared to previous year
- Gastroenterology: 11,708 admissions, up 6% compared to previous year
- Medical oncology: 6,837 admissions, up 11% compared to previous year

At the last inspection in June 2016, medical care was rated overall as requires improvement. Safe and effective was rated as requires improvement and all other domains were rated as good. We inspected all five domains at this inspection.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

We inspected the whole core service and looked at all five key questions. In order to make our judgements we visited 9 clinical areas and spoke with 10 patients and 27 staff from different disciplines, including doctors, nurses, allied health professionals and health care assistants. We observed daily practice and viewed a variety of information in 13 sets of records. Before and after our inspection, we reviewed performance information about the trust and reviewed information provided to us by the trust.

We visited the following wards during our inspection:

- Ward 26
- Ward 28
- Cardiac monitoring unit
- Cardiology catheter laboratory
- Ward 29
- Ward 30
- Ward 31
- Ward 32

# Medical care (including older people's care)

- Ward 33

## Summary of this service

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

- We saw improvements with medicine compliance previously raised as a concern with the trust. Medicine reconciliation, recording of fridge temperatures and recording of controlled drugs had all seen improvement since our last inspection in June 2016.
- We saw improvements in how the trust reviewed effectiveness of care through auditing clinical practice within appropriate time frame. Patients received adequate food and drink during their admissions. Pain relief was provided. Patient outcomes were audited and reviewed in line with national audits. Multidisciplinary team working was in place and staff had the relevant training to be competent in their roles.
- Staff provided care with compassion and treated patients with kindness. Emotional support was provided to patients to minimise their distress. Patients felt involved in their care and were well informed by staff.
- Flow was managed throughout the hospital. Various projects were in place to reduce the length of stay and provide care within a home environment. The number of bed moves had reduced since our last inspection in June 2016.
- We saw that services were well-led and staff were provided with leadership and a clear vision for their health group. Governance and risk management systems were in place to provide assurances across the services.

However:

- We were not assured that patient's documentation was fully completed. Some records did not always contain the relevant information and staff had not completed certain risk assessments such as falls, nutrition and mental capacity. Nursing and medical staffing levels were not always at the required level and staff fill rates were reduced as a result.
- We were not assured that nursing staff followed the trust policy or nursing and midwifery (NMC) standards in administering medicines to patients.
- Knowledge of mental capacity and Deprivation of Liberty Safeguards (DoLS) varied between staff. We were not assured that patient's mental capacity was recorded to reflect the patient's current mental capacity.

## Is the service safe?

**Requires improvement**   

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

- The service did not always have appropriate numbers of staff to ensure patients received safe care and treatment. Healthcare assistants provided some cover to be able to mitigate the risk. However, despite the shortage of nurses the service did manage staffing well and reviewed staffing throughout the day.
- The trust had completed work towards increasing compliance with risk assessments, particularly nutrition and falls risk assessments. However, we still had some concerns with the completion of nutrition and falls risks assessments. In addition, the recording of patients' mental capacity was not always documented within the patient's records leaving it difficult to determine the patient's capacity.

# Medical care (including older people's care)

- We still had concerns regarding the administrations of medicines and registered nurses signing charts prior to patients receiving the medication.

However:

- The trust had completed work and improvements in regards to medicines. Improvements were seen in the recording of fridge temperatures and recording of controlled drugs. Medicine reconciliation had also improved.

## Is the service effective?

**Good** ● ↑

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

- Care was provided based on evidence based practice and national guidance. The service reviewed the effectiveness of care through national and local reviews and implemented any findings. We saw improvements in how the trust reviewed effectiveness of the care, through nine fundamental standards and reviewed these at regular time periods.
- Staff were competent in their roles: extra training had been provided for specialist areas.
- The percutaneous coronary interventional procedures (PPCI) target for initial phone call for help to the procedure within 150 minutes was below the national target of 90%. However, the target of patients who received PPCI within 90 minutes from arrival to the hospital was always met.
- Patients were provided with adequate food and drink. Individual preferences were taken into account. Initiatives had been implemented to try and improve patient's nutrition. Pain relief was offered to patients and reviewed to identify its effectiveness.
- Staff of different disciplines worked together as a team, we observed that wards had effective approaches to multidisciplinary working. Staff described good working relationships between consultants, nurses and allied health professional staff.

However:

- The knowledge and understanding of mental capacity and deprivation of liberty safeguards (DoLS) varied between staff. Some did not know when a DoLS application would be required to be submitted.
- Most staff groups did not meet the trust's target of 85% for annual appraisals. Medical staff results were 83% and nursing staff at 70%. The lowest group was estates and ancillary at 67%.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with care and compassion. Feedback from patients confirmed that staff treated them well and with kindness. Privacy and dignity was maintained.
- Patient's wishes were respected and staff provided individualised care.



# Medical care (including older people's care)

- Staff involved patients and those close to them in decisions about their care and treatment. Patients and relatives we spoke with told us they felt well informed by doctors and nursing staff about their condition, treatment options and plan of care.
- Patients were provided with emotional support from staff to minimise their distress. Patient felt reassured.

However:

- Results from the Friends and Family Test were slightly worse (23%) than the England average of 25%.

## Is the service responsive?

**Good** ● → ←

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

- Services were planned and provided in a way that met the needs of local people. They worked with commissioners, external providers and local authorities.
- Patient's individual needs were met. Systems were in place for patients living with dementia and learning difficulties to support them through their hospital stay. The teenage cancer ward had a variety of different activities for young people to interact with. These included internet access, a pool table, a juke box and a 'chill out' area.
- Flow was managed appropriately through the hospital. Since our last inspection no medical outliers were transferred to Castle Hill Hospital and remained at Hull Royal Infirmary.
- The number of patients that required to be moved to different wards had reduced since the last inspection. This allowed the patient to maintain the same discharge and rehabilitation team.
- Complaints were taken seriously, investigated and lessons learned the results: these were shared with all staff.

However:

- Referral to treatment time within 18 weeks was 75% which was worse than the England average of 90%.

## Is the service well-led?

**Good** ● → ←

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

- Positive leadership was noted at all levels in medical care services. Senior staff were visible and supportive to staff.
- The directorate had a clear strategy that all staff understood and put into practice. Senior managers were clear on the vision for their health groups.
- The directorate had governance, risk management and quality measures to improve patient care, safety and outcomes. Staff within the health group were aware of the risks and action plans were in place to improve compliance. Information technology was used to support the trust in providing assurance.
- Staff morale was overall good and teams worked well together and supported each other. Managers were proud of their staff and success was celebrated through ward and trust events. The trust was invested in supporting staff in completing and providing extra training to advance in their career.

# Medical care (including older people's care)

However:

- There was a lack of pace in addressing the issues from the last inspection, particularly risk assessments.

## Outstanding practice

We found examples of outstanding practice in this service. See the outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

# Surgery

Requires improvement   

## Key facts and figures

Surgical services at Hull and East Yorkshire Hospitals NHS Trust provides elective and emergency surgical care to patients.

The trust has 16 surgical wards and 33 operating theatres. The surgery health group provides acute, elective and day case surgery and covers 11 surgical specialities: including breast, cardiothoracic, colorectal, gastroenterology, general, neuro, ophthalmology, urology, trauma and orthopaedics and vascular surgery.

The health group runs elective services across both the hospital sites in the city of Hull: Hull Royal Infirmary and Castle Hill Hospital. Emergency surgery is run mainly on the Hull Royal Infirmary site with limited emergency surgery taking place on the Castle Hill Hospital site.

The trust has 381 inpatient surgical beds.

*(Source: Routine provider Information request (RPIR) – Sites tab)*

The trust had 55,614 surgical admissions from October 2015 to September 2017. Emergency admissions accounted for 13,001 (23%), 29,854 (53.4%) were day cases and the remaining 12,759 (22.9%) were elective admissions.

*(Source: Hospital Episodes Statistics)*

The trust was last inspected in June 2016, where all five domains in surgery were inspected and an overall rating of requires improvement was given. Safe, effective, responsive and well led were all rated requires improvement with caring rated as good.

The main areas of concern from the last inspection and the areas the trust were told in surgery they must address were:

- The trust must ensure that planning and delivering care meets the national standards for the referral to treatment times.
- The trust must ensure learning from never events is further disseminated and lessons learnt are embedded.
- The trust must ensure that staff are knowledgeable about when to escalate a deteriorating patient using the trust's national early warning score (NEWS) and escalation procedures: that patients requiring escalation receive timely and appropriate treatment and: that the escalation procedures are audited for effectiveness.
- The trust must ensure staff follow the established procedures for checking resuscitation equipment in accordance with trust policy.
- The trust must ensure that patients' food and fluid charts are fully completed and audited to ensure appropriate actions are taken for patients.
- The trust must ensure staff record medicine refrigerator temperatures daily and respond appropriately when these fall outside of the recommended range.
- The trust must ensure the effective use and auditing of best practice guidance such as the 'five steps to safer surgery' checklist within theatres and standardising of procedures across specialities relating to swab counts.
- The trust must ensure that elective orthopaedic patients are regularly assessed and monitored by senior medical staff.

# Surgery

- The trust must ensure that there are at all times sufficient numbers (including junior doctors) of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients' dependency levels on surgical wards.

We also said the trust should:

- Ensure that ward sisters/charge nurses had dedicated time to carry out their management duties.

Our inspection was unannounced to enable us to observe routine activity and we re-inspected all domains and key questions.

During this inspection, we visited the surgical wards, operating theatres and recovery areas, including day surgery. We spoke with 16 patients and relatives and 30 members of staff. We observed staff delivering care and reviewed 18 sets of patient records and prescription charts. We reviewed trust policies and performance information from, and about the trust.

## Summary of this service

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

- From our observations it was apparent the five steps to safer surgery checklist, was not embedded as a routine part of the surgical pathway.
- Records we reviewed showed that surgical in-patients were not fasted prior to surgery in line with best practice guidance.
- We saw variable performance in all national audits. Action plans we reviewed did not capture all the issues of concern within the audit and did not address all the areas of action that the trust had taken.
- We did not see consistent use of the abbreviated mental test score for patients over 75 who had been admitted to hospital for more than 72 hours.
- The trust was not meeting the national performance standards for treatment or cancer standards. The trust referral to treatment times were consistently worse than the England average, fluctuating around 60%. Seven out of nine surgical specialities were worse than the England average performance.
- There were shortages of nursing and medical staff: these shortages were evident in the majority of surgical areas.
- Appraisal rates for staff were worse than the trust target. Seventy seven percent of nursing staff had received an appraisal which was worse than the 85% target and 76% medical and dental staff had received an appraisal which was worse than the target of 90%.

However:

- Patients we spoke with were consistently positive about the care and experience they had received.
- Policies and procedures were based on guidance from the Royal College of Surgeons and the National Institute for Health and Care Excellence (NICE).
- The service had systems in place for reporting, monitoring and learning from incidents. Staff we spoke with knew how to report incidents.
- We found wards and departments we visited visibly clean and tidy, and we saw ward cleanliness scores displayed in public corridors.

# Surgery

- The health group had a stable management structure in place and staff we spoke with felt supported by the senior management team.

## Is the service safe?

**Requires improvement** ● ➡ ⬅

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

- At the previous inspection, we had highlighted that the five steps to safer surgery including the World Health Organisation (WHO) was not used effectively within the health group. During this inspection we did not observe consistency with five steps to safer surgery including the WHO surgical safety checklist. For example from our observations it was apparent the five steps to safer surgery checklist, was not embedded as a routine part of the surgical pathway. The trust had reported three never events associated with wrong site surgery or the wrong prosthesis being inserted. We could therefore not be assured that the checklist was being used correctly and consistently.
- Patients' records were not always stored in an organised manner and the majority of the notes we reviewed had loose entries. There was a risk that staff may not have access to the information they required to deliver patient care.
- There were shortages of nursing and medical staff: these shortages were evident in the majority of surgical areas.
- Some equipment in theatres was not managed appropriately. For example we saw that reusable laryngoscope blades had been removed from the packaging therefore there would be no traceability of this piece of equipment.

However:

- We saw improvements in the processes to identify patients who were deteriorating. We saw that staff had completed records correctly and saw evidence of appropriate escalation.
- The service had systems in place for reporting, monitoring and learning from incidents. Staff we spoke with knew how to report incidents.
- Staff had received training in safeguarding, and the staff we spoke with were aware of how to report safeguarding and how to contact the trust's safeguarding team.
- We found wards and departments we visited visibly clean and tidy, and we saw ward cleanliness scores displayed in public corridors.
- We saw improvements in the recording of medicine refrigerator and resuscitation equipment checks.

## Is the service effective?

**Requires improvement** ● ➡ ⬅

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

- Current guidance recommends fasting patients from food for six hours and fluid for two hours. Records we reviewed showed that surgical in-patients were being fasted for too long prior to surgery. Eight out of eight records we reviewed all showed that patients had fasted for longer than six hours and in some cases as long as 12 hours.

# Surgery

- We did not see consistent implementation of the abbreviated mental test score for patients over 75 who had been admitted to hospital for more than 72 hours. The meant that the risks of delirium in hospitalised patients may not have been anticipated.
- Appraisal rates for staff did not meet the trust target of 85%.
- We saw variable performance in all national audits with some criterion performing worse than the national rate, some within the expected range and some performing better than expected. Action plans we reviewed did not capture all the issues of concern within the audit and did not clearly demonstrate all the areas of action that the trust had taken.

However:

- Within surgery patients had a better than expected risk of readmission for both elective and non-elective admissions when compared to the England averages.
- Policies and procedures were based on guidance from the Royal College of Surgeons and the National Institute for Health and Care Excellence (NICE).
- We observed and patient's records had evidence of effective multi-disciplinary working. We observed effective information sharing at daily huddles.
- We saw improvements within orthopaedics in regards to elective orthopaedic patients receiving regular assessment and monitoring from senior medical staff.
- Staff we spoke with had a good understanding in relation to mental capacity and deprivation of liberty safeguards. Staff understood the need to gain consent and understood the relevant consent and decision making requirements.

## Is the service caring?

Good  ➡ ⬅

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

- Patients described the care they received in positive terms. Patients we spoke with reported staff were caring and compassionate.
- We observed privacy and dignity being maintained for patients receiving care.
- We saw staff provide emotional support and reassurance to patients.
- The trust had a multi-faith chaplaincy service and bereavement service and patients had access to specialist nurses for further information and support when required.
- From speaking with patients and their relatives and reviewing care records, we found evidence of their involvement in care planning and delivery.

However:

- Friends and Family Test recommendation rates for the trust were worse at 20% than the England average of 29%.

## Is the service responsive?

Good  ↑

# Surgery

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

- The health group's performance for elective and non-elective length of stay was better than or similar to the England average.
- The overall numbers of patients whose operations were cancelled and not treated within 28 days was better than the England average.
- We saw evidence of care which took into account the individual needs of patients. We saw examples of support and care planning for vulnerable patients including those living with dementia or learning disabilities.
- The trust responded to patients complaints in line with the trust policy.

However:

- The trust was not meeting the national performance standards for treatment or cancer standards. The trust referral to treatment times were consistently worse than the England average, fluctuating at around 60%. Seven out of nine surgical specialities were worse than the England average.
- The percentage of cancelled operations at the trust showed an upward trend to a peak at quarter four 2016/17, since then an improvement had been noted. Overall the percentage of cancelled operations was generally worse than the England average.

## Is the service well-led?

**Good**  

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

- The health group had a stable management structure in place, with clear lines of responsibility and accountability. Senior staff were aware of the issues within the health group and had plans in place to improve patient care.
- The governance framework had been strengthened to monitor performance and risks. This meant that the senior management team were able to escalate issues to the board in a timely way.
- Although we saw staff shortages the health group was aware of the shortfalls and was monitoring and using mitigating actions to reduce the risk and impact of the shortfalls.
- Staff we spoke with were aware of the trusts values and the vision of the health group and we saw these displayed on wards we visited.
- Staff we spoke with felt supported by the senior staff and the management team.
- Staff morale was good in ward and departments we visited and staff felt supported and able to escalate any concerns.

However:

- The health group could have moved with more pace to address issues from the previous inspection, particularly the five steps to safer surgery checklist. The health group now had a robust plan in place to meet the national safety standards for invasive procedures (NatSSIPs) and local safety standards for invasive procedures (LocSSIPs) requirements however: this was not fully implemented or embedded at the time of the inspection.
- Action plans following national audit results did not always detail the actions required or the actions that the trust had taken to improve performance and patient outcomes.

# Surgery

## Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.



# Outpatients

Good 

## Key facts and figures

Castle Hill Hospital (CHH) at Cottingham is approximately five miles away from the main Hull Royal Infirmary (HRI) site. The trust also has several off-site locations delivering outpatient services.

Outpatient clinics are held from Monday to Friday from 8.30am until 6pm with some late clinics until 7.30pm and regular Saturday appointments are provided dependant on specialty.

Before the inspection visit, we reviewed information that we held about the services.

We spoke with 39 members of staff in outpatients including managers, nurses, radiographers, medical staff and administration staff. We also spoke with 33 patients. We reviewed paper and electronic patient records in outpatients and looked at other records such as audits, meeting minutes, policies and procedures. We also reviewed the systems for managing the departments, including quality and performance information.

Between October 2016 and December 2017, there were 679,926 first and follow-up outpatient appointments at the trust overall, including the off-site locations.

Services at the trust were split into four health groups, medicine, surgery, family and women's health and clinical support services. Outpatient (OP) services are provided in each of the four health groups.

Following our last inspection in 2016, outpatient services are now managed within the family and women's health group.

The trust was last inspected in June 2016, where all five domains were inspected and an overall trust rating of 'requires improvement' was given. Safe, effective, responsive and well led were all rated 'requires improvement' with caring rated as 'good'.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

The main areas of concern from the last inspection and the areas the trust were told they must address in outpatients were:

- The trust must ensure that planning and delivering care meets the referral-to-treatment time indicators and eliminates any backlog of patients waiting for follow ups with particular regard to eye services and longest waits.
- The trust must ensure the effective use and auditing of best practice guidance such as the "Five steps for safer surgery" checklist within theatres and standardising of procedures across specialties relating to swab counts.
- The trust must ensure outpatients services have timely and effective governance processes in place to ensure they identify and actively manage risks and audit processes to monitor and improve the quality of the service provided.
- The trust must ensure that medical records are stored securely and are accessible for authorised people in order to deliver safe care and treatment, especially with outpatient and maternity services.

## Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated the service as good because:

# Outpatients

- The previous inspection identified a lack of effective governance processes within outpatients. At this inspection we saw the trust had strengthened these processes by introducing performance reports, performance and access meetings and a trustwide outpatients governance committee.
- Staff we spoke with knew how to report incidents and about learning lessons from incidents within the individual health groups.
- All staff we spoke with felt positive about the new management changes and the future of outpatients.
- Some work had been undertaken to look at staff skills and develop training specific to the needs of individual staff.
- Most patients we spoke with told us that staff were caring and friendly.
- Complaints were investigated thoroughly and in a timely manner.
- Mandatory training compliance figures were high.

However:

- Some problems with the storage of patient records remained. Patient records were not always stored securely in some clinics visited.
- The trust was not meeting its internal appraisal standard.
- The previous inspection found issues with waiting times for patients and referral to treatment indicators not always being met. During this inspection, we found that referral to treatment indicators were still not always met.
- We saw high numbers of patients waiting for first and follow up appointments across several outpatient areas, resulting in backlogs. This issue was also identified within the previous inspection report.

## Is the service safe?

**Good** 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated safe as good because:

- The trust mandatory training compliance figures were high at 89%. The internal trust target was 85% in most of the courses.
- 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.
- All areas we inspected were visibly clean and we saw staff adhered to the bare below the elbow protocols.
- Improvements had been made to several areas of the environment since our last inspection, for example the preparation room within surgical outpatients.
- There were sufficient staff to provide safe care and treatment and previous concerns relating to staffing numbers had been addressed.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date, and available to all staff providing care.
- Medicines were stored and managed safely.
- There were robust processes to identify record and manage incidents.

# Outpatients

- Safety checklists we reviewed were fully completed.

However:

- Patient confidential records were left unattended in a small number of clinics that we visited.
- We saw a serious incident had occurred due a treatment delay. This related to a patient who required a six month follow up for the treatment of a malignant melanoma

## Is the service effective?

We do not rate outpatient's services for effective. We found:

- The service provided care and treatment based on national guidance. Senior managers within the specific health groups reviewed clinical guidance for the relevant outpatient clinic.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- The service had clear processes for obtaining patient consent.
- We saw health promotion literature displayed within the different speciality clinics.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

However:

- The trust was not meeting its internal appraisal target. At the time of the inspection, 79% of nursing and medical staff had received an appraisal compared to a target of 85%.

## Is the service caring?

**Good** 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated caring as good because:

- Staff cared for patients with compassion. Patients we spoke with confirmed that staff treated them well and with kindness.
- We saw chaperones were available to those patients who requested them.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Clinical nurse specialists were provided to support patients with a greater level of understanding regarding their condition.
- Patients were signposted to support groups and agencies, when they were required.

However:

# Outpatients

- The 2017 patients led assessments of the care environment showed a trust wide figure of 79% which is worse than the national average of 84%.

## Is the service responsive?

### Requires improvement



We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated responsive as requires improvement because:

- The previous inspection found issues with waiting times for patients and referral to treatment indicators not always being met. During this inspection, we found that referral to treatment indicators were still not always met.
- We saw high numbers of patients waiting for first and follow up appointments across several outpatient areas. This issue was also identified within the previous inspection report.
- The trust identified a tracking access issue in July 2017 where patients may not have received follow up appointments or interventions following the introduction of an electronic patient record in June 2015. The trust declared this as a serious incident and established a validation and clinical harm review process involving an external healthcare company, commissioners and NHS Improvement (NHSI).
- The trust did not formally monitor waiting times for patients sitting in the clinics but we saw waiting times displayed within some of the clinics.

However:

- Staff used a traffic light system to prioritise patients who were deemed to have a specific need or condition.
- Dementia champions were widely used across outpatients.
- We saw translation services available for those patients that required it.
- The trust was performing better than the 93% operational standard for people being seen within two weeks of an urgent GP cancer referral.
- The trust had robust plans for clinical validation of patients in the tracking access issue and robust plans for recovery of waiting list backlogs and RTT indicators. We saw the trust was actively working with partners to improve numbers.

## Is the service well-led?

### Good



We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The previous inspection identified a lack of effective governance processes within outpatients. At this inspection we saw the trust had strengthened these processes by introducing performance reports, performance and access meetings and a trustwide outpatients governance committee. Managers across the service promoted a positive culture that supported and valued staff, which was based on the trust's vision and values.
- Work had been undertaken to bring the various outpatients services together, although senior managers recognised there was still work to be undertaken.

# Outpatients

- The head of outpatients was well respected and there was a feeling of positive change amongst the staff
- Risk registers were in place for each health group and processes were in place to discuss and share the content across the outpatients service, however, at the time of the inspection the trust was implementing improvements to this.

However:

- We had concerns about the leadership capacity in the service.
- At the time of inspection, the strategy for outpatient services was in draft. We saw goals for outpatients were included within the overarching trust strategy.
- The outpatient dashboard was not utilised by all outpatient staff. However, there was a wide range of other tools available to staff and used to review outpatient performance and activity.

## Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

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

# Our inspection team

Sarah Dronsfield, CQC Head of Hospital Inspection led this inspection. An executive reviewer, Martin Earwicker, Chair of Berkshire Healthcare NHS Trust supported our inspection of well-led for the trust overall.

The team included two inspection managers, nine inspectors, 18 specialist advisers, and two experts by experience.

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.