

# Hull University Teaching Hospitals NHS Trust

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

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

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

## Ratings

### Overall trust quality rating

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 

The ratings in the table above are from our inspection in February 2018. See 'What we inspected and why' below.

## Background to the trust

# Summary of findings

CQC temporarily suspended all routine inspections on 16 March 2020 to support and reduce the pressure on health and social care services during the COVID-19 pandemic. CQC, as well as providers, want to be able to prioritise keeping people safe during this time.

This inspection was already underway at the time of the suspension and therefore could not be completed in the usual way. This report includes the findings from the completed service level inspections, but the well-led inspection was not completed.

CQC is only able to update findings on well-led at the overall trust level or update the other trust-level ratings when we have inspected the well-led component. As a result, the ratings for the overall trust and five key questions included in this report are from a previous inspection.

## 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 University Teaching Hospitals NHS Trust provides the following acute services at two hospital sites - Hull Royal Infirmary and Castle Hill Hospital:

- Urgent and emergency care;
- Medical care (including older people's care);
- Surgery;
- Critical care;
- Maternity;
- Children and young people;
- End of life care;
- Outpatients and diagnostics.

Hull University Teaching Hospitals NHS also works in partnership with local authorities and neighbouring trusts to provide community paediatrics services, following transfer from City Health Care Partnership CIC in April 2019.

## 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.

# Summary of findings

## What we inspected and why

CQC temporarily suspended all routine inspections on 16 March 2020 to support and reduce the pressure on health and social care services during the COVID-19 pandemic.

CQC, as well as providers, want to be able to prioritise keeping people safe during this time. This inspection was already underway at the time of the suspension and therefore couldn't be completed in the usual way.

This report includes the findings from the completed service level inspections, but the well-led inspection was not completed. CQC is only able to update findings on well-led at the overall trust level or update the other trust-level ratings when we have inspected the well-led component.

As a result, the ratings for the overall trust and five key questions included in this report are from a previous inspection. We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Between 3rd and 5th March 2020, we inspected medical care, surgery and critical care provided by the trust at Hull Royal Infirmary and Castle Hill Hospital and accident and emergency services at Hull Royal Infirmary.

We inspected medical care services because although we previously rated this as good at both hospital sites, we needed to check required improvements reported at our previous inspection. We also had concerns about performance identified through regular CQC monitoring activity.

We inspected surgery because although we previously rated this as good at both hospital sites, we needed to check required improvements reported at our previous inspection. We also had concerns about never events reported through regular CQC monitoring activity.

We inspected accident and emergency services at Hull Royal Infirmary because although we previously rated this as good, we had concerns about performance identified through regular CQC monitoring activity.

We inspected critical care because this had been rated as requires improvement at both sites at our inspection in 2017.

This inspection was part of our continual checks on the safety and quality of healthcare services.

## What we found

### Overall trust

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

### Are services safe?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

### Are services effective?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

# Summary of findings

## Are services caring?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

## Are services responsive?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

## Are services well-led?

We have not updated trust-level ratings following these core service inspections because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

## 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;

Critical care services at Hull Royal Infirmary and Castle Hill Hospital.

Surgery services at Hull Royal Infirmary.

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

## Areas for improvement

We found areas for improvement including 11 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 11 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 legal requirements in urgent and emergency care, medical care and critical care.

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.

# Summary of findings

## Outstanding practice

We found the following outstanding practice:

### Surgery services at Hull Royal Infirmary

- Staff working and volunteering in neurosurgery on ward 40 clearly treated patients with outstanding compassion and kindness, taking into account each patients' individual needs. The specialist care, treatment and emotional support they provided to patients, families and carers to minimise their distress was exceptional, from writing cards to relatives of patients who had passed away, to developing new ways of providing services and encouraging working with volunteer organisations they were clearly committed to delivering high standards of care.

### Critical care services at Hull Royal Infirmary

- Staff in the unit told us about a number of initiatives they had in place for the families of patients who were receiving end of life care. This included providing moulds or hand prints, locks of hair, forget me not and poppy seeds. In addition, the unit had memory boxes for children which included trinkets and a teddy.
- The specialist nurses for organ donation explained they would be involved in the care of patients at the end of their life, regardless of the organ donation decision. This included being involved in conversations with the patients loved ones to determine any final wishes, for example if they wanted any specific music played, or the presence of a chaplain.
- The unit also had a band six who was the unit lead for care at the end of life. This member of staff told us the unit was striving to ensure patients and their families received a positive experience of the care provided at end of life. A number of initiatives were in place, for example, completing Respect documentation to ensure patient's wishes were carried out, arranging visits to a local hospice if applicable, and ensuring patients preferred place of care was established and documented.

### Critical care services at Castle Hill Hospital

- Staff in the unit told us about a number of initiatives they had in place for the families of patients who were receiving end of life care. This included providing moulds or hand prints, locks of hair, forget me not and poppy seeds. In addition, the unit had memory boxes for children which included trinkets and a teddy.
- The specialist nurses for organ donation explained they would be involved in the care of patients at the end of their life, regardless of the organ donation decision. This included being involved in conversations with the patients loved ones to determine any final wishes, for example if they wanted any specific music played, or the presence of a chaplain.
- The specialist staff also told us they would stay with family members throughout the withdrawal of treatment for organ donors or any patient who was at the end of their life.
- The unit also had a band six who was the unit lead for care at the end of life. This member of staff told us the unit was striving to ensure patients and their families received a positive experience of the care provided at end of life. A number of initiatives were in place, for example completing Respect documentation to ensure patient's wishes were carried out, arranging visits to a local hospice if applicable, and ensuring patients preferred place of care was established and documented.

## Areas for improvement

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

# Summary of findings

## Action the trust MUST take to improve in urgent and emergency services:

Hull Royal Infirmary

- The service must ensure the right care is received promptly when people access the service. Regulation 9 (1).
- The service must ensure steps are taken urgently to facilitate the flow of patients through the emergency department. Regulation 12 (2) (b).
- The service must ensure initial assessment of paediatric patients includes the completion of a paediatric early warning score for each patient. Regulation 12 (2) (a).
- The service must ensure staff have the skills, competence and experience to provide safe care and treatment for children. Regulation 12 (2) (c).
- The service must ensure care and treatment is safe and timely for patients with mental health needs including children. Regulation 9 (2).
- The service must ensure patient records are completed fully and consistently and include basic nursing tasks and assessments undertaken and ongoing care of patients lodging in the department. Regulation 17 (2) (c).
- The service must ensure governance processes are operated which ensure the performance of the service is monitored and managed effectively. Regulation 17 (1).
- The service must ensure governance processes are operated which ensure risks are monitored and mitigated effectively. Regulation 17 (2) (b).

## Action the trust MUST take to improve in medical care services:

Hull Royal Infirmary

- The service must ensure that all patients who trigger an alert using the National Early Warning Score (NEWS2) to show signs of deterioration are appropriately escalated for a medical review in line with the trust policy and this must be documented in the patient's record. Regulation 12, 1, 2 (a, b).

## Action the trust MUST take to improve in critical care:

Hull Royal Infirmary

- The service must ensure robust governance processes are introduced to maintain oversight of all of the key risks to the units and ensure actions are put in place to mitigate these risks effectively. Regulation 17(1), (2) (a to d).

Castle Hill Hospital

- The service must ensure robust governance processes are introduced to maintain oversight of all of the key risks to the units and ensure actions are put in place to mitigate these risks effectively. Regulation 17 Good Governance 1, 2 (a, b, c and d).

**Action the trust SHOULD take is necessary 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 SHOULD take to improve in medical care services:

Hull Royal Infirmary

- The service should ensure that they have adequate nursing staff on duty on medical wards to provide safe care and treatment. This includes nurse staffing levels for patients receiving non-invasive ventilation in line with national guidance.

# Summary of findings

- The service should ensure that all medical staff receive and keep up-to-date with all their mandatory training.
- The service should ensure that nursing staff do not wear their identity badges on a lanyard and allow them to touch patients whilst providing clinical care.
- The service should ensure that all items which are classed as under the control of substances hazardous to health (COSHH) are locked away securely. This includes sachets of superabsorbent polymer gel.
- The service should ensure that all clinical waste is disposed of appropriately and is not put in non-clinical waste bins.
- The service should ensure that they use a robust safety checklist for endoscopy procedures which meets the national safety standards for invasive procedures.
- The service should ensure that all patient records are stored securely so that they are not accessed inappropriately on all medical wards.
- The service should ensure that staff always record the date of opening on the box/bottle of liquid medicines when required.
- The service should ensure that staff print their name underneath their signature on patient records, to ensure it is clear who has completed the record.
- The service should ensure that all staff receive an up to date annual appraisal.
- The service should ensure that the process for assessing and recording a patient's mental capacity and best interest decision is fully embedded and all staff are clear about where to find the mental capacity assessment form and who is responsible for completing it.
- The service should ensure that staff always respond to patients in a timely way and maintain patient's dignity.
- The service should ensure that they continue to address the waiting times in the endoscopy service for all routine, urgent cancer waits and non-cancer urgent waits.
- The service should ensure that they take measures to reduce the number of medical patients moving wards at night.

## Castle Hill Hospital

- The trust should ensure that medical staff receive and kept up-to-date with all their mandatory training.
- The trust should ensure that they use a robust safety checklist for endoscopy procedures which meets the national safety standards for invasive procedures.
- The trust should ensure that have adequate nursing staff on duty on medical wards to provide safe care and treatment.
- The trust should ensure that all staff receive and up to date appraisal are supported to undertake appraisals in accordance with trust policy.
- The trust should ensure that the process for assessing and recording a patient's mental capacity and best interest decision is fully embedded and all staff are clear about where to find the mental capacity assessment form and who is responsible for completing it.
- The service should continue to review and improve audit results within cardiology and lung cancer to ensure they are in line with national standards.
- The service should continue to review and improve RTT results for patients within cardiology.

## Action the trust SHOULD take to improve in surgical services:

# Summary of findings

## Hull Royal Infirmary

- The trust should continue to meet national treatment performance standards in all specialities.
- The trust should ensure that medical record documentation is stored in a chronological, organised order and are completed fully.
- The trust should ensure that there are sufficient qualified, competent, skilled and experienced staff to meet the needs of patients using the service.
- The trust should continue to develop active engagement with patients, staff, equality groups, the public and local organisations to plan and manage services.

## Castle Hill Hospital

- The trust should continue to meet national treatment performance standards in all specialities.
- The service should ensure that all patients receive a documented senior review on a regular basis.
- The trust should ensure that medical record documentation used is stored securely and in a chronological, organised order.
- The trust should ensure that there are sufficient qualified, competent, skilled and experienced medical staff to meet the needs of patients using the service.
- The trust should continue to develop active engagement with patients, staff, equality groups, the public and local organisations to plan and manage services.

## Action the trust SHOULD take to improve in critical care:

### Hull Royal Infirmary

- The service should ensure they are meeting the GPICS standards and the National Institute of Health and Care Excellence (NICE) CG83 best practice guidance for follow up following critical illness.
- The service should ensure formal processes are implemented and documented to show they are were reviewing and learning from deaths.
- The service should ensure it reviews the staffing in the critical care outreach team.
- The service should ensure it has enough allied health professionals with the right qualifications, skills, training and experience.
- The service should ensure records are clear and organised.
- The service should ensure all out of date documents are updated, reviewed and ratified and that systems and processes are implemented to ensure this is embedded and maintained.
- The service should ensure all staff have an up to date appraisal.
- The service should ensure it continues to support staff to achieve a post registration award in critical care nursing.

### Castle Hill Hospital

- The service should ensure they are meeting the GPICS standards and the National Institute of Health and Care Excellence (NICE) CG83 best practice guidance for follow up following critical illness.
- The service should ensure formal processes are implemented and documented to show they are were reviewing and learning from deaths.



# Summary of findings

- The service should ensure it reviews the staffing in the critical care outreach team.
- The service should ensure it has enough allied health professionals with the right qualifications, skills, training and experience.
- The service should ensure all out of date documents are updated, reviewed and ratified and that systems and processes are implemented to ensure this is embedded and maintained.
- The service should ensure all staff have an up to date appraisal.
- The service should ensure it continues to support staff to achieve a post registration award in critical care nursing.

## Is this organisation well-led?

We did not change ratings at trust level at this inspection.

We did not inspect trust wide well led at this inspection. See the section headed 'what we inspected and why' for more information.

## 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 →← 2020	Good →← 2020	Good →← 2020	Requires improvement →← 2020	Requires improvement ↓ 2020	Requires improvement →← 2020
Castle Hill Hospital	Good ↑ 2020	Good →← 2020	Good →← 2020	Good →← 2020	Good →← 2020	Good →← 2020
<b>Overall trust</b>	Requires improvement →← 2020	Good →← 2020	Good →← 2020	Requires improvement →← 2020	Good →← 2020	Requires improvement →← 2020

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	Requires improvement ↓ 2020	Good →← 2020	Good →← 2020	Requires improvement →← 2020	Requires improvement ↓ 2020	Requires improvement ↓ 2020
Medical care (including older people's care)	Requires improvement →← 2020	Good →← 2020	Good →← 2020	Good →← 2020	Good →← 2020	Good →← 2020
Surgery	Good ↑ 2020	Good →← 2020	Good →← 2020	Good →← 2020	Good →← 2020	Good →← 2020
Critical care	Good ↑ 2020	Good →← 2020	Good →← 2020	Good →← 2020	Requires improvement →← 2020	Good ↑ 2020
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	Not rated	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018
<b>Overall*</b>	Requires improvement →← 2020	Good →← 2020	Good →← 2020	Requires improvement →← 2020	Requires improvement ↓ 2020	Requires improvement →← 2020

\*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)	Good ↑ 2020	Good →← 2020	Good →← 2020	Good →← 2020	Good →← 2020	Good →← 2020
Surgery	Good ↑ 2020	Good ↑ 2020	Good →← 2020	Good →← 2020	Good →← 2020	Good ↑ 2020
Critical care	Good ↑ 2020	Good →← 2020	Good →← 2020	Good →← 2020	Requires improvement →← 2020	Good ↑ 2020
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	Not rated	Good Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018
<b>Overall*</b>	Good ↑ 2020	Good →← 2020	Good →← 2020	Good →← 2020	Good →← 2020	Good →← 2020

\*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.

# Castle Hill Hospital

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## Key facts and figures

Castle Hill Hospital (CHH) provides a range of acute services to the residents of Hull and the East Riding of Yorkshire, as well as specialist services to North Yorkshire, North and North East Lincolnshire.

The trust has approximately 1,160 inpatient beds across the two main hospitals and employs over 7,000 whole time equivalent staff to deliver its services. From 2018 to 2019, CHH had 22 critical care beds, 65,000 inpatient admissions, and 368,000 outpatient appointments.

Castle Hill Hospital has the regional Queen's Centre for oncology and haematology and provides cardiac and elective surgery facilities, medical research teaching and day surgery facilities in the Daisy Building.

## Summary of services at Castle Hill Hospital

**Good**   

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

- We rated safe, effective, caring, responsive and well led as good.
- The hospital provided mandatory training in key skills to all staff and made sure most staff completed it. Staff understood how to protect patients from abuse. Staff kept equipment and the premises visibly clean. Staff managed clinical waste well. Staff completed and updated risk assessments for each patient. The hospital had enough nursing and medical staff with the right qualifications, skills, training and experience to keep patients safe. Records were clear, up to date and easily available to all staff providing care. The service used systems and processes to safely prescribe, administer, record and store medicines. The service managed patient safety incidents well.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff monitored the effectiveness of care and treatment. The service made sure most staff were competent for their roles. Most key services were available seven days a week to support timely patient care. Staff supported patients to make informed decisions about their care and treatment.

# Summary of findings

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients personal, cultural and religious needs. Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care in a way that met the needs of local people and the communities served. The service was inclusive and took account of patients' individual needs and preferences. People could access the service when they needed it and received the right care promptly.
- Leaders had the skills and abilities to run the service. The service had a vision for what it wanted to achieve and a strategy to turn it into action. Most services operated effective governance and risk processes. Staff felt respected, supported and valued. The service had an open culture where patients, their families and staff could raise concerns without fear. Staff had regular opportunities to meet. The service collected reliable data and analysed it.

# Medical care (including older people's care)

Good   

## Key facts and figures

The medical care service at Hull University Teaching Hospitals NHS Trust provided care and treatment for clinical haematology, clinical oncology (previously radiotherapy), general medicine, older peoples medicine, nephrology, rehabilitation, respiratory medicine, and stroke medicine.

Medical care was provided across two sites in the trust with Hull Royal Infirmary providing acute medical services and Castle Hill Hospital providing predominantly cardiology and oncology services. The hospital site included The Queens Centre for oncology, which was a state of the art facility providing cancer, immunology and neuro-rehabilitation services.

Cardiology services at Castle Hill Hospital (providing primary percutaneous coronary intervention service and other specialised services such as: electrophysiology, pacing, complex devices and cardiac imaging; and transcatheter aortic valve insertion (TAVI) procedures performed within one of the four cardiac catheterisation labs). There were two cardiology wards, one of which included a 10 bedded cardiac monitoring unit.

Castle Hill Hospital had 163 beds located across nine wards.

The trust had 76,370 medical admissions from September 2018 to August 2019. Emergency admissions accounted for 32,702 (42.8%), 2,353 (3.1%) were elective, and the remaining 41,315 (54.1%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 20,111
- Gastroenterology: 14,391
- Medical oncology: 8,482

*(Source: Hospital Episode Statistics)*

At this inspection we visited the endoscopy unit, the cardiac catheter lab, neurology rehabilitation, cardiology ward including the cardiac monitoring unit, oncology wards, and haematology ward.

We spoke with 21 members of staff including, doctors, nurses, managers, and students.

We spoke with four patients and relatives and looked at seven patient records and four prescription charts. We also reviewed performance information from, and about, the trust.

Medical care at Castle Hill Hospital was previously inspected in February 2018 and was rated as good overall. At the 2018 inspection we rated safe as requires improvement and effective, caring, responsive and well led as good.

Medical services were last inspected in Hull in 2018, where all five domains in medicine were inspected and the medical health group was rated as good; with only the safe domain receiving a requires improvement rating. Other (effective, caring, responsive, and well-led) domains were rated as good.

The main areas of concern from the last inspection and the areas in medical care where the trust was told to improve were:

- The trust must ensure that there were sufficient numbers of suitably skilled, qualified and experienced nursing staff at all times, in line with best practice and national guidance and considering patient's dependency levels.

# Medical care (including older people's care)

- The trust must ensure that patient risk assessments were completed. For example, 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.

We also said that the trust should:

- 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 group met the requirements for mandatory training and achieve the trusts set target.

## Summary of this service

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

- We rated safe, effective, caring, responsive and well led as good.
- Managers took additional steps to ensure staffing numbers were reviewed regularly, to mitigate risk. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. The trust following our last inspection ensured risks to patients were assessed, acted on and documented clearly within care records. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Not all staff had completed mandatory training, including safeguarding and mental capacity training. Medical staff completed training figures, fell below the trust's internal compliance target.



# Medical care (including older people's care)

- The service did not always have enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and provide the right care and treatment.
- Referral to treatment times (RTT) for patients within cardiology were significantly lower than the England average.
- The process for assessing and recording mental capacity was not fully embedded across the speciality.

## Is the service safe?

**Good** ● ↑

- Our rating of safe improved. We rated it as good because:
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Managers regularly reviewed staffing levels and skill mix, and actively managed staff vacancies to mitigate risk. The trust was proactively recruiting new staff and gave bank and agency staff a full induction.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- Not all staff had completed mandatory training, including safeguarding and mental capacity training. Completed training figures for medical staff fell below the trust's internal compliance target.
- The service did not always have enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and provide the right care and treatment.
- The safety checklist used for endoscopy procedures did not meet the national safety standards for invasive procedures or the Joint Advisory Group on GI Endoscopy (JAG) standards.

## Is the service effective?

**Good** ● → ←

- Our rating of effective stayed the same. We rated it as good because:
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.

# Medical care (including older people's care)

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised most staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patient's consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- The service had been not been accredited under relevant clinical accreditation schemes. The endoscopy unit had failed to achieve the Joint Advisory Group on Endoscopy (JAG) accreditation. An action plan was in place and the service was working towards achieving accreditation.
- Although there was a process for assessing and recording a patient's mental capacity and best interest decision in place, we found that it was not fully embedded. Not all staff we spoke with were clear about where to find the mental capacity assessment form and who was responsible for completing it. However, the trust were aware and had plans in place to address this.
- The service was not meeting their target of 85% for staff in medical care services receiving their appraisal.
- The 2018 lung cancer and cardiology audits fell below national standards.

## Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good   

# Medical care (including older people's care)

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

- Referral to treatment times for patients within cardiology was significantly lower than the England average. The endoscopy service was not meeting the required timeliness standards for some routine, urgent cancer waits and non-cancer urgent waits. To address this, the service had re-designed its workforce and operating models and moved to six day working which included the introduction of evening sessions.

## Is the service well-led?

Good   

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Areas for improvement

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

## Key facts and figures

Surgical services at Hull University Teaching Hospitals NHS Trust are provided across both the Hull Royal Infirmary and the Castle Hill Hospital.

Surgery services at Castle Hill Hospital consist of:

- Eight wards, predominately for elective surgery. Services include elective spinal and orthopaedics, colorectal, upper gastro intestinal, ear, nose and throat (ENT) plastic surgery, and urology and cardiothoracic (both elective and acute) surgery.
- Support services include endoscopy, urology ambulatory care, plastics and minor surgery, ENT outpatient departments and pre-assessment clinics.
- Theatres at the Castle Hill Hospital providing elective surgery and on-call provision for emergencies. There are 15 inpatient theatres, four day-surgery theatres and two clean rooms within the day surgery suites; 12 of these theatres have laminar flow.

The trust had 53,675 surgical admissions from September 2018 to August 2019. Emergency admissions (13,827) accounted for 25.8% of surgical admissions; the remaining 29,614 (55.2%) were day case, and 10,234 (19.0%) were elective.

We inspected surgical services as part of an unannounced follow up inspection.

Surgical services were last inspected in Hull in February 2018, where all five domains in surgery were inspected and the surgical health group was rated as requires improvement; with the safe and effective domain receiving a requires improvement rating. Other (caring, responsive, and well-led) domains were rated as good.

The main areas of concern from the last inspection and the areas in surgery where the trust was told to improve were:

- 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.
- 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.

# Surgery

- 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.

During the inspection, we visited five surgical wards, the operating theatre suite and recovery areas. We spoke with seven patients and 23 members of staff. We observed staff delivering care and reviewed eight sets of patient records and prescription charts. We also reviewed policies and performance information, from and about the trust. We also interviewed key members of staff, medical staff and the senior management team who were responsible for the leadership and oversight of the service.

## Summary of this service

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

- We rated safe, effective, caring, responsive and well led as good.
- The service provided mandatory training in key skills to all staff. Staff understood how to protect patients from abuse. The service controlled infection risk well and kept the environment and equipment clean. Overall, staff kept detailed records of patients' care and treatment; and they completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. The service planned enough nursing and support staff to keep patients safe from avoidable harm and to provide the right care and treatment. The service used systems and processes to safely prescribe, administer, record and store medicines. The service managed patient safety incidents well.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patient's subject to the Mental Health Act 1983. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service made sure staff were competent for their roles. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Key services were available seven days a week to support timely patient care. Staff gave patients practical support and advice to lead healthier lives. Staff supported patients to make informed decisions about their care and treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The service was inclusive and took account of patients' individual needs and preferences. Staff coordinated care with other services and providers. People could access the service when they needed it and received the right care promptly. It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

# Surgery

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear. Leaders operated effective governance processes. Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. The service collected reliable data and analysed it. Leaders collaborated with partner organisations to help improve services for patients. All staff were committed to continually learning and improving services and leaders encouraged innovation and participation in research.

However:

- Planned staffing number were not always maintained. The service did not consistently have enough medical staff; but had taken steps to help mitigate against this by recruiting advanced clinical practitioners, employing physician assistants, and extending locum contracts. Orthopaedic patients were not consistently reviewed by senior medical staff on a regular basis.
- Some waiting times from referral to treatment were not always in line with national standards.
- Leaders and staff did not always actively engage with patients, staff, equality groups, the public and local organisations to plan and manage services. The senior leadership team were aware of engagement 'gaps' and were developing plans to better engage service user and representation groups.

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Overall, staff kept detailed records of patients' care and treatment; and they completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

# Surgery

- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- Planned staffing number were not always maintained. The service did not consistently have enough medical staff; but had taken steps to help mitigate against this by recruiting advanced clinical practitioners, employing physician assistants, and extending locum contracts. Orthopaedic patients on one ward were not consistently reviewed by senior medical staff on a regular basis.
- Patient records were not always stored securely and in a logical, chronological order.

## Is the service effective?

**Good** ● ↑

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. Staff also used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other need.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

## Is the service caring?

**Good** ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.



# Surgery

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good  → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

- Some waiting times from referral to treatment were not always in line with national standards.
- Several surgical wards had patients from other surgical specialities (outliers) located on them; for example, urology patients on orthopaedic wards.

## Is the service well-led?

Good  → ←

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.



# Surgery

- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Leaders collaborated with partner organisations to help improve services for patients. All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

However:

- Leaders and staff did not always actively engage with patients, staff, equality groups, the public and local organisations to plan and manage services. The senior leadership team were aware of engagement 'gaps' and were developing plans to better engage service user and representation groups.

## Areas for improvement

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

# Critical care

Good  

## Key facts and figures

The trust has 44 adult critical care beds located at both the Castle Hill Hospital and Hull Royal Infirmary providing care to tertiary, elective and emergency patients.

The provision of critical care at the Castle Hill Hospital is based on two separate units:

- Castle Hill Intensive care unit 1 (CICU 1) with 12 bed spaces
- Castle Hill Intensive care unit 2 (CICU 2) with 10 bed spaces

The provision of critical care at Hull Royal Infirmary is also based on two separate units:

- Hull Intensive Care Unit 1 (HICU1) with 10 bed spaces
- Hull Intensive Care Unit 2 (HICU2) with 12 bed spaces

The twenty-two bed spaces are funded to provide, a nominal capacity of 12 level three beds plus 10 level two beds. Care is provided flexibly across both units, such that patients requiring level two or level three care can be accommodated on either unit.

The critical care units across both sites provide tertiary level care to patients from the East Yorkshire region, for a variety of specialities, including; neurosurgery, vascular surgery, cardiothoracic surgery, neurology, renal medicine, haematology, pancreatitis/pancreatic surgery, maxillofacial, urology, colorectal, upper gastrointestinal, gynaecology, plastic surgery, major trauma and respiratory.

The trust is the host organisation for the operational delivery network for critical care (vascular and major trauma) and as such accommodates critically ill patients from other acute providers when required.

On both sites there was a 24-hour, seven day a week critical care outreach team (CCOT). There was also a data collection team responsible for the submission of data for the Intensive Care National Audit and Research Centre (ICNARC) based on both Hull Royal Infirmary and the Castle Hill Hospital.

We last inspected the critical care service at the trust in 2016, at that time we found the following concerns:

- The trust had not addressed some of the issues raised from the comprehensive inspection in February 2014, for example, staffing in the critical care outreach team, the frequency of the consultant on call rota and less than the 50% national standard of nurses with a post registration qualification in critical care.
- We identified that controls for some of the risks on the risk register were limited and unsustainable. There was not clear evidence or assurance of escalation of the risks beyond the Health Group. Staff gave us examples of a lack of action of some of the risks on the risk register.
- We identified risks to the service that were not on the risk register. For example, non-compliance with guidelines for provision of intensive care services, particularly a rehabilitation after critical illness service, critical care outreach staffing and service suspension.
- We still had concerns about the sustainability of the consultant rota as intensivists worked additional shifts. Some patients were not seen by a consultant within 12 hours of admission; twice daily ward rounds did not take place and medical staff to patient ratio, during out of hours, exceeded recommendations. This was not in line with guidelines for the provision of intensive care services.

# Critical care

- Planned nurse staffing levels were not consistently achieved and this impacted on the number of beds available in the critical care units. There was still only 25% of nurses who had completed a post registration critical care qualification which was lower than the minimum recommendation of 50%.
- The critical care outreach team was still staffed by one nurse on site 24 hours a day. This member of staff was part of the trauma and transfer teams which meant they may not always be immediately available or on site. They were also part of the cardiac arrest team. We saw evidence of two incidents that had been reported due to the lack of a critical care outreach service.
- We saw evidence during our inspection of patients who were referred to critical care requiring level three care that had not been escalated in line with trust policy.
- The rehabilitation after critical illness service was limited and not in line with the guidelines for the provision of intensive care services.
- Patients did not have access to formal psychology input following critical care. The service had limited mechanisms of collecting patient or relative feedback.

This inspection was part of an unannounced inspection. We inspected all five key questions during this inspection. We visited the intensive care units, we spoke with seven patients and some of their relatives and 36 members of staff. We also looked at five sets of care records.

We observed the clinical environment, equipment, staff delivering care and looked at five patient records. 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 rated safe, effective, caring and responsive as good. We rated well led as requires improvement.
- The service provided mandatory training in key skills to all staff and made sure most staff completed it. Staff understood how to protect patients from abuse. Staff kept equipment and the premises visibly clean. Staff managed clinical waste well. Staff completed and updated risk assessments for each patient. The critical care units had enough nursing and medical staff with the right qualifications, skills, training and experience to keep patients safe. Records were clear, up to date and easily available to all staff providing care. The service used systems and processes to safely prescribe, administer, record and store medicines. The service managed patient safety incidents well.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff monitored the effectiveness of care and treatment. The service made sure most staff were competent for their roles. Most key services were available seven days a week to support timely patient care. Staff supported patients to make informed decisions about their care and treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients personal, cultural and religious needs. Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

# Critical care

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The service was inclusive and took account of patients' individual needs and preferences. Bedside diaries were used to support patients and their families during critical illness. People could access the service when they needed it and received the right care promptly.
- Leaders had the skills and abilities to run the service. The service had a vision for what it wanted to achieve and a strategy to turn it into action. Staff felt respected, supported and valued. The service had an open culture where patients, their families and staff could raise concerns without fear. Staff had regular opportunities to meet. The service collected reliable data and analysed it.

However:

- Castle Hill Intensive care unit 2 (CICU 2) did not meet the most recent health building note guidance in terms of the environment.
- Whilst there had been some improvement, to the numbers of staff in the critical care outreach team, this was still not adequately staffed out of hours and at weekends. The service did not have enough allied health professionals with the right qualifications, skills, training and experience.
- We were concerned that care and treatment might not always be based on national guidance and best practice. at the time of our inspection. Not all staff had an up to date appraisal. The trust were not meeting the GPICS standard for the number of registered nurses with a post registration critical care award.
- The service was still not providing a formal follow up clinic in line with GPICS standards and the National Institute of Health and Care Excellence (NICE) CG83 best practice guidance.
- Leaders did not always operate effective governance processes. We were concerned about the lack of oversight in relation to the review of policies and procedures relevant to the units. There had been a lack of pace to address risks on the risk register. For example, we were told a business case to address the isolation facilities had been submitted for consideration but this had not been approved consistently.

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and made sure most staff completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- On the whole the maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.

# Critical care

- On the whole the service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- Castle Hill Intensive care unit 2 (CICU 2) did not meet the most recent health building note guidance in terms of the environment.
- Whilst there had been some improvement, to the numbers of staff in the critical care outreach team, this was still not adequately staffed out of hours and at weekends. The service did not have enough allied health professionals with the right qualifications, skills, training and experience.

## Is the service effective?

Good   

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

- Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure most staff were competent for their roles. Managers appraised most staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Most key services were available seven days a week to support timely patient care. Staff gave patients practical support and advice to lead healthier lives.

# Critical care

- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately.

However:

- We were concerned that care and treatment might not always be based on national guidance and best practice.
- At the time of our inspection, not all staff had an up to date appraisal.
- Less than the 50% of nurses had a post registration qualification in critical care.

## Is the service caring?

Good   

- Our rating of caring stayed the same. We rated it as good because:
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good   

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Critical care diaries were used to support patients and their families. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. The service admitted, treated and discharged patients in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- The service did not provide a formal follow up clinic in line with GPICS standards and the National Institute of Health and Care Excellence (NICE) CG83 best practice guidance. Some rehabilitation was available to mitigate this risk such as the service having access to a rehabilitation consultant with critical care experience and staff in the critical care outreach team had undertaken psychology training.

# Critical care

## Is the service well-led?

**Requires improvement**   

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

- Leaders understood but did not manage some of the priorities and issues the service faced.
- Leaders did not always operate effective governance processes. We were concerned about the lack of oversight in relation to the review of policies and procedures relevant to the units. Senior staff were unaware that staff might have been accessing guidance which was not up to date. Systems and processes needed to be implemented to prevent this happening again.
- There had been a lack of pace to address some risks on the risk register.
- We were told a business case to address isolation facilities had been submitted for consideration but this had not been approved consistently. In addition, the risk relating to delayed discharges had been on the risk register since 2017.
- We did not see any evidence that leaders were reviewing and learning from deaths.

However:

- Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.
- The service had an open culture where patients, their families and staff could raise concerns without fear.

## 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.

# Hull Royal Infirmary

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## Key facts and figures

Hull Royal Infirmary (HRI) provides a range of acute services to the residents of Hull and the East Riding of Yorkshire, as well as specialist services to North Yorkshire, North and North East Lincolnshire.

The trust has approximately 1,160 inpatient beds across the two main hospitals and employs over 7,000 whole time equivalent staff to deliver its services. From 2018 to 2019, HRI had 22 critical care beds, 80,000 inpatient admissions, 409,000 outpatient appointments, 4,800 births, and 139,000 accident and emergency attendances.

Hull Royal Infirmary is a major trauma centre for the region and provides care provision for Children and Young People including paediatric emergency care, critical care facilities, acute medical and surgery services as well as the Women and Children's Hospital and the Eye Hospital.

## Summary of services at Hull Royal Infirmary

**Requires improvement**   

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

- We rated safe, responsive and well led as requires improvement. We rated effective and caring as good.
- The trust did not always have enough medical, nursing staff and allied health professionals with the right qualifications, skills, training and experience within the services that we inspected. Staff did not identify and quickly act upon patients at risk of deterioration. Records were not always clear and up to date, stored securely and easily available to staff providing care.
- People could not access the service when they needed it and received the right care promptly. Waiting time for referral to treatment and arrangements to admit and discharge were not in line with national standards in the urgent and emergency care and surgical services. The trust reported a high number of medical patients moving wards at night. We also observed that some surgical wards had a high number of medical patients and sometimes patients were moved at night.
- Leaders did not always operate effective governance and risk processes, particularly in the urgent and emergency department and critical care core services. Staff were not always clear about their roles and accountabilities and did not learn from the performance of the service.

However:



## Summary of findings

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983. Staff gave patients enough food and drink to meet their needs and improve their health. Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff monitored the effectiveness of care and treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients personal, cultural and religious needs. Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

# Urgent and emergency services

Requires improvement  

## Key facts and figures

Hull University Teaching Hospital's emergency department is located at the Hull Royal Infirmary. It is a major trauma centre emergency department and is part of the trust's major trauma centre.

The emergency department comprises of two linked areas accessed by separate entrances; one for adults and one for children. Both adults and paediatric emergency departments are open 24 hours a day, seven days a week.

The adults emergency department includes a majors area with 24 individual rooms, eight initial assessment bays and a 10-bay resuscitation suite.

The children's area has eight cubicles, two assessment rooms, one resuscitation cubicle and a neonate resuscitation cubicle.

There is also an emergency care area configured to see ambulatory patients which is undergoing redevelopment to provide a dedicated entrance through an improved primary care area.

Our inspection was part of an unannounced inspection.

Urgent and emergency services were last inspected in Hull in 2016, where all five domains were inspected and urgent and emergency services was rated as good; with the responsive domain receiving a requires improvement rating. Other (safe, effective, caring, and well-led) domains were rated as good.

The main areas of concern from the last inspection and the areas in urgent and emergency services where the trust was required to improve were:

- The trust must ensure that planning and delivering care meets the national standard for emergency departments.
- The trust must ensure staff record medicine refrigerator temperatures daily and respond appropriately when these fall outside of the recommended range, especially within the emergency department.
- The trust must ensure that records of the management of controlled drugs are accurately maintained and audited within the emergency department.
- The trust should continue to improve the access and flow within the hospital, including reducing the number of patients who are medical outliers on other wards.

We inspected all five key questions during this inspection. We visited the adult and children's emergency departments, spoke with 12 patients and their relatives and carers, and spoke with 36 members of staff. We observed the clinical environment, equipment, staff delivering care and reviewed 22 patient records. We reviewed trust policies and performance information relating to the emergency department.

## Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

- We rated safe, responsive and well led as requires improvement. We rated effective and caring as good.
- The service did not have enough medical and paediatric nursing staff to care for patients and keep them safe. There were insufficient senior medical staff to cover the paediatric emergency department 24 hours a day, seven days a

# Urgent and emergency services

week. Nursing staff who provided paediatric cover may not always have the appropriate paediatric competencies. Staff did not complete the initial risk assessments for paediatric patients including the paediatric early warning score. There was a delay to risk assessing adult patients and mental health patients. The service did not keep fully completed care records.

- People could not access the service when they needed it and had to wait for treatment. The trust had a higher percentage of patients waiting more than four hours, compared to the England average. Performance against the national standard for patients to be admitted, transferred or discharged within four hours of arrival in the emergency department was deteriorating. The flow of patients in the hospital presented a major challenge to the responsiveness of the department. Although medical and nursing staff were proactive in moving patients through the department, the flow of patients was often hindered by the lack of bed provision in the hospital.
- Managers did not make sure staff were competent. We were not assured there was always suitably skilled nursing cover deployed to ensure paediatric staff would be able to support the paediatric emergency department.
- Although the service had a vision for what it wanted to achieve the strategy did not mitigate fully some of the safety and quality issues the department faced, particularly related to patient flow, staffing and paediatrics. Leaders did not have effective governance processes. Staff were not clear about their roles and accountabilities and did not learn from the performance of the service.

However:

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. It also managed medicines well. The service managed safety incidents well and learned lessons from them. The environment was appropriate to care for patients with mental health needs.
- Staff provided appropriate and effective care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to effective information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- Leaders supported staff to develop their skills. Staff felt respected, supported and valued.

## Is the service safe?

**Requires improvement**  

Our rating of safe went down. We rated it as requires improvement because:

- The service did not have enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Although we were informed plans were in place to increase the number of emergency department consultants from the current 16 WTE to 24 WTE, we found no evidence of a definite strategy to implement this plan. There were insufficient senior medical staff to cover the paediatric emergency department 24 hours a day, seven days a week. However, following the section 31 letter of intent the trust provided information to show how they would mitigate the medical staffing risk.

# Urgent and emergency services

- The service did not have enough paediatric nursing staff. Nursing staff from the accident and emergency department called on to provide paediatric cover may not always have the appropriate paediatric competencies recognised by the Royal College of Emergency Medicine (RCEM). However, following the section 31 letter of intent the trust provided evidence that this was being mitigated by rostering an adult nurse with paediatric competences where appropriate.
- The initial assessment of paediatric patients did not include the consistent completion of a paediatric early warning score for each patient, although following the inspection, the trust informed us it had completed validation of a recognised paediatric early warning tool which it planned to implement with a revised escalation tool by 30 March 2020.
- Although staff completed risk assessments for each adult patient some groups of patients experienced delays awaiting assessment. The median time from arrival to initial assessment was worse than the overall England median in 10 months over the 12-month period from October 2018 to September 2019. From October 2018 to September 2019 the monthly percentage of ambulance journeys with turnaround times over 30 minutes at Hull Royal Infirmary ranged from 40.9% to 62.2%. From November 2018 to October 2019 the trust reported 2,060 “black breaches” with the number of black breaches showing an increasing trend from May 2019 onwards. In addition, patients with mental health needs frequently experienced delays awaiting assessment.
- We identified some inconsistencies and omissions in patient records including basic nursing tasks undertaken being undocumented and assessments not fully completed in nursing records. Limited information was recorded as to the ongoing care of patients lodging in the department. Mental health staff working in the department encountered some challenges in accessing timely information.

However, we also found:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- In the adult emergency department, the service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it.

## Is the service effective?

Good   

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

# Urgent and emergency services

- The emergency department provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved effective outcomes for patients.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide effective care.
- Staff gave patients practical support and advice to lead healthier lives.
- The service supported patients to make informed decisions about their care and treatment. It followed national guidance to gain patients' consent. Staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However, we also found:

- The service did not always ensure staff were competent for their roles. We were not assured there was always suitably skilled nursing cover deployed to ensure paediatric staff would be able to support the paediatric emergency department. Following the inspection, the trust shared the steps it was taking to mitigate the staff competency risks we identified and to have in place appropriately qualified staff to ensure the safety of the emergency department.

## Is the service caring?

**Good** ● ➡ ➡

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** ● ➡ ➡

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

# Urgent and emergency services

- The right care was not always received promptly when people accessed the service. The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust did not meet the standard for 11 months over the 12-month period from October 2018 to September 2019. Trust performance ranged from 53 minutes (October 2018) to 97 minutes (July 2019) compared to the England average, which ranged from 58 minutes (October 2018) to 68 minutes (July 2019).
- From November 2018 to October 2019 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted fluctuated. The trust had a higher percentage of patients waiting more than four hours, compared to the England average in eight of the 12 months in the period.
- Performance against the Department of Health's standard for patients to be admitted, transferred or discharged within four hours of arrival in the emergency department was deteriorating. In the week of our inspection the equivalent performance of March 2020 to date was 65.9% compared with year to date performance of 70.1% for 2019-20. The equivalent performance for 2018-19 was 82%.
- The flow of patients in the hospital presented a major challenge to the responsiveness of the department. Although medical and nursing staff were proactive in moving patients through the department, the flow of patients was often hindered by the lack of bed provision in the hospital.

However, we also found:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services and coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

**Requires improvement**  

Our rating of well-led went down. We rated it as requires improvement because:

- Although the service had a vision for what it wanted to achieve the strategy did not mitigate fully some of the safety and quality issues the department faced, particularly related to patient flow, staffing and paediatrics.
- Although senior medical and nursing staff had regular opportunities to meet, discuss and learn from the performance of the service, governance processes had not successfully addressed longer term deterioration in the emergency department's performance.
- We found limited evidence that the emergency department used systems to manage risk effectively. Although some risks and issues were identified and escalated this was not done consistently.

However, we also found:

- Leaders were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

# Urgent and emergency services

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

## Areas for improvement

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

# Medical care (including older people's care)

Good   

## Key facts and figures

Medical care at Hull University Teaching Hospitals NHS Trust was provided at both Hull Royal Infirmary and Castle Hill Hospital.

Acute medical care was mainly provided at Hull Royal Infirmary. At this site there was an acute medical unit, an elderly assessment unit, and an ambulatory care unit. The hospital had eleven medical wards: four in elderly medicine, two in respiratory medicine, one general medical ward, one combined endocrine/diabetes/general medical ward, one in renal medicine (including acute haemodialysis), and two wards for stroke/neurology services which include eight hyper acute stroke unit beds. At the time of the inspection an additional escalation ward was open.

The trust had 76,370 medical admissions from September 2018 to August 2019. Emergency admissions accounted for 32,702 (42.8%), 2,353 (3.1%) were elective, and the remaining 41,315 (54.1%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 20,111
- Gastroenterology: 14,391
- Medical oncology: 8,482

We inspected medical care at Hull Royal Infirmary and Castle Hill Hospital. This inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

At this inspection we visited the acute medical unit, the elderly assessment unit, the ambulatory care unit, the endoscopy unit, the discharge lounge and eight medical wards. We spoke with 32 members of staff including, administration staff, nurses, doctors, pharmacists, managers, therapists and nursing and therapy assistants. We spoke with 13 patients and relatives and looked at 15 patient records and 13 prescription charts. We also reviewed performance information from, and about, the trust.

Medical care at Hull Royal Infirmary was previously inspected in February 2018 and was rated as good overall. At the 2018 inspection we rated safe as requires improvement and effective, caring, responsive and well led as good.

The main areas of concern from the last inspection in medical care at this hospital which the trust was told to improve were:

- 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.



# Medical care (including older people's care)

We also said that the trust should:

- 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.

## Summary of this service

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

- We rated effective, caring, responsive and well led as good. We rated safe as requires improvement.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it and staff understood how to protect patients from abuse. The service used systems and processes to safely prescribe, administer, record and store medicines and the service managed patient safety incidents well.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people and took account of patients' individual needs. People could access the service when they needed it and received the right care promptly. The service made it easy for people to give feedback and raise concerns about care received.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Leaders were sighted on their risks and had plans in place to manage them. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services.

However:

- Staff did not always identify and quickly act upon patients at risk of deterioration and the service did not always have enough nursing staff with the right qualifications, skills, training and experience. Medical and nursing records were not always stored securely and items which were classed as under the control of substances hazardous to health (COSHH) were not always stored safely and securely to protect vulnerable patients.

# Medical care (including older people's care)

- The endoscopy unit had failed to achieve the Joint Advisory Group on Endoscopy (JAG) accreditation. The process for assessing and recording a patient's mental capacity and best interest decisions was not fully embedded and the service was not meeting their target of 85% for staff in medical care receiving their appraisal.
- On one ward we visited, staff did not always respond to patients in a timely way and did not ensure patients dignity was maintained.
- The trust reported a high number of medical patients moving wards at night.

## Is the service safe?

**Requires improvement** ● ➡ ➡

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

- Staff did not always identify and quickly act upon patients at risk of deterioration. Patients who were showing signs of deterioration were not always escalated for a medical review according to trust policy.
- The safety checklist used for endoscopy procedures did not meet the national safety standards for invasive procedures or the Joint Advisory Group on GI Endoscopy (JAG) standards.
- The service did not always have enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Nurse staffing levels did not meet national guidance for patients receiving acute non-invasive ventilation (NIV).
- The service did not always ensure that items which were classed as under the control of substances hazardous to health (COSHH) were stored safely and securely to protect vulnerable patients. Some clinical waste was not always disposed of appropriately.
- Medical and nursing records were not always stored securely on two wards to prevent unauthorised access to confidential patient information.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

**Good** ● ➡ ➡

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

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

# Medical care (including older people's care)

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised most staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patient's consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately.

However:

- The service had been not been accredited under relevant clinical accreditation schemes. The endoscopy unit had failed to achieve the Joint Advisory Group on Endoscopy (JAG) accreditation. An action plan was in place and the service was working towards achieving accreditation in the future.
- We found that the process for assessing and recording a patient's mental capacity and best interest decision was not fully embedded. Not all staff we spoke with were clear about where to find the mental capacity assessment form and who was responsible for completing it. The trust was aware and had plans in place to address this.
- The service was not meeting their target of 85% for staff in medical care services receiving their appraisal.

## Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

However:

- On one ward we visited, staff did not always respond to patients in a timely way and did not ensure patients dignity was maintained. We raised this with the trust during the inspection and they made an immediate and ongoing response to address this.

## Is the service responsive?

Good   

# Medical care (including older people's care)

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. The service admitted, treated and discharged patients in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

- The endoscopy service was not meeting the required timeliness standards for some routine, urgent cancer waits and non-cancer urgent waits. To address this, the service had re-designed its workforce and operating models and moved to six day working which included the introduction of evening sessions.
- The trust reported a high number of medical patients moving wards at night between November 2018 to October 2019. This was from mainly from two wards.

## Is the service well-led?

Good   

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. Leaders were sighted on the risks we identified. They had plans to cope with unexpected events.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

# 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.

Good   

## Key facts and figures

Surgical services at Hull University Teaching Hospitals NHS Trust are provided across both the Hull Royal Infirmary and the Castle Hill Hospital.

Surgery services at Hull Royal Infirmary consist of:

Eight wards which provide services for trauma orthopaedics, maxillofacial (elective and acute), acute ear, nose and throat (ENT), gastroenterology, vascular (elective and acute), acute general surgery, acute plastic surgery, neurosurgery (elective and acute) and a major trauma ward.

Support services managed in surgery include vascular labs, endoscopy, fracture clinics, plastic trauma and orthopaedic, pain services, and maxillofacial outpatient departments.

There are nine theatres on the third floor, offering acute and elective sessions. Three of the nine theatres have laminar flow. Acute trauma sessions are provided on the third floor. The theatres provide services seven days a week, 24 hours a day. There is also two day-surgery theatres and a clean room on the first floor, for minor procedures.

The trust had 53,675 surgical admissions from September 2018 to August 2019. Emergency admissions (13,827) accounted for 25.8% of surgical admissions; the remaining 29,614 (55.2%) were day case, and 10,234 (19.0%) were elective.

We inspected surgical services as part of an unannounced follow up inspection.

Surgical services were last inspected in Hull in February 2018, where all five domains in surgery were inspected and the surgical health group was rated as good; with only the safe domain receiving a requires improvement rating. Other (effective, caring, responsive, and well-led) domains were rated as good.

The main areas of concern from the last inspection and the areas in surgery where the trust was told to improve were:

- 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.

We also said that the trust should:

- 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.

# Surgery

- 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.

During the inspection, we visited eight surgical wards, the operating theatre suite, recovery areas and the eye hospital. We spoke with ten patients and 34 members of staff. We observed staff delivering care and reviewed 21 sets of patient records and prescription charts. We also reviewed policies and performance information, from and about the trust. We also interviewed key members of staff, medical staff and the senior management team who were responsible for the leadership and oversight of the service.

## Summary of this service

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

- We rated safe, effective, caring, responsive and well led as good.
- The service provided mandatory training in key skills to all staff. Staff understood how to protect patients from abuse. The service controlled infection risk well and kept the environment and equipment clean. Staff completed and updated risk assessments for each patient which removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. The service planned enough nursing and support staff to keep patients safe from avoidable harm and to provide the right care and treatment. Records were stored securely and easily available to all staff providing care. The service used systems and processes to safely prescribe, administer, record and store medicines. The service managed patient safety incidents well.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patient's subject to the Mental Health Act 1983. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service made sure staff were competent for their roles. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Key services were available seven days a week to support timely patient care. Staff gave patients practical support and advice to lead healthier lives. Staff supported patients to make informed decisions about their care and treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The service was inclusive and took account of patients' individual needs and preferences. Staff coordinated care with other services and providers. It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. The service had a vision for what it wanted to achieve and a

# Surgery

strategy to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear. Leaders operated effective governance processes. Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. The service collected reliable data and analysed it. Leaders collaborated with partner organisations to help improve services for patients. All staff were committed to continually learning and improving services and leaders encouraged innovation and participation in research.

However:

- Planned staffing numbers were not always maintained. The service did not consistently have enough medical staff; but had taken steps to help mitigate against this by recruiting advanced clinical practitioners, employing physician assistants, and extending locum contracts.
- Patient records were not always stored in a logical, chronological order. Staff did not consistently document that they gave patients enough food and drink to meet their needs and improve their health.
- Some waiting times from referral to treatment were not always in line with national standards. We observed some surgical wards had medical patients (outliers) located on them. Patients were sometimes moved between wards at night, and data showed 38.5% of all moves at night were confined to two surgical wards at the location.
- Leaders and staff did not always actively engage with patients, staff, equality groups, the public and local organisations to plan and manage services. The senior leadership team were aware of engagement 'gaps' and were developing plans to better engage service user and representation groups.

## Is the service safe?

**Good**  

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

- The service provided mandatory training in key skills to all staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Records were stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.



# Surgery

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- Planned staffing numbers were not always maintained, and the service did not consistently have enough medical staff; but had taken steps to help mitigate against this by recruiting advanced clinical practitioners, employing physician assistants, and extending locum contracts.
- Patient records were not always stored in a logical, chronological order.

## Is the service effective?

Good  ➔ ➜

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. Staff also used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other need.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

## Is the service caring?

Good  ➔ ➜

# Surgery

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good** ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

- Some waiting times from referral to treatment were not always in line with national standards.
- We observed a number of surgical wards had medical patients (outliers) located on them.
- Patients were sometimes moved between wards at night, and data showed 38.5% of all moves at night were confined to two surgical wards at the location.

## Is the service well-led?

**Good** ● → ←

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

# Surgery

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Leaders collaborated with partner organisations to help improve services for patients. All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

However:

- Leaders and staff did not always actively engage with patients, staff, equality groups, the public and local organisations to plan and manage services. The senior leadership team were aware of engagement 'gaps' and were developing plans to better engage service user and representation groups.

## 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.

# Critical care

Good  

## Key facts and figures

The trust has 44 adult critical care beds located at both Hull Royal Infirmary and the Castle Hill Hospital and provide care to tertiary, elective and emergency patients.

The provision of critical care at Hull Royal Infirmary is based on two separate units:

- Hull Intensive Care Unit 1 (HICU1) with 10 bed spaces
- Hull Intensive Care Unit 2 (HICU2) with 12 bed spaces

The twenty-two bed spaces are funded to provide a nominal capacity of 12 level three beds plus 10 level two beds. Care is provided flexibly across both units, such that patients requiring level two or level three care can be accommodated on either unit.

The provision of critical care at the Castle Hill Hospital is also based on two separate units:

- Castle Hill Intensive care unit 1 (CICU 1) with 12 bed spaces
- Castle Hill Intensive care unit 2 (CICU 2) with 10 bed spaces

The critical care units across both sites provide tertiary level care to patients from the East Yorkshire region, for a variety of specialities, including; neurosurgery, vascular surgery, cardiothoracic surgery, neurology, renal medicine, haematology, pancreatitis/pancreatic surgery, maxillofacial, urology, colorectal, upper gastrointestinal, gynaecology, plastic surgery, major trauma and respiratory.

The trust is the host organisation for the operational delivery network for critical care (vascular and major trauma) and as such accommodates critically ill patients from other acute providers when required.

On both sites there was a 24-hour, seven day a week critical care outreach team (CCOT). There was also a data collection team responsible for the submission of data for the Intensive Care National Audit and Research Centre (ICNARC) based on both Hull Royal Infirmary and the Castle Hill Hospital.

We last inspected the critical care service at the trust in 2016, at that time we found the following concerns:

- The trust had not addressed some of the issues raised from the comprehensive inspection in February 2014, for example, staffing in the critical care outreach team, the frequency of the consultant on call rota and less than the 50% national standard of nurses with a post registration qualification in critical care.
- We identified that controls for some of the risks on the risk register were limited and unsustainable. There was not clear evidence or assurance of escalation of the risks beyond the Health Group. Staff gave us examples of a lack of action of some of the risks on the risk register.
- We identified risks to the service that were not on the risk register. For example, non-compliance with guidelines for provision of intensive care services, particularly a rehabilitation after critical illness service, critical care outreach staffing and service suspension.
- We still had concerns about the sustainability of the consultant rota as intensivists worked additional shifts. Some patients were not seen by a consultant within 12 hours of admission; twice daily ward rounds did not take place and medical staff to patient ratio, during out of hours, exceeded recommendations. This was not in line with guidelines for the provision of intensive care services.

# Critical care

- Planned nurse staffing levels were not consistently achieved and this impacted on the number of beds available in the critical care units. There was still only 25% of nurses who had completed a post registration critical care qualification which was lower than the minimum recommendation of 50%.
- The critical care outreach team was still staffed by one nurse on site 24 hours a day. This member of staff was part of the trauma and transfer teams which meant they may not always be immediately available or on site. They were also part of the cardiac arrest team. We saw evidence of two incidents that had been reported due to the lack of a critical care outreach service.
- We saw evidence during our inspection of patients who were referred to critical care requiring level three care that had not been escalated in line with trust policy.
- The rehabilitation after critical illness service was limited and not in line with the guidelines for the provision of intensive care services.
- Patients did not have access to formal psychology input following critical care. The service had limited mechanisms of collecting patient or relative feedback.

This inspection was part of an unannounced inspection. We inspected all five key questions during this inspection. We visited the intensive care unit, we spoke with six patients and some of their relatives and 32 members of staff.

We observed the clinical environment, equipment, staff delivering care and looked at five patient records. 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 rated safe, effective, caring and responsive as good. We rated well led as requires improvement.
- The service provided mandatory training in key skills to all staff and made sure most staff completed it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service controlled infection risk well. They kept equipment and the premises visibly clean. Staff managed clinical waste well. Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. On the whole, the service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep patients safe. Staff kept detailed records of patients' care and treatment. The service used systems and processes to safely prescribe, administer, record and store medicines. The service managed patient safety incidents well.
- Staff gave patients enough food and drink to meet their needs and improve their health. Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff monitored the effectiveness of care and treatment. The service made sure most staff were competent for their roles. Most key services were available seven days a week. Staff supported patients to make informed decisions about their care and treatment. They used measures that limit patients' liberty appropriately. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients personal, cultural and religious needs. Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

# Critical care

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The service was inclusive and took account of patients' individual needs and preferences. Bedside diaries were used to support patients and their families during critical illness. People could access the service when they needed it and received the right care promptly.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. The service had a vision for what it wanted to achieve and a strategy to turn it into action. Staff felt respected, supported and valued. The service had an open culture.

However:

- Whilst there had been some improvement to the numbers of staff in the critical care outreach team, this was still not adequately staffed out of hours and at weekends.
- The overnight stay facilities for families were not adequate. The service did not have enough allied health professionals with the right qualifications, skills, training and experience. Records were not always clear and organised.
- We were concerned that care and treatment might not always be based on national guidance and best practice. Not all staff had an up to date appraisal and less than the 50% of nurses had a post registration qualification in critical care.
- The service was still not providing a formal follow up clinic in line with GPICS standards and the National Institute of Health and Care Excellence (NICE) CG83 best practice guidance.
- Leaders did not always operate effective governance processes. We were concerned about the lack of oversight in relation to the review of policies and procedures relevant to the units. There had been a lack of pace to address risks on the risk register. For example, we were told a business case to address the isolation facilities had been submitted for consideration but this had not been approved consistently.

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and made sure most staff completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Most staff had training on how to recognise and report abuse and they knew how to apply it. The service controlled infection risk well.
- Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. On the whole the maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.

# Critical care

- On the whole the units had enough nursing and medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- The units did not meet the most recent health building note guidance in terms of the environment and the facilities for families were not adequate.
- Whilst there had been some improvement to the numbers of staff in the critical care outreach team, this was still not adequately staffed out of hours and at weekends. The service did not have enough allied health professionals with the right qualifications, skills, training and experience.
- Records were not always clear and organised.

## Is the service effective?

Good   

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

- Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure most staff were competent for their roles. Managers appraised most staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Most key services were available seven days a week to support timely patient care. Staff gave patients practical support and advice to lead healthier lives.

# Critical care

- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately.

However:

- We saw a significant number of out of date policies and procedures and there was limited assurance that documents had been reviewed and ratified through a robust process to ensure care and treatment was based on the most recent national guidance and best practice.
- Not all staff had an up to date appraisal and the service was not meeting the GPICS standard for the number of registered nurses with a post registration award in critical care nursing.

## Is the service caring?

Good  → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good  → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Critical care diaries were used to support patients and their families. Staff made reasonable adjustments to help patients access services.
- They coordinated care with other services and providers. People could access the service when they needed it and received the right care promptly.
- The service admitted, treated and discharged patients in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:



# Critical care

- The service did not provide a formal follow up clinic in line with GPICS standards and the National Institute of Health and Care Excellence (NICE) CG83 best practice guidance. Some rehabilitation was available to mitigate this risk such as the service having access to a rehabilitation consultant with critical care experience and staff in the critical care outreach team had undertaken psychology training.

## Is the service well-led?

**Requires improvement**   

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

- Leaders understood but did not manage some of the priorities and issues the service faced.
- Leaders did not always operate effective governance processes. We did not see any information regarding the review of policies and procedures, or the process for ratification of these documents through a formal governance process.
- There had been a lack of pace to address risks on the risk register. We were told a business case to address isolation facilities had been submitted for consideration but this had not been approved consistently. In addition, the risk relating to delayed discharges had been on the risk register since 2017.
- We did not see any evidence that leaders within the critical care service were reviewing and learning from deaths.

However:

- Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.
- The service had an open culture where patients, their families and staff could raise concerns without fear.

## 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.

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](https://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 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

# Our inspection team

Sarah Dronsfield led this inspection.

The team included 1 inspection manager, 8 inspectors and 10 specialist advisers.

Specialist advisers are experts in their field who we do not directly employ.