

Milton Keynes University Hospital NHS Foundation Trust

Inspection report

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

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

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

Ratings

Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Are resources used productively?

Requires improvement 

Summary of findings

Combined quality and resource rating

Good 

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

Background to the trust

Milton Keynes University Hospital NHS Foundation Trust (MKUH) was opened in 1984. It is a single-site trust that operates all clinical services from its main base at Milton Keynes Hospital. MKUH provides services including urgent and emergency care, medical and surgical non-elective services, maternity, as well as children's inpatient and outpatient services to more than 400,000 people in Milton Keynes. In addition, the trust provides a wide range of elective outpatient, day case and elective services. MKUH became a foundation trust in 2007.

Overall summary

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

What this trust does

Milton Keynes University Hospital NHS Foundation Trust provides services including urgent and emergency care to adults and children 24 hours a day, medical and surgical non-elective services, maternity, as well as children's inpatient and outpatient services. In addition, the trust provides a wide range of elective outpatient, day case and elective services.

The trust has 550 beds and employs more than 4,000 staff, the hospital sees and treats approximately 400,000 patients each year comprising of both outpatient and emergency attendances. There are approximately 457 inpatient beds of which 38 are paediatric, 53 are maternity, nine are critical care, and 80 are day case beds. The trust has 12 operating theatres four of which are dedicated for emergency surgery. The trust holds around 389 outpatient clinics per week across most specialities including trauma and orthopaedics, vascular, breast, urology, diabetes and obstetrics.

Patient numbers

Trust activity from February 2018 to January 2019:

- 87,460 Urgent and emergency attendances
- 68,954 Inpatient admissions
- 613,397 outpatient appointments
- 923 in patient deaths
- 3,434 babies delivered

Key questions and ratings

We inspect and regulate healthcare service providers in England.

Summary of findings

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

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

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

What we inspected and why

We inspected the following acute health services as part of our continual checks on the safety and quality of health care provision:

- Urgent and emergency care
- Surgery
- Medical care including older people's care service
- Maternity

We did not inspect:

- Critical care
- Outpatients
- Diagnostic imaging
- Services for children and young people
- End of life care

These services were last inspected in 2014. Safe for end of life care was last inspected in 2016.

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

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

What we found

Overall trust

Our rating of the trust stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- We rated effective, caring, responsive and well-led as good and safe as requires improvement.
- We rated seven of the trust services as good and one, which was surgery as requires improvement overall.
- We rated well led for the trust as good overall.

Summary of findings

- During this inspection, we did not inspect critical care, outpatients diagnostic imaging, services for children and young people or end of life care. The ratings we published following the previous inspections are part of the overall rating awarded to the trust this time

Are services safe?

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

- Urgent and emergency care and surgery were rated as requires improvement. Not all staff had completed mandatory training, prevent and control infection processes were not always followed, emergency equipment was not always checked daily as per trust policy, medicines were not always stored correctly and not all safety results and performance met the expected standard.
- Medical care including older people's care service and maternity services were rated as good on this inspection.
- Critical care, outpatients diagnostic imaging, services for children and young people and end of life care were rated as good at previous inspections

Are services effective?

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

- Urgent and emergency care, surgery, medical care including older people's care service and maternity services were rated as good on this inspection. The trust provided care and treatment based on national guidance and evidence of its effectiveness, staff assessed and monitored patients regularly to see if they were in pain, staff were competent for their roles, staff understood their roles and responsibilities in relation to consent and under the Mental Health Act (MHA)1983, the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).
- Critical care, outpatients diagnostic imaging, services for children and young people and end of life care were rated as good at previous inspections

Are services caring?

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

- Urgent and emergency care, surgery, medical care including older people's care service and maternity services were rated as good on this inspection.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff provided emotional support to patients to minimise their distress. Staff involved patients and those close to them in decisions about their care and treatment.
- Critical care, outpatients diagnostic imaging, services for children and young people and end of life care were rated as good at previous inspections

Are services responsive?

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

- Urgent and emergency care, surgery, medical care including older people's care service and maternity services were rated as good on this inspection, the trust mostly planned and provided services in a way that met the needs of local people, patients' individual needs were taken into account, the trust treated concerns and complaints seriously, investigated them and learned lessons from them, although some complaints were not always responded to within the time lines of the trust's complaints policy.

Summary of findings

- Critical care, outpatients diagnostic imaging, services for children and young people and end of life care were rated as good at previous inspections.

Are services well-led?

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

- Surgery, medical care including older people's care service and maternity services were rated as good on this inspection, the trust had managers at all levels with the right skills, the trust collected, analysed, managed, and used information well to support all its activities, they had effective systems for identifying risks, planning to eliminate or reduce them, the trust engaged well with patient, staff and stakeholders.
- Urgent and emergency care was rated as requires improvement because not all managers had undergone formal leadership training, and some did not have the capacity to carry out all aspects of the leadership role, including ensuring patient risk assessments were always completed, not all staff had received the correct level of life support training, some patient risk assessments were not completed and checks of emergency equipment were not always recorded, we did not see evidence of robust action plans to address areas where performance failed to meet expected standards and two concerns raised during the 2016 CQC inspection had not been completely addressed and remained a concern during this inspection. These were, hand hygiene and use of PPE and recording of emergency equipment checks.
- Critical care, outpatients diagnostic imaging, services for children and young people and end of life care were rated as good at previous inspections.

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 maternity services and trust wide.

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

Areas for improvement

We found areas for improvement including 8 breaches of legal requirements that the trust must put right. We found 26 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 requirement notices to the trust. Our action related to breaches of 8 legal requirements in urgent and emergency care and surgery core services.

What happens next

We will make sure 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

In the maternity department,

- Two new smartphone application downloads (apps) for pregnant women had been introduced. The apps enabled women to take more ownership and management of their care on a day-to-day basis.
- In December 2018, the 'Warm Baby Bundle' red hat initiative was rolled out across the maternity service for babies at risk of hypothermia and in extra need of skin-to-skin contact.
- In January 2019, the service began to offer pregnant women, who had uncomplicated pregnancy the option of an outpatient induction of labour. This new service was designed in collaboration with women who had previously used the service.
- In line with 'Better Births' and a series of internal improvement and collaborative programmes, the maternity service had improved care continuity for women and families.
- For more information, see the outstanding practice section of the maternity report.
- An online patient portal was introduced to empower patients to manage their own health care appointments.

In medical care including older people's care service

- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met these needs, which was accessible and promoted equality.
- The wards ensured that patients were given activities and welcome packs. Staff really promoted independence, enabling them to eat at dinner tables, take part in group activities and made sure older patients were ready for discharge. Staff had access to kitchens where they could, for example, assess patients making cups of tea unassisted.
- The service was supported with social workers and dedicated ward discharge teams, that we observed effective communication and the discharge process being discussed at parts of the patient's journey.

Areas for improvement

Action the trust MUST take to improve

We told the trust that it must take action to comply with regulations in relation to the following regularity breaches:

These actions related to urgent and emergency care core service,

- The service must ensure that immediate life support and paediatric immediate life support training compliance is in line with trust targets. Regulation 12 (2) (c).
- The service must ensure that staff are compliant with hand hygiene and personal protective equipment guidelines. Regulation 12(2) (g).
- The service must ensure that all emergency equipment checks are done in line with trust policy and that there is a system in place for ensuring that this is completed. Regulation 12 (2) (e).
- The service must ensure all patients receive relevant risk assessments, including falls risk assessments, pressure ulcer risk assessments and nutritional risk assessments. Regulation 12 (2) (a) assessing H&S risks, (b) mitigating risk to patients.

Summary of findings

- The service must ensure there are governance systems in place which monitor and improve the quality of patient care. The service must ensure there are robust action plans to address areas of noncompliance to audits. This includes local audits and national audits. Reg 17 (1) (2) (a) (b) (c).

These actions related to surgery core service,

- Ensure that basic life support training for all staff, and safeguarding training compliance for medical staff is in line with trust targets. Regulation 12(2)(c).
- Ensure that controlled drugs are checked, and accurate records maintained in line with trust policy. Regulation 12(2)(g).
- Ensure that staff are compliant with personal protective equipment, safe handling of dirty instrumentation and bare below the elbow's guidelines. Regulation 12(2)(h).

Action the trust SHOULD take to improve.

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

These actions related to urgent and emergency care core service,

- The service should ensure all audits, including Royal College of Emergency Medicine audits, which do not meet expected standards, have robust action plans which are regularly reviewed to improve compliance.
- The service should ensure all medicines are stored safely and securely and ambient room temperatures and fridge temperatures are monitored, recorded and exceptions are escalated appropriately. Controlled drug checks should be carried out in line with trust policy.
- The service should ensure its leaders have enough dedicated time to monitor the quality of their service, and that staff have access to leadership training at a level appropriate to their role.
- The service should ensure complaints are responded to in a timely manner, and within trust guidelines.
- The service should review and record waiting times for patient in the department, including time waiting to see speciality consultants from referral, and waiting times for triage, and for waiting times to treatment.
- The service should review methods of gaining patient feedback and improve their response rates.
- The service should continue working towards meeting the NHS's Seven Day a Week priority standards.
- The service should provide training to reception staff in the recognition of seriously ill patients presenting with 'red flags'.
- The department should display current waiting times in the major's area waiting room.
- The service should provide training to staff carrying out the streaming role.

These actions related to surgery core service,

- Ensure emergency equipment is checked daily and documented, and easily accessible.
- Ensure fridge temperature and ambient room temperatures are checked daily and documented.
- Ensure staff take appropriate action when a patient's condition had deteriorated following assessment.
- Ensure actions are taken to reduce number of last minute cancellations not resolved within 28 days.

Summary of findings

- Ensure local policies for invasive procedures are embedded, and continue working towards national NatSSIP and LocSSIP implementation
- Ensure complaints are monitored and they are investigated and closed in a timely manner.
- Ensure methods of gaining patient feedback are reviewed to improve response rates to Friends and Family tests

These actions relate to maternity core services,

- Ensure all medical and midwifery staff in maternity are up-to-date with safeguarding adults and children training.
- Ensure checks for legionella in water are monitored and documented
- Ensure emergency equipment is checked daily and documented
- Ensure fridge temperature and ambient room temperatures are checked daily and documented.
- Ensure local policies and guidance are up-to-date
- Ensure there are adequate facilities for partners staying overnight to rest comfortably on the postnatal ward.
- Monitor complaints to ensure they are investigated and closed in a timely manner.

The actions relate to medical care including older people's care service,

- Ensure nursing and medical staff meet the trust's mandatory training target.
- Ensure that complaints are investigated and closed in a timely manner.

These actions relate to the trust well led

- The trust should consider reviewing how actions and lesson learnt following incidents and complaints are documented.
- The trust should provide opportunities for the whole board to review the content of the significant risk register.
- The trust should develop a strategy for how it wishes to progress and promote quality improvement across the trust

Is this organisation well-led?

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

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

- The trust had a relatively stable executive board. Leaders had the experience, capacity, capability and integrity to identify the challenges and took actions to address these. Leaders at every level were visible and approachable.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients and key groups representing the local community. There was a clear vision and high-level strategy in place which was supported by the ten objectives. Monitoring progress against the delivery of the objectives was not clear, we were advised each director was responsible for a number of objectives. We did not see any evidence how and when these were reviewed.

Summary of findings

- The trust had a workforce strategy 2018 to 2021 which was aligned to the trust strategy and identified commitment to the workforce race equality standard (WRES).
- The executive team and managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on the trust's shared values. Staff were committed to improving the quality of care and patient experience. Staff felt ownership for the hospital and their services and were proud to work at the trust.
- The board and other levels of governance in the organisation mostly functioned effectively and interacted with each other appropriately. Structures, processes and systems of accountability, including the governance and management of partnerships, were set out. Leaders were clear about their roles and accountabilities.
- The trust had some effective systems for identifying risks, planning to eliminate or reduce them. Performance issues were escalated to the appropriate committees and the board through structures and processes in place.
- The trust generally collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations in order to plan and improve services and collaborated with partner organisations effectively.
- Innovation was taking place. The trust was committed to improving patient care, experience and outcomes. There was participation in audits and research and learning from deaths and serious incidents was shared.

However:

- Whilst there were effective systems in place to report, investigate and learn from incidents, complaints and safeguarding alerts, and improvements were made when needed, not all actions and lessons learnt were clearly documented.
- There was not full oversight of the significant risk register at the trust board, which meant that the board may not be aware of all risks to the service.
- Whilst there were systems and processes for learning and continuous improvement throughout the organisation, a strategy had not been developed, there was lack of clear knowledge of processes of improvement and skills to use them at all levels of the trust.

Use of resources

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 ↔ Apr 2019	Good ↔ Apr 2019				

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

Ratings for Milton Keynes Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Requires improvement ↓ Apr 2019	Requires improvement ↓ Apr 2019
Medical care (including older people's care)	Good ↑ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019
Surgery	Requires improvement ↓ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↓ Apr 2019	Good ↔ Apr 2019
Critical care	Good Oct 2014	Good Oct 2014	Good Oct 2014	Good Oct 2014	Good Oct 2014	Good Oct 2014
Maternity	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019
Services for children and young people	Good Oct 2014	Good Oct 2014	Good Oct 2014	Good Oct 2014	Good Oct 2014	Good Oct 2014
End of life care	Good Jul 2016	Good Oct 2014	Good Oct 2014	Good Oct 2014	Good Oct 2014	Good Oct 2014
Outpatients	Good Oct 2014	N/A	Good Oct 2014	Good Oct 2014	Good Oct 2014	Good Oct 2014
Overall*	Requires improvement ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019

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

Milton Keynes Hospital

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Key facts and figures

Milton Keynes University Hospital NHS Foundation Trust provides services including urgent and emergency care to adults and children 24 hours a day, medical and surgical non-elective services, maternity, as well as children's inpatient and outpatient services. In addition, the trust provides a wide range of elective outpatient, day case and elective services.

The trust has 550 beds and employs more than 4,000 staff, the hospital sees and treats approximately 400,000 patients each year comprising of both outpatient and emergency attendances. There are approximately 457 inpatient beds of which 38 are paediatric, 53 are maternity, nine are critical care, and 80 are day-case beds. The trust has 12 operating theatres four of which are dedicated for emergency surgery. The trust holds around 389 outpatient clinics per week across most specialities including trauma and orthopaedics, vascular, breast, urology, diabetes and obstetrics.

The total number of staff employed at the hospital as of December 2018 was 3537.

The emergency department had 87,460 attendances from February 2018 to January 2019 and 613,397 outpatient appointments. For the same period there were 3,434 babies delivered at the trust, 68,954 inpatient admissions and 923 deaths.

During the inspection we spoke with 45 patients and their relatives and 134 members of staff. We attended the trust board meeting, harm review meetings, handovers, held staff focus groups and checked 77 healthcare records and medicine charts.

Summary of services at Milton Keynes Hospital

Good   

At this inspection we inspected urgent and emergency services, surgery, medical care including older people's care service and maternity. We did not inspect critical care, outpatients, diagnostic imaging, services for children and young people or end of life care but we combine the last inspection ratings to give the overall rating for the hospital.

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

Summary of findings

- Our rating for safe remained requires improvement because not all staff had completed mandatory training, prevent and control infection processes were not always followed, emergency equipment was not always checked daily as per trust policy, medicines were not always stored correctly and not all safety results and performance met the expected standard.
- Our rating for effective remained good because the service provided care and treatment based on national guidance and evidence of its effectiveness. The trust provided care and treatment based on national guidance and evidence of its effectiveness, staff assessed and monitored patients regularly to see if they were in pain, staff were competent for their roles, staff understood their roles and responsibilities in relation to consent and under the Mental Health Act (MHA) 1983, the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Women's and babies' nutrition and hydration needs were identified, monitored, and met. There was access to an infant feeding specialist to assist women and babies when needed, and the trust's breastfeeding initiation rate was better than the national average.
- Our rating for caring remained good because staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff provided emotional support to patients to minimise patient's distress. Patients and those close to them were able to receive support to help them cope emotionally with their care and treatment.
- Our rating for responsive remained good because patients could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit treat and discharge patients were generally in line with good practice. The trust mostly planned and provided services in a way that met the needs of local people, patients' individual needs were taken into account, the trust treated concerns and complaints seriously, investigated them and learned lessons from them, although some complaints were not always responded to within the time lines of the trust's complaints policy. The maternity service had implemented a process to ensure women and their babies were kept together following obstetric surgery in the recovery area. This has had a positive impact on breast feeding, skin to skin bonding and had been shown to result in a lower rate of admissions to the neonatal unit.
- Our rating for well led remained good because managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The services generally had managers at all levels with the right skills and abilities to run services providing high-quality sustainable care, the trust collected, analysed, managed, and used information well to support all its activities, they had effective systems for identifying risks, planning to eliminate or reduce them, the trust engaged well with patient, staff and stakeholders. Senior leaders were visible and demonstrated commitment. Services had a vision for what they wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. Staff understood and demonstrated the trust's vision and values. There was a culture of continuous learning, improvement and innovation across maternity services and managers encouraged staff to look at different ways to improve their service.

Urgent and emergency services

Requires improvement  

Key facts and figures

The emergency department (ED) at Milton Keynes University Hospital NHS Foundation Trust provides a 24-hour service, seven days a week to the local population. It is a local trauma centre and takes walk in patients and patients who arrive by ambulance.

The ED is divided into separate areas for majors, minors and paediatric patients and each area has its own dedicated waiting room. The majors' area consists of 15 majors' trolley spaces, including two side rooms, a five-trolley resuscitation area, a seven-bedded observation area, a six chair ambulatory observation area and a five trolley rapid assessment hub. There is also a dedicated mental health assessment room. The minors' area has a two-trolley bay, a triage room, and five clinic rooms which can be used for specialities including ophthalmology or ear nose and throat specialists. The paediatric ED has a four-trolley area, a high dependency room and another side room which can be used as a mental health assessment room, and triage and treatment rooms.

Patients present to the department either by walking into the reception area or if arriving by ambulance, through a dedicated ambulance only entrance. From 8am to 10pm, self-presenting patients report to a streaming nurse and register at the reception desk. The streaming nurse can re-direct patients who are deemed clinically suitable, to the nearby urgent care centre or the onsite GP during evening hours, and some patients are advised to go to their own GP. Patients who require an ED assessment are directed to the majors' or minors' waiting areas, depending on clinical symptoms. When there is no streaming nurse available, walk-in patients are seen by a triage nurse who allocates the patient to the appropriate waiting area.

Patients arriving by ambulance are taken either direct to resuscitation, or to the rapid assessment and treatment area (RAT) within majors' ED, depending on clinical need. Patients in RAT are triaged, and then allocated an appropriate place in the ED to wait. Patients taken to resuscitation are appointed a dedicated bay depending on their presenting complaint, for example, there is a stroke resuscitation bay, and a trauma bay. There is also a dedicated paediatric bay with specialist paediatric resuscitation equipment.

During our inspection we spoke with 18 members of staff, eight patients and relatives and reviewed 18 electronic patient records.

The inspection team consisted of one hospital inspector, one mental health inspector, two specialist advisors (a registrar in emergency medicine and a senior nurse from emergency medicine), plus a pharmacy inspector.

Summary of this service

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

There were breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This included:

- Not all staff were compliant with hand hygiene and personal protective equipment guidelines.
- Emergency equipment was not always monitored to ensure it was always available and safe to use in any emergency.
- Not all patients had received an appropriate risk assessment. This included risk of falling, risk of developing pressure ulcers and malnutrition risks.
- Most nurses had not received the required level of life support training appropriate to their role.

Urgent and emergency services

- There was insufficient governance and oversight of audit results where expected standards had not been met.

We also found the following concerns:

- People could not always access the service within the statutory timeframes. . There were 203 black breaches reported from January to December 2018.
- Department meetings were separated by staff grade: there were no whole team meetings and there were no joint handovers between medical and nursing staff.
- There was variable performance in a number of national audits relating to patient safety and treatment and in some audits, the service failed to meet any of the national standards. This included for example, the Moderate and acute severe asthma audit, and the Consultant sign-off audit. Action plans did not address all areas of non-compliance.
- Patients were not always reviewed by a consultant within 14 hours of admission, in line with recommendations, and some waiting times for some speciality reviews were not recorded. This included time spent waiting for a psychiatric assessment and time waiting to see a speciality doctor.
- Some audits carried out by the service did not meet expected standards and there were no robust action plans in place to address these quality issues.
- Some issues identified during our previous inspection remained the same during this inspection.

However:

- Staff knew their responsibilities for escalating concerns and reporting incidents.
- Staff understood their responsibilities in protecting people from abuse and knew how to report concerns.
- Patients were prioritised according to their clinical condition.
- Care and treatment was provided based on national guidance and had evidence of its effectiveness.
- Patients had their pain assessed and were provided with pain relief when required.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Patients were positive about the care received. They were included in discussions around care and kept informed of treatment plans.
- Planning for service delivery was made in conjunction with a number of external providers, commissioners and local authorities to meet the needs of local people.
- The department had a vision based on a five-year business plan, which set out the department's requirements, and had been developed with involvement from staff and patient groups.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Is the service safe?

Requires improvement ● → ←

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

Urgent and emergency services

- While the service provided mandatory training in key skills to all staff, not all staff had completed all the required mandatory training. Following our inspection, updated mandatory training figures showed an overall compliance of 86% for nursing staff and an 94% for medical staff.. Figures for immediate life support training and paediatric immediate life support training were low, at 24% and 8% respectively.
- While the service controlled most infection risks well, not all staff followed the trust hand hygiene or personal protective equipment (PPE) policy. There was no evidence of this impacting on patient care or causing harm. Poor hand hygiene compliance was reported as a concern in our last inspection in 2016, and although most staff were compliant with hand hygiene during this inspection, not all staff followed the trust policy.
- Although the service had suitable premises, and looked after them well, not all equipment was checked in line with trust guidance.
- While systems and procedures were in place to assess, monitor and manage risks to patients, including compliance to sepsis screening and responding to, and escalating deteriorating patients, not all safety results and performance met the expected standard.

However:

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had completed safeguarding training to the required level.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service mostly prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learnt with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.

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 had evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed patients' pain, provided pain relief when required and monitored the effectiveness of pain relief given. Patients told us they received pain relief promptly

Urgent and emergency services

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings. Most staff had received an appraisal within the previous 12 months. The ED had recently employed a practice development nurse who had commenced clinical supervision and had robust career plans for each of the ED nurses.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff of different disciplines mostly worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

However:

- Whilst the service monitored the effectiveness of care and treatment and compared local results with those of other services to learn from them, some audit results showed compliance was lower than expected. Action plans did not address all areas of the non-compliance. The department contributed to national audits relating to patient care. There was variable performance in a number of national audits relating to patient safety and treatment.
- Although the service did not meet all of the NHS's Seven Day a Week priority standards, there were some plans in place to improve compliance where gaps in service provision had been identified. The service's self-assessment indicated they had met six of the ten clinical standards. Two further priority standards had been partially met.

Is the service caring?

Good   

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff understood the need to respect personal, cultural, social and religious needs of patients,
- Staff provided emotional support to patients to minimise their distress. Patients were very happy with the care and support they were receiving.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients told us they did not feel rushed when they were speaking to the doctors and nurses in the department.

Is the service responsive?

Good   

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

- The trust mostly planned and provided services in a way that met the needs of local people. Planning for service delivery was made in conjunction with a number of external providers, commissioners and local authorities to meet the needs of local people.
- The service took account of some patients' individual needs. Patients with long term conditions or frequent attenders could be identified and patients with learning difficulties or dementia could be flagged on the electronic register to allow their individual needs to be identified and met.

Urgent and emergency services

- The service treated concerns and complaints seriously, investigated them and learned lessons from them, although some complaints were not always responded to within the time lines of the trust's complaints policy.

However:

- While most patients could access the service when they needed it and in a prompt way and most waiting times were better than the England average, some patients waited a long time from arrival to initial treatment, and some patients spent longer than average in the department.

Is the service well-led?

Requires improvement ● ↓

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

- Although most managers at all levels had the right skills and abilities to run the service, not all managers had undergone formal leadership training, and some did not have the capacity to carry out all aspects of the leadership role, including ensuring patient risk assessments were always completed.
- Although the trust had effective systems for identifying most risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, some risks were not mitigated. Not all staff had received the correct level of life support training, some patient risk assessments were not completed and checks of emergency equipment were not always recorded.
- Although the trust used a systematic approach to monitor the quality of its services, there were no robust action plans to address areas where performance failed to meet expected standards. The service failed to create an environment in which excellence in clinical care always flourished.
- While the trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation, two concerns raised during the 2016 CQC inspection had not been completely addressed and remained a concern during this inspection. These were, hand hygiene and use of PPE and recording of emergency equipment checks.

However:

- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The department's vision was based on a five-year business plan.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The culture in ED was to be supportive, open and honest.
- The trust collected, analysed, managed and used information well to support most of its activities, using secure electronic systems with security safeguards. The electronic patient records system was secure. All ED staff had secure access to patient records.
- The trust generally engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively, although response rates to the friends and family test were lower than the England average.

Areas for improvement

We found areas for improvement in this service.

Urgent and emergency services

Action the trust **MUST** take to improve urgent and emergency care services.

We told the trust that it must take action to comply with regulations in relation to the following regularity breaches of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

The service **MUST**:

- The service must ensure that immediate life support and paediatric immediate life support training compliance is in line with trust targets. Regulation 12 (2) (c).
- The service must ensure that staff are compliant with hand hygiene and personal protective equipment guidelines. Regulation 12(2) (g).
- The service must ensure that all emergency equipment checks are done in line with trust policy and that there is a system in place for ensuring that this is completed. Regulation 12 (2) (e).
- The service must ensure all patients receive relevant risk assessments, including falls risk assessments, pressure ulcer risk assessments and nutritional risk assessments. Regulation 12 (2) (a) assessing H&S risks, (b) mitigating risk to patients.
- The service must ensure there are governance systems in place which monitor and improve the quality of patient care. The service must ensure there are robust action plans to address areas of noncompliance to audits. This includes local audits and national audits. Reg 17 (1) (2) (a) (b) (c).

Action the trust **SHOULD**

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

The service **SHOULD** ensure that:

- The service should ensure all audits, including Royal College of Emergency Medicine audits, which do not meet expected standards, have robust action plans which are regularly reviewed to improve compliance.
- The service should ensure all medicines are stored safely and securely and ambient room temperatures and fridge temperatures are monitored, recorded and exceptions are escalated appropriately. Controlled drug checks should be carried out in line with trust policy.
- The service should ensure its leaders have enough dedicated time to monitor the quality of their service, and that staff have access to leadership training at a level appropriate to their role.
- The service should ensure complaints are responded to in a timely manner, and within trust guidelines.
- The service should review and record waiting times for patient in the department, including time waiting to see speciality consultants from referral, and waiting times for triage, and for waiting times to treatment.
- The service should review methods of gaining patient feedback and improve their response rates.
- The service should continue working towards meeting the NHS's Seven Day a Week priority standards.
- The service should provide training to reception staff in the recognition of seriously ill patients presenting with 'red flags'.
- The department should display current waiting times in the major's area waiting room.
- The service should provide training to staff carrying out the streaming role.

Medical care (including older people's care)

Good   

Key facts and figures

Milton Keynes University Hospital Foundation Trust has 321 medical inpatient beds. The trust provides a full suite of medical care, organised into specialties and clinical service units. This includes support to the A&E department, direct assessment of GP referred patients either on the Medical Assessment Unit or via the Ambulatory Emergency Care Unit. There is also a team of hospital geriatricians with close working arrangements with the community to provide effective older people's care.

(Source: Routine Provider Information Request AC1 – Context acute)

The trust had 29,007 medical admissions from November 2017 to October 2018. Emergency admissions accounted for 12,612 (43.5%), 341 (1.2%) were elective, and the remaining 16,054 (55.3%) were day cases.

Admissions for the top three medical specialties were:

- General medicine: 12,923 admissions
- Clinical haematology: 4,258 admissions
- Gastroenterology: 3,825 admissions

(Source: Hospital Episode Statistics)

Milton Keynes University Hospital NHS Foundation Trust has 321 beds located across 13 wards and units.

Ward/unit	Speciality
Ward 1 – 27 beds	Acute Medical Unit
Ward 2 – 28 beds	General Medical
Ward 3 – 28 beds	Female General Medical
Ward 7 – 26 beds	Stroke unit
Ward 8 – 25 beds	Gastroenterology
Ward 12 – 8 beds	Escalation area for winter, been extended to May 2019.
Ward 14 – 24 beds	General Medical and rehabilitation
Ward 15 – 28 beds	Male Respiratory
Ward 16 – 29 beds	Female Respiratory
Ward 17 – 24 beds	Cardiology and Coronary Care Unit
Ward 18 – 28 beds	Frail Elderly
Ward 19 – 32 beds	General Medical
Ward 22 – 22 beds	Haematology and Oncology

Medical care (including older people's care)

Endoscopy	
Medical Ambulatory Emergency Care	

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. Before the inspection visit, we reviewed information that we held about this services and information requested from the trust.

During the inspection visit, the inspection team:

- spoke with seven patients. We also spoke with five relatives.
- spoke with the managers, matrons, and clinical lead for the service.
- spoke with 15 other staff members; including doctors, nurses and support staff.
- observed handover and bed meetings as well as department board rounds.
- reviewed 25 patient records to assess the care and treatment provided.

The inspection team included an inspector, a medical consultant and a senior nurse specialist advisors. We also had a pharmacy and mental health inspector for support.

Summary of this service

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

- 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. There were effective systems in place to ensure that standards of cleanliness and hygiene were maintained.
- The service had robust systems in place to ensure the safety of patients. this included risk assessments and monitoring of clinical outcomes.
- The service generally had enough nursing staff with the right qualifications, skills, training, and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment.
- The service prescribed, gave, recorded and stored medicines well.
- Incidents were managed appropriately.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- The service managed patients' pain effectively and provided or offered pain relief regularly.
- Staff were competent for their roles.
- Staff from different disciplines worked together as a team to benefit patients.

Medical care (including older people's care)

- Staff cared for patients with compassion.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it.
- The service had managers with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the service promoted a positive culture that supported and valued staff.
- The service used a systematic approach to continually improve the quality of its services.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support most of its activities.
- The service engaged well with patients, staff, the public and local organisations.
- The service was committed to improving services by learning from when things go well and when they go wrong.

However,

- The service provided mandatory training in key skills to all staff, but not all staff had completed it in accordance with the services targets.
- Although the service treated concerns and complaints seriously, they were not always investigated, responded to, and closed in a timely manner.

Is the service safe?

Good ● ↑

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

- 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. There were effective systems in place to ensure that standards of cleanliness and hygiene were maintained. Staff kept themselves, equipment and the premises clean and there were control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- The service had robust systems in place to ensure the safety of patients. this included risk assessments and monitoring of clinical outcomes.
- The service generally had enough nursing staff with the right qualifications, skills, training, and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Due to ongoing recruitment issues, some medical wards were short of one registered nurse for both the early and late shifts during our inspection, but we saw effective mitigations were in place. Patients' needs were being met.

Medical care (including older people's care)

- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Staff spoke positively about the new electronic patient record system and used it well.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Incidents were managed appropriately. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service planned for emergencies and staff understood their roles if one should happen.

However:

- The service provided mandatory training in key skills to all staff, but not all staff had completed it in accordance with the services targets.

Is the service effective?

Good ● → ←

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Audits were completed to ensure staff followed guidance and progress with implementation of guidance was monitored.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- The service managed patients' pain effectively and provided or offered pain relief regularly.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. Medical services contributed in a number of national audits relating to patient safety and treatment.
- Staff were competent for their roles. Most staff had received an appraisal to review work performance, provide support and monitor the effectiveness of the service.
- Staff from different disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service provided a seven-day service.
- Staff understood the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and knew how to use these to support patients in their care.

Is the service caring?

Good ● → ←

Medical care (including older people's care)

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff of all levels introduced themselves and took time to interact in a considerate and sensitive manner. Staff spoke with patients in a respectful way.
- Staff provided emotional support to patients to minimise their distress. Relatives we spoke with said they had felt very well supported, and that communication from both medical and nursing staff had been very open, with clear explanations about their relative's treatment.
- Staff involved patients and those close to them in decisions about their care and treatment. We observed staff involving patients and their relatives during assessments and when taking observations on the ward. If the patient's relative had any questions, staff were able to discuss these at the time.

Is the service responsive?

Good   

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

- The service planned and provided services in a way that met the needs of local people. Services provided reflected the needs of the population served. Services ensured flexibility, choice, and continuity of care where possible. The facilities and premises were appropriate for the services that were delivered at the time of our inspection.
- The service took account of patients' individual needs. The service had an excellent holistic, person centred care approach to meeting the needs of people living with dementia.
- People could access the service when they needed it. Waiting times from treatment and arrangements to admit, treat and discharge patients were in line with good practice.

However,

- Although the service treated concerns and complaints seriously, they were not always investigated, responded to, and closed in a timely manner. Improvements had been made and service leaders were working hard to improve this.

Is the service well-led?

Good   

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

- The service had managers with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.

Medical care (including older people's care)

- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support most of its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

Outstanding practice

- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met these needs, which was accessible and promoted equality.
- The wards ensured that patients were given activities and welcome packs. Staff really promoted independence, enabling them to eat at dinner tables, take part in group activities and made sure older patients were ready for discharge. Staff had access to kitchens where they could, for example, assess patients making cups of tea unassisted.
- The service was supported with social workers and dedicated ward discharge teams, that we observed effective communication and the discharge process being discussed at parts of the patient's journey.

Areas for improvement

The trust SHOULD take action to:

- Ensure nursing and medical staff meet the trust's mandatory training target.
- Ensure that complaints are investigated and closed in a timely manner.

Surgery

Good   

Key facts and figures

Milton Keynes University Hospital NHS Foundation Trust provides both an emergency surgical service for adults and children over the age of two, as well as a range of elective surgical services for all the main surgical sub-specialties including orthopaedics, general surgery, urology, and ENT.

Surgery services are managed within the trust's surgery division, which is led by a divisional director, general manager, and head of nursing. The division is split into five clinical service units (CSUs), head and neck, anaesthetics, musculoskeletal, theatres and outpatients, and general surgery. There are clinical leads and operational managers for each CSU.

Milton Keynes Hospital has 12 main operating theatres across two phases, four in phase one and eight in phase two. Phase one theatres are dedicated for emergency trauma operations, phase two theatres are dedicated for elective, and day case surgery. Each theatre phase has a post operation recovery area. The hospital has four inpatient wards (20, 21, 23, and 24) with a total of 120 surgical beds, an ambulatory emergency care unit (AECU) and a treatment centre. The treatment centre combined an admissions area with a pre-assessment unit, same day admissions unit and day surgery unit. Fracture and orthopaedic clinics were held at the hospital.

Milton Keynes Hospital provided a range of elective (planned) and emergency (unplanned) surgery services for the community it serves. The trust had 17,278 surgical admissions from November 2017 to October 2018. Emergency admissions accounted for 4,974 (28.8%), 9,958 (57.6%) were day case, and the remaining 2,346 (13.6%) were elective.

During our announced inspection on 2 to 4 April 2019 we visited all areas providing surgery services at the hospital, spoke with 10 patients or their relatives, observed patient care and treatment and looked at nine patient care records. We spoke with 53 members of staff, including nurses, doctors, surgeons, therapists, healthcare assistants, administrators, theatre staff, ward managers, matrons and senior managers. We also considered the environment and held focus groups attended by trust staff prior to the inspection and reviewed the trust's surgery performance data.

The inspection team consisted of a lead inspector, a second inspector, and two specialist advisors (a junior doctor in general surgery and theatre nurse). We were also supported by a mental health inspector and a specialist advisor for medicines management.

Surgery was previously inspected in October 2014 and was rated good for safe, effective, caring and responsive, and outstanding for well-led. The overall rating was good.

Summary of this service

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

- 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 knew how to apply it.
- The service had suitable premises and equipment was generally looked after well.
- Although there was a high number of vacancies for nursing and medical staff, the service ensured enough nursing and medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment were on each shift.

Surgery

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers assessed staff compliance with guidance and identified areas for improvement.
- The service was working towards being a seven-day service.
- Staff supported patients to manage their own health, care and well-being and to maximise their independence following surgery and as appropriate for individuals.
- Staff understood their roles and responsibilities in relation to consent and under the Mental Health Act (MHA)1983, the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff provided emotional support to patients to minimise their distress. Patients and those close to them were able to receive support to help them cope emotionally with their care and treatment.
- Patients could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit treat and discharge patients were generally in line with good practice. From January 2018 to December 2018, the trust's average referral to treatment time for admitted surgical patients was 72.2% within 18 weeks which was above the England average of 68.3%.
- From November 2017 to October 2018, the average length of stay for patients having elective surgery at Milton Keynes Hospital was 2.6 days, which was shorter than the England average of 3.9 days.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Senior leaders were visible and demonstrated commitment.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. Staff understood and demonstrated the trust's vision and values.
- The service engaged well with patients and staff to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research, and innovation.

However:

- The service provided mandatory training in key skills to all staff but did not always make sure everyone completed it, with attendance at some life support courses being significantly lower than the trust target.
- Medicines were not always stored correctly, and we were not assured that effective governance arrangements were in place to ensure controlled medicines were recorded correctly.

Surgery

- Systems and processes were in place to prevent and control infection, but they were not always followed. The service monitored staff adherence to most infection prevention and control procedures through audits although actions were not always taken to address lack of adherence.
- While policies and guidelines were readily available, staff asked were not aware of any changes to some guidelines, and staff awareness of national guidance varied. Knowledge of guidance varied by level of staff, with band 5 and 6 nurses unaware of NICE guidance.
- The service monitored the effectiveness of care and treatment but did not always use the findings to improve them. The trust participated in nation audits for example the National Emergency Laparotomy Audit and Patient Reported Outcome Measures and while outcomes were variable, the trust generally performed similar to the England average.
- Over the two-year period from 2016 to 2018, the percentage of last-minute surgical cancellations at the trust where the patient was not treated within 28 days was consistently higher (worse than) than the England average.
- Complaints were not always responded to in line with the trust's complaints policy.
- The service did not always have a fully embedded systematic approach to continually monitor the quality of its services. The service used a systematic approach to improve the quality of its services and safeguarding high standards of care.

Is the service safe?

Requires improvement ● ↓

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

- The service provided mandatory training in key skills to all staff but did not always make sure everyone completed it, with attendance at some life support courses being significantly lower than the trust target.
- Compliance rates for all levels of children's and adults safeguarding training was below the trust target for medical staff.
- Systems and processes were in place to prevent and control infection but they were not always followed. While the service monitored staff adherence to most infection prevention and control procedures, actions were not always taken to address lack of adherence.
- Emergency equipment was not always checked daily as per trust policy, and resuscitation trolleys were not always easily accessible.
- Medicines were not always stored correctly, and we were not assured that effective governance arrangements were in place to ensure controlled medicines were recorded correctly.
- Although staff assessed risks to patients and monitored their safety, so they were supported to stay safe and assessments were in place to alert staff when a patient's condition deteriorated, actions were not always taken to improve the patient's condition
- Staff understanding and awareness of duty of candour was variable. Staff were unfamiliar with the terminology used to describe their responsibilities regarding the duty of candour regulation, and not all staff said they would discuss any concerns with the patient or provide a full apology.

However:

Surgery

- 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 knew how to apply it.
- The service had suitable premises and equipment was generally looked after well.
- Although there was a high number of vacancies for nursing and medical staff, the service ensured enough nursing and medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment were on each shift.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service prescribed and gave medicines well. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

Is the service effective?

Good ● → ←

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers assessed staff compliance with guidance and identified areas for improvement.
- 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 dietary adjustments for patients' religious, cultural, and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service was working towards being a seven-day service.
- Staff supported patients to manage their own health, care and well-being and to maximise their independence following surgery and as appropriate for individuals.
- Staff understood their roles and responsibilities in relation to consent and under the Mental Health Act (MHA) 1983, the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

Surgery

- While policies and guidelines were readily available, staff asked were not aware of any changes to some guidelines, and staff awareness of national guidance varied. Knowledge of guidance varied by level of staff, with band 5 and 6 nurses unaware of NICE guidance.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. Measures were mainly negative, however trust performance was the same as national average for most outcomes.

Is the service caring?

Good   

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Patients and those close to them were able to receive support to help them cope emotionally with their care and treatment.
- Staff involved patients and those close to them in 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 understood the different requirements of the local people it served by ensuring that it actioned the needs of local people through the planning, design and delivery of services.
- Patients' individual needs were taken into account. The service had a person-centred care approach to meeting the needs of patients living with a dementia.
- Patients could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit treat and discharge patients were generally in line with good practice. From January 2018 to December 2018, the trust's average referral to treatment time for admitted surgical patients was 72.2% within 18 weeks which was above the England average of 68.3%.
- From November 2017 to October 2018, the average length of stay for patients having elective surgery at Milton Keynes Hospital was 2.6 days, which was shorted than the England average of 3.9 days.
- Concerns and complaints were taken seriously, investigated and learned lessons from the results and shared with all staff.

However:

- Over the two-year period from 2016 to 2018, the percentage of last-minute surgical cancellations at the trust where the patient was not treated within 28 days was consistently higher (worse than) than the England average.
- Complaints were not always responded to in line with the trust's complaints policy.

Surgery

Is the service well-led?

Good  

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Senior leaders were visible and demonstrated commitment.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action, however there was limited involvement from staff and patients during development.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service collected, analysed, managed, and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients and staff to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research, and innovation.

However:

- The service did not always have a fully embedded systematic approach to continually monitor the quality of its services. The service used a systematic approach to improve the quality of its services and safeguarding high standards of care.
- Response rates historically to the friends and family test were low. The response rate for surgery at Milton Keynes Hospital was 16.9%, which was worse than the England average of 24.0% from January to December 2018. However, there was an improvement in the response rate which was 35% in February 2019.

Areas for improvement

We found areas for improvement in this service.

Action the service **MUST** take to improve

- Ensure that basic life support training for all staff, and safeguarding training compliance for medical staff is in line with trust targets. Regulation 12(2)(c).
- Ensure that controlled drugs are checked, and accurate records maintained in line with trust policy. Regulation 12(2)(g).
- Ensure that staff are compliant with personal protective equipment, safe handling of dirty instrumentation and bare below the elbow's guidelines. Regulation 12(2)(h).

Action the service **SHOULD** take to improve

- Ensure emergency equipment is checked daily and documented, and easily accessible.

Surgery

- Ensure fridge temperature and ambient room temperatures are checked daily and documented.
- Ensure staff take appropriate action when a patient's condition had deteriorated following assessment.
- Ensure actions are taken to reduce number of last minute cancellations not resolved within 28 days.
- Ensure local policies for invasive procedures are embedded, and continue working towards national NatSSIP and LocSSIP implementation
- Ensure complaints are monitored and they are investigated and closed in a timely manner.
- Ensure methods of gaining patient feedback are reviewed to improve response rates to Friends and Family tests.

Maternity

Good   

Key facts and figures

Milton Keynes University Hospital provides a full antenatal, intrapartum, and postnatal maternity service for the population of Milton Keynes. Some very high-risk mothers are transferred during pregnancy to local specialist centres.

Maternity services are managed through the trust's women's health clinical service unit, which fell under the women and children's division. The current leadership structure includes a divisional medical director, a general manager and a head of midwifery. A clinical director, matrons, operations manager and patient pathway manager also support the senior leadership team.

Milton Keynes Hospital has 53 maternity beds. Of these, 11 delivery rooms are located within the labour ward, including two rooms with birthing pools and one bereavement suite (butterfly suite). Fourteen beds are located on ward 10 (antenatal ward) and the remaining 28 beds are located on ward 9 (postnatal ward). There was also an antenatal day assessment unit (ADAU) and an early pregnancy assessment unit (EPAU), which was not open at night. The service also includes a delivery theatre in the main theatre suite, outpatient antenatal clinics, and provides community-based midwifery services. Community midwives provided care for women and their babies both during the antenatal and postnatal period. They also provide a home birth service.

From October 2017 to September 2018 there were 3,523 deliveries at the trust.

At the last focused inspection in July 2016, we inspected the service in the key questions of safe and well led. We did not inspect, or therefore rate, the service for effectiveness, caring and responsiveness. We rated safety and well-led as good.

Previous to the focused inspection, we carried out a comprehensive inspection in October 2014, where we rated all five key questions (safe, effective, caring, responsive, well led) as good. We previously inspected maternity jointly with the gynaecology service, so we cannot compare our new ratings with previous ratings.

We carried out an announced inspection of the maternity service on 2 to 4 April 2019. We visited clinical areas in the service including the delivery suite, triage area, bereavement suite, antenatal ward, postnatal ward, antenatal clinic, antenatal day assessment unit, early pregnancy assessment unit, theatres and recovery.

We spoke with 15 women and their relatives, and 48 members of staff, including hospital midwives, community midwives, specialist midwives, consultants, anaesthetists, senior managers, student midwives and support staff. We observed care and treatment and reviewed 10 patient care records and 15 prescription charts. We also reviewed the trust's performance data.

The inspection team consisted of a lead inspector, a second inspector, and a specialist advisor (head of midwifery). We also received support from a mental health inspector and a specialist advisor with expertise in medicines management.

Summary of this service

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

Maternity

- There was a strong, visible patient centred culture. Staff were highly motivated and cared for women and babies with compassion, dignity and respect. Women felt involved in their care and were given informed choice of where to give birth. Staff of all disciplines worked together as a team to benefit patients.
- The maternity service worked closely with commissioners and other stakeholders to plan delivery of care and treatment for the local population. This collaborative working ensured future planning covered recommendations laid out by NHS England and the Department of Health.
- The service took account of women's individual needs, including those who were in vulnerable circumstances or had complex needs. Bereavement care provision was in place to support families from their initial loss, throughout their time in hospital and return home.
- Appropriate systems were in place to assess risk, recognise and respond to deteriorating women and babies within the service. Systems were in place to appropriately assess and manage women with mental health concerns.
- Since our last inspection, the service had implemented a process to ensure women and their babies were kept together following obstetric surgery in the recovery area. This has had a positive impact on breast feeding, skin to skin bonding and had been shown to result in a lower rate of admissions to the neonatal unit.
- The service used current evidence-based guidance and quality standards to inform the delivery of care and treatment. Staff monitored its effectiveness and used the findings to improve practice and the care provided.
- Women's and babies' nutrition and hydration needs were identified, monitored, and met. There was access to an infant feeding specialist to assist women and babies when needed, and the trust's breastfeeding initiation rate was better than the national average.
- Staff understood their responsibilities to raise concerns and report patient safety incidents. There was an effective governance and risk management framework in place to ensure incidents were investigated and reviewed in a timely way. Learning from incidents was shared with staff and changes were made to delivery of care because of lessons learned.
- The service made sure staff were competent for their roles. Mandatory and role specific training in key skills was provided to all staff and the service made sure most staff completed it. Staff were encouraged to develop their knowledge, skills and practice.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. There was strong local leadership within maternity services and staff spoke positively about their senior management team and ward managers.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- There was a culture of continuous learning, improvement and innovation across maternity services and managers encouraged staff to look at different ways to improve their service.

However:

- Although staff understood how to protect patients from abuse and the service worked well with other agencies to do so, not all medical and midwifery staff in maternity had up-to-date safeguarding adults and children training. Compliance for adults and children safeguarding training was variable and slightly below the trust target of 90% in some areas.
- There were some gaps in the flushing logs where there was no evidence that taps had been run to ensure legionella was not present in water

Maternity

- The processes in place to ensure emergency equipment was checked daily, was not always adhered to by staff.
- Fridge temperature and ambient room temperatures were not always documented.
- While the service provided care and treatment based on current-evidence based guidance and quality standard, some policies and guidance had expired their review date.
- We saw there were limited facilities for partners staying overnight to rest comfortably on the postnatal ward. This was raised as a concern at the Maternity Voices Partnership (MVP) group and the service were planning on taking some action to improve provisions for partners.
- The service took longer than the trust target to investigate and close complaints.

Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure most staff completed it. The trust target of 90% completion was met for the majority of mandatory training courses.
- The service provided maternity specific training in key skills to staff and made sure most staff completed it. This included an annual protected three-day maternity specific training programme for midwives, and also multidisciplinary 'skills and drills' emergency training for medical and midwifery staff.
- The service generally controlled infection risk well. Staff kept themselves, equipment and the premises clean. Staff had received training on infection prevention and control.
- The premises and environment were generally appropriate to keep women and their babies safe. Whilst the service had a joint recovery area for women having obstetric related surgery, mitigating actions had been taken to reduce this risk.
- Systems and procedures were in place to assess, monitor and manage risks. Patients received assessments, treatment and observations in a timely manner. Staff kept clear records and asked for support where necessary.
- Staffing levels were sometimes lower than planned, however, the service used bank and agency staff to fill gaps, where possible. Staffing levels were regularly reviewed and staff were redeployed within the unit when needed, to keep patients safe from avoidable harm and to provide the right care and treatment. Women received one-to-one care whilst in labour.
- The maternity service monitored the midwife to birth ratio monthly and this was reported on the maternity dashboard. The midwife to birth ratio at our last inspection was 1:30. During this inspection, we found this had improved and was 1:28.
- Medical staffing levels within the maternity service were generally sufficient to keep women and babies safe from avoidable harm and abuse and to provide the right care and treatment. Staffing skill mix levels were generally in line with the England average.
- Staff kept appropriate records of patients' care and treatment. There were systems in place to flag records when women had particular needs. Records were clear, up-to-date and available to all staff providing care.

Maternity

- The service followed best practice when prescribing, giving, and recording medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff reported recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service had not completed the national maternity safety thermometer. However, an appropriate range of safety information was being monitored by the service.
- The service planned for emergencies and staff understood their roles if one should happen.

However:

- Although staff understood how to protect patients from abuse and the service worked well with other agencies to do so, not all medical and midwifery staff in maternity had up-to-date safeguarding adults and children training. Compliance for adults and children safeguarding training was variable and slightly below the trust target of 90% in some areas.
- There were some gaps in the flushing logs where there was no evidence that taps had been run to ensure legionella was not present in water
- The processes in place to ensure emergency equipment was checked daily, was not always adhered to by staff.
- Fridge temperature and ambient room temperatures were not always documented.

Is the service effective?

Good ● → ←

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

- The service reviewed the effectiveness of care. Local and national audits were completed, and actions were taken to improve care and treatment when indicated.
- Women's and babies' nutrition and hydration needs were identified, monitored and met.
- There was access to an infant feeding specialist to assist women and babies when needed, and the trust's breast-feeding initiation rate was better than the national average.
- Pain was assessed and managed on an individual basis and was regularly monitored by maternity staff.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. Results were generally within the expected range when compared with other hospitals, and in line with the national average.
- The service made sure staff were competent for their roles. Staff were encouraged and supported to develop their knowledge, skills and practice. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Appraisal compliance was 93.6%, which met the trust target of 90%.
- Maternity services were committed to working collaboratively. Medical staff, midwives, anaesthetists and other health care professionals supported each other to provide good care.

Maternity

- Women had access to midwifery, obstetric and anaesthetic support seven days a week. Arrangements were in place to keep women and their babies safe out-of-hours.
- People who used maternity services were supported to live healthier lives and manage their own health, care and wellbeing.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked capacity to make decisions about their care.

However:

- While the service provided care and treatment based on current-evidence based guidance and quality standard, some policies and guidance had expired their review date.

Is the service caring?

Good   

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

- Staff cared for women and babies with compassion and they were motivated to provide care that promoted women's privacy and dignity. Feedback from women and relatives confirmed staff treated them well and with kindness. Women, their birthing partners and families told us they were very happy with the care and support they received and feedback was consistently positive throughout the inspection.
- Staff took the time, where possible, to interact with women and those close to them in a respectful and considerate manner. Staff were encouraging, sensitive and supportive to women and those close to them.
- Staff provided emotional support to women and their families to minimise their distress. Women's emotional and social needs were as important to staff as women's physical needs.
- Bereavement policies and pathways were in place to support parents in the event of a pregnancy loss, such as miscarriage, stillbirth or neonatal death. The maternity service had a specialist bereavement midwife who had a passion for supporting bereaved families and fellow colleagues. The service supported families from their initial loss, throughout their time in hospital, and on their return home. In addition, bereaved mothers were provided with ongoing support with subsequent pregnancies.
- There was ongoing assessment of women's mental health during the antenatal and postnatal period. The maternity service had access to perinatal mental health specialists, provided by another trust, who provided additional care, support and treatment for women with mental health concerns as needed.
- Staff involved women and those close to them in decisions about their care and treatment. They provided women and their partners the opportunity to ask questions and raise concerns throughout the care pathway.

Is the service responsive?

Good   

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

Maternity

- The service planned and delivered in a way that met the needs of local people.
- The importance of choice and continuity of care was reflected in future maternity care provision. The service worked closely with local commissioners and neighbouring trusts to ensure future planning covered recommendations laid out by NHS England and the Department of Health.
- The service worked closely with local stakeholders and neighbouring trusts to establish the Bedfordshire, Luton, and Milton Keynes (BLMK) local maternity system (LMS) to improve maternal and neonatal safety across the clinical network.
- Women were given an informed choice about where they gave birth, in conjunction with consideration of their potential risk. Midwifery-led models of care were offered at the time of our inspection and we saw the service had plans in place to develop a midwife-led unit (MLU) by mid-2019.
- The service had implemented a process to ensure women and their babies were kept together following obstetric surgery in the recovery area, which was an improvement from our last inspection. This has had a positive impact on breast feeding, skin to skin bonding and had been shown to result in a lower rate of admission to the neonatal unit.
- The maternity service took account of women's individual needs, including those who were in vulnerable circumstances or had complex needs. Bereavement care provision was in place to support families from their initial loss, throughout their time in hospital and return home.
- Following feedback from women, the service recently began to offer pregnant women, who had uncomplicated pregnancy and who were fit and well, to have the option of an outpatient induction of labour. This meant that, after attending the hospital to be induced, women could go home for up to 24 hours if they wished.
- A dedicated home birth service came into operation towards the end of 2016. This gave women and their families a fundamental choice in how and where their baby was delivered.
- Women could generally access the right care at the right time. Access to care was managed to take account of women's needs, including those with urgent needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results and shared them with staff. There were processes in place for responding to complaints and information was available to women and their families of how to complain.

However:

- We saw there were limited facilities for partners staying overnight to rest comfortably on the postnatal ward. This was raised as a concern at the Maternity Voices Partnership (MVP) group and the service were planning on taking some action to improve provisions for partners.
- The service took longer than the trust target to investigate and close complaints.

Is the service well-led?

Good   

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. There was strong local leadership within maternity services and staff spoke positively about their senior management team and ward managers.

Maternity

- The trust provided development programmes for staff, which supported them to develop leadership and management skills. Courses were available for first line managers, middle managers and senior managers.
- Maternity services had a clear vision and values which focused on providing a safe and caring service. This mirrored the trust's values of a hospital committed to learning and providing the best possible care and experience for every patient, every time.
- Plans were in place for a midwifery led unit (MLU), and senior leaders were aiming for this to be functioning by mid-2019. Both midwives and senior medical staff told us that it would benefit women to have a midwifery led unit and increase patient safety.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were committed to improving the quality of care and patient experience. Throughout our inspection, we observed a strong patient-centred culture across maternity services.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care. The arrangements for governance were clear and operated effectively. Staff understood their roles and accountabilities.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. People's views and experiences were gathered and acted on to shape and improve the services and culture. We saw evidence that service user feedback was sought to inform changes and improvements to service provision.
- There were positive and collaborative relationships with external partners and stakeholders to build a shared understanding of challenges within maternity and the needs of the local population, and delivery of services to meet those needs. The service was working collaboratively with service users, neighbouring trusts and commissioners via the local maternity system (LMS), to ensure national recommendations for maternity care were implemented across the region.
- Using the national Getting it Right First Time (GIRFT) agenda, the trust was working collaboratively with its neighbouring hospitals and engaging with the national teams to understand where better care could be delivered, learning from best practice nationally and spreading innovation as appropriate.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. There was a culture of continuous learning, improvement and innovation across maternity services and managers encouraged staff to look at different ways to improve their service.

Outstanding practice

- Two new smartphone application downloads (apps) for pregnant women had recently been introduced; including one for gestational diabetes (monitoring blood sugars) and one for hypertension (monitoring blood pressure). The apps enabled women to remotely monitor and record tests themselves at home with results sent directly to the antenatal assessment unit where a midwife analysed them, and called the woman if necessary. The apps enabled women to take more ownership and management of their care on a day-to-day basis.

Maternity

- An online patient portal was introduced to empower patients to manage their own health care appointments. The portal revolutionised the way patients interacted with the service, which supported better care and experience for patients. The technology allowed patients with outpatient appointments to make, cancel or change an appointment over their phone or laptop; and receive appointment letters via the app. The app had won a national award and Milton Keynes Hospital was the first NHS hospital to enable patients to directly manage their appointments online.
- In December 2018, the 'Warm Baby Bundle' red hat initiative was rolled out across the maternity service. The new initiative focused on newborn babies who, due to various factors, would be considered to be at risk of hypothermia, and therefore in extra need of skin-to-skin contact. These babies would be given a red hat, so they could be easily identified to staff as needing additional measures in their care when leaving the labour ward to the maternity ward. The aim of the initiative was to keep mums and babies together, and to prevent avoidable admissions of term babies to the neonatal unit. Avoiding separation meant that women were better able to nurture close and loving relationships with their babies, and to get feeding off to a good start. Following the introduction of the red hats scheme, term admissions to the neonatal unit had reduced significantly.
- In January 2019, following feedback from women, the service began to offer pregnant women, who had uncomplicated pregnancy and who were fit and well, to have the option of an outpatient induction of labour. This meant that, after attending the hospital to be induced, women could go home for up to 24 hours if they wished. The aim of the service was to allow women to feel more relaxed in the comfort of their own home and reduce the time they would have to spend in hospital. This new service was designed in collaboration with women who had previously used the service.
- In line with 'Better Births' and a series of internal improvement and collaborative programmes, the maternity service had improved care continuity for women and families. A new community case-loading team was in place to support women throughout their pregnancy. Plans for further community case-loading teams were in place, including developing teams for women who have had a previous caesarean section.

Areas for improvement

The service should:

- Ensure all medical and midwifery staff in maternity are up-to-date with safeguarding adults and children training.
- Ensure checks for legionella in water are monitored and documented
- Ensure emergency equipment is checked daily and documented
- Ensure fridge temperature and ambient room temperatures are checked daily and documented.
- Ensure local policies and guidance are up-to-date
- Ensure there are adequate facilities for partners staying overnight to rest comfortably on the postnatal ward.
- Monitor complaints to ensure they are investigated

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)

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

Regulated activity

Regulation

Surgical procedures

Treatment of disease, disorder or injury

Regulation 12 CQC (Registration) Regulations 2009
Statement of purpose

Regulated activity

Regulation

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good
governance

Our inspection team

Bernadette Hanney, Head of Hospital Inspections chaired this inspection and Julie Fraser, Inspection Manager led it. An executive reviewer, supported our inspection of well-led for the trust overall.

The team included nine inspectors, one assistant inspector, one executive reviewer and ten specialist advisers.

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