

# George Eliot Hospital NHS Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

Are resources used productively?

Requires improvement 

Combined quality and resource rating

Requires improvement 

# Summary of findings

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

George Eliot Hospital NHS Trust was opened in 1984 and provides a range of hospital and community based services to more than 300,000 people across Nuneaton and Bedworth, North Warwickshire, South West Leicestershire and North Coventry.

The hospital offers services at all these locations;

- George Eliot Hospital
- Pine Clinic
- Stratford Healthcare

The main hospital site is George Eliot Hospital which is in Nuneaton.

## Overall summary

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



## What this trust does

George Eliot Hospital provides services including urgent and emergency care for adults and children and young people 24 hours a day, seven days a week.

There are approximately 286 beds, including eight critical care beds, 12 day case beds and a coronary care unit with 11 beds. There are 14 inpatient wards. There are no children's inpatient beds. The trust has eight operating theatres providing planned and emergency surgical facilities for trauma and orthopaedics, general surgery (including breast and colorectal surgery), urology and gynaecology. They also offer a wide range of day case procedures, for adults and children aged 2 to 16 years old.

The number of staff employed by the hospital as of April 2018, was 2,188.

### Patient numbers

From June 2017 to May 2018 (trust activity)

- the emergency department had 81,661 attendances
- 305,409 outpatient appointments.
- 2,082 babies delivered at the trust,
- 34,179 inpatient admissions
- 735 inpatient deaths.

## 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 healthcare provision:

- Urgent and emergency care.
- Surgery.
- Medical care including older people's care.
- Maternity.
- Children and young people.
- End of life care

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

Our overall rating of acute health services stayed the same. We took into account the current ratings of services not inspected this time. We rated services as requires improvement because:

- We rated safe, effective, responsive and well- led as requires improvement and caring as good.
- We rated three of the trust's services as requires improvement and five as good overall.

## Overall trust

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

- We rated safe, effective, responsive and well- led as requires improvement and caring as good.
- We rated three of the trust's services as requires improvement and five as good overall
- We rated well-led for the trust overall as requires improvement.
- During this inspection, we did not inspect critical care or outpatients. 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:

# Summary of findings

- Urgent and emergency care and medical care including older people's care were rated as requires improvement. Not all staff had completed mandatory training, risk assessments were not always documented and medicines were not always available when patients needed them.
- Children and young people's services, surgery, maternity and end of life were rated as good.

## Are services effective?

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

- Urgent and emergency care and medical care including older people's care were rated as requires improvement. There was variable performance in some national audits and not all services had action plans to drive improvements. Not all staff had competencies to carry out their roles.
- Surgery, maternity, end of life care and children and young people were rated as good.

## Are services caring?

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

- All services were rated good for caring.
- 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.

## Are services responsive?

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

- Urgent and emergency care, medical care including older people's care and surgery were all rated as required improvement. Not all patients could access the services when they needed them, patient transfers occurred during the night and there were delays in patients discharges.
- End of life care, maternity and children and young people services were rated as good.

## Are services well-led?

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

- Urgent and emergency care was rated as inadequate, there was insufficient resource in the leadership team for it to run a service providing high-quality sustainable care. The service did not always collect, analyse, or use information to support all its activities, although it did use secure electronic systems with security safeguards. Although there had been a number of improvements since our last inspection, further actions were still required.
- Medical care including older people's care was rated as requires improvement, There was insufficient resource in the leadership for it to consistently run a service providing high-quality sustainable care. Governance processes were not consistently embedded across the service, there was poor compliance with training and mortality review meetings had not been held which meant the sharing of learning from death reviews was not consistent.
- Surgery, end of life care, maternity and children and young people services were rated as good.
- We rated well-led for the trust overall as requires improvement, governance systems and structures were not consistently in place or operating effectively to continually improve the quality of services, the trust had a financial deficit, mortality and morbidity strategy was not fully imbedded within the directorates, data was not always in an accessible format to teams, the board assurance framework and risk register were not clearly aligned.

# Summary of findings

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in medical care including older people's care and end of life care.

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

## Areas for improvement

We found areas for improvement including 10 breaches of legal requirements that the trust must put right. We found 39 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 10 legal requirements in urgent and emergency care, medical care including older people's 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.

### Outstanding practice

The respiratory service ran a 'Singing for Breathing' group for people who experienced breathlessness, particularly those who suffered from long-term conditions such as chronic obstructive pulmonary disease (COPD), asthma and heart problems. The workshops were run by the physiotherapy service at the hospital, and were available to inpatients and outpatients. Patients were given coaching and a better understanding of breath control by singing in a group setting. The respiratory team had recently compiled a DVD with people who participated in the groups to promote the benefits of the workshops.

Ward sisters on Elizabeth ward had produced an information leaflet on the five stages of death. The aim of the leaflet was to support patients and their relatives in dealing with long term limiting conditions while identifying the stages of grief. Staff also confirmed that should a patient or relative's approach be difficult they referred to the leaflet as a reminder of the different stages of grief that they may be feeling.

### 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:

# Summary of findings

These actions related to medical care including older people's care service

The trust must:

- All eligible staff have completed blood transfusion training. Regulations 18 (1); (a)
- All staff are compliant with sepsis initial and update training. Regulations 18 (1); (a)
- All eligible staff are compliant with mandatory training. Regulations 18 (1); (a)
- All patients initial and review risk assessments are completed and recorded in line with protocols. Regulations 12 (2) a.

These actions related to surgical care core service

The trust must:

- Ensure improvements are taken to deliver 18 and 52 waits in line with the national referral to treatment targets. Regulation 17 (2)(a).

These actions related to urgent and emergency care core service

The trust must:

- Ensure information about the performance of the service is accurate and properly analysed and reviewed by the leadership team. Regulation 17(2)(a)
- Ensure senior staff are carrying out mortality and morbidity reviews and are discussing these at multi-disciplinary meetings. Regulation 17(2)(a)
- Ensure medical staff receive mandatory training to enable them to carry out their roles safely and effectively. Regulation 12(2)(c)
- Review nurse staffing levels using an evidence-based staffing tool. Regulation 18(1)
- Reduce the vacancy rate for medical staff and to ensure consultant cover complies with national guidance. Regulation 18(1)

## **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 medical care including older people's care service

The trust should ensure that:

- Venous thrombo-embolism reassessments and falls assessments are completed for all patients who require them.
- The Malnutrition Universal Screening Tool (MUST) assessments and reviews are completed, and that the pathway is followed to refer to dietitian services when required.
- All patient records are stored securely.
- All patients receive their medication at the right time.
- Action plans are monitored to drive performance regarding patient outcomes highlighted in; the Sentinel Stroke National Audit programme 2016-2017; the Lung Cancer Audit 2017; the National Audit of Inpatient Falls 2017.

# Summary of findings

- Governance processes to manage patient flow are consistent and embedded across the service. This should include the monitoring of the Red2Green management system; the timeliness of the writing of prescriptions to take away; and plans for weekend discharges.
- Ward staff meetings are held consistently and agendas support the cascading of key information from board to ward level.
- Staff report all required incidents on the trust electronic reporting system.
- Mortality review meetings are held consistently and that learning from deaths is shared across the service.
- Learning from complaints is consistently shared with all staff.
- A process for managing the 'stranded' patient is implemented.
- The trust should ensure there is consistency in the recording of mental capacity decisions within patient records and documents.

These actions related to surgical care core service

The trust should ensure that:

- All patients have venous thrombo-embolism (VTE) assessments completed in line with recommended national guidance and hospital policy.
- Infection prevention standards are maintained throughout the hospital.
- Minutes from the mortality and morbidity meetings are recorded and accessible.
- Local theatre policies such as National Safety Standards for Invasive Procedures are reviewed and embedded.
- Complaints are managed in a timely manner, in accordance with trust policy.
- Medical staff complete mandatory training modules. Mandatory training compliance for the medical staff was 79%.
- Assessments should be completed in line with recommended national guidance and hospital policy.
- All theatre staff should have the recommended training required to manage medical emergencies. The Association of Anaesthetists of Great Britain and Ireland recommend that all specialist staff within anaesthetics and theatre recovery areas have appropriate training in advanced life support (ALS).
- Cancelled surgical procedures should be treated within 28 days of their cancellation as per national guidance.
- Malnutrition universal screening tool (MUST) assessments are completed for all patients on admission.

These actions related to children and young people core service

The trust should ensure that:

- Continue to monitor patient flow into CAU to ensure children with mental health concerns do not wait for long periods to access a mental health assessment.
- Risks associated with CAU delays into department and trust wide risk registers.
- Continue to monitor the outcomes of the task and finish group to ensure the recruitment of a substantive medical workforce and financial sustainability are achieved.
- Medical staff in children's services are compliant with their mandatory training requirements.

These actions related to maternity core service

# Summary of findings

The trust should ensure that:

- All medical staff are compliant with all relevant levels of safeguarding training.
- The building is well maintained.
- All risk assessments for venous thromboembolism (VTE) and maternity early warning scores (MEWS) are fully completed in line with national guidance.
- All complaints are responded to within the timeframe identified in the trust policy.

These actions related to end of life care core service

The trust should ensure that:

- There is consistency in the recording of mental capacity decisions within patient records and documents.
- Consider the provision of a seven-day face-to-face end of life care service according to national recommendation.

These actions related to urgent and emergency care core service

The trust should ensure that:

- Confirm, communicate and monitor the process for prioritising the treatment of the sickest patients when they arrive in the emergency department.
- Improve the awareness of senior hospital staff when the emergency department safety matrix shows that the departmental safety is at “critical” level.
- Patient safety checklist is completed hourly and that signs of deteriorating patients are communicated with all staff.
- Improve and monitor the speed of response from senior specialist doctors when patients have been referred to them by the emergency department.
- Review the emergency department escalation plan and the hospital full capacity protocol so that action is taken before there are eight patients being cared for in corridors.
- Implement hospital-wide measures to reduce delays in admitting patients from the emergency department.
- Effective processes to review the performance of the service and that records of performance meetings are maintained and shared with relevant staff.

These actions related to the trust well led

The trust should ensure that:

- There are clear governance structure in place.
- The board assurance framework and risk register are clearly aligned.
- Data is in an accessible format to teams across the trust.
- Mortality and morbidity strategy is developed and fully imbedded within the directorates.
- A clear culture of collective responsibility and accountability across the organisation.
- Review process for recruitment and retention, especially within the medical service.



# Summary of findings

## Is this organisation well-led?

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

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

- Governance systems and structures were not consistently in place or operating effectively to continually improve the quality of services. The trust had recognised the need for improvements and were planning to review the governance structures. The board assurance framework and risk register were not clearly aligned.
- Whilst trust had systems for identifying risks, planning to eliminate or reduce them, including risk registers, risk management strategy, and risk governance meetings, there were ongoing areas of concern including financial risk, high mortality rates and poor referral to treatment performance.
- The trust was in a challenging financial position with a continued financial deficit in 2018/19. It was noted that a large proportion of the cost improvements plans in 2018/19 were non-recurrent. Executives were aware of financial challenges but did not the same awareness or ownership throughout the organisation
- There was not a clear culture of collective responsibility or accountability across the organisation.
- There was a large amount of data that was not translated, or made available in an accessible format to teams across the trust, therefore data was not used effectively to drive improvements across the trust
- There was a strong desire for continuous learning and quality improvement but we did not see a clear plan to take this forward. Although a quality improvement and assurance framework was being developed. A 10 point plan had been implemented recently to provide short term direction for the organisation
- There were some senior posts within the medical division and associated directorates for which there had been recruitment and retention issues.
- Although learning from deaths reviews were in place, mortality and morbidity strategy was still underdeveloped and not fully imbedded within the directorates.

However,

- The trust mostly had managers at all levels with the right skills and abilities to adequately run the service. Although a relatively new executive board, with one interim post, the team has the capability to deliver high quality care and were knowledgeable about the issues and challenges.
- The trust had a vision for what it wanted to achieve and some workable plans to action it. The vision and values had been in place for a number of years and were well known by staff and embedded across the organisation. Board members recognised the strategy required review and since joining the foundation group, they had developed a ten point plan to provide clear short term direction for the trust. This was still to be fully embedded into the trust.
- The executive team and managers generally promoted a positive culture that supported and valued staff, creating a sense of common purpose based on the trust's shared values. Staff we spoke with were committed to improving the quality of care and patient experience. Staff felt ownership for the hospital and their services and were mostly proud to work at the trust.

## Summary of findings

- The trust generally collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- 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. The trust worked with alliance of providers and commissioners, to support transformation of the health and social care system within Nuneaton and Warwickshire.
- The trust generally promoted learning from when things go wrong. Complaints were generally responded to in a timely way and actions were completed following incident investigations. The trust were providing staff with the tools to innovate and improve such as quality service improvement and redesign (QSIR) training.

## 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 ↔ Nov 2018	Requires improvement ↔ Nov 2018	Good ↔ Nov 2018	Requires improvement ↔ Nov 2018	Requires improvement ↑ Nov 2018	Requires improvement ↔ Nov 2018

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

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
George Eliot Hospital	Requires improvement ↔ Nov 2018	Requires improvement ↔ Nov 2018	Good ↔ Nov 2018	Requires improvement ↔ Nov 2018	Requires improvement ↑ Nov 2018	Requires improvement ↔ Nov 2018
<b>Overall trust</b>	Requires improvement ↔ Nov 2018	Requires improvement ↔ Nov 2018	Good ↔ Nov 2018	Requires improvement ↔ Nov 2018	Requires improvement ↑ Nov 2018	Requires improvement ↔ Nov 2018

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

## Ratings for George Eliot Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Nov 2018	Requires improvement ↔ Nov 2018	Good ↔ Nov 2018	Requires improvement ↔ Nov 2018	Inadequate ↔ Nov 2018	Requires improvement ↔ Nov 2018
Medical care (including older people's care)	Requires improvement ↓ Nov 2018	Requires improvement ↓ Nov 2018	Good ↔ Nov 2018	Requires improvement ↓ Nov 2018	Requires improvement ↓ Nov 2018	Requires improvement ↓ Nov 2018
Surgery	Good ↑ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Requires improvement ↓ Nov 2018	Good ↑ Nov 2018	Good ↑ Nov 2018
Critical care	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
Maternity	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↑ Nov 2018	Good ↔ Nov 2018
Services for children and young people	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018
End of life care	Good ↑ Nov 2018	Good ↑↑ Nov 2018	Good ↔ Nov 2018	Good ↑ Nov 2018	Good ↑↑ Nov 2018	Good ↑↑ Nov 2018
Outpatients	Requires improvement Oct 2017	Not rated	Good Oct 2017	Requires improvement Oct 2017	Requires improvement Oct 2017	Requires improvement Oct 2017
Diagnostic imaging	Requires improvement Oct 2017	Not rated	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017
<b>Overall*</b>	Requires improvement ↔ Nov 2018	Requires improvement ↔ Nov 2018	Good ↔ Nov 2018	Requires improvement ↔ Nov 2018	Requires improvement ↑ Nov 2018	Requires improvement ↔ Nov 2018

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

# George Eliot NHS Hospital

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## Key facts and figures

George Eliot Hospital provides services including urgent and emergency care for adults and children and young people 24 hours a day, seven days a week.

There are approximately 286 beds, including eight critical care beds, 12 day case beds and a coronary care unit with 11 beds. There are 14 inpatient wards. There are no children's inpatient beds. The trust has eight operating theatres providing planned and emergency surgical facilities for trauma and orthopaedics, general surgery (including breast and colorectal surgery), urology and gynaecology. They also offer a wide range of day case procedures, for adults and children aged 2 to 16 years old.

The number of staff employed by the hospital as of April 2018, was 2,188.

The emergency department had 81,661 attendances from June 2017 to May 2018 and 305,409 outpatient appointments. For the same period, there were 2,082 babies delivered at the trust, 34,179 inpatient admissions and 735 inpatient deaths.

During the inspection we spoke with 44 patients and their relatives and 204 staff. We attended the trust board meeting, harm review meetings, handovers, held staff focus groups and checked 163 healthcare records and medicine charts.

## Summary of services at George Eliot NHS Hospital

### Requires improvement



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

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

- Our rating for safe remained requires improvement because not all services ensured mandatory training was completed. Risk assessments were not always documented and medicines management was not always managed safely.
- Our rating for effective remained requires improvement because there was variable performance in some national audits and not all services had action plans to drive improvements. Not all staff had competencies to carry out their roles.

# Summary of findings

- 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 their distress. Staff involved patients and those close to them in decisions about their care and treatment.
- Our rating for responsive remained requires improvement because not all patients could access the services when they needed them, patient transfers occurred during the night and there were delays in patients discharges.
- Our rating for well-led improved from inadequate to requires improvement because there was insufficient resource in the leadership for the medical and urgent and emergency care services for them to consistently run a service providing high-quality sustainable care. Governance processes were not consistently embedded across the service, there was poor compliance with training and Mortality review meetings had not been held which meant the sharing of learning from death reviews was not consistent. Urgent and emergency care did not always collect, analyse, or use information to support all its activities, although it did use secure electronic systems with security safeguards. Although there had been a number of improvements since our last inspection, further actions were still required.

# Urgent and emergency services

**Requires improvement**



## Key facts and figures

All urgent and emergency care services are located at George Eliot Hospital. Within urgent and emergency care are the following departments and units:

- Emergency Department (ED)
- Urgent Care Centre (UCC) for patients with non-emergency illnesses and injuries
- Clinical Decisions Unit (CDU) for patients waiting for the results of investigations (seven beds and a seated observation area for a further seven patients.)
- Ambulatory Care Unit (ACU) providing urgent day case medical treatment

The emergency department (ED) provides a 24-hour, seven day a week service. From June 2017 to July 2018 there were 81,661 attendances (an increase of 6% from the previous year). Of these, 19,000 were children of 17 years and under. Children were treated in the adjacent children's assessment unit and their care and treatment is described in a separate report. 6,724 adult patients arrived by ambulance (7% increase from the previous year).

The ED consists of a major treatment area with 10 cubicles and a side room, a minor treatment area with six assessment/treatment rooms, and a resuscitation room with three trolley bays. A rapid assessment and treatment area had recently been built and consisted of four curtained trolley bays.

We last inspected the emergency department in October 2017 and rated them as 'Requires Improvement'.

We carried out this inspection over three weekdays and one evening. We returned for an unannounced inspection on 28 November. During our inspection we spoke with 34 members of staff, five patients and two relatives. We looked at 28 sets of patient records. We also spoke with the leaders of the department.

## Summary of this service

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

- There was insufficient resource in the leadership team for it to run a service providing high-quality sustainable care. There had been challenges recruiting and retaining staff in several senior posts. Although there had been several improvements in nursing leadership, there had been few improvements in the overall leadership of the service since our last inspection.
- There was a lack of common purpose and shared values within the leadership team and mixed staff satisfaction within the department. Whilst there had been greater focus on the systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, some risks remained unidentified and actions were not always implemented.
- The service did not always collect, analyse, or use information to support all its activities, although it did use secure electronic systems with security safeguards. We were told that performance management meetings took place but no records of them were kept. The vision for the service was poorly developed and there was no agreed strategy.
- Patients could not always access the service when they needed it. Although there had been some improvement in patient flow since our last inspection it was not enough to prevent patients being cared for in a corridor on a daily basis. There were sometimes long delays before specialist doctors came to see patients in the department.

# Urgent and emergency services

- Clinical leaders did not always monitor the effectiveness of care and treatment. Although the department compared local results with those of other services we could not find any changes in local practice since our last inspection. Results from national audits showed that compliance with national guidance was not as good as most other emergency departments.
- The service did not always make sure staff were competent for their roles. Although there had been significant improvements in training and appraisals of nursing staff, records for medical staff were lacking in detail. The process for assessing medical knowledge and competency for all doctors was unclear.
- Staff from different disciplines did not always work together as a team to benefit patients. There were very few meetings with other disciplines and clinical handovers lacked detail.
- Although staff completed risk assessments for each patient they did not always communicate the results or update them when necessary. Staff did not always pay attention to early warning scores and triage priorities.
- There were not always enough nursing or medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. There was a high vacancy rate for doctors and the emergency department was heavily reliant on temporary doctors. There had been little improvement in medical staffing since our last inspection.
- Although staff recognised incidents and reported them appropriately, managers did not always share learning from them with relevant staff. Planned actions were not always implemented. There was no routine monitoring or review of deaths that occurred in the department and no mortality and morbidity reviews.

However,

- There had been improvements in governance processes since our last inspection. There was a systematic approach to continually improving the quality of services although not all action plans were implemented.
- Staff cared for patients with compassion and provided emotional support to minimise their distress. Feedback from patients mostly confirmed that staff treated them well and with kindness.
- There had been significant improvements in the assessment of patient's pain since our last inspection. Staff assessed and monitored patients regularly to see if they were in pain and administered effective pain relief.
- The service took account of patients' individual needs. Staff spend additional time with patients who had complex social needs and included families in planning their care.
- The services had suitable premises and equipment and staff looked after them well. There were effective systems in place to ensure that standards of cleanliness and hygiene were maintained. These had improved since our last inspection.

## Is the service safe?

**Requires improvement**



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

- The service provided mandatory training in key skills but did not ensure that everyone completed it. There had been improvements in the training of nursing staff but mandatory training for doctors remained low. Only 11 doctors had received training in infection prevention and in conflict resolution.
- Staff completed risk assessments for each patient but did not always communicate the results or update them when necessary. Staff did not always pay attention to early warning scores and triage priorities.



# Urgent and emergency services

- There were not always enough nursing or medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. There was a high vacancy rate for doctors and the emergency department was heavily reliant on temporary doctors. There had been little improvement in medical staffing since our last inspection.
- Whilst staff kept records of patients' care and treatment, the records were not always easy to follow, and some of them did not contain all the information required.
- Staff recognised incidents and reported them appropriately. Whilst there had been some improvement in the management of patient safety incidents, managers did not always share learning from them with relevant staff. Planned actions were not always implemented. There was no routine monitoring or review of deaths that occurred in the department and no mortality and morbidity reviews.

However;

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. There had been improvements in safeguarding training since our last inspection although it was not clear why only 11 doctors were required to have level three training.
- The services had suitable premises and equipment and staff looked after them well. There were effective systems in place to ensure that standards of cleanliness and hygiene were maintained. These had improved since our last inspection
- The service followed best practice when prescribing, giving, recording medicines. Patients received the right medication at the right dose at the right time. However, storage of some medication was not always correct.

## Is the service effective?

**Requires improvement** 

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

- Clinical leaders did not always monitor the effectiveness of care and treatment. Although the department compared local results with those of other services we could not find any changes in local practice since our last inspection. Results from national audits showed that compliance with national guidance was not as good as most other emergency departments.
- The service did not always make sure staff were competent for their roles. Although there had been significant improvements in training and appraisals of nursing staff, records for medical staff were lacking in detail. The process for assessing medical knowledge and competency for all doctors was unclear.
- Staff from different disciplines did not always work together as a team to benefit patients. There were very few meetings with other disciplines and clinical handovers lacked detail.

However,

- There had been significant improvements in the assessment of patient's pain since our last inspection. Staff assessed and monitored patients regularly to see if they were in pain.
- The service provided care and treatment based on national guidance. Senior staff carried out checks to see if guidance was followed.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

# Urgent and emergency services

- Staff took the opportunity, if it arose and was appropriate, to promote healthy living. They gave patients enough food and drink to meet their needs and improve their health.

## 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 mostly 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. Most staff were polite, professional and communicated clearly with patients regarding their procedures, investigations and outcomes.

## Is the service responsive?

**Requires improvement** 

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

- The department did not always plan or provide services in a way that met the needs of local people. Although the hospital planned for surges in ED attendances during the winter, the plans had not been effective. Patient flow through the department during winter had been worse than most other hospitals for the last two years.
- Patients could not always access the service when they needed it. Although there had been some improvement in patient flow since our last inspection it was not enough to prevent patients being cared for in a corridor on a daily basis. There were sometimes long delays before specialist doctors came to see patients in the department.

However,

- The service took account of patients' individual needs. Staff spend additional time with patients who had complex social needs and included families in planning their care.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. However, timeliness of responses was slightly higher than the trust target.

## Is the service well-led?

**Inadequate** 

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

- There was insufficient resource in the leadership team for it to run a service providing high-quality sustainable care. There had been challenges recruiting and retaining staff in several senior posts. Although there had been several improvements in nursing leadership, there had been few improvements in the overall leadership of the service since our last inspection.

# Urgent and emergency services

- There was a lack of common purpose and shared values within the leadership team and mixed staff satisfaction within the department. Whilst there had been greater focus on the systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, some risks remained unidentified and actions were not always implemented.
- The service did not always collect, analyse, or use information to support all its activities, although it did use secure electronic systems with security safeguards. We were told that performance management meetings took place but no records of them were kept. The vision for the service was poorly developed and there was no agreed strategy.
- The service had started to improve by learning from when things went well and when they went wrong. Although there had been a number of improvements since our last inspection, further actions were still required.

However;

- There had been improvements in governance processes since our last inspection. There was a systematic approach to continually improving the quality of services although not all action plans were implemented.
- The service engaged with patients, staff and the public to plan and manage appropriate services.

## Areas for improvement

### **The trust MUST take action to:**

- Ensure information about the performance of the service is accurate and properly analysed and reviewed by the leadership team. Regulation 17(2)(a)
- Ensure senior staff are carrying out mortality and morbidity reviews and are discussing these at multi-disciplinary meetings. Regulation 17(2)(a)
- Ensure medical staff receive mandatory training to enable them to carry out their roles safely and effectively. Regulation 12(2)(c)
- Review nurse staffing levels using an evidence-based staffing tool. Regulation 18(1)
- Reduce the vacancy rate for medical staff and to ensure consultant cover complies with national guidance. Regulation 18(1)

### **The trust SHOULD take action to:**

- Confirm, communicate and monitor the process for prioritising the treatment of the sickest patients when they arrive in the emergency department.
- Improve the awareness of senior hospital staff when the emergency department safety matrix shows that the departmental safety is at “critical” level.
- Ensure that the patient safety checklist is completed hourly and that signs of deteriorating patients are communicated with all staff.
- Improve and monitor the speed of response from senior specialist doctors when patients have been referred to them by the emergency department.
- Review the emergency department escalation plan and the hospital full capacity protocol so that action is taken before there are eight patients being cared for in corridors.
- Implement hospital-wide measures to reduce delays in admitting patients from the emergency department.

# Urgent and emergency services

- Ensure that there are effective processes to review the performance of the service and that records of performance meetings are maintained and shared with relevant staff.

# Medical care (including older people's care)

Requires improvement



## Key facts and figures

The medical care service at George Eliot Hospital NHS Trust provides diagnosis, treatment and management for the following specialties:

- Gastroenterology
- Respiratory
- Diabetes & endocrinology
- Rheumatology
- Care of the elderly
- Stroke services

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

There were 178 inpatient beds located across eight medical wards or units. A list of wards and units with the number of inpatients beds in each is provided below:

Ward/Unit name	Specialty	Number of inpatient beds
Coronary Care Unit (CCU)	Cardiology	12
Solomon Macey endoscopy unit	Endoscopy	No number provided
Acute Medical Unit (AMU)	Emergency medical admission unit	41
Melly ward	Cardiology, Haematology, Oncology & Endocrinology	26
Elizabeth ward	Respiratory	26
Bob Jakin ward	Care of the elderly	18
Felix Holt ward	Stroke	19
Mary Garth ward	Gastroenterology	18
Adam Bede ward	Gastroenterology	18
Caterina ward	Cardiology	0

# Medical care (including older people's care)

Cardiology  
services

**Cardiology**

**No number provided**

(Source: Routine Provider Information Request – Sites tab; Trust website)

The trust had 13,680 medical admissions from June 2017 to May 2018. Emergency admissions accounted for 8,135 (59.5%), 58 (0.4%) were elective, and the remaining 5,487 (40.1%) were day case.

Admissions for the top three medical specialties were:

- General medicine
- Pain management
- Cardiology

(Source: Hospital Episode Statistics)

During our unannounced inspection on 13 November to 15 November 2018, we visited areas providing medical services at the hospital; we spoke with nine patients, two relatives, observed patient care and treatment, and examined 31 patient care records and 25 medicine administration records. We spoke with 59 members of staff including nurses, physician associates, doctors/consultants, therapists, healthcare assistants, ward managers, matrons, and senior managers. We also considered the environment and held focus groups attended by trust staff prior to the inspection.

Medical services was previously inspected in April/May 2014 and was rated good for safe, effective, caring and responsive, and well led. The overall rating was requires improvement.

## Summary of this service

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

- Whilst the service provided mandatory training in key skills to all staff, not all staff had completed it in accordance with the service's targets. During this inspection, we found deterioration in that the trust compliance target was not met in 50% of subjects, as at July 2018.
- Whilst staff assessed risks to patients and monitored their safety, they were not always completed for every patient when required. Although assessments were in place to alert staff when a patient's condition deteriorated, reviews were not always completed within recommended timescales.
- The service did not collectively monitor the percentage of staff that had completed sepsis training, or set a target for compliance.
- The service made sure most, but not all staff, were competent for their roles. Not all eligible staff had completed blood transfusion training. Training compliance was significantly below the trust target for eligible staff on six out of eight wards and units. Furthermore, a TACO (transfusion associated circulatory overload) audit completed in April 2018, found that 28% of patients had not received a TACO assessment to support the minimisation of risks for those patients who required a blood transfusion.
- Malnutrition and Screening Tool (MUST) assessments were not always completed within 12 hours of admission, or reassessments completed in line with a patient's care plan or policy.
- Most, but not all people, could not always access the service when they needed to; there were delays at times in admitting patients from the acute areas to appropriate inpatient medical wards.

# Medical care (including older people's care)

- There was insufficient resource in the leadership for it to consistently run a service providing high-quality sustainable care. A vacancy in the senior management team meant there was reduced support provided within the division.
- Governance processes were not consistently embedded across the service.
- Ward staff meetings were not held consistently across the service and agendas differed which did not support the cascading of information from board to ward level.

However;

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean and used control measures to prevent the spread of infection.
- Patients had their needs assessed and their care was planned and delivered in line with evidence-based guidance, standards and best practice.
- The endoscopy department had their Joint Advisory Group (JAG) accreditation confirmed following a recent inspection.
- Patients' pain was assessed on admission to hospital and repeated at intervals throughout their stay.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The service took account of patients' individual needs. The service identified and met the information and communication needs of people with a disability or sensory loss.
- The service had a vision based on the trust's overall vision for what it wanted to achieve.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were proud to work at the trust and felt valued for the contribution they made to patient care.

## Is the service safe?

**Requires improvement**



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

- Whilst the service provided mandatory training in key skills to all staff, not all staff had completed it in accordance with the service's targets. During this inspection, we found deterioration in that the trust compliance target was not met in 50% of subjects, as at July 2018.
- Whilst staff assessed risks to patients and monitored their safety, they were not always completed for every patient when required. Although assessments were in place to alert staff when a patient's condition deteriorated, reviews were not always completed within recommended timescales.
- The service did not collectively monitor the percentage of staff that had completed sepsis training, or set a target for compliance.

# Medical care (including older people's care)

- Staff mostly kept detailed records of patients' care and treatment, although risk assessments were not always fully completed. Written records were mostly legible and medical staff who made entries could be easily identified. The majority of records were stored securely.
- The service generally followed best practice when prescribing, giving, recording and storing medicines. Most, but not all patients, received the right medication at the right dose at the right time. Service improvements had been made to ensure safe patient care that included the recruitment of additional ward pharmacists. New safety processes were not embedded in practice at the time of our inspection.
- Staff recognised incidents but not all incidents were reported. The service managed those patient safety incidents that were reported well and learned from incidents. Learning was shared with most of the team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However, we also found;

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean and used control measures to prevent the spread of infection. Not all staff had completed mandatory infection prevention control (IPC) training in line with the trust target of 85%. There was an action plan in place to ensure all eligible staff were compliant with the training.
- The service had suitable premises and equipment and looked after them well. Equipment was checked at regular intervals to ensure it was safe to use.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The service generally had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The trust had contingencies in place to ensure safety was maintained over the weekend.

## Is the service effective?

### Requires improvement



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

- The service made sure most, but not all staff, were competent for their roles. Not all eligible staff had completed blood transfusion training. Training compliance was significantly below the trust target for eligible staff on six out of eight wards and units. Furthermore, a TACO (transfusion associated circulatory overload) audit completed in April 2018, found that 28% of patients had not received a TACO assessment to support the minimisation of risks for those patients who required a blood transfusion. An action plan was in place and the risk register was under regular review, for ward managers to ensure all eligible staff completed the training.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. However, Malnutrition and Screening Tool (MUST) assessments were not always completed within 12 hours of admission, or reassessments completed in line with a patient's care plan or policy.



# Medical care (including older people's care)

- Staff understood their roles and responsibilities under the Mental Health Act (MHA) 1983 and the Mental Capacity Act (MCA) 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. There was some inconsistency, in the recording of capacity decisions within patient records and documents.

However,

- Managers 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. We were unable to evidence performance improvements made in national audits as the service did not have updated performance data. For example; the Sentinel Stroke National Audit programme 2016-2017; the Lung Cancer Audit 2017; the National Audit of Inpatient Falls 2017. There were action plans to drive forward improvements.
- Patients had their needs assessed and their care was planned and delivered in line with evidence-based guidance, standards and best practice. For example, best practice was followed in line with the National Institute for Health and Care Excellence (NICE) guidelines.
- The endoscopy department had their Joint Advisory Group (JAG) accreditation confirmed following a recent inspection.
- Patients' pain was assessed on admission to hospital and repeated at intervals throughout their stay. Pain scores were recorded within their nursing and medical notes, and we saw that any concerns were escalated to the doctor.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. They worked collaboratively and with other external providers in the area to ensure that people received person-centred care and received that care at the right level and in the right place.
- Relevant staff, teams and services were available seven days per week in assessing, planning and delivering patients' care and treatment.
- The service supported people to live healthier lives and care was planned holistically using health assessments where appropriate. Every effort was made to promote self-care with patients and carers, and achievable and realistic goals were set to improve their health.

## 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 were aware of and understood the need to respect personal, cultural, social and religious needs of patients, and we saw these taken into consideration when completing care. Staff were friendly, courteous and respectful when interacting with patients and their relatives.
- Staff understood the impact that a person's care, treatment or condition may have on their wellbeing and on those close to them, both emotionally and socially. Staff involved patients and those close to them in decisions about their care and treatment.
- Patients were provided with emotional support to minimise their distress. Patients were very happy with the care and support they were receiving from staff in all clinical areas.

# Medical care (including older people's care)

## Is the service responsive?

**Requires improvement** 

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

- Most, but not all people, could not always access the service when they needed to; there were delays at times in admitting patients from the acute areas to appropriate inpatient medical wards.
- It was trust policy not to transfer patients between wards out of hours (after 10pm) however, due to bed pressures this still did occur. From August 2017 to July 2018, there were 725 patient moving wards at night within medicine.
- Patients discharges were delayed due to waiting for the preparation of medications to take away (TTAs) requested from the hospital pharmacy. Discharges between 4pm and 10pm accounted for 54% of all discharges.
- Whilst the service treated concerns and complaints seriously, investigated them and learned lessons from the results, learning was not always shared consistently with staff. Not all complaints were closed within 25 days, which was not in line with the trust complaint's policy.

However:

- The trust mostly planned services in a way that aimed to meet the needs of local people and many services, but not all, provided flexibility, choice and continuity of care.
- The service took account of patients' individual needs. The service identified and met the information and communication needs of people with a disability or sensory loss. Patients were assessed on admission by nurses who used the nursing admission patient bundle. Patient records highlighted a patient's communication needs and there were specific admission checklists and discharge planning tools for patients living with a learning disability.

## Is the service well-led?

**Requires improvement** 

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

- There was insufficient resource in the leadership for it to consistently run a service providing high-quality sustainable care. A vacancy in the senior management team meant there was reduced support provided within the division.
- Governance processes were not consistently embedded across the service. For example, the management system to support patient flow throughout the service, high bed occupancy, delayed discharges, and the management of stranded patients.
- Ward staff meetings were not held consistently across the service and agendas differed which did not support the cascading of information from board to ward level.
- Frameworks to ensure quality and safety were not robust in maintaining consistent standards. For example, in ensuring staff compliance with required training; and in ensuring patient risk assessments, such as the National Early Warning Signs review assessments, falls assessments, and the sepsis bundle were completed in line with policies and procedures.
- The service did not have oversight of patient risk assessment compliance or robust plans to improve compliance.
- The service did not have a robust process in place to improve mandatory training compliance.

# Medical care (including older people's care)

- There was poor compliance with blood transfusion training, and the service did not monitor compliance with sepsis training.
- Not all incidents were reported, which meant lessons could not be learnt and shared when errors occurred.
- Mortality review meetings had not been held which meant the sharing of learning from death reviews was not consistent.

However,

- The service had a vision based on the trust's overall vision for what it wanted to achieve; workable plans to turn it into action were 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. Staff were proud to work at the trust and felt valued for the contribution they made to patient care.
- The service mostly 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, mostly using secure electronic systems with security safeguards.
- Senior staff told us that they had access to the information they needed to monitor performance to ensure there was a sustained or improvement to standards of care.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## Outstanding practice

The respiratory service ran a 'Singing for Breathing' group for people who experienced breathlessness, particularly those who suffered from long-term conditions such as chronic obstructive pulmonary disease (COPD), asthma and heart problems. The workshops were run by the physiotherapy service at the hospital, and were available to inpatients and outpatients. Patients were given coaching and a better understanding of breath control by singing in a group setting. The respiratory team had recently compiled a DVD with people who participated in the groups to promote the benefits of the workshops.

## Areas for improvement

The trust **MUST** ensure that:

- All eligible staff have completed blood transfusion training. Regulation 18 (1) (a).
- All staff are compliant with sepsis initial and update training. Regulation 18 (1) (a).
- All eligible staff are compliant with mandatory training. Regulations 18 (1) (a).
- All patients initial and review risk assessments are completed and recorded in line with protocols. Regulation 12 (2) (a).

The trust **SHOULD** ensure that:

# Medical care (including older people's care)

- Venous thrombo-embolism reassessments and falls assessments are completed for all patients who require them.
- The Malnutrition Universal Screening Tool (MUST) assessments and reviews are completed, and that the pathway is followed to refer to dietitian services when required.
- All patient records are stored securely.
- All patients receive their medication at the right time.
- Action plans are monitored to drive performance regarding patient outcomes highlighted in; the Sentinel Stroke National Audit programme 2016-2017; the Lung Cancer Audit 2017; the National Audit of Inpatient Falls 2017.
- Governance processes to manage patient flow are consistent and embedded across the service. This should include the monitoring of the Red2Green management system; the timeliness of the writing of prescriptions to take away; and plans for weekend discharges.
- Ward staff meetings are held consistently and agendas support the cascading of key information from board to ward level.
- Staff report all required incidents on the trust electronic reporting system.
- Mortality review meetings are held consistently and that learning from deaths is shared across the service.
- Learning from complaints is consistently shared with all staff.
- A process for managing the 'stranded' patient is implemented.
- The trust should ensure there is consistency in the recording of mental capacity decisions within patient records and documents.

# Surgery

Good 

## Key facts and figures

The trust has five main operating theatres and three day procedure unit (DPU) theatres which provides surgery for trauma and orthopaedics, general surgery (including breast and colorectal surgery), urology and gynaecology. The trust has three surgical wards and a 12 bedded DPU, which also provides pre-operative assessment clinics and a surgical assessment care unit.

Ward/unit name	Description	Number of inpatient beds
Day procedures unit	<b>Elective surgical day procedures unit</b>	<b>12</b>
Alexandra ward	<b>Elective and emergency surgical ward</b>	<b>34</b>
Victoria ward	<b>Elective ring-fenced surgical ward</b>	<b>21</b>
Nason ward	<b>Trauma and orthopaedic ward</b>	<b>27</b>

(Source: Routine Provider Information Request (RPIR) – sites tab)

The trust had 14,679 surgical admissions from June 2017 to May 2018. Emergency admissions accounted for 3,371 (23.0 %), 9,973 (67.9%) were day case, and the remaining 1,335 (9.1%) were elective.

During our unannounced inspection on 13 November to 15 November 2018, we visited all areas providing surgery services at the hospital, we spoke with seven patients, observed patient care and treatment and examined 18 patient care records and seven medicine administration records. We spoke with 16 members of staff including nurses, doctors, surgeons, therapists, healthcare assistants, housekeeping staff, theatre practitioners, ward managers, matrons, infection prevention matron and senior managers. We also considered the environment and held focus groups attended by trust staff prior to the inspection.

Surgical services was previously inspected in October 2017 and was rated good for effective, caring and responsive, whilst safe and well led was rated requires improvement. The overall rating was requires improvement.

## Summary of this service

Our rating of this service 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 we spoke with had a good working knowledge of safeguarding issues and they could provide examples of safeguarding referrals or concerns they had reported.
- The service controlled infection risk well. Staff generally kept themselves, equipment and the premises clean.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. All patient records were kept in locked trolleys to maintain confidentiality.

# Surgery

- Medicines were prescribed, administered, recorded and stored in accordance with good practice. Systems were in place for the safe management of medicines. Staff gave, recorded and stored medicines well.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We observed staff to be caring and compassionate with patients and their relatives without exception during the inspection.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients said they felt involved in their care and had been asked for permission and agreement first which meant that the views and preferences of patients were considered. Patients and relatives had been given the opportunity to speak with the consultant looking after them.
- The service planned and provided services in a way that met the needs of local people. The trust worked with commissioners, the local authority, and health services in Nuneaton to plan services for local people. Surgical divisions worked within strategic clinical networks in the region to ensure patients received effective care. These included the trauma and cancer networks.
- Services were planned to consider the individual needs of patients. There were arrangements in place for patients with complex social health and social care needs. For example, information from pre-operative assessments were clearly recorded, which included patients individual care needs and their medical conditions.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. The surgical services were managed as two separate divisions. The surgical wards and DPU were managed within the surgical division, and theatres was managed under the clinical support services.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and key groups representing the local community. The trust had a vision and values which were displayed throughout all areas of the surgical divisions. The vision was to ExCEL at patient care, providing high quality clinically and financially sustainable services.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Both theatre staff and nursing staff on surgical wards reported a good culture. Staff felt supported by their colleagues and matrons in their individual areas.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. Managers, matrons and leaders of the service described the systems and processes of accountability within surgery.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The surgical divisions maintained a divisional risk register, which defined the severity and likelihood of risks causing harm to patients or staff. It documented the measures needed to be taken to reduce the risk.
- The trust collected, analysed, managed and used most information well to support all its activities, using secure electronic systems with security safeguards. Leaders had a holistic understanding of performance. Information was used to measure improvements. There were clear and robust divisional performance measures in place, which were monitored at monthly governance meetings.

However:

- Whilst staff generally kept themselves, equipment and the premises clean, we observed some theatre clogs covered in blood and some staff wore theatre attire outside the theatre environment.

# Surgery

- Staff generally assessed risks to patients and monitored their safety. Assessments were in place to alert staff when a patient's condition deteriorated. However not all patients had Venous thrombo-embolism (VTE) assessments completed in line with recommended national guidance and hospital policy.
- Patients could not always access the service when they needed it. Waiting times for treatment were not in line with good practice. The referral to treatment times (RTT) were below the England average. In June 2018, the trust percentage rating was 57.4%, compared to the England average of 66.8%. RTT incomplete pathway performance for the trust was 78.41% which was lower than the National Standard of 92% and was lower than the locally agreed trajectory of 86.4%.
- Although the service generally treated concerns and complaints seriously, investigated them and learnt lessons from the results, which were shared with staff, not all complaints were investigated in a timely manner.

## Is the service safe?

**Good** 

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

- The service provided mandatory training in key skills to staff. The trust's target for mandatory training was met for most modules by nursing staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff we spoke with had a good working knowledge of safeguarding issues and they could provide examples of safeguarding referrals or concerns they had reported.
- The service had suitable premises and equipment which was checked according to the manufacturer's instructions.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept appropriate records of patients' care and treatment. All patient records were kept in locked trolleys to maintain confidentiality. We reviewed 18 sets of nursing and medical records and found these to be in good order.
- Medicines were prescribed, administered, recorded and stored in accordance with good practice. Systems were in place for the safe management of medicines. Staff gave, recorded and stored medicines well.
- The service managed patient safety incidents and learned from incidents. Staff recognised incidents and reported them in a timely manner. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However;

- Completion of mandatory training modules by medical staff was below the trust target of 85%. The trust had reviewed their approach to training to improve completion rates. Mandatory training compliance for the medical staff was 79%.
- The service controlled infection risk well. Whilst staff generally kept themselves, equipment and the premises clean, we observed some theatre clogs covered in blood and some staff wore theatre attire outside the theatre environment.
- Staff generally assessed risks to patients and monitored their safety. Assessments were in place to alert staff when a patient's condition deteriorated. However not all patients had Venous thrombo-embolism (VTE) assessments completed in line with recommended national guidance and hospital policy.



# Surgery

- The Association of Anaesthetists of Great Britain and Ireland recommend that all specialist staff within anaesthetics and theatre recovery areas have appropriate training in advanced life support (ALS). This meant that not all specialist theatre staff were trained to the recommended level.
- Although the division held mortality and morbidity meetings, from the minutes of the meeting it was unclear what was discussed at the meetings, any outcomes or if lessons had been learnt.

## 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. They assessed staff compliance with guidance and identified areas for improvement. A wide range of policies and guidelines were available for staff. They were based on national guidance such as from the National Institute for Health and Care Excellence (NICE) and provided reference to these on the trust intranet.
- 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. The results of most national audits showed trust performance was generally in line with national averages. Action plans were in place where improvements were required, for example the higher than average readmission rate found during the National Bowel Cancer Audit.
- 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. The annual appraisal compliance rate was 90%, which was above the trust target of 85%.
- Staff of different professions worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- 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;

- Not all patients had a malnutrition universal screening tool (MUST) assessment completed on admission.

## Is the service caring?

**Good** 

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



# Surgery

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We observed staff to be caring and compassionate with patients and their relatives without exception during the inspection. Patients universally praised staff for their kindness and their understanding of their needs.
- Staff provided emotional support to patients to minimise their distress. Patients and those close to them could receive support to help them cope emotionally with their care and treatment. Patients said staff responded to their needs and they could talk openly with them and discuss any concerns.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients said they felt involved in their care and had been asked for permission and agreement first which meant that the views and preferences of patients were considered. Patients and relatives had been given the opportunity to speak with the consultant looking after them.

## Is the service responsive?

**Requires improvement** 

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

- Patients could not always access the service when they needed it. Waiting times for treatment were not in line with good practice. The referral to treatment times were below the England average. In June 2018, the trust percentage rating was 57.4%, compared to the England average of 66.8%.
- RTT incomplete pathway performance for the trust was 78.4% in October 2018 which was lower than the National Standard of 92% and was lower than the locally agreed trajectory of 86.4%.
- During our inspection the surgical wards cared for medical patients. This meant that some patients requiring surgery were cancelled at short notice. Patients not treated within 28 days of their cancellation during the period of March 2018 to September 2018 were 16.
- Complaints were not always managed in a timely manner.

However:

- Services were planned to consider the individual needs of patients. There were arrangements in place for patients with complex social health and social care needs. For example, information from pre-operative assessments were clearly recorded, which included patients individual care needs and their medical conditions.
- The service planned and provided services in a way that met the needs of local people. The trust worked with commissioners, the local authority, and health services in Nuneaton to plan services for local people.

## Is the service well-led?

**Good** 

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

- Managers at all levels in the trust had the right skills and abilities to run a service providing sustainable care. The surgical services were managed as two separate divisions. The surgical wards and DPU were managed within the surgical division, and theatres was managed under the clinical support services.

# Surgery

- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and key groups representing the local community. The trust had a vision and values which were displayed throughout all areas of the surgical divisions.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Both theatre staff and nursing staff on surgical wards reported a good culture. Staff felt supported by their colleagues and matrons in their individual areas.
- The service mainly used a systematic approach to improve the quality of its services and safeguarding standards of care by creating an environment in which clinical care would flourish. Managers, matrons and leaders of the service described the systems and processes of accountability within surgery.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The surgical divisions maintained a divisional risk register, which defined the severity and likelihood of risks causing harm to patients or staff. It documented the measures needed to be taken to reduce the risk.
- The service collected, analysed, managed and used most information well to support all its activities, using secure electronic systems with security safeguards. Leaders had a holistic understanding of performance. Information was used to measure improvements. There were clear and robust divisional performance measures in place, which were monitored at monthly governance meetings.
- The service engaged well with patients the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The surgical divisions sought feedback from the relatives and carers of patients who had received surgical care.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research, and innovation. The divisional leaders and ward leaders took decisive action to make improvements in the running of the surgery services meetings

However

- The service leaders held mortality and morbidity meetings however we were unclear what was discussed at the meetings and were also not assured that leaders had full insight into mandatory medical training and infection prevention within the surgical areas. Referral to treatment times were not in line with national guidance, an action plan was in place to improve compliance within the surgical division.

## Areas for improvement

Actions the trust **MUST** take to improve:

- Ensure improvements are taken to deliver 18 and 52 waits in line with the national referral to treatment targets. Regulation 17 (2)(a).

Actions the trust **SHOULD** take to improve:

- Ensure all patients have venous thrombo-embolism (VTE) assessments completed in line with recommended national guidance and hospital policy.
- The service should ensure that infection prevention standards are maintained throughout the hospital.
- The service should ensure that all minutes from the mortality and morbidity meetings are recorded and accessible.
- The service should ensure that the local theatre policies such as National Safety Standards for Invasive Procedures are reviewed and embedded.

# Surgery

- Ensure complaints are managed in a timely manner, in accordance with trust policy.
- Ensure medical staff complete mandatory training modules. Mandatory training compliance for the medical staff was 79%.
- Assessments should be completed in line with recommended national guidance and hospital policy.
- All theatre staff should have the recommended training required to manage medical emergencies. The Association of Anaesthetists of Great Britain and Ireland recommend that all specialist staff within anaesthetics and theatre recovery areas have appropriate training in advanced life support (ALS).
- Cancelled surgical procedures should be treated within 28 days of their cancellation as per national guidance.
- Ensure that malnutrition universal screening tool (MUST) assessments are completed for all patients on admission.

# Maternity

Good 

## Key facts and figures

Click or tap here to enter text.

The George Eliot Hospital NHS Trust had 32 maternity beds across two inpatient areas and one outpatient facility. Community services which included a team of community midwives and a home birth delivery service were also offered. Maternity services were part of the women's and children's division and included consultant led and midwifery led care. Of these beds 23 were located in the Drayton Ward while the remaining nine were located in the consultant-led obstetric labour unit and theatres. Water birthing facilities were also available for women. Birth preparation classes, ante natal clinics and post-natal classes were offered to women and their partners. Additional midwifery support was offered to young or vulnerable women

George Eliot Hospital maternity services offered both consultant led care and midwife led care. Around 2,000 women give birth at the George Eliot every year and are looked after by specialist services. The service has a Level 1 Special Care Unit operating as part of the local operational delivery network (ODN) with local trusts. Operational delivery networks focus on coordinating patient pathways between providers over a wide area to ensure patients have access to the specialist support and expertise they need. Services are high quality, safe and managed by our caring team who support families from the early stages of pregnancy, through birth and after delivery.

The service also provides an ante natal and post-natal community care and home birth delivery service.

We previously inspected with the gynaecology service so we cannot compare our new ratings with previous ratings.

We carried out an unannounced inspection of the maternity service on 13 November to 15 November 2018. We visited clinical areas in the service including the delivery suite, the antenatal and postnatal inpatient ward, the maternity assessment unit and ante natal outpatients department.

We spoke with six women and their relatives. We also spoke with 33 members of staff including midwives, maternity support workers, specialist midwives, matrons, ward and departmental managers, medical staff, sonographers, neonatal hearing screening staff, physiotherapists and administrative staff. We observed care and treatment and reviewed 16 care records, eight prescription charts and eight observation charts.

## Summary of this service

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

- The last inspection of this service in 2014 identified that the service did not have a vision or strategy. The service had developed a clear vision and strategy which focussed on providing optimum personal care for each woman and was embedded in practice.
- The service now had a clear management structure with defined lines of responsibility and accountability.
- The service did not have a systematic approach to sharing lessons learned from incidents at the previous inspection. This had improved during this inspection. The service had systems in place to share the learning from incidents at all levels.
- Staff received their mandatory training through face-to-face sessions and e-learning modules. Staff within the maternity service understood their responsibility to complete mandatory training and managers had oversight of training compliance.

# Maternity

- Safeguarding was given sufficient priority within the service. Safeguarding training compliance was monitored by the learning and development team who provided monthly compliance reports to managers.
- Daily multidisciplinary safety meetings were held where staffing levels, patient dependency and any areas of concern were discussed and actions taken to reduce risks.
- The service was piloting a “Juniper” team pathway which focused on facilitating normal births, increasing access to midwifery led continuity of care and reducing maternal and new born health inequalities.
- Medicines were stored and prescribed safely. A new clinical ward based pharmacy service had been introduced and had made a significant improvement to communication and relationships with the maternity teams.
- Women and babies care was consistently planned and delivered in line with evidenced based guidance. Staff followed National Institute for Health and Care Excellence (NICE) and Royal College of Obstetricians and Gynaecologists (RCOG) and other professional guidelines regarding the treatment of women and babies.
- The service introduced NHS England’s saving babies lives care bundle in May 2016 and was recognised as a leader in the project as one of the first trusts to embed all four elements: carbon monoxide monitoring for all pregnant women, use of customised growth charts in pregnancy for improved identification of small for gestational age babies, use of recommended checklists for improved management of reduced foetal movements and Improved interpretation of continuous foetal monitoring in labour.
- The service had a range of specialist midwives. These included specialists in a range of areas including obesity, diabetes and infant feeding
- Staff were caring and compassionate and maternity services provided a flexible service to meet the needs of local people
- Staff understood the impact that a person’s care, treatment or condition could have on their wellbeing and those close to them. Staff demonstrated an awareness of women with complex needs and when to provide additional support to minimise the risk of them becoming anxious or distressed.
- The service worked closely with local stakeholders and neighbouring trusts to establish the local maternity system (LMS) to improve the maternal and neonatal safety across the clinical network.
- The service had a PIPPS team (providing information and positive parenting service) for vulnerable and young mothers. There were two PIPPS midwives who had a reduced caseload. They worked closely with mothers to build close relationships and provide additional care.
- The maternity service had not closed the unit on any occasions from August 2017 to July 2018. There was an escalation guideline to support staff during peaks in activity, which gave staff clear and concise guidance. No antenatal clinics had been cancelled during this time.

## Is the service safe?

**Good** 

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Midwifery staff exceeded the trust’s compliance targets for all safeguarding training modules.

# Maternity

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had sufficient equipment and looked after it well. There were processes in place to ensure that emergency equipment was checked daily and staff adhered to this.
- Risks to women and babies were generally managed well.
- Staff were supported by the critical care outreach team if a woman required a high level of nursing care and could be managed in an allocated side room in the department.
- The service had enough midwifery staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service did not always have enough substantive medical staff and used regular locum staff to cover vacant shifts. All medical staff had the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- 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.
- However;
- Whilst staff understood how to protect women and babies from abuse and the service worked well with other agencies to do so, not all medical staff had completed the safeguarding training at the required level to ensure they had the appropriate knowledge to do so.
- The premises and environment were generally appropriate to keep women and their babies safe. The premises were in need of some refurbishment. Whilst there was no dedicated high dependency bed within the maternity suite staff allocated a side room for women with additional monitoring equipment if necessary.
- Staff did not always complete and update all risk assessments for each patient. For example, not all venous thromboembolism (VTE) were fully completed and not all maternity early warning scores (MEWS) were added up, therefore there was a potential that deteriorating patients would not be recognised or escalated appropriately.

## 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 checked to make sure staff followed guidance.

# Maternity

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Women had access to midwifery, obstetric and anaesthetic support seven days per week. Arrangements were in place to keep women and their babies safe out of hours.
- Women who used the maternity service were supported to live healthier lives and manage their own health, care, and wellbeing.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

## Is the service caring?

**Good** ●

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

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity, and supported their individual needs. Feedback from women and relatives confirmed that staff treated them well and with kindness.
- Staff provided emotional support to women and their families to minimise their distress and we were provided with many examples of this. Women's emotional and social needs were as important to staff as women's physical needs, and there was ongoing support for bereaved women and their families.
- Staff involved patients and those close to them in decisions about their care and treatment. They provided women and their partners with the opportunity to ask questions.

## 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.
- The service took account of patients' 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.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.

However;

# Maternity

- Whilst the service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff, some complaints were not always responded to within the timeframe stated in the trust policy.

## Is the service well-led?

**Good** 

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

- The service had a clear vision and set of priorities for what it wanted to achieve and workable plans to turn it into action. This was developed with involvement from staff, patients, and key groups representing the local community and focussed on providing optimum personal care for each woman.
- 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 improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The women and children's division had a divisional risk register which identified key risks and was regularly reviewed.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The service used paper records and there was a risk that confidentiality may be breached in community records.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## Areas for improvement

### The trust **SHOULD** take action to:

- Ensure that all medical staff are compliant with all relevant levels of safeguarding training.
- Ensure that the building is well maintained.
- Ensure that all risk assessments for venous thromboembolism (VTE) and maternity early warning scores (MEWS) are fully completed in line with national guidance.
- Ensure that all complaints are responded to within the timeframe identified in the trust policy



# Services for children and young people

Good 

## Key facts and figures

George Eliot Hospital is an acute hospital that forms part of George Eliot Hospital NHS Trust. The hospital provides a consultant led children and young people's (CYP) service which includes; elective day care surgery, investigations and treatment services, outpatients and children's assessment services based in the emergency department and a level one neonatal unit.

There were no inpatient beds paediatric beds at the hospital.

Care for CYP was provided in the following areas:

- Children's Assessment Unit (CAU) with eight cubicles and a triage (assessment) room.
- Special Care Baby Unit (SCBU) with eight cots.
- Children's Unit with five bed spaces for day surgery, a children's outpatient department and investigations/treatment clinic.

The CAU provided walk in and referral services between the hours of 08.00 and 22.00. Ambulance borne cases were diverted to local acute trusts after 20.00. The CAU was closed to referrals after 22.00 but continued to see CYP brought in by parents or walk ins.

Children requiring an overnight stay or surgical or medical intervention are treated in local acute NHS hospitals through service level agreements and paediatric beds commissioned through the local clinical commissioning group.

The service provides care to newborn babies requiring treatment in the SCBU, a level one unit and part of the South West Midlands Network with eight cots and facilities for parents to stay at the hospital.

We carried out our inspection of George Eliot University Hospital from the 13 to the 15 of November 2018. During our inspection we visited clinical areas at the service including CAU, the Children's Unit, children's outpatients and SCBU. We reviewed CYP day surgery services on the 11 December 2018.

During our inspection, we spoke with:

- Seven children and young people who were using the service and ten relatives.
- Managers and lead nurses of each department or the member of staff in day to day charge of the department.
- 30 other staff members including senior managers, consultant paediatricians, junior doctors, nurses, support and administrative staff.

We observed care and treatment and reviewed ten patient care records and associated documentation and procedures. We also reviewed the trust's performance data and trust policies.

## Summary of this service

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

- The service provided mandatory training in key skills to all staff and nursing staff were mainly compliant.
- Staff understood how to protect patients from abuse and the service worked well with other agencies. The trust target of 85% compliance was met for the majority of safeguarding training courses.

# Services for children and young people

- The service controlled infection risk well.
- The service had suitable premises and equipment and looked after them well. Equipment was checked at regular intervals to ensure it was safe for use.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had sufficient nursing staff with the right qualifications, skills, training and experience. Staffing levels were safe at the time of the inspection and we saw evidence of this in all the areas we visited.
- At the time of the inspection there were sufficient medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patient's care and treatment and individual records were managed in a way that mainly kept patient's safe. Records were stored securely in all the areas we visited.
- Staff prescribed gave and recorded medicines well. Patients received the right medication and the right dose at the right time.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and provided feedback to staff. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Pain was assessed and managed well.
- 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. Outcomes were generally better than the national average. Action plans were in place to address any shortcomings.
- The service made sure staff were competent in their roles.
- Staff worked together as a team to benefit patients.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed trust policy and procedures when a child or young person could not give consent. The majority of staff in children's services had undertaken training in the Mental Capacity Act (MCA).
- Staff cared for babies, children and young people with compassion. Feedback from children and parents 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 treatment. Parents were encouraged to be actively involved in their children's care.
- The trust planned and delivered services to meet the needs of local people.
- The service took account of children and young people's needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results and shared these with staff.

# Services for children and young people

- Senior managers in children's services had the right skills and abilities to address risks identified in sustaining paediatrics at the hospital. Performance issues across clinical teams in children's and urgent care services continued to be addressed and we saw improvements in the local leadership and management of children's services starting to emerge.
- The service had a vision of 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.
- Senior managers were continuing to promote a positive culture to help address the challenges raised at the previous inspection. Improvements in behaviours and staff morale were observed and a sense of common purpose across CAU and ED was starting to emerge.
- 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 excellent care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, 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 with patient's, staff and the public to plan and manage appropriate services for children, young people and their families.
- The service was committed to improving services by learning from when things went well and when things went wrong in promoting training, research and innovation.

However

- There were four patients who had been referred to the child and adolescent mental health service (CAMHS) that were in the CAU for over 12 hours awaiting admission to the nearby NHS acute trust for assessment. This then affected the flow of other patients through CAU. We raised this with the service at the time of the inspection who were taking the appropriate actions to address current concerns and a multi-agency action plan was in place with Coventry and Warwickshire.
- Children's services had identified paediatrics as a risk to the organisation due to the inability to recruit a substantive medical workforce and financial sustainability. However, the trust was taking the appropriate actions to address the service shortfalls.
- Although the service prior to the inspection had not identified the risks associated with CYP waiting for an acute paediatric bed for mental health assessment, additional data demonstrated the service was working closely with Coventry and Warwickshire on a multi-agency action plan which included reviewing the risks posed to CYP.
- Medical staff were not meeting the 85% trust standard for mandatory training.

## Is the service safe?

**Good** 

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

- The service provided mandatory training in key skills to all staff and nursing staff were mainly compliant.
- Staff understood how to protect patients from abuse and the service worked well with other agencies.

# Services for children and young people

- The service controlled infection risk well.
- The service had suitable premises and equipment and looked after them well. Equipment was checked at regular intervals to ensure it was safe to use.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had sufficient nursing staff with the right qualifications, skills, training and experience. Staffing levels were safe at the time of the inspection and we saw evidence of this in all the areas we visited.
- At the time of the inspection there were sufficient medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and provide the right care and treatment.
- Staff kept detailed records of patient's care and treatment and individual records were managed in a way that mainly kept patient's safe. Records were stored securely in all areas we visited.
- Staff prescribed, gave and recorded medicines well. Patients received the right medication and the right dose at the right time.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and provided feedback to staff. When things went wrong, staff apologised and gave patients honest information and suitable support.

However,

- Children's services had identified paediatrics as a risk to the organisation due to the inability to recruit a substantive medical workforce and financial sustainability.
- Medical staff were not meeting the 85% trust standard for mandatory training.

## 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 checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Pain was assessed and managed well.
- 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. Outcomes were generally better than the national average. Action plans were in place to address any shortcomings.
- The service made sure staff were competent in their roles.
- Staff worked together as a team to benefit patients.
- Staff understood how and when to assess whether a patient had the capacity to make a decision about their care. They followed trust policy and procedures when a child or young person could not give consent. The majority of staff in children's services had undertaken training in the Mental Capacity Act (MCA).

# Services for children and young people

## Is the service caring?

**Good** 

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

- Staff cared for babies, children and young people with compassion. Feedback from children and parents 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 treatment. Parents were encouraged to be actively involved in their children's care.

## Is the service responsive?

**Good** 

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

- The trust planned and delivered services to meet the needs of local people.
- The service took account of children and young people's needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with staff.

However,

- There were four patients who had been referred to the child and adolescent mental health service (CAMHS) that were in the CAU for over 12 hours awaiting admission to the nearby NHS acute trust for assessment. This then affected the flow of other patients through CAU. We raised this with the service at the time of the inspection who were taking the appropriate actions to address current concerns and a multi-agency action plan was in place with Coventry and Warwickshire.

## Is the service well-led?

**Good** 

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

- Senior managers in children's services had the right skills and abilities to address risks identified in sustaining paediatrics at the hospital. Performance issues across clinical teams in children's and urgent care services continued to be addressed and we saw improvements in the local leadership and management of children's services were starting to emerge.
- The service had a vision of 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.

# Services for children and young people

- Senior managers were continuing to promote a positive culture to help address the challenges raised at the previous inspection. Improvements in behaviours and staff morale were observed and a sense of common purpose across CAU and ED was starting to emerge.
- 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 excellent care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, 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 with patients' staff and the public to plan and manage appropriate services for children, young people and their families.
- The service was committed to improving services by learning from when things went well and when things went wrong promoting training, research and innovation.

## Areas for improvement

The trust SHOULD take action to:

- Continue to monitor patient flow into CAU to ensure children with mental health concerns do not wait for long periods to access a mental health assessment.
- Ensure they incorporate risks associated with CAU delays into department and trust wide risk registers.
- Continue to monitor the outcomes of the task and finish group to ensure the recruitment of a substantive medical workforce and financial sustainability are achieved.
- Ensure that medical staff in children's services are compliant with their mandatory training requirements.

# End of life care

Good 

## Key facts and figures

George Eliot Hospital (GEH) provides end of life care to patients across all clinical areas who have a variety of conditions including cancer, stroke, cardiac and respiratory disease and dementia. The hospital does not have a dedicated ward for end of life care.

Staff within the specialist palliative care team (SPCT) provide advice, assessment and treatment to patients across all clinical areas within the hospital. The SPCT also support ward staff to deliver end of life care to patients who do not have complex, palliative care needs requiring additional specialist support.

SPCT received 297 referrals from January to October 2018. The service had seen an increase of 78 referrals over the same time last year.

Our inspection was announced to enable us to observe routine activity.

We visited five inpatient wards including stroke, elderly care, respiratory, general medicine, and oncology wards.

We observed care and viewed 20 care records. We spoke with patients, relatives, mortuary technicians, the chaplain, porters, staff in the bereavement centre and SPCT, and ward based members of staff including nurses, doctors, an occupational therapist and the medical director.

In total, we spoke with 30 staff members. We looked at policies and procedures and reviewed performance information about the care patients received at the end of their life at the trust.

## Summary of this service

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

- The last inspection in 2017 identified the trust did not always ensure there were sufficient quantities of equipment to maintain the safety of patients. This had improved during this inspection. No incidents concerning delays in patient care due to the lack of availability of syringe drivers had been reported in a 12-month period.
- The service now had sufficient numbers of suitably qualified, competent, skilled and experienced persons in end of life care services. There was palliative care consultant in post within the specialist palliative care team (SPCT) at the time of our inspection.
- The trust did not consistently assess, monitor and improve the quality and safety of the services it provided during our last inspection. This had improved during this inspection. The service now completed audits to identify if evidence-based, end of life documentation was consistently completed and reviewed. For example, staff had carried out an audit on preferred place of death for patients known to SPCT and used the audit to evaluate the quality of the information collated in the care plans.
- The trust had appointed end of life care champions in various ward areas and ensured the delivery of end of life care training was sufficient throughout the hospital.
- Staff were caring and compassionate and end of life care services provided a flexible service to meet the needs of local people.

# End of life care

## Is the service safe?

**Good** 

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

- The service had recruited 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. This had improved since our last inspection in October 2017.
- The service provided mandatory training in key skills to staff and made sure everyone completed it. The SPCT provided mandatory training in key skills to all staff and made sure end of life specialist nurses and inpatient staff had access to it. This had improved since our last inspection.
- The service now had suitable premises and equipment and looked after them well. Syringe pump equipment were available, which was an improvement from our last inspection.
- The service managed patient safety incidents and generally learned from incidents. The service had created an EoLC incident dashboard. The specialist palliative care lead nurse was responsible for maintaining, reporting and reviewing the dashboard. This had improved since our last inspection
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. All specialist palliative care staff were up-to-date on their safeguarding training.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean.
- Appropriate systems were in place to recognise and manage patients whose condition was deteriorating.
- Records were well maintained and kept securely. Information was available for staff to deliver safe care and treatment to patients at the end of life.
- Staff prescribed, gave, recorded and stored medicines well.

## Is the service effective?

**Good** 

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. This had improved during this inspection.
- The service ensured that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This was an improvement from our last inspection in October 2017 where not all staff were competent in their roles.
- Staff, teams and services within and across the trust worked well together to deliver effective care and treatment. This had improved since our last inspection.
- Patient's nutrition and hydration needs were identified and met in relation to national guidance for caring for patients in the last days and hours of life.



# End of life care

- Patients' pain was assessed and managed appropriately. Patients we spoke with told us that their pain was adequately controlled.
- Patient's care and treatment outcomes were monitored through trust participation in the national end of life care audit.
- There were arrangements in place to cover the palliative care consultant post when they were on leave or out of hours, by the specialty doctor and medical staff who worked at the local hospice.
- The service supported people to live healthier lives and care was planned holistically using health assessments where appropriate.

However;

- Whilst staff understood their roles and responsibilities under the Mental Health Act (MHA) 1983 and the Mental Capacity Act (MCA) 2005 and they knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. There was some inconsistency in the recording of decisions within patient records and documents.
- The trust did not provide a seven-day face-to-face service to support the care of patients at the end of life as recommended by the National Care of the Dying Audit report for Hospitals (NCDAH) 2013/14.

## Is the service caring?

**Good** 

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

- The service ensured that patients were treated with kindness, respect, and compassion, and that they are given emotional support when needed.
- 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. Patients and relatives told us they felt involved in their care at the end of life.
- Relatives or friends were encouraged to be involved in care planning and support their loved ones. Those identified as wishing to take an active part in the care of their loved one were provided with a carer's passport.
- A bereavement nurse was on site to offer advice, support and counselling to families and carers.
- 

## Is the service responsive?

**Good** 

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

- Patients could access care in a timely way. This had improved since the last inspection. From January 2018 to October 2018, 297 referrals were made to the specialist palliative care team (SPCT) with 75% of these referrals being for patients with a diagnosis of cancer.

# End of life care

- The SPCT reviewed 92% of patients referred to them within 24 hours of referral in September 2018 and 88% of patients referred in October 2018 were seen within 24 hours.
- The trust planned and provided services in a way that met the needs of local people. Priorities for EoLC services had been identified and the trust worked with stakeholders to secure resources that would stabilise and enhance services for local people.
- The service took account of the needs and choices of different patients. Services were generally planned and delivered in a way that took account of the needs of different people on the grounds of age, disability, gender, race, religion or belief and sexual orientation.
- Complaints relating to the care of patients at the end of life were reviewed by the specialist palliative care team with a view to learning lessons and improving care.

## Is the service well-led?

**Good** 

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

- The service had managers at all levels with the right skills and abilities to run a service providing quality sustainable care. This was an improvement since our last inspection.
- There was a clear vision and strategy with identified priorities and action plans that had been developed with the collaboration of internal and external stakeholders, with quality and sustainability a key priority for the trust and the end of life care committee. This had been underdeveloped at our last inspection.
- Staff told us they felt positive and proud of the quality of end of life care delivered and there was a strong culture of quality end of life care throughout that included both specialist and ward staff. This had improved since our last inspection.
- During our last inspection in October 2017 we identified there had been no governance structure to quality assure and monitor the end of life service from team level to the trust board. During this inspection, end of life care at a strategic and operational level were quality assured and monitored by the strategic and operational end of life care working group which was chaired by the medical director.
- There was an effective governance structure in place. Processes and systems of accountability supported the delivery of the end of life care strategy.
- At the time of our last inspection in October 2017, we were not assured that risks had been correctly identified, reviewed and monitored. This had improved.
- There were clear and effective processes for managing risks, issues and performance. Risk registers included identified risks in relation to end of life care and these were regularly reviewed and action taken through the end of life care committee.
- Appropriate and accurate information was being effectively processed, challenged and acted upon; for example, through the development of an end of life care dashboard to provide an overview of quality in end of life care services.
- Staff were actively engaged in end of life care across the trust through the development of champions across a range of staff groups including nurses, healthcare assistants and consultants.

# End of life care

- There were systems in place for learning, continuous improvement and innovation. The trust had introduced the end of life plan documentation which was based on the 'five priorities of care' to support the delivery of good care by the generic staff on the wards.

## Outstanding practice

Ward sisters on Elizabeth ward had produced an information leaflet on the five stages of death. The aim of the leaflet was to support patients and their relatives in dealing with long term limiting conditions while identifying the stages of grief. Staff also confirmed that should a patient or relative's approach be difficult they referred to the leaflet as a reminder of the different stages of grief that they may be feeling.

## Areas for improvement

Actions the trust SHOULD take to improve:

- The trust should ensure there is consistency in the recording of mental capacity decisions within patient records and documents.
- The trust should consider the provision of a seven-day face-to-face end of life care service according to national recommendation.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

#### 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

#### Regulated activity

#### Regulation

Surgical procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

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

The team included eight further inspectors, two mental health inspectors, one pharmacy specialist inspector, 12 specialist advisers and 2 governance specialist advisers and one national professional advisor in Urgent & Emergency Care.

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.