

Milton Keynes University Hospital NHS Foundation Trust

Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust		Good	
Are services at this trust safe?	Requires improvement		
Are services at this trust effective?	Good		
Are services at this trust caring?	Good		
Are services at this trust responsive?	Good		
Are services at this trust well-led?	Good		

Summary of findings

Letter from the Chief Inspector of Hospitals

Milton Keynes University Hospital NHS Foundation Trust consists of one medium-sized district general hospital. The trust provides a full range of hospital services including an emergency department, critical care, general medicine including elderly care, general surgery, paediatrics and maternity care. In total, the trust has 517 hospital beds. In addition to providing general acute services, Milton Keynes Hospital increasingly provides more specialist services, including cancer care, cardiology and oral surgery.

We inspected Milton Keynes Hospital NHS Foundation Trust as part of our comprehensive inspection programme in October 2014. Overall, we rated this trust as “requires improvement and noted some outstanding practice and innovation. However, improvements were needed to ensure that services were safe, effective, and responsive to people’s needs.

We carried out a focused, unannounced inspection to the trust on 12, 13 and 17 July 2016, to check how improvements had been made in the urgent and emergency care, medical care and end of life care core services. We also inspected the maternity and gynaecology service.

Overall, we inspected all five key questions for the urgent and emergency care and medical care core services and found that improvements had been made so that both core services were now rated as good overall.

For the maternity and gynaecology service, at the last inspection, all five key questions were rated as good. At this inspection, we rated safety and well-led as good.

We found that significant improvements had been made in the end of life care service and that the key question of safe was now rated as good.

Applying our aggregation principles to the ratings from the last inspection and this inspection, overall, the trust’s ratings have significantly improved to be good overall. This was because four key questions, namely effective, caring, responsive and well-led, were rated as good, with safe being requiring improvement.

Our key findings were as follows:

- All staff were passionate about providing high quality patient care.
- Patients we spoke to described staff as caring and professional. Patients told us they were informed of their treatment and care plans.
- The emergency department was meeting the 95% four hour to discharge, or admission target, with a clear escalation processes to allow proactive plans to be put in place to assist patient flow. For July 2016, the department was performing at 96%.
- The emergency department leadership team had significantly improved the department’s performance in meeting the four hour target to improve safety in seeing and assessing patients. The department leaders had implemented a range of systems and processes to drive improvements throughout the service.
- The Hospital Standardised Mortality ratio (HSMR) was significantly better the expected rate and generally outcomes for patients were positive.
- Whilst bed occupancy was very high, at 97%, above the threshold of 90%, patient flow was generally effective in the service.
- The service performed well for referral to treatment times; scoring 97% across the medical specialities.
- Improvements had been made in the completion and review of patients’ ‘do not attempt cardio pulmonary resuscitation’ forms.
- The trust had established a maternity improvement board to review incidents and risks and to drive improvements in the service. Information was used to develop the service and continually improve.
- There was a lower rate than the national average of neonatal deaths. The maternity improvement board was monitoring this to make further improvements in the service.
- The culture within the nursing and midwifery teams was caring, supportive and friendly.
- Safety concerns and risks were monitored regularly in the maternity service and plans were in place to address areas of concern. Changes in practice and training had been put in place following lessons learned from incidents.

Summary of findings

- Staff knew how to report incidents appropriately, and incidents were investigated, shared, and lessons learned.
- Staff understood their responsibilities and were aware of safeguarding policies and procedures.
- There were generally effective systems in place regarding the handling of medicines.
- Equipment was generally well maintained and fit for purpose.
- Staffing levels were appropriate and met patients' needs at the time of inspection.
- Patients' individual care records were written and managed in a way that kept people safe
- Standards of cleanliness and hygiene were generally well maintained. Reliable systems were in place to prevent and protect people from a healthcare associated infection.
- Mandatory training generally met or was near to meeting trust targets.
- Appropriate systems were in place to respond to medical emergencies. Appropriate systems and pathways were in place to recognise and respond appropriately to deteriorating patients.
- Patients' needs were assessed and their care and treatment was delivered following local and national guidance for best practice.
- Staff morale was positive and staff spoke highly of the support from their managers.
- Local ward leadership was effective and ward leaders were visible and respected.
- The emergency department did not fully comply with guidance relating to both paediatric and mental health facilities. The paediatric emergency department had a door that was propped open, allowing access by all staff and patients presenting potential security risks. The ED did not have a dedicated mental health assessment room that had had a robust risk assessment, allowing equipment in the room to be used as missiles. The trust took immediate actions to address this during the inspection to make these areas safe.
- Initial clinical assessments were not always carried out in a timely way in the paediatric area, and escalation for medical review and assessment was inconsistent. This was escalated to the trust who took immediate actions during the inspection to address this. This was followed up on the third day of inspection and all children had been clinically assessed within the 15-minute period. The trust also ensured this was actively monitored on an ongoing basis.
- There were inconsistent checks of resuscitation equipment throughout the department, not in line with trust policy. The trust took urgent action to address this during the inspection and to monitor this on an ongoing basis.
- Staff, patients and visitors did not observe appropriate hand washing protocols when entering/leaving the department or when moving between clinical areas. The trust took action to address this and to monitor on an ongoing basis.
- Some patients' privacy was not respected when booking in at the reception desk in the emergency department when the department was busy.
- The non-invasive ventilation policy was out of date and had not been reviewed. New guidance relating to this had been released in March 2016, which meant there was a risk that staff were not following current guidelines. The service was aware that it was out of date and was planning to review this; however, there was no time scale for this.
- The medical care service did not have a specific policy for dealing with outlying patients, and therefore, there was no formal procedure to follow in these instances.
- External, regional health service planning had affected the maternity service's development plans.
- In the maternity service, some examples were shared with inspectors of poor communication, inappropriate behaviours and lack of teamwork at consultant level

We saw several areas of outstanding practice including:

- The medical care service had a proactive elderly care team that assessed all patients aged over 75 years old. This team planned for their discharge and made arrangements with the local authority for any ongoing care needs.
- The medical care service ran a 'dementia café' to provide emotional support to patients living with dementia and their relatives.
- Ward 2 had piloted a dedicated bereavement box that contained appropriate equipment, soft lighting, and bed furnishings to provide a 'homely' environment for those patients requiring end of life care.

However, there were also areas of poor practice where the trust needs to make improvements:

Summary of findings

within the service. From discussion with senior managers, it was clear that some issues had been recognised and active steps were being taken to optimise communication and team working. Such behaviours were not observed during the inspection.

- Not all medical staff had the required level of safeguarding children's training.
- There was poor compliance with assessing the risk of venous thromboembolism (VTE) and the maternity service had actions plans to place to address this concern.

Importantly, the trust should:

- Review and monitor the access and security of both the adult and paediatric emergency departments.
- Monitor the facilities available for respecting the privacy and confidentiality of patients and relatives during the booking in process in the adult and paediatric emergency departments.
- Monitor the initial clinical assessment times within the paediatric emergency department.
- Monitor that recommended checks are carried out on all resuscitation equipment and documented the adult and paediatric emergency departments.
- Review and monitor the mental health assessment room to ensure it is fit for purpose in the adult emergency department.
- Monitor the effectiveness of staff, patient and relatives' adherence to infection control procedures within the adult and paediatric emergency departments.
- Monitor staff compliance with mandatory training requirement to meet the 90% trust target in the adult and paediatric emergency departments.
- Ensure that all resuscitation and emergency trolleys are fit for purpose and robust audits are completed.

- Ensure that agency staff have appropriate induction with evidence of completion.
- Review the isolation facilities available on Ward 17 for patients with infections.
- Review the storage of hazardous chemicals and needles to ensure that no unauthorised people could have access.
- Review the non-invasive ventilation policy, incorporating the new guidance available.
- Review the consistency of consultant cover out of hours and at weekends across the medical wards.
- Review the arrangements for timely discharge of patients from the AMU.
- Review the procedures for the management of outlying patients.
- Review the process for recording the number of bed moves for patients, including out of hours and at weekends.
- Review the specific arrangements for caring for patients with autism.
- Review the completion of assessments for venous thromboembolism (VTE) to ensure patients' safety needs are met.
- Review arrangements for monitoring the cleaning of equipment in the maternity service.
- Review the provision of pain relief provided to women in labour to ensure patients' needs are met.
- Review the arrangements for post-operative recovery to ensure mothers and babies can be cared for together, unless in emergencies.
- Monitor the safeguarding children's training provision for medical staff in the maternity service.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Milton Keynes University Hospital NHS Foundation Trust

Milton Keynes University Hospital NHS Foundation Trust consists of one medium-sized district general hospital. Monitor (now amalgamated into NHS Improvement) authorised the trust as a foundation trust in October 2007. An NHS foundation trust is still part of the NHS, but the trust has gained a degree of independence from the Department of Health.

The trust provides a full range of hospital services including an emergency department, critical care, general medicine including elderly care, general surgery, paediatrics and maternity care. In total the trust has 517 hospital beds. In addition to providing general acute services, Milton Keynes Hospital increasingly provides more specialist services, including cancer care, cardiology and oral surgery.

The trust serves a population of 252,000 living in Milton Keynes and the surrounding areas. Milton Keynes is an urban area with a deprivation score of 192 out of 326 local authorities (with 1 being the most deprived). Life expectancy for men is worse than the England average, but for women is about the same as the England average.

- The trust employs 3,000 staff.
- The trust has beds for 400 patients.
- 84,000 people come to the emergency department every year.
- The trust treats 20,000 elective patients, 200,000 outpatients, and delivers over 4,000 babies every year.

Our inspection team

Our inspection team was led by:

Head of Hospital Inspections: Bernadette Hanney, Head of Hospital Inspection, Care Quality Commission.

Inspection Manager: Phil Terry

The team included a CQC inspection manager, four CQC inspectors and six special advisors, including consultants and senior nurses.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

This unannounced, focused inspection took place on 12, 13 and 17 July 2016 to inspect those core services that required improvement at the October 2014 comprehensive inspection. As this was a focused

inspection, we did not gather evidence across all of the five key questions in the end of life care service, focusing on safety. We also looked at the key question of safety and well-led for the maternity service.

Before visiting, we reviewed a range of information we held as well as information available regarding the emergency department's performance.

We spoke with 92 staff in the hospital, including nurses, junior doctors, consultants, senior managers and 35 patients and their relatives. We visited the adult and children's emergency department, medical care wards, maternity and gynaecology services and the end of life care service. We reviewed 78 patients' records.

Summary of findings

We would like to thank all staff, patients, carers for sharing their balanced views and experiences of the quality of care and treatment at Milton Keynes Hospital.


Facts and data about this trust

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Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>We rated the emergency department as requires improvement for safety because:</p> <ul style="list-style-type: none">• The department did not comply with guidelines relating to paediatric facilities. The Royal College of Paediatrics and Child Health (2012) recommend that the paediatric area is secure and access is monitored and controlled. The doors were left open to allow ease of access to the children and parents to enter. However, this also meant that anyone had access to this department. This was escalated to the trust who took actions during and after the inspection to address this to make sure the area was secure.• The department did not comply with guidance relating to mental health facilities. Whilst the room used to care for those presenting with mental health conditions had since had a full risk assessment, not all risks were mitigated. The trust took immediate action to address this during the inspection to make the area appropriate for use as a mental health assessment room.• Initial clinical assessments were not always carried out in a timely way in the paediatric area, and escalation for medical review and assessment was inconsistent. This was escalated to the trust who took immediate actions during the inspection to address this. This was followed up on the third day of inspection and all children had been clinically assessed within the 15-minute period. The trust also ensured this was actively monitored on an ongoing basis.• There were inconsistent checks of resuscitation equipment throughout the department, not in line with trust policy. The trust took urgent action to address this and to monitor this on an ongoing basis.• Staff, patients and visitors did not observe appropriate hand washing protocols when entering/leaving the department or when moving between clinical areas. The trust took action to address this and to monitor on an ongoing basis. <p>However, we also found:</p> <ul style="list-style-type: none">• Incidents were reported appropriately via an electronic system and investigated swiftly with learning points identified.• There were clear systems in place to safeguard vulnerable adults and children.	<p>Requires improvement</p> 

Summary of findings

- Controlled drugs which require special storage and security arrangements were stored following safe and good guidance procedures.
- Paediatric nurses from the children's ward were rotated into the PED; this meant there was a paediatric-trained nurse on every shift.

Overall, we rated the medical care service as requiring improvement for safety because:

- Across a number of wards, we found resuscitation trolleys were not checked consistently. On inspection, we found where they had been checked, equipment and some medicine inside the trolleys were found to be out of date. We raised this as a concern and the trust took immediate action to address this by reviewing all resuscitation trolleys and ensured that ward leaders were accountable for these checks.
- Induction of agency staff was not always robust as some wards did not follow the trust's policy for agency staff induction and we found some wards were not keeping any records of these inductions.
- Hazardous chemicals and needles were not always kept in secure locked rooms.
- We found that medicines were not always stored securely or safely on wards 15 and 16.

However, we also found that:

- Risks to patients were identified and escalated appropriately, with good use of the National Early Warning Score (NEWS).
- Staff understood their responsibilities to safeguard patients from harm.
- Nurse staffing levels were appropriate, with staff flexed to cover vacancies.
- Medical staff cover was effective with appropriate arrangements for out of hours.

Overall, we rated the maternity and gynaecology service as good for safety because:

- There was a lower rate than the national average of neonatal deaths. The maternity improvement board was monitoring this to make further improvements in the service.
- Changes in practice and training had been put in place following lessons learned from incidents. Improvements had been made in response to serious incidents.

Summary of findings

- There was sufficient equipment on the wards to keep women and babies safe including new areas for resuscitating babies, blood pressure monitoring devices and a centralised cardiotocography (CTG) system. Systems were in place to make sure that women were monitored and looked after closely.
- Staff were adequately trained, encouraged, and supported to continue with their professional development. Midwifery, gynaecology nurse, and medical staffing met patients' needs at the time of inspection.
- At times of peak demand, the service escalated the overall safety status of the maternity unit as necessary. Appropriate escalation plans were in place.
- Whilst there was not always adequate space for storage of equipment not in use, the service had noted this as a risk and had raised awareness amongst staff teams to constantly assess the situation for risks to patients.

However, we also found that :

- Some gaps in emergency trolley documented checks were found and the service actioned this immediately when we raised it as a concern.
- There was poor monitoring of the risk of venous thromboembolism (VTE) and the service had actions plans to place to address this concern.
- Women could be separated from their babies after a caesarean section due to limited recovery space in the operating theatres.
- There were at time gaps in the implementation and recording of information about intentional rounding carried out on labour ward. The service was monitoring the completion of these records.

Overall, we rated the end of lice care service as good for safety. Significant improvements had been made since the October 2014 inspection. We found that:

- Improvements had been made in the completion and review of patients' 'do not attempt cardio pulmonary resuscitation' forms.
- Staff knew how to report incidents appropriately, and incidents were investigated, shared, and lessons learned.
- Staff understood their responsibilities and were aware of safeguarding policies and procedures.
- There were effective systems in place regarding the handling of medicines.
- Equipment was generally well maintained and fit for purpose.
- Chemicals hazardous to health were generally appropriately stored.

Summary of findings

- Risks in the environment and in the service had been recognized and addressed.
- Staffing levels were appropriate and met patients' needs at the time of inspection.
- Patients' individual care records were written and managed in a way that kept people safe
- Standards of cleanliness and hygiene were generally well maintained. Reliable systems were in place to prevent and protect people from a healthcare associated infection.
- Mandatory training was provided for staff and compliance was 100%.
- Records were accurate, well maintained and stored securely.
- Appropriate systems were in place to respond to medical emergencies.
- Patients' needs were assessed and their care and treatment was delivered following local and national guidance for best practice.

Are services at this trust effective?

Overall, we rated the emergency department as good for effectiveness because:

- Up to date and relevant evidence-based guidance and best practice was used within the emergency department (ED) to develop services and improve care and treatment.
- The department had a clear sepsis pathway that was used in all patients' initial assessment.
- Staff demonstrated a good knowledge of the key elements of the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards and understood how it related to patient care.
- The department had appointed a paediatric trained band 7 senior sister to take the nurse lead on training, and developing pathways specific for their paediatric emergency area.

However, we found that:

- Pain scores were not always re-evaluated after patients received pain relief.
- Audits showed mixed outcomes for patients in some cases.
- The department's unplanned re-attendance rate within seven days was not meeting the national standard of 5% but was generally better than the England average.

Good



Summary of findings

Overall, we rated the medical care service as good for effectiveness because:

- Patients generally had their needs assessed and their care planned and delivered in line with evidence-based, guidance, standards and best practice.
- The Hospital Standardised Mortality ratio (HSMR) was significantly better the expected rate.
- Staff had regular one-to-ones and appraisals which was a significant improvement on the last inspection.
- Staff generally had a good understanding of the Mental Capacity Act and consent to care, treatment was obtained in line with legislation, and guidance and deprivation of liberty safeguards were applied appropriately.

However, we also found that:

- The non-invasive ventilation policy was out of date and had not been reviewed. New guidance relating to this had been released in March 2016, which meant there was a risk that staff were not following current guidelines. The service was aware that it was out of date and was planning to review this; however, there was no time scale for this.
- Performance in national stroke care audits had been poor but was improving.

Are services at this trust caring?

We rated the emergency department as good for caring because:

- Staff showed compassion towards patients and their families
- Patients told us they had been treated with kindness, dignity and respect.
- Privacy and dignity was generally respected whilst patients were being cared for within the department by the nurses and doctors.
- There were good support systems in place to help people emotionally and after a loss of a loved one.

However, we found that:

- Some patients' privacy was not respected by staff when booking in at the reception desk when the department was busy.

Good



Summary of findings

Overall, we rated the medical care service as good for caring because:

- Patients received compassionate care, and patients were treated with dignity and respect. We saw that staff interactions with patients were person-centred and unhurried. Staff were focused on the needs of patients and improving services.
- Staff provided compassionate care to patients and interacted with them respectfully and considerately.
- Staff communicated clearly to patients and relatives and used private rooms for sensitive discussions.
- Patients and relatives we spoke with said they felt involved in their care and were complimentary and full of praise for the staff looking after them. Staff provided emotional support to patients and relatives.
- Allied health professionals worked well with patients to maximise their independence and confidence.
- The data from the friends and family test (FFT) was generally comparable with the England average. However, response rates were below the average.

Are services at this trust responsive?

Overall, we rated the emergency department as good for responsiveness because:

- Between April 2016 and June 2016, the department was meeting the target of 95% of all patients to be admitted, transferred or discharged home within four hours of arrival to the emergency department (ED) each month.
- Pathways were in place to improve flow in the department, including the use of an ambulatory care pathway and the opening of the Rapid Assessment Hub.
- Patient flow in the department had improved significantly since the last inspection.
- The ED senior team had an effective working relationship with the site management team, enabling rapid decision-making regarding patient flow in the department.
- There was an easy process for people to complain or raise a concern. There was openness and transparency in how complaints were dealt with.
- Individual needs of patients were identified and met.
- We saw robust planning and service delivery designed to support people with complex needs

However we also found:

- Seating was not always sufficient in the adult or children's waiting rooms when the department was busy.

Good



Summary of findings

Overall, we rated the medical care service as good for responsiveness because:

- Whilst bed occupancy was very high, at 97%, above the threshold of 90%, patient flow was generally effective in the service.
- The service performed well for referral to treatment times; scoring 97% across the medical specialities.
- The trust had appropriate arrangements to transfer patients to other hospitals if they required treatment that the trust did not offer (such as thrombolysis and treatment for ST-elevation myocardial infarction).
- The service had a proactive elderly care team (PECT) who reviewed all patients over 75 years old and planned their discharge.
- Services met patients' needs, especially those living with dementia.
- Lessons from complaints and incidents were shared appropriately through use of staff newsletters and meetings.

However, we also found that:

- Not all patients were routinely being transferred or discharged from AMU within 72 hours of admission, though the service had reduced the number of patients with longer than planned stays from April to July 2016. The service did not have an action plan to improve their performance. We were advised that this had recently been added to the trust's transformation work streams.
- The service did not have a specific policy for dealing with outlying patients, and therefore, there was no formal procedure to follow in these instances.
- There were not any specific arrangements for caring for patients with autism.

Are services at this trust well-led?

Overall, we rated the emergency department as good for well-led because:

- The leadership team had significantly improved the department's performance in meeting the four hour target to improve safety in seeing and assessing patients. The department leaders had implemented a range of systems and processes to drive improvements throughout the service.
- Feedback from staff relating to recent changes in nursing leadership was positive, with changes being welcomed to improve patient care in the department. The department had designed their own patient values and staff standards. These were displayed in all clinical areas and staff knew about them.

Good



Summary of findings

- There was a generally robust governance system in place to monitor safety and risks in the ED. Quality of care was discussed in monthly ED meetings with the consultant and nursing teams.
- There was an open and inclusive culture within the department and staff enjoyed working within the ED. Leaders were visible, approachable and encouraged a culture of transparency and openness. This had improved morale and had improved since the last inspection.

However, we also found that:

- Not all staff were fully aware of the department's strategy for moving forward with the urgent care centre plan.
- Some risks that were found on our inspection had not been identified by the leadership team such as the security of the children's' ED. Once we escalated this concern, the leadership team took immediate actions to address this concern.

Overall, we rated the medical care service as good for well-led because:

- The trust had an overall statement of vision and values.
- Regular governance board meetings occurred which reviewed key areas of risk management and quality measurement.
- Risk registers were generally reviewed regularly and used to drive improvements.
- Local ward leadership was good and ward leaders were visible and respected.
- There was a positive culture across the medical wards with staff telling us they enjoyed working at the trust. Morale was high across teams.
- There was a culture of candour and honesty across the wards.
- Feedback was obtained from patients and relatives, which informed service improvements.

However, we also found that:

- Some staff on the wards were not fully aware of the trust wide vision and were unable to articulate what this was.
- Some junior staff on the ward at all levels did not demonstrate a full awareness of how risks were managed within the service and were not aware of risk management processes and systems.
- Whilst the risk register generally reflected the wards' safety and quality of care and treatment, we did find some risks were not recorded on the service's risk register.

Summary of findings

Overall we rated the maternity and gynaecology service as good for well led because:

- The trust had established an improvement board to review incidents and risks and to drive improvements in the service. Information was used to develop the service and continually improve. The service was focused on continuous improvement.
- There was a clear vision for the service and staff understood the trust's values.
- Leadership was well defined and visible. Leaders had been appointed in all the maternity and gynaecology sub specialities with clear work plans and objectives.
- Midwives and gynaecology nurses' roles had been developed to support the service and provide a greater level of expertise for patients.
- Governance, risk management and quality measurement systems were in place and used to monitor and improve safety, treatment and outcomes for patients.
- The culture within the nursing and midwifery teams was caring, supportive and friendly. All nursing and midwifery staff we spoke to told us that they were happy at work.

However, we also found that:

- External, regional health service planning had affected the service's development plans.
- In the maternity service, some examples were shared with inspectors of poor communication, inappropriate behaviours and lack of teamwork at consultant level within the service. From discussion with senior managers, it was clear that some issues had been recognised and active steps were being taken to optimise communication and team working. Such behaviours were not observed during the inspection.
- The service website information was very limited.

Overview of ratings

Our ratings for Milton Keynes University Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Good	Good	Good
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Outstanding	Good
Critical care	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Our ratings for Milton Keynes University Hospital NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Good	Good	Good	Good	Good

Outstanding practice and areas for improvement

Outstanding practice

The medical care service had a proactive elderly care team that assessed all patients aged over 75 years old. This team planned for their discharge and made arrangements with the local authority for any ongoing care needs.

The medical care service ran a 'dementia café' to provide emotional support to patients living with dementia and their relatives.

Ward 2 had piloted a dedicated bereavement box that contained appropriate equipment, soft lighting, and bed furnishings to provide a 'homely' environment for those patients requiring end of life care. The trust's infection control committee had approved the equipment and furnishings used. This was now being rolled out across other wards.