The University Hospitals of North Midlands 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?	**Good**
Are services caring?	**Outstanding**
Are services responsive?	**Requires improvement**
Are services well-led?	**Good**

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

Summary of findings

Background to the trust

The University Hospitals of North Midlands NHS Trust was formed in 2014, integrating The University Hospital of North Staffordshire with Stafford Hospital (Mid Staffordshire NHS Foundation Trust). The trust serves the county of Staffordshire and the city of Stoke-on-Trent, providing services to approximately 700,000 people.

The population of Staffordshire has average life expectancy. Key health concerns are alcohol-related harm, obesity/ excess weight in adults and incidence of hip fractures in people aged 65 or older. The Staffordshire county health profile shows the county is relatively prosperous, as a whole, however, the city of Stoke-on-Trent is ranked as the 16th most deprived local authority.

The Staffordshire STP; "Together We're Better", prioritises community based solutions, ensuring people receiving the majority of the care they need closer to home, getting services out into the community and so keeping them out of hospital and relieving the pressure on A&E departments. The STP predicts in four years' time there will be a funding gap of £542m unless the current system changes.

Staffordshire has long been challenged and was described as a "distressed health economy" by the secretary of state in 2014. UHNM is at the centre of this and has constantly struggled with meeting ever increasing demand. There was a 22% increase in the number of patients attending A&E between 2013/2014 and 2016/2017.

The trust has 1219 beds and employs 9,401 whole time equivalent staff. As well as providing general acute hospital services for the local population, the trust also provides specialised services for three million people in the wider area. Royal Stoke is a teaching hospital, in partnership with Keele University and the site includes a patient centre clinical research facility.

From February 2016 to January 2017, there were 152,753 inpatient admissions at UHNM, 918,259 outpatient attendances and 178,348 accident and emergency department attendances.

Overall summary

Our rating of this trust stayed the same since our last inspection.

We rated it as Requires improvement  

What this trust does

The trust runs services at Royal Stoke University Hospital and County Hospital. We inspected both locations.

It provides a full range of local district hospital services including urgent and emergency care, critical care, medical care, surgery, end of life care, maternity and gynaecology, and outpatients services at both hospitals. Services for children and young people are provided at Royal Stoke University Hospital only. In addition to these services, the trust is also a tertiary centre on the Royal Stoke site for trauma, cardiology and spinal care.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

Summary of findings

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

What we inspected and why

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

Between 3 and 11 October 2017 we inspected five services provided at Royal Stoke University Hospital and three services provided at County Hospital because at our last inspection we rated these services as requires improvement.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed “Is this organisation well-led?”

What we found

Overall trust

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

- We rated safe and responsive as requires improvement, effective and well-led as good, and caring as outstanding. All ratings improved, apart from safe which stayed the same. We rated both hospitals as requires improvement.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.
- We rated well-led at the trust level as good.
- We saw the trust had taken steps to improve patient flow through both hospitals, including a range of initiatives in the Emergency Departments and in medicine.
- Processes around the management of medicines had been improved.
- Staff were very caring and compassionate, universally put the patient first despite facing huge pressure on capacity.
- Staffing levels had improved and the trust had less reliance on temporary workers.
- Services in critical care and end of life care had been transformed since our last inspection.

However;

- We consistently observed that staff were not confident in relation to the Mental Capacity Act 2005 and were unsure of how to apply it.
- Despite the trusts actions and initiatives to improve patient flow, the emergency department was consistently failing to achieve the 4-hour waiting time target and was well below the England average

Are services safe?

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

- Compliance with mandatory training requirements in some areas were below trust targets and we found discrepancies in the data used to monitor compliance. Local systems were good but data provided to us at trust-level was not reliable.

Summary of findings

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. How compliance with staff training on how to recognise and report abuse was below trust target levels.
- Lessons learned from incidents were not always shared with the whole team and the wider service.
- We found that on the medical wards at County hospital there was not always enough staff to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

However;

- Staff recognised incidents and reported them appropriately. Managers investigated incidents and when things went wrong, staff apologised and gave patients honest information and suitable support.
- Infection risk was well controlled. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- In most of the wards and departments we visited there was 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.

Are services effective?

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

- The trust provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The effectiveness of care and treatment was monitored and the findings from audits were used to improve them. We saw that in many areas outcomes for patients were in line with or better than other trusts.
- We saw consistently saw a collaborative approach to team working across the trust. Staff worked together and supported each other to benefit patients and relatives.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.

However;

- Staff in some areas of the trust lacked confidence in their roles under the Mental Health Act 1983 and the Mental Capacity Act 2005. They were not always sure how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Are services caring?

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

- Staff cared for patients with compassion. Feedback from patients was consistently positive about the way staff treated them. Patients told us staff went out of their way to treat them well and with kindness.
- We saw that staff were highly motivated to provide high quality care and show compassion and kindness in the face of significant pressure on services and capacity across the organisation
- Staff ensure that patients and their relatives were actively involved in their care and in decisions about their care and treatment.
- There was a strong culture embedded across the trust that put the care of the patient at the forefront of everything the staff did, we saw many examples of this in action on the wards and in departments.
- The needs of patients were considered in their totality. Staff provided emotional support to patients to minimise their distress.

Summary of findings

Are services responsive?

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

- The issues with patient flow through the organisation that were identified in our 2015 report were still in place. However, we saw that the trust had implemented a number of measures to address these issues internally.
- The trust was consistently failing to meet the constitutional 4-hour waiting time target in the emergency department and was also consistently below the England average.

However;

- The service took account of patients' individual needs. We saw patients living with dementia and those with learning disabilities had their specific needs responded to.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

Are services well-led?

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

- Local leaders promoted a positive culture that supported and valued staff, creating a sense of common purpose, focusing on patient quality and safety.
- Managers at all levels had the right skills and abilities to run a service providing high-quality sustainable care.
- Governance systems were well embedded within services. There was a systematic approach to monitoring performance, improving the quality of services and identifying risks.
- Services engaged well with staff and the public, listening to their feedback and collaborating to improve and develop where needed.

However;

- Staff in theatres felt less supported than other areas of the organisation and did not feel engaged in the wider organisation.

Ratings tables

See guidance note 8 then replace this text with your report content.

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

Outstanding practice

We found examples of outstanding practice in critical care and end of life services throughout the trust.

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

Areas for improvement

We found areas for improvement including two breaches of legal requirements that the trust must put right. We also found 35 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 the quality of services.

Summary of findings

For more information, see the Areas for Improvement section of this report.

Action we have taken

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

Our action related to breaches of legal requirements in six services.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

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 Emergency Department at Royal Stoke have introduced a range of innovative practices to improve patient flow This includes the use of specialist nurses to review and divert patients out of the emergency department into a day-case facility and the implementation of “Chasers” to improve performance and prevent breaches.
- Survival rates for adult major trauma at this centre had been the highest in the country since 2013. The Emergency Department at Royal Stoke is the UK’s number one.
- The development of therapy teams had a positive impact on helping patients to get home much quicker than they would have done previously. For example on the acute stroke unit over the eighth month period leading up to October 2017, 70 more patients were discharged home more quickly.
- Health promotion was evident throughout the medicine division and on ASU special clinics were held to identify and help patients who were at risk of suffering a stroke for example transient ischemic attack clinics and atrial fibrillation clinics.
- The urology ambulatory clinic trial on wards 106 and 107 was reducing the time patients who were medically fit for discharge had to wait, and improving patient flow from other surgical units by helping to make beds available more quickly.
- A team from critical care won an ICNARC national award for monitoring patient outcomes. Using ICNARC data helped critical care teams identify areas of outstanding practice and areas that required monitoring. Staff who carried out these audits were recognised as having achieved considerable improvements in the quality of the data over a three month period.
- Following the last CQC inspection in 2015, we saw that through education and the use of the purple bow scheme the profile of the EOLC service had been raised and that the importance of providing high quality care in the last stages of life was prioritised by staff in all roles across the trust.
- The Purple Bow scheme had been shortlisted for a National Health Service Journal award for compassionate care. We saw that staff, patients and relatives were supportive of this scheme and felt it significantly improved the patient and relative experience.
- We saw and heard of many examples of staff going above and beyond to meet the wishes of patients at the end of their life.

Summary of findings

- Staff within the specialist palliative care team (SPCT) organised and led a conference on end of life care. Health professionals who attended championed this event as having had a great influence and impact upon them. A further conference was scheduled for 2017 following this success. The staff member who had led this had won an employee of the month award by the trust and was nominated for employee of the year. The same staff member had been nominated for a service improvement award with the MacMillan Cancer charity.
- Following the last CQC inspection in 2015, we saw that through education and the use of the purple bow scheme the profile of the EOLC service had been raised and that the importance of providing high quality care in the last stages of life was prioritised by staff in all roles across the trust.

Areas for improvement

Areas for improvement in Urgent and Emergency Care at Royal Stoke University Hospital

- The trust must provide an appropriate Mental Health assessment room in accordance with national guidance.
- Patients transferred from County Hospital emergency department for specialist services must have clear pathways of care direct to the specialism without re-admission to the Royal Stoke emergency department.
- The trust should ensure that they improve on adults and children's safeguarding training for adults and children levels 1 and 2 for medical staff and for nursing staff in safeguarding adults and children level 2 in order to meet the trust's target of 95%.
- The trust should ensure that engagement with national RCEM audits is maintained and that audit outcomes were properly reviewed to identify areas for improvement.
- The trust should continue to look at sustainable methods to improve patient flow including encouraging ownership of patients boarded in the emergency department by the speciality to which they had been allocated. This would enable emergency department staff to work with emergency department patients.
- The trust should review the pathway for patients referred to surgery who are subsequently identified as unsuitable for surgical interventions. They should not be returned to the emergency department for onward referral to medicine.
- The trust should improve processes to assess patient's holistic care, taking account of their physical and mental health needs; assessing the impact of each on the other.
- Processes should be put in place to ensure that patient records are properly updated at all times including when the department is busy.
- Managers should ensure that all staff have received an up to date appraisal.

Areas for improvement in Medical Care at Royal Stoke University Hospital

- The trust must ensure that equipment is regularly serviced to ensure it is safe to use, and that the correct labels are displayed on equipment to confirm the date of service.
- The trust must ensure that temperatures on refrigerators containing medicines are maintained within a safe zone and that problems are escalated when readings are abnormal.
- The trust must ensure that staff sign daily check charts for resuscitation equipment once the check has been carried out.
- The trust must ensure that medication is administered to patients as per prescription and in a safe way.
- The trust must ensure that substances stored under COSHH are stored in accordance with COSHH guidelines.

Summary of findings

- The trust should ensure it continues to work to reduce the number of patients sustaining falls.
- The trust should ensure that they improve on adults and children's safeguarding training for adults and children levels 1 and 2 for medical staff and for nursing staff in safeguarding adults and children level 2 in order to meet the trust's target of 95%.
- The trust should ensure that staff have a greater understanding of mental capacity. There should be a more consistent approach around the practice of mental capacity assessments and deprivation of liberty safeguarding assessments.
- Managers should ensure that all staff have received an up to date appraisal.

Areas for improvement in Surgery at Royal Stoke University Hospital

- The trust must ensure that all staff (including surgeons) are fully compliant with the WHO checklist.
- The trust must ensure its staff comply with appropriate standards of hygiene and dress code as set out in the trust policy regarding wearing operating theatre attire outside the theatre area.
- The trust should ensure that they improve on adults and children's safeguarding training for adults and children levels 1 and 2 for medical staff and for nursing staff in safeguarding adults and children level 2 in order to meet the trust's target of 95%.
- The trust should ensure that all staff are familiar with and confident in using the trust-wide incident reporting system.
- The trust should review its process for cascading learning from incidents, and how it assures itself feedback from incidents is being accessed by all staff.
- The trust should review and improve the security of patients' notes on surgical wards.
- The trust should ensure that all patients whose operation is cancelled are re-booked within 28-days.

Areas for improvement in End of Life Care at Royal Stoke University Hospital

- Staff must ensure that Mental Capacity Act assessments are conducted for every patient where it is suspected they may lack capacity when completing a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form.
- Staff should ensure that individualised care plans are used and fully completed for all end of life patients.
- The trust should consider how to capture and monitor data regarding patients achieving their preferred place of death, and the effectiveness of the discharge process for end of life care patients.
- Management within the end of life care service should develop a service specific risk register to ensure all risks are captured and actioned.

Areas for improvement in Urgent and Emergency Care at County Hospital

- The trust should review the clinical audit schedule to improve participation in national and local audits. Also, maintain engagement with national RCEM audits to ensure that outcomes are properly reviewed to identify areas for improvement.
- The trust should review communication between senior managers and frontline staff around the proposed changes to County Hospital ED and effects on staffing.
- The trust should review procedures for patients staying in the ED overnight. In particular, with regards to maximum numbers allowable and the resulting contingencies should this number be reached.

Summary of findings

- The trust should ensure that roles and responsibilities of all staff in the ED are clearly displayed and communicated to patients. In particular, the colour coding key for uniforms that are worn by nurses and other healthcare professionals.
- The trust should improve access to electronic data and ensure that all staff have appropriate level of access to the systems.
- The trust should ensure that they improve on adults and children's safeguarding training for adults and children levels 1 and 2 for medical staff and for nursing staff in safeguarding adults and children level 2 in order to meet the trust's target of 95%.

Areas for improvement in Medical Care at County Hospital

- The trust must deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet people's care and treatment needs.
- The trust must act in accordance with the Mental Capacity Act 2005, in relation to undertaking mental capacity assessments where appropriate.
- The trust should ensure that their audit and governance systems remain effective and that staff are made aware of results from audits and changes in practice.
- The trust should ensure that all staff are able to access mandatory training so that trust targets for completion are achieved.
- The trust should ensure it complies with the Data Protection Act 1998 at all times.
- The trust should ensure that all complaints are investigated and lessons learnt shared.

Areas for improvement in End of Life Care at County Hospital

- Staff must ensure that Mental Capacity Act assessments are conducted for every patient where it is suspected they may lack capacity when completing a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form.
- Staff should adhere to the Data Protection Act 1998 ensuring that personal and sensitive data is securely stored and not accessed by unauthorised individuals.
- Management within the end of life care service should consider ways to ensure learning from end of life care incidents and complaints is cascaded to ward staff.
- Staff should consistently use the individual care plan for end of life patients; this should be monitored to ensure entries are full, contemporaneous and of a good quality.
- The trust should consider how to capture and monitor data regarding patients achieving their preferred place of death, and the effectiveness of the discharge process for end of life care patients.
- Staff should ensure patients and relatives are able to access facilities for religious worship as required.
- Management within the end of life care service should develop a service specific risk register to ensure all risks are captured and actioned.

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.

University Hospitals of North Midlands NHS Trust (UHNM), one of the largest hospital trusts in the country, serves around three million people across Staffordshire and surrounding areas including North Wales. The trust provides a range of emergency treatment, planned operations, specialist services and medical care from two hospitals, Royal Stoke University Hospital and County Hospital in Stafford.

UHNM's 2025 Vision sets out an ambition to be one of the top university teaching hospitals in the UK by 2025, establishing a world-class reputation by 2030.

We saw considerable progress had been made at the trust since the 2015 inspection. There was evidence of positive changes to organisational culture, innovative research initiatives and growth of specialist services. Since the 2015 inspection the trust had taken a change of direction in defining their services. Greater levels of tertiary and complex specialised services were integrated alongside secondary and primary care.

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

- The leadership team clearly demonstrated the ability to deliver high quality services. Although new in its formation, the team had made substantial improvements in the delivery of corporate strategy in a short space of time. The skills of the team complemented each other, with their responsibilities clearly understood. The team were aware that must continue to grow their strengths and develop on the weaker areas.
- The Good Governance Institute had been commissioned to work with the trust from June to September 2017 in order to provide triangulated assurance. Their findings showed that the new board had a good ethos which needed to be embedded but also a strong vision with realistic ambition. Divisions and directorates demonstrated ownership and optimism. It was evident to the GGI that the CEO was well respected and the team was being strengthened by new appointments.
- The non-executive directors described a significantly different organisation to when we last inspected. They told us it was tangible with a real 'can do' attitude focussed on quality and safety. Workshops to discuss strategic objectives had proved effective in identifying critical success factors and key drivers to achieve the expected outcomes.
- The trust had been recognised as one of the top five hospitals for meeting the seven day service standards (March 2017).
- The trust demonstrated that all employees were taking responsibility for the success of the organisation as a whole, not just for their own jobs. The executives and clinical directors worked collaboratively to prioritise the quality of patient care overall, not just in their own directorates. The directors and managers told us they felt supported, enabled and empowered. This collective leadership enhances cultures of high-quality, compassionate and continually improving care which can develop and then become embedded.
- The board and senior leadership team had a clear vision and strong values that were at the heart of the entire organisation. The vision had been refreshed from that we saw in 2105. Further work had begun to ensure that staff at all levels understood the vision encouraging them to display the values in their daily roles and responsibilities such as delivering high quality care and completing their mandatory training.

Summary of findings

- The trust strategy was linked to the vision and values of the trust. The trust had involved staff and clinicians in the development of the strategy and there was evidence of a collaborative approach driven by a passion to succeed in delivering the strategy.
- Whilst in financial special measure the cost improvement programme (CIP) was well managed by the trust. The whole leadership team were focused on this programme and the need to balance quality and cost. The programme key indicators were tracked and monitored on a regular basis evidencing a reduced expenditure. There was assurance that the programme would not be detrimental to care delivery or impact on patient outcomes. We heard from the CEO that quality was continuing to be delivered whilst being cost effective. The board and committee reports were all aligned to the strategic objectives. Reports of operational, financial, quality and HR performance were presented to the board. The trust had commenced the recruitment of 'improvement champions' to promote service and quality improvement in all divisions. Over half of the 500 champions had now been recruited.
- To enhance visibility between the executives and frontline staff, board to ward visits took place and senior leaders undertook monthly service visits to wards and departments. The challenges that staff and the services faced were discussed and challenged at the board meetings including examples of good practice and patient feedback. During the core service inspection staff confirmed that that executives, senior staff and board members were visible and approachable and promoted empowerment to deliver high quality care.
- The trust used their own robust quality improvement process for on-going review of their services; the Care Excellence Framework (CEF) had been fully embedded, driving improvements in all areas. Each ward completed six monthly 'self-assessment' which gave them a current view on their performance, encouraging excellence. Every ward will have at least one Excellence visit per year reviewing all domains and will receive ad hoc visits throughout the year to seek assurance with regards to individual domains.
- To deliver a consistent and strong approach to leadership within services at both hospitals, the trust recognised that the delivery of the 'organisational development strategy' is fundamental in the development of leadership progression. The trust recognised the need to continually enhance opportunities for staff to progress their careers and further develop their skills.
- The clinicians demonstrated positive working relationships that promoted shared 'cross division' learning. The priority of the leadership was to bring all the elements of the trust together, striving to achieve it through engaging and empowering staff with a revised set of shared values.
- The trust had a clear oversight of the wider social care issues facing the local community and they had responded effectively when services needed more support such as opening escalation wards for medically fit for discharge patients and preparation for fast track discharge for end of life patients.
- Innovative research was being undertaken to enhance patients wellbeing including supporting the patients with admission avoidance strategies.
- Ward level 'safer staffing' tool demonstrated dynamic and innovative practice with patient dependency being monitored rather than purely staff numbers. Positive recruitment was in practice, with over staffing in some specialities. Agency spend reduction to just over one percent demonstrated effective, values driven recruitment.
- Staff were encouraged to use social media to share their stories and engage with the local community.
- We saw that the trust had taken some steps towards actively engaging with local stakeholders. Healthwatch and shadow council of governors were represented at the trust's quality assurance committee forming an important aspect of ensuring the patient and public voice is heard within the organisation. We identified that patient involvement could be strengthened, for example, in the review of individual serious incidents. However, there was a willingness to engage and a desire to proceed.

Summary of findings

- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation

However,

- The board had recognised that they could improve diversity and equality across the trust and at board level.
- The complaints process could benefit from a review regarding the impact of patient feedback and involvement. Opportunities had been missed to learn from incidents and complaints by engaging with patients and their families. The patient experience and involvement strategy did not evidence engagement with the patients and the level of involvement expected.
- The *Electronic Staff Record* (*ESR*) provided an integrated system which was not effective in recording staff training and development. The ESR was not integrated with other systems and consequently was not up to date. Ward managers managed the risk well by keeping local records to evidence their compliance. Following the inspection, the trust told they have a plan to move away from the standalone systems currently in place to make better use of the ESR system but dates for completion of this were not provided.

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 ➔➔ Jan 2018	Good ↑ Jan 2018	Outstanding ↑ Jan 2018	Requires improvement ↑ Jan 2018	Good ↑ Jan 2018	Requires improvement ➔➔ Jan 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
Royal Stoke University Hospital	Requires improvement ➔➔ Jan 2018	Good ↑ Jan 2018	Outstanding ↑ Jan 2018	Requires improvement ↑ Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018
County Hospital	Requires improvement ➔➔ Jan 2018	Good ↑ Jan 2018	Good ➔➔ Jan 2018	Requires improvement ➔➔ Jan 2018	Requires improvement ➔➔ Jan 2018	Requires improvement ➔➔ Jan 2018
Overall trust	Requires improvement ➔➔ Jan 2018	Good ↑ Jan 2018	Outstanding ↑ Jan 2018	Requires improvement ↑ Jan 2018	Good ↑ Jan 2018	Requires improvement ➔➔ Jan 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 Royal Stoke University Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ➔➔ Jan 2018	Good ↑ Jan 2018	Good ➔➔ Jan 2018	Requires improvement ↑ Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018
Medical care (including older people's care)	Requires improvement ➔➔ Jan 2018	Good ➔➔ Jan 2018	Good ➔➔ Jan 2018	Good ↑ Jan 2018	Good ➔➔ Jan 2018	Good ↑ Jan 2018
Surgery	Requires improvement ➔➔ Jan 2018	Good ↑ Jan 2018	Good ➔➔ Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018
Critical care	Good ↑ Jan 2018	Good ↑ Jan 2018	Outstanding ↑↑ Jan 2018	Good ↑↑ Jan 2018	Outstanding ↑↑ Jan 2018	Outstanding ↑↑ Jan 2018
Maternity	Good Jul 2015	Good Jul 2015	Good Jul 2015	Requires improvement Jul 2015	Good Jul 2015	Good Jul 2015
Services for children and young people	Good Jul 2015	Good Jul 2015	Outstanding Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015
End of life care	Good ↑ Jan 2018	Requires improvement ➔➔ Jan 2018	Outstanding ↑ Jan 2018	Good ↑ Jan 2018	Good ↑↑ Jan 2018	Good ↑ Jan 2018
Outpatients	Good Jul 2015	N/A	Good Jul 2015	Requires improvement Jul 2015	Requires improvement Jul 2015	Requires improvement Jul 2015
Overall*	Requires improvement ➔➔ Jan 2018	Good ↑ Jan 2018	Outstanding ↑ Jan 2018	Requires improvement ↑ Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018

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

Ratings for County Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ➔➔ Jan 2018	Good ➔➔ Jan 2018	Good ➔➔ Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018
Medical care (including older people's care)	Requires improvement ➔➔ Jan 2018	Good ➔➔ Jan 2018	Good ➔➔ Jan 2018	Good ↑ Jan 2018	Requires improvement ➔➔ Jan 2018	Requires improvement ➔➔ Jan 2018
Surgery	Good Jul 2015	Good Jul 2015	Good Jul 2015	Requires improvement Jul 2015	Good Jul 2014	Good Jul 2015
Critical care	Requires improvement Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015	Requires improvement Jul 2015	Requires improvement Jul 2015
Maternity	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015	Good Jul 2015
End of life care	Good ↑ Jan 2018	Requires improvement ➔➔ Jan 2018	Good ➔➔ Jan 2018	Good ↑ Jan 2018	Good ↑↑ Jan 2018	Good ↑ Jan 2018
Outpatients	Good Jul 2015	N/A	Good Jul 2015	Requires improvement Jul 2015	Requires improvement Jul 2015	Requires improvement Jul 2015
Overall*	Requires improvement ➔➔ Jan 2018	Good ↑ Jan 2018	Good ➔➔ Jan 2018	Requires improvement ➔➔ Jan 2018	Requires improvement ➔➔ Jan 2018	Requires improvement ➔➔ Jan 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.

The Royal Stoke University Hospital

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Key facts and figures

Royal Stoke University Hospital is a teaching and research hospital in the city of Stoke-on-Trent, near the border with Newcastle-under-Lyme. It is one of the largest hospitals in the country and a major local employer. It is the main teaching hospital for Keele University's School of Medicine and the School of Nursing and Midwifery.

Services provided at the hospital include:

- Urgent and emergency care
- Medical care (including older people's care) including stroke services
- Surgery including neurosurgery, ophthalmology, orthopaedics and plastic surgery
- Maternity and gynaecology
- Outpatients and diagnostic imaging
- Critical care
- End of life care
- Children and young people's services

In September 2017, CQC carried out a local system review report. The purpose of the review was to understand how people move through the health and social care system in Stoke-on-Trent, with a focus on the interface between services. The report showed that there had historically been poor working relationships across the system which had led to a lack of joined up planning. The report highlighted the impact of this on services at the trust on emergency care capacity, high occupancy rates and delayed discharges.

Summary of services at The Royal Stoke University Hospital

Good ↑

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

- We rated safe and responsive as requires improvement, effective and well-led as good, and caring as outstanding. All ratings improved, apart from safe which stayed the same.

Summary of findings

- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.
- We saw the trust had taken steps to improve patient flow through both hospitals, including a range of initiatives in the Emergency Departments and in medicine.
- Processes around the management of medicines had been improved in some areas.
- Staff were very caring and compassionate, universally put the patient first despite facing huge pressure on capacity.
- Staffing levels had improved and the trust had less reliance on temporary workers.
- Services in critical care and end of life care had been transformed since our last inspection.

Urgent and emergency services

Good ↑

Key facts and figures

The emergency department provides care for the local population 24 hours a day, seven days a week. There was a separate but adjacent children's emergency department.

The Royal Stoke Hospital emergency department has been in its current location since March 2012, it was originally designed to treat 100,000 patients a year. Between April 2016 and March 2017 the emergency department had 132,543 attendances. These consisted of 58,873 ambulance attendances, 463 air ambulance attendances and 73,206 who made their own way to the department. During this period 44,518 (34%) patients were admitted to the hospital.

The unit is one of the country's 22 adult major trauma centres. Survival rates for adult major trauma at this centre had been the highest in the country since 2013.

Assessment and treatment bays in the department consisted of six ambulance bays, six paediatric bays, nine in the Minors area, ten in 'A' bay, and 16 bays and nine treatment points in the Majors area. The resuscitation area had seven adult and one dedicated paediatric bays and the clinical decisions unit (CDU) had 11 beds and six ambulatory reclining chairs.

The emergency department shared the reception area with an Urgent Care Centre (UCC). The UCC consisted of one treatment room off the main reception area. The service was provided by an external provider and formed part of a Clinical Commissioning Group (CCG) initiative to relieve pressure on emergency departments by providing GP services to appropriate patients. Patients who go to the hospital with minor illnesses or injuries over seven days old were diverted to the UCC by reception staff. Plans were in place plan to build an extension to house the UCC.

The emergency department and the UCC share the reception area, which is confusing for patients. Most patients were not aware of the different services, que for the emergency department and if their condition was appropriate they had to move across to the UCC receptionists.

The emergency department at Royal Stoke Hospital was last inspected by the CQC in July 2015. At that time the service was rated as 'Requires Improvement'.

We spoke with 41 members of staff, 13 patients and families and looked at seven records.

Summary of this service

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

- The department had introduced a number of initiatives which were designed primarily to increase flow through the department but had also increased patient safety whilst they were in the department.
- We saw that initiatives had been trialled reviewed and were planned which improved how peoples medicines were checked and reviewed.
- Previously poor engagement with National Audits had been identified and a consultant had been given responsibility for overseeing the process which meant that the department were engaging in current audits. We saw evidence of how the service had reviewed local audit results and implemented changes to improve performance.
- The department had introduced a "Sepsis Bleep". This enabled staff who were concerned that a patient may be suffering from sepsis to summon immediate assistance from medical staff.

Urgent and emergency services

- Staff had maintained their caring and supportive approach when dealing with patients despite significant increasing pressure on the department in line with the increase in attendances.
- The appointment of a senior matron/directorate chief nurse had improved liaison between the emergency department and medical wards. Resulting in specialist nurses reviewing patients in the emergency department and diverting them from the department to day-case services, increasing flow.
- Managers, senior nursing staff and clinicians worked closely together to identify areas where the service and patient experience could improve.
- The emergency department had achieved platinum accreditation with Excellence in Practice Accreditation Scheme (EPAS); demonstrating their commitment to training and developing staff. This was the first NHS emergency department to apply for accreditation.

However:

- The department did not have a compliant mental health room, in line with guidance in the College of Emergency Medicine toolkit – Mental Health in Emergency Departments 2013.
- Patients with physical injuries or illness received little or no investigation regarding their mental health and how this may have contributed to their physical condition. Similarly those presenting with a mental illness did not receive routine assessment of their physical health.
- Pathways of care for patients transferred from County Hospital to speciality care at Royal Stoke or referred internally to surgery who were subsequently identified as unsuitable for surgery were poor, with patients being admitted or returned to the emergency department unnecessarily instead of direct transfer to the appropriate department.

Is the service safe?

Good 

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

- Incident management was good. Incidents were recorded, reviewed and learning was shared effectively. We saw that there was a good reporting culture. Staff understood the need to report adverse incidents and used the system as a tool for learning.
- Infection prevention and control measures ensured that patients were protected against hospital acquired infections whilst they were in the department. We saw that staff in the main adhered to the trust policies. Environment and hand hygiene audits were completed and non-compliance was challenged and fed back to teams or individuals.
- Medicines management was good. We saw potential harm was prevented by ensuring that fluids were securely stored and cupboards were clearly labelled which enable staff to locate items quickly.
- A pharmacist was due to be attached to the emergency department from November 2017 through the winter period to ensure medicines reconciliation was prioritised.
- Patient's received comprehensive assessments when they were admitted to the department. Modified Early Warning Scores (MEWS) were used to monitor patients following admission. Records showed that MEWS scores were being recorded for all patients. Patients were appropriately assessed for sepsis when they arrived in the department.
- Nursing staffing levels had increased since the previous inspection. By the end of October 2017 when the latest recruits were due to take up post the department would be staffed to 100%. Staff turnover between September 2016 and August 2017 was low at 0.6%

- Medical staffing levels and skill mix were under review at all times. Medical staffing had vacancies for six mid-career doctors; however eight interviews were planned for the weekend following our inspection. The clinical lead was confident that the process would lead to most if not all the posts being filled. In the meantime, we were assured that these vacancies were appropriately covered.
- Rosters showed that there were always three consultants working between 8am and 11pm. When attendance was known to spike additional consultants were rostered to work with five working each Friday and four working each Monday. A consultant trauma surgeon and consultant anaesthetist were on call, with on-site accommodation during the night.

However:

- During busy periods, records were not always completed to show when assessments had been done. In a small number of instances, fluid and food charts were not always completed. We were not able to assess if the records reflected that the tests had not been completed or if staff had completed tests but had not had chance to complete the forms.
- Safeguarding training rates within the directorate were below compliance targets. The trust target for training compliance was 95% and nursing staff had achieved this for level 1 adult safeguarding and level 1 child protection. Compliance for medical staff was just below the target. All the staff we spoke with understood how to recognise abuse and how to report or escalate concerns.
- Data provided by the trust showed that mandatory training rates were lower than the trust target of 95%, out of seven subjects, only one had achieved compliance. Local leaders were committed to complying with the mandatory training programme and kept their own records, which showed us evidence of higher rates of compliance among their staff.

Is the service effective?

Good ↑

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

- We saw that pathways and guidance followed national guidance and best practice. Staff understood how and where to access information and were able to demonstrate this to us.
- In the 2016/17 CQC A&E survey the trust scored similar to other trusts in relation to time taken to provide pain relief when asked for it; and in relation to patients thinking that staff had done all they could to help them control their pain. This was an improvement on the 2014 survey results. The department had introduced comfort rounds after the 2014 survey. One of the department matrons oversaw the system and assisted by speaking directly with patients.
- Patients with complex needs were referred to dieticians who could attend the emergency department if required. Food and Fluid charts were used to monitor patients where required. In addition to comfort rounds where healthcare workers offered drinks and snacks to patients, the department had a branded coffee shop and vending machines in the main waiting room.
- Historic engagement with Royal College of Emergency Medicine (RCEM) audits had been poor. The trust did not engage with the 2013/2014 Paracetamol Overdose audit, The 2014/2015 audits; Assessing for cognitive impairment in older people; Initial management of the fitting child; and Mental Health in ED. However we saw that all recent audits had been or were being completed.

- We saw that analysis was completed of audit results and learning was shared or practice was changed. An example being the introduction of new Sepsis protocols which included introduction of a “Sepsis Bleep”. This ensures that where any member of staff had concerns that a patient may be suffering from Sepsis, they can bleep a doctor who can ensure that antibiotics and other interventions were completed in line with national guidance and time frames.
- Multidisciplinary working was evident throughout the department. We observed doctors during telephone calls with their counterparts in other areas of the trust. Discussing diagnosis and referral details. Consultants from specialities attended the emergency department to review patients who had not been able to transfer to wards. These reviews often took place late in the day after consultants had completed the ward rounds in their own departments.
- Between July 2016 and June 2017, Royal Stoke unplanned re-attendance rates were better than the England average

However:

- The trust had a target of 95% compliance with appraisal rates. Data provided by the trust showed that 86% of staff within the emergency department had completed their appraisal.

Is the service caring?

Good

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

- We observed staff as they interacted with patients and their families. We saw how people were put at ease and reassured. Staff met patients with smiles and empathy. The calm measured approached helped people to relax.
- Staff maintained their friendly reassuring approach throughout their interactions with patients despite the high pressures on the service. Staff were honest with patients and their families but also supportive; explaining options and potential outcomes.
- The positive and supportive attitude of doctors, nurses, healthcare workers, porters and domestic staff were exemplary, and continued regardless of how busy the department became.
- Patients were kept informed about their progress through the department. They understood when they were waiting for test results or to be seen by doctors following analysis of those results and why such things might take time.
- Patients told us that staff were “absolutely wonderful”, even when they had needed to wait for many hours in the department.
- Staff were observed speaking with patients who were not able to be accommodated in bays. We heard how they explained to patients the reason for them being where they were and assuring them that they would receive the same care as those in the bays.
- Patients described how staff had supported them when they had needed to provide bad news or when diagnosis had been inconclusive and further test and admission to hospital had been required.
- We were told that bad news was usually broken by doctors or specialist nurses who were had the knowledge and training to answer difficult questions about the condition concerned.
- Chaplaincy services were available. Chaplains made routine visits to the emergency department and could be called if required. A multi faith quite room was available in the trust and a dedicated Muslim prayer room and facilities was available.

However:

Urgent and emergency services

- CQC A&E survey results for 2016/17 showed that the trust performed worse than other trusts in the areas of patients feeling that they were being listened to and involving family and friends.

Is the service responsive?

Requires improvement 

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

- Although we saw there was an improvement since our last inspection, there were still issues with patient flow through the department which had existed when we inspected in 2015.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the A&E. The trust failed to meet the standard every month between August 2016 and July 2017. The trusts performance was worse than the England average during the same period.
- Transfers of patients from County Hospital to the Royal Stoke were affected by capacity issues. Patients who had attended County Hospital emergency department and required admission to specialist wards at Royal Stoke found themselves transferred to Royal Stoke emergency department rather than directly to specialist areas.
- Pathways for patients who had initially been referred to surgery when they attended the emergency department and subsequently identified as not being suitable for surgery were poor. Patients who might already have spent many hours in the emergency department waiting for admission to a surgical ward; found themselves returned back to the emergency department rather than directly to appropriate medical wards.
- The Urgent Care Centre (UCC) and emergency department operated in isolation from each other. The computer systems of the two providers were not compatible with each other which meant staff could not assess how effective the service was and patients often queued at the wrong reception and had to repeat themselves when moved from one reception to the other.
- The department did not have a mental health assessment room in line with the College of Emergency medicine guidance. Staff mitigated the risk to patients who might try to self-harm by ensuring that they were not left alone. However this still left the patient, staff and others in the department at risk. National guidance stipulates detailed requirements for mental health treatment rooms, including removal of ligature points, access and exit routes, use of appropriate or secured furniture and alarm systems.
- Holistic care of patients with mental health issues were reactive. Staff referred patients to Rapid Assessment Intervention and discharge (RAID) services only when they wanted to discharge them. Pro-active mental health assessments were not always completed. Process were in place to identify patients with dementia or other mental impairments, however these focused on coping with the patient during their hospital journey rather than assessing the impact on their overall health.

However:

- Whilst movement through the department was still very slow we saw that staff and managers had introduced a number of initiatives since the last inspection. These had helped patient flow through the department and had also improved safety. The initiatives included;
- Specialist nurses from the Acute Emergency Care day case unit assessing patients in ED and diverting suitable cases to their unit.

- Additional healthcare workers employed as progress chasers to follow-up or chase test results and remind clinicians of potential breaches before they happened.
- A pharmacy medication reconciliation project had been piloted in the department. As a result the scheme was being repeated over the winter period.
- The directorate had a clinical lead for mental health and mental health lead nurse. A RAID team were available between 7am and 11pm each day. Plans were in place to increase the team, the expectation being to provide a 24/7 service from December 2017.
- The families with children aged over 16 attended the reception area they were given the option of being seen in either the children's or adult emergency department. The children's emergency department had murals and child appropriate decorations, there were also play facilities and toys and equipment available to suit children and young people of all ages.
- Child and adolescent mental health services (CAMHS) were provided by another NHS trust. The service was available between 9am and 5pm Monday to Friday with the last referral time being 3pm. The CAMHS team had provided resource bags to the department. The bags contained items to help distract and relax children including stress balls elasticated wrist bands, diaries and colouring books.
- Translation services were available. We saw information leaflets were available in a number of languages and could be requested in any language if required. Telephone translation services were used and face to face interpreters could be arranged by appointment.

Is the service well-led?

Good ↑

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

- We found that leadership in the department was very strong. The new directorate lead, clinical lead, matrons and directorate chief nurse had formed a cohesive unit where each appreciated the needs and abilities of the others role. They jointly identified potential interventions and took these to senior executives who were listening and providing support.
- The senior matron explained that their ambition was to change the perception of the emergency department with other specialist departments; to have them see their patients in the emergency department as their responsibility and not something to be considered after it they had reviewed patients on their wards.
- We were also told that changes at executive level and in particular the new Chief Operating Officer had greatly increased support for the department.
- There was a mutual respect between staff and their managers and peers. Staff felt supported and managers understood the needs of their teams and how to support them.
- Governance processes which we had seen during our inspection in 2015 were still in place. Handover meetings, team meetings and managers meetings fed into the Emergency Medicine Governance meetings which were held monthly. Local audits, performance indicators, incidents, updates from other departments and meetings and complaints all formed part of the minutes of these meetings. Feedback to teams and individuals took place.
- The risk register reflected all the issues in the department. We saw that risks around shortages in nurse staffing had progressed as staffing levels had improved.

Urgent and emergency services

- The emergency department had achieved platinum accreditation with the Excellence in Practice Accreditation Scheme. The scheme is run by the European Foundation for Management Development. The department was the first in NHS to apply for accreditation under the scheme. Their accreditation demonstrates their commitment to education and development of the workforce in the department.
- Managers had put systems in place, which ensured that staff were updated on important issues; these included a monthly clinical governance newsletter, individual email accounts and access to the trust intranet where trust wide news and important announcements were circulated. Secure Twitter and Facebook accounts were used.
- Managers had introduced an 'Amazing and Awesome' award scheme consisting of feedback to individuals or teams with a certificate for them to display in their area. Staff told us this and other good news systems helped to maintain morale and made them feel valued.
- The emergency department waiting times and those of alternative services in the area were displayed in the main reception. This information was also available to people via a telephone App.

However:

- Staff in the department were not always aware of the efforts of other departments to relieve pressure and increase patient flow. Good practice and efforts to improve discharges from other areas of the hospital were not always communicated.

Outstanding practice

- Survival rates for adult major trauma at this centre had been the highest in the country since 2013. The Emergency Department at Royal Stoke is the UK's number one trauma centre.
- The Emergency Department at Royal Stoke have introduced a range of innovative practices to improve patient flow This includes the use of specialist nurses to review and divert patients out of the emergency department into a day-case facility and the implementation of "Chasers" to improve performance and prevent breaches.

Areas for improvement

- The trust must provide an appropriate Mental Health assessment room in accordance with national guidance.
- Patients transferred from County Hospital emergency department for specialist services must have clear pathways of care direct to the specialism without re-admission to the Royal Stoke emergency department.
- The trust should ensure that they improve on adults and children's safeguarding training for adults and children levels 1 and 2 for medical staff and for nursing staff in safeguarding adults and children level 2 in order to meet the trust's target of 95%.
- The trust should ensure that engagement with national RCEM audits is maintained and that audit outcomes were properly reviewed to identify areas for improvement.
- The trust should continue to look at sustainable methods to improve patient flow including encouraging ownership of patients boarded in the emergency department by the speciality to which they had been allocated. This would enable emergency department staff to work with emergency department patients.
- The trust should review the pathway for patients referred to surgery who are subsequently identified as unsuitable for surgical interventions. They should not be returned to the emergency department for onward referral to medicine.
- The trust should improve processes to assess patient's holistic care, taking account of their physical and mental health needs; assessing the impact of each on the other.

Urgent and emergency services

- Processes should be put in place to ensure that patient records are properly updated at all times including when the department is busy.
- Managers should ensure that all staff have received an up to date appraisal.

Medical care (including older people's care)

Good ↑

Key facts and figures

The hospital provides a wide range of medical care services as well as being a regional centre for some specialised services.

The trust had 100,635 medical admissions between June 2016 and May 2017. Emergency admissions accounted for 41% of these admissions.

There are 19 medical wards on the Royal Stoke site. This includes elderly care and the specialised medical wards, which sit in the specialised division (Neuro-sciences and Acute Stroke Unit).

We carried out this inspection of the medical service over two days during which we visited 14 wards/units including the medical assessment unit (AMU), the acute stroke unit (ASU), elderly care wards, the renal unit and the discharge lounge. We also attended two bed meetings.

We spoke with ten members of the medical team, six matrons, ten ward managers, eleven staff nurses, four clinical educators/quality nurses, fifteen health care assistants, a therapy team leader, five physiotherapists, and three members of the domestic staff team. We spoke with 42 patients and 19 visitors.

Summary of this service

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

- The service was still facing staffing challenges and constantly reviewing staffing levels using the 'Shelford Safer Staffing' model. Where staff shortages were identified managers reacted quickly to fill gaps with staff working overtime or using bank staff or agency use. The trust had recruited more consultants for the department since the last inspection.
- The service had improved how staff monitored deteriorating patients within the medical department. Staff used the medical early warning system (MEWS) or the national early warning system (NEWS). There was a clear sepsis assessment tool displayed in ward areas and all nurses we spoke with knew about the sepsis pathway.
- There was still a problem with patient flow throughout the medical department due to a lack of available placements in the community for patients who were medically fit for discharge. The number of available places in the local community had reduced as a number of community hospitals had closed since our previous inspection. However the trust was continually reviewing discharge processes to help alleviate patient flow. This included for example the introduction of rapid discharge pathways, the 'speed' team and the development of therapy teams who supported patients to go home.
- At our previous inspection we had concerns about the storage of some patient records we found this had now improved and records were stored and managed safely.
- At our previous inspection we had some concerns about the storage and administration of medicines on some wards. At this inspection we saw improvements in the storage but still had some concerns about the administration of some medicines.

However:

Medical care (including older people's care)

- There were still some resuscitation trolleys which had not had daily checks documented and two suction machines on two trolleys were out of their service renewal date.
- There was still a lack of consistency around undertaking mental capacity and deprivation of liberty assessments.
- There was still some COSHH products inappropriately stored which were in an open unlocked cupboard.

Is the service safe?

Requires improvement 

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

- Some equipment had not been serviced according to the service labels attached to them. This included equipment on resuscitation trolleys and hoists for moving and handling patients.
- Staff did not always escalate when temperatures on refrigerators moved out of safe zone and whether or not medicines contained in them were safe to use.
- Patients did not always receive the right medicines at the right time. We observed staff administered medicines to a patient when they (the patient) had already received this medicine. This was immediately escalated and reported as an incident.
- Staff did not always ensure that daily checks on equipment were consistently carried out. There were some gaps on records of daily checks of resuscitation trolleys in different ward areas where staff had omitted to sign these had been checked.
- The trust did not always store products falling under control of substances hazardous to health (COSHH) regulations as per guidelines. COSHH states these products should be stored in a locked cupboard/room and we saw products stored in an unlocked cupboard.
- The number of patients sustaining harm free falls increased in the medical division overall. However falls were monitored and managers were taking actions to bring about improvements and initiatives on wards such as 'please call, don't fall'. Quality board falls risk assessments and falls bundles were showing recent improvements.
- Data provided by the trust showed that mandatory training rates were lower than the trust target of 95%, out of seven subjects, only one had achieved compliance. Local leaders were committed to complying with the mandatory training programme and kept their own records, which showed us evidence of higher rates of compliance among their staff.
- The trust target for safeguarding training compliance was 95%. Data provided by the trust showed that nursing staff had achieved this at level 1 for adults and children. However, not all of the doctors had achieved this and compliance levels for training at level 2 for adults and children across all staff groups was low.

However:

- The medical division reported one never event during the last 12 months. This was in relation to a medication error (no harm to the patient) and as a result the trust reviewed its medication procedures and staff medication training/ competency checks took place.
- There were processes in place to keep patients safe and safeguarded from abuse, using local safeguarding procedures whenever necessary. All the staff we spoke with understood how to recognise abuse and how to report or escalate concerns. Staff were aware of their role and responsibilities despite training compliance being low.

Medical care (including older people's care)

- Staffing levels and skill mix for both nursing and medical staff were planned, implemented and continually reviewed to help keep patients safe at all times. Any staff shortages were responded to quickly and adequately using the 'Shelford safer staffing' model, which takes into account the acuity of each patient. The trust had upskilled staff to help alleviate the situation, developing the roles of Advanced Nurse Practitioners (ANP) and training health care assistants to take on extra skills. The trust had also introduced a skills escalator. This includes the introduction of Band 3 and 4 nursing assistants into the workforce to enhance and compliment fundamental care to patient.
- Risks to patients were assessed, monitored and managed on a day-to-day basis. These included signs of deteriorating health, medical emergencies or behaviour that challenges. Staff used a National Early Warning Score (NEWS) to identify deterioration in patients including early recognition of sepsis and the sepsis pathway.
- Some wards were undergoing reconfiguration and managers and staff had managed disruption and movement of patients in a safe way during transitions.
- Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety. Safety, including harm free care, was continually monitored via a tool known as the Safety Thermometer.
- Results of safety data were clearly displayed on wards including action taken to make improvements where necessary. Openness and transparency about safety was encouraged.
- Staff understood and fulfilled their responsibilities to raise concerns, report incidents and near misses and were fully supported when they did so. Staff gave us examples of when something went wrong, investigations were conducted and lessons learned.
- Wards were clean and hygienic and systems were in place to ensure the monitoring of compliance with infection control measures.

Is the service effective?

Good

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

- Patients' needs were assessed and plans of care and treatment were in place. We saw that patients care plans and pathways were structured with clear goals in place for individual patients.
- The hospital took part in the quarterly Sentinel Stroke National Audit programme. On a scale of A-E, where A is best, the trust achieved grade B in latest audit, and had scored the same over the last five audits.
- The trust participated in national audits for lung cancer, heart failure, and diabetes inpatients. Results in the 2015/16 heart failure audit were mixed compared to the national average for standards relating to in-hospital care. The trust performed well in the national diabetes inpatient audit. The trust scores in the 2016 lung cancer audit were broadly in line with the national average. We saw the service had actions in place where improvements were needed and implementation was ongoing.
- Multi-Disciplinary Team (MDT) working was effective throughout the medical division. For example, we saw different modalities of treatment on the dialysis unit such as peritoneal dialysis and haemodialysis discussed.
- Nursing and medical staff ensured that patients received timely pain relief. Staff did not use a specific tool to measure patients' pain but they monitored and regularly conversed with patients about their level of pain and there were several pain clinics provided by the trust.

Medical care (including older people's care)

- Patients' nutritional needs were assessed and care plans developed. Special diets were catered for and staff assisted patients who needed help to eat and drink. Dieticians and nutritional specialists were available for advice and support where required and dietician clinics were held within the hospital.
- Patients ware adequately supported by a team of consultants and registrars to ensure a seven day service. This included a 'consultant of the day' and an on call rota. Patients on ASU, including the hyper acute stoke unit (HASU) were supported by a team of 11 consultants.
- Staff were competent and trained to carry out their roles and meet the needs of patients. Staff were supported to undertake professional training to enhance their knowledge and skills. This included specialist training for neurology nurses, acute stroke nurses, frail elderly assessment nurses and a specialist liver nurse trained to provide parathentisis.

However:

- Consent was not always obtained or recorded in line with relevant guidance and legislation. There was a lack of consistency in how people's mental capacity was assessed and not all decision-making was informed or in line with guidance and legislation. Staff we spoke to lacked confidence in describing processes.
- Applications to authorise a deprivation of liberty using the Deprivation of Liberty Safeguards (DoLS) or through the Court of Protection were not always made appropriately or in a timely way. We saw where a DoLS assessment was required but had not been carried out.
- The trust has a 95% target for appraisal completion. The appraisal completion target was met for medical and dental staff and nursing support staff, but not met for other staff groups in the division.

Is the service caring?

Good 

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

- Staff treated patients with dignity, respect and kindness. Relationships and interactions between staff and patients were positive and patients felt supported and said staff cared about them.
- Staff were compassionate and supported patients to meet their basic needs. Staff anticipated patient's needs, knowing what a patient might want or need next and made preparations to meet their needs.
- Staff supported patients' emotional needs and responded to their care and treatment in different ways and according to their social, religious and spiritual needs. Care plans contained specific instructions for staff to follow to support patients.
- Staff communicated with patients and those close to them in a way they could understand. The way a patient communicated was written in their care plan.
- Patients were supported to maintain and develop their relationships with those close to them, when patients were first admitted in medical assessment areas open visiting was allowed.
- When patients were at the end of their lives there was an open visiting arrangement, a side room provided wherever possible and free parking for those close to them.
- The results of the latest friends and family survey for medical care was above the national average and elderly care was 100%.

Medical care (including older people's care)

Is the service responsive?

Good 

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

- The service had taken steps to alleviate the problem of delayed discharge as there was a lack of services available to discharge patients safely into the community when they needed further care. We saw that patients who were medically fit were not able to leave wards in a timely way. On the inspection, we saw 50 patients who were medically fit for discharge accommodated on two wards. The service had developed the use of rapid discharge pathways, discharge plans and patient flow coordinators to improve patient flow. We saw meetings took place up to five times daily between divisional managers, matrons and ward managers to facilitate discharge.
- Therapy teams supported patients with rapid discharge by accommodating patients and providing a support team to help patients settle back home. Over an eight month period leading up to October 2017, 70 more patients were discharged home more quickly than the previous eight months and patients were now staying on the ward an average of nine to ten days as opposed to several weeks.
- Staff carried out an initial assessment of patient's needs and care plans were formulated to ensure individual needs and preferences were considered and acted on.
- Patients over the age of 75, who were admitted as an emergency and had been an in-patient for 72 hours or longer were assessed for dementia as per national guidance. They also used "this is me" document, the butterfly symbol and the care bundle approach. Staff received training in dementia care.
- Care and treatment was coordinated with other services and other providers. This included liaising with social services and therapy services with families and carers and ensuring that all services were informed of any diverse needs that needed to be taken into consideration.
- The average length of stay for elective and emergency patients was below the national average.
- We saw the number of medical outliers being cared for on surgical wards had reduced since our previous inspection.
- Four medical specialties were above the England average for admitted RTT and two specialties were below.
- Patients knew how to give feedback about their experiences and could do so in a range of accessible ways. Between April 2016 and March 2017, there were 129 complaints.
- Learning and improvement from complaints took place. For example, following complaints about nurse call bells not being answered during staff handovers, staff changed the location of the handover so call bells were more audible.

Is the service well-led?

Good 

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

- Leaders at every level were visible and approachable. Staff felt very supported by their managers. The Associate Chief Nurse telephoned ward managers and matrons regularly and monthly meetings took place.

Medical care (including older people's care)

- Leaders were knowledgeable about issues and priorities for the quality and sustainability of services, understood what the challenges were and acted to address them. Matrons visited wards to discuss risks with ward managers and took action to improve services.
- We saw that governance processes which were in place in 2015 were still in place. Handover meetings, team meetings and managers meetings fed into the monthly medical department governance meetings. Local audits, performance indicators, incidents, updates from other departments and meetings and complaints all formed part of the agenda of these meetings.
- Clinical and internal audit processes functioned well and had a positive impact on quality governance, with clear evidence of action to resolve concerns. The matrons were proud that compliments had increased and complaints had decreased.
- Managers knew what was on their risk register. This included such issues as nurse staff shortages and lack of equipment.
- The clinical quality and education nurses based their teaching on the wards around the trust's vision and values and staff said this helped them to understand how their roles fitted in to achieving the trust's goals.
- Leaders modelled and encouraged compassionate, inclusive and supportive relationships among staff so that they felt respected, valued and supported. There were processes to support staff and promote their positive wellbeing such as 'employee of the month', 'care excellence framework award' and 'most caring nurse', This encouraged pride and positivity in the organisation and focused attention on the needs and experiences of patients.
- The trust proactively engaged and involved all staff and ensured that the voices of staff were heard and acted on to shape services and culture for example. 'Proud to Care' was a set of standards that had been written by the staff for the staff. Staff told us they felt part of the trust and felt listened to and valued.
- There was a strong focus on continuous learning and improvement including through appropriate use of external accreditation and participation in research. Training needs were identified and staff supported with training to enhance their role.

Outstanding practice

- The development of therapy teams had a positive impact on helping patients to get home much quicker than they would have done previously. For example on the acute stroke unit over the eighth month period leading up to October 2017, 70 more patients were discharged home more quickly.
- Health promotion was evident throughout the medicine division and on ASU special clinics were held to identify and help patients who were at risk of suffering a stroke for example transient ischemic attack clinics and atrial fibrillation clinics.

Areas for improvement

- The trust must ensure that equipment is regularly serviced to ensure it is safe to use, and that the correct labels are displayed on equipment to confirm the date of service.
- The trust must ensure that temperatures on refrigerators containing medicines are maintained within a safe zone and that problems are escalated when readings are abnormal.
- The trust must ensure that staff sign daily check charts for resuscitation equipment once the check has been carried out.

Medical care (including older people's care)

- The trust must ensure that medication is administered to patients as per prescription and in a safe way.
- The trust must ensure that substances stored under COSHH are stored in accordance with COSHH guidelines.
- The trust should ensure it continues to work to reduce the number of patients sustaining falls.
- The trust should ensure that they improve on adults and children's safeguarding training for adults and children levels 1 and 2 for medical staff and for nursing staff in safeguarding adults and children level 2 in order to meet the trust's target of 95%.
- The trust should ensure that staff have a greater understanding of mental capacity. There should be a more consistent approach around the practice of mental capacity assessments and deprivation of liberty safeguarding assessments.
- Managers should ensure that all staff have received an up to date appraisal.

Surgery

Good ↑

Key facts and figures

The hospital provides emergency and elective surgery for a range of specialties including general surgery, trauma and orthopaedic surgery, ear nose and throat, plastic, urology, gynaecology and oral surgery. It has 18 surgical wards, a surgical admissions unit, a surgical special care unit and 20 operating theatres. From June 2016 to May 2017 the trust had 10,565 elective surgical admissions, 16,990 emergency surgical admissions and 26,382 day surgery admissions.

During our inspection of the surgical directorate we visited 12 wards, the surgical admissions and surgical special care units, the operating theatres and the post anaesthetic care unit at the hospital. We spoke with 20 patients and visitors and 96 members of staff. These included all grades of nursing staff, healthcare assistants, domestic staff, consultant surgeons, consultant anaesthetists, middle grade and junior doctors, and senior managers.

We observed care and treatment and viewed 67 care plans and associated records. We received comments from people who contacted us to tell us about their experiences. Before the inspection, we reviewed performance information from, and about, the hospital.

Summary of this service

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

- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service planned for emergencies and staff understood their roles if one should happen.
- 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. The service made adjustments for patients' religious, cultural and other preferences.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.
- The service took account of patients' individual needs.

Surgery

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

However:

- The service did not manage patient safety incidents well. While staff recognised incidents and reported them appropriately and managers investigated incidents, lessons learned were not shared effectively with the whole team and the wider service.
- Not all areas of the service's premises were suitable, and some equipment was stored inappropriately.
- Managers were not achieving the trust's target to appraise staff's work performance through supervision meetings with them to provide support and monitor the effectiveness of the service.
- People could not always access the service when they needed it. Waiting times for some kinds of treatment were worse than other, similar services in England. People whose operations were cancelled for non-clinical reasons did not always have them completed within 30 days of the cancellation.

Is the service safe?

Requires improvement 

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

- We asked 12 members of staff, from a variety of clinical roles, in operating theatres about recent never events in the department, however they told us they did not know anything about them. Other staff told us they had heard never events being talked about, but only as informal gossip. They said there was no formal process for cascading information, and that learning from incidents was not embedded or shared appropriately with all members of the team. This was similar to what we found on our previous inspection, when staff on the wards told us information about learning from incidents was not shared with them.
- Some staff in the operating theatres said they felt the incident reporting system was long-winded, and they were not sure who should report incidents. They told us they struggled to use the system and had not been given any training on it. On our previous inspection, we found not all staff were aware of the procedure to follow for incident reporting.
- In theatres, compliance with the World Health Organisation's (WHO) Surgical Safety Checklist was mixed. Pre-operative checks in the anaesthetic room were carried out in every case we observed, as was the 'time out' before surgery commenced. However, we observed two instances where some staff, including surgeons, left the operating theatre before the 'sign out' post-operation checks were completed. This did not comply with WHO guidelines.
- We saw staff wearing theatre attire in corridors, communal areas outside the operating theatres and in dining areas. This did not comply with NICE guidance or the trust's Professional Standards of Dress at Work policy. In our previous inspection we saw at least one instance of theatre attire being worn outside the operating theatre areas.
- Equipment in the hub operating theatres was stored in a haphazard fashion. We saw many items of equipment stored in corridors without any obvious system or structure.

Surgery

- Most resuscitation trolleys in the operating theatre departments were checked regularly, however all of the four trolleys we looked at had days missed on their checklists. For example, one had four missed days during August and September 2017. This meant staff could not be certain the trolleys were fully stocked and equipment was operational if they needed to use them in an emergency.
- The temperature of a medicines freezer in the hub operating theatres was not regularly checked. This meant staff could not be assured the medicines had been stored safely.
- The trust target for safeguarding training compliance was 95%. Data provided by the trust showed that nursing staff had achieved this at level 1 for adults and children. However, not all of the doctors had achieved this and compliance levels for training at level 2 for adults and children across all staff groups was low.
- Data provided by the trust showed that mandatory training rates were lower than the trust target of 95%, out of seven subjects, only one had achieved compliance. Local leaders were committed to complying with the mandatory training programme and kept their own records, which showed us evidence of higher rates of compliance among their staff.
- On wards, patients' records were stored in unlocked trolleys. We saw several instances of patients' records being left unattended on desks and computer trolleys.
- The NHS safety thermometer was used to record the prevalence of patient harms and to provide immediate information and analysis for frontline teams to monitor their performance in delivering harm free care. From July 2016 to June 2017, rates of pressure ulcers and catheter urinary tract infections were generally high, however the number of patient falls decreased over the year.

However:

- All ward based staff we spoke with knew how to report incidents, were able to use the system and had access to the incident reporting system and had knowledge of recent incidents and could describe learning that had occurred as a result.
- Throughout our inspection we observed that ward based staff followed trust infection control policy including uniform and hand hygiene.
- We saw evidence that resuscitation trolleys on surgical wards were checked regularly and equipment was appropriately stored.
- Staff on wards demonstrated an understanding of safeguarding vulnerable children and adults at risk, and told us they had an excellent working relationship with the trust's safeguarding team.
- Staff on wards and in operating theatres demonstrated a good understanding of the duty of candour.

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. Policies and procedures referenced relevant national guidance such as that published by the National Institute for Health and Care Excellence (NICE).
- Patients' care was planned and delivered in line with evidence-based guidelines covering areas such as nutritional and hydration needs, falls assessments and consent. The trust's 'Proud to Care' document contained comprehensive patient assessments, covering a range of health and social care needs. We saw better compliance with completion of assessments than we did during our previous inspection.

Surgery

- Staff made sure that patients had enough to eat and drink when they needed it. They supported vulnerable patients who had additional needs or could not eat or drink themselves. Staff used a nationally-recognised system to identify patients who were at risk of malnutrition. We saw processes for ensuring patients did not miss meals if they were undergoing scans or other procedures during mealtimes.
- Nursing staff used a nationally-recognised tool, the modified early warning score, to identify patients whose condition may be deteriorating and who needed to be escalated to senior clinicians.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- We saw numerous examples of staff implementing the NHS '#endPJparalysis' campaign, encouraging patients to get up and dressed rather than remaining in bed while on wards. The campaign aims to encourage patients to be more active and prevent the deconditioning caused by lengthy periods of immobility.
- Pre-operative assessments included in patient records included information about pain management for the patient. Patients we spoke with told us staff had asked them about their pain and had given them pain medicine quickly when they needed it.
- We observed clinical practice and saw staff to be competent and knowledgeable. Patients told us they felt staff understood their conditions and were able to explain their treatment to them in a way they could easily understand.
- Staff at all levels and from all disciplines worked together as a team for the benefit of their patients. Staff also worked closely with teams outside the hospital when preparing to discharge patients. We observed good working relationships between theatre and ward staff during our visit.
- We saw evidence that national priorities to improve the population's health were being supported on the wards.
- Staff understood their responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Patients we spoke with felt that they had received sufficient information from their consultant about their surgery and its associated risks to give consent.
- We saw a Deprivation of Liberty Safeguards document and mental capacity assessment for a patient for whom a low level of restraint was needed to prevent them inadvertently harming themselves. Both documents were fully and accurately completed.
- The service was taking part in all relevant audits. There were actions in place where improvements were needed and implementation was ongoing. The risk-adjusted 30-day hip fracture audit mortality rate was within the expected range and better than 2015 audit results.

However:

- Patients had a higher expected risk of readmission for elective admissions when compared to the England average.
- Staff told us, and we saw the trust's policies could only be accessed on the intranet by entering the policy code or the full title. This meant it was difficult for staff to search for policies.

Is the service caring?

Good 

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

- Patients were very positive when they told us about the care they received.

Surgery

- Staff treated patients with compassion, dignity and respect. Relatives and patients could speak to matrons who were also seen on the wards.
- Staff involved patients and those close to them in their care, and in decisions about their care. They kept patients informed and explained procedures. Patients said they could speak to the consultants about their care.
- Patients and their relatives told us they felt their needs and decisions were respected and they were kept informed and involved with decisions when appropriate.

Is the service responsive?

Good  

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

- We saw the number of patients who required additional care due to their acuity, remaining in the operating theatre post-anaesthetic care unit (PACU) for post-operative care had reduced since our inspection. In 2015, we saw up to 70 patients were cared for in PACU each month, during this inspection we saw on average, only 14 patients were cared for overnight in PACU each month from October 2016 to September 2017.
- A team of enhanced recovery nurses monitored patients during their journey through surgery, providing continuity from admission to discharge, regardless of which wards or units the patient was on.
- Staff were positive about the introduction of the flow coordinator role and the positive impact it had on discharges.
- Unexpected vacancies on operating theatre lists were used to accommodate urgent surgery for patients on wards and on critical care, maximising the use and efficiency of the theatres.
- The trust's referral to treatment time for admitted pathways for plastic surgery was better than the England average, and the same as the England average for ophthalmology.
- A urology ambulatory care clinic was being trialled, to help discharge patients as soon as they were medically fit. Staff told us the trial, which had been running since June 2017, was proving a success and was reducing the time patients had to wait to be discharged, and improving flow.
- We saw operating theatre staff acknowledging a patient's religion that had a bearing on the treatment they were willing to accept.
- Staff used a nationally-recognised symbol to identify patients living with dementia. This meant staff were aware of which patients were living with dementia and could tailor the way they cared for and interacted with them to improve the patients' experience while in the hospital.
- Staff had access to telephone and face-to-face translation services for patients whose first language was not English, and to British Sign Language interpreters for patients living with hearing loss. Staff told us they had used these services and they worked well.
- We saw several instances of actions that staff had taken to improve patients' and visitors' experience of surgery, as a result of complaints.
- On ward 232, staff had arranged for a projector to be installed and a large picture of a scene from the Peak District to be shown on one wall of the patients' bathroom, as it had no windows.

However:

Surgery

- Cancellations of operations and the trust rebooking these within 28-days of cancellation showed a declining trend and was generally worse than the England average.
- The trust's referral to treatment time for admitted pathways for general and ear, nose and throat surgery was worse than the England average.

Is the service well-led?

Good  

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

- All staff on the surgical wards and some staff in theatres described local leaders as very good and said they were visible, approachable and willing to listen to the staff. They told us they felt supported by local managers. Staff told us they felt valued and part of a team.
- A doctor on ward 109 told us the ward sister had changed the ward from one which struggled to cover its shortfalls to one with a high number of bank staff wanting to work there, but with low bank usage.
- Staff told us the chief nurse and associate nurse director were both visible and approachable, and the matrons all had an 'open door' attitude.
- Ward 111, had been given the highest rating in the trust's Care Excellence Framework. Staff on the ward told us the quality of care they provided resulted from the leadership provided by the senior nurse.
- Staff on all the wards and operating theatres we visited spoke positively about the local team culture. They told us everyone supported everyone else and worked for the benefit of their patients, regardless of seniority or clinical grade.
- The surgical division had developed a two-year strategic plan. The plan identified key challenges and priorities, and explained actions to mitigate these. This included addressing ongoing concerns in theatres and developing robust action plans to implement improvements. This showed divisional managers were aware of potential future issues and were taking effective action to mitigate their impact.
- Surgery division managers attended monthly governance meetings. We saw minutes of these, during which issues affecting patient safety, clinical outcomes and patient flow were discussed, including performance; medicines management; risk management; compliance with local and national initiatives; operational effectiveness; and mortality reviews.
- Staff on surgical wards encouraged patients to share their experiences of care through the trust's 'tell us what you think' survey.

However:

- Not all staff felt supported. Four members of staff in hub theatres told us they felt they had very little support from senior staff in the department.
- While most staff had heard of the trust's '2025 vision', they were not able to explain it in any detail. Staff told us they felt the vision was something for the trust, not for staff working at ward level.

Surgery

Outstanding practice

- The urology ambulatory clinic trial on wards 106 and 107 was reducing the time patients who were medically fit for discharge had to wait, and improving patient flow from other surgical units by helping to make beds available more quickly.

Areas for improvement

- The trust must ensure that all staff (including surgeons) are fully compliant with the WHO checklist.
- The trust must ensure its staff comply with appropriate standards of hygiene and dress code as set out in the trust policy regarding wearing operating theatre attire outside the theatre area.
- The trust should ensure that they improve on adults and children's safeguarding training for adults and children levels 1 and 2 for medical staff and for nursing staff in safeguarding adults and children level 2 in order to meet the trust's target of 95%.
- The trust should ensure that all staff are familiar with and confident in using the trust-wide incident reporting system.
- The trust should review its process for cascading learning from incidents, and how it assures itself feedback from incidents is being accessed by all staff.
- The trust should review and improve the security of patients' notes on surgical wards.
- The trust should ensure that all patients whose operation is cancelled are re-booked within 28-days.

Critical care

Outstanding ☆ ↑↑

Key facts and figures

The Royal Stoke University Hospital had three critical care units: a general critical care unit (which consisted of four pods); eight beds in pods 3, 4 and 5 and sixteen twelve beds in pod 6; a separate surgical critical care unit which had 14 beds but was commissioned to provide 12 level two beds. The surgical critical care unit was managed by the general critical care management team. The trust reported that they currently have 52 62 beds at Royal Stoke University Hospital.

The general critical care unit provided up to 28 34 beds which could be used or 'flexed' between level three and level two depending on patient need (high dependency beds are assessed as 0.5 due to nurse staffing requirements).

Level three beds are beds for critically ill patients, who are ventilated and have other complex care requirements and level two beds are for patients who have high dependency needs but are not ventilated.

There was a cardio critical care unit which consisted of two pods of eight beds and which was under a different division management team. The cardiac critical care unit was primarily used as a surgical postoperative unit and provided 14 16 cardiac surgery beds and two neurosurgical beds for both level two and three patients. The cardiac critical care beds were also flexed in response to patient need and dependency.

We visited all the critical care units during an unannounced inspection.

We spoke with three patients, 14 relatives and 44 staff: they were nurses, doctors, therapists, domestic staff and managers. We observed care and treatment, and looked at the records of 12 patients on the critical care units.

Before the inspection, we reviewed performance information about the hospital.

Summary of this service

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

- Following their previous Care Quality Commission inspection, the leadership team, with the support of the trust, embarked on a transformation programme to address the issues highlighted in all domains.
- Within the safe domain, there were improvements required to increase capacity for level 2 and level 3 patients. This had been achieved by introducing designated units and understanding patient complexity to inform the skills mix and determining nursing requirements. The number of agency staff had decreased and an effective outreach facility helped with access and flow of patients who required the service.
- Local systems and processes reflected a culture of reducing harm and improving. For example, regular audits and reviews, local champions and the introduction of advanced skilled practitioners supported learning.
- The trust had invested in a state of the art electronic patient record system. The technology supported safe management and care of patients. It meant staff could access and update patient information when needed.
- At the last inspection the trust did not contribute cardiac critical care data to the Intensive Care National Audit Research Centre (ICNARC). It had since been introduced, which meant that the information could be used to identify areas for improvements.

Critical care

- Staff expertise and practical skills were strengthened by the support of a range of practice development nurses, advanced critical care practitioners and quality nurses. There were strong links with local universities and some of the advanced critical care practitioners were honorary lecturers.
- Staff demonstrated compassionate and dignified care for all. We saw this in our observations, discussions with patients and those involved in their care. Patients' and families religious, emotional, and social needs were considered and the resources provided.
- Critical care was accessible, patients' needs were catered for and they were also afforded a suitable space to make their experience in critical care comfortable and supportive. There was an access and flow co-ordinator who helped manage waiting times, discharges and to keep delays to a minimum and where possible avoid cancellations.
- The leadership team demonstrated in their transformation work that they were effective and knew what was needed to deliver excellent and sustainable care. They reviewed and evidenced progress against the strategy and plans. This clearly demonstrated their commitment to improvements.
- Excellence was at the heart their achievements. This was demonstrated in their evidenced based approach and research led culture. We saw lots of evidence of innovation and creativity and commitment to research in key areas relevant to critical care.
- There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. There was clear demonstration to commitment to best practice and use of a range of performance and risk management systems and processes. Staff told us that they felt proud to work for the trust and spoke highly of the organisation and culture.

Is the service safe?

Good ↑

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

- Improvements had been made to increase capacity for level 2 and level 3 patients who were managed in designated units. This was combined with ensuring the services were led by a suitably qualified care team. Staffing levels were improved by rolling out a recruitment programme that employed the right skills mix to safely care for the patient group.
- They had significantly reduced their use of agency staff and their need for bank staff due to the increase in substantive staffing. They also increased their suitably skilled multidisciplinary team, including a more effective outreach facility. Each pod aimed to have the right number of staff to patient ratios as a result of the increased levels of staffing.
- As well as measuring individual patient complexities, other aspects of nursing care were taken into account in determining nurse staffing requirements. For example, the skill mix of nurses, other staff and the needs of those involved in the patients' care. They also considered the number of other duties taking nurses away from the pods.
- Staff followed national guidance and used a range of evidence based tools to effectively manage patient risks. There was an effective critical care outreach team who worked closely with consultants to support the wellbeing of acutely ill patients throughout the hospital. Infection prevention control was high on the agenda. There were dedicated infection prevention control leads, local champions, regular and sustained audits, learning from those audits, shared learning and creative initiatives.

Critical care

- The leadership team, staff, the local systems and processes all reflected a culture of reducing harm and improving care. Safety concerns were raised by staff and people who used the service. All contributions were viewed as valued and integral to learning and improvement. Staff told us they were encouraged to be open and transparent, and committed to reporting incidents and near misses. We saw examples of changes to practice, including a change following a never event, the introduction of resources to support safety and improve outcomes for patients.
- Staff across the trust could access real time and up to date patient information using a state of the art electronic patient record system. The technology helped staff deliver care using on the spot access to detailed patient information. This information supported safe management and care of patients. It meant that staff involved in managing services and treating patients, wherever based, could see the same information about where a patient is in the system and what needs to happen next. Clinicians were able to update the records at the point of contact.
- A dedicated pharmacy lead and pharmacy team worked together to maintain safe medicines management. Staff followed national standards and guidance, there were related policies and procedures and an audit cycle of ongoing audits to ensure standards were met in line with best practice.

However:

- Data provided by the trust showed that mandatory training rates were lower than the trust target of 95%. The average compliance rate across all subject areas was 71% for doctors and 74% for nursing staff. Local leaders were committed to complying with the mandatory training programme and kept their own records, which showed us evidence of higher rates of compliance among their staff. Staff had either been booked on to it, were new in post or the training had been missed due to sickness.

Is the service effective?

Good  

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

- Patients were provided with evidenced based care. Staff used care bundles and the use of screening tools to improve outcomes. The service used a combination of national guidelines and policy to determine the care and treatment provided. Staff had access to policies and dedicated teams to support them in delivering local and national priorities.
- An area of concern at the last inspection was that the trust did not contribute to the Intensive Care National Audit Research Centre (ICNARC). This meant the service did not benchmark itself against similar units nationwide. This had since been introduced and the information was being used to identify areas for improvements.
- The most recent ICNARC report (September 2017) indicated unit-acquired infections in blood was much worse than expected by chance alone. The leadership team introduced a number of initiatives to reduce the incidence of these infections. For example, a strong focus on infection prevention control, a team of dedicated infection prevention control leads, focussed and regular infection prevention control audits.
- Teams consisted of a range of suitably qualified and skilled staff. Most of the nursing staff who worked on critical care had advanced skills and were being supported in achieving further specialist advanced qualifications. Staff expertise and practical skills were strengthened by the support of practice development nurses, advanced critical care practitioners and quality nurses who worked in every pod.

Critical care

- Critical care were committed to working towards excellence. They had strong links with local universities and some of their advanced critical care practitioners were honorary lecturers. All staff were supported in their learning and development, whether it was accredited or in-house training. Consultants and medical staff were allocated protected time for continued professional development including revalidation. Staff were appraised and their continuing professional development formed part of their appraisal.
- There was strong evidence of multi-disciplinary team who contributed to management and rehabilitation of patients. The team were intensivist led and staff from across the trust worked alongside critical care in supporting the best outcomes for patients.
- Staff in critical care understood the principles and values that underpinned the legal requirements in the Mental Capacity Act and Deprivation of Liberty safeguards. This meant staff understood what to consider to protect vulnerable patients who might lack capacity.

Is the service caring?

Outstanding ☆ ↑

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

- Staff demonstrated compassionate care for patients and others involved in patient care. People were respected, valued and empowered to be as independent, and involved in their care as they could be.
- Staff acknowledged patients' individuality and the unique way in which each person experienced dignity and self-esteem. For example, patients who identified as transgendered were provided with a side room in a preferred area of a ward where they were able to respond to their personal needs in a compassionate way. One member of staff told us they straightened a critically ill young female patient's hair to help improve her mood and overall sense of wellbeing.
- Staff continued with compassion even when a patient was no longer responsive. One member of staff described how they would continue to sooth unresponsive patients by explaining what was to happen next and maintained their dignity throughout.
- Patients' religious, emotional, and social needs were considered and met. These were supported by a diverse range of in-house services, for example there was pastoral and spiritual leaders and facilities based within the hospital.
- Staff displayed consideration for dignity and privacy based on the individual needs of each patient. There were separate rooms for private and sensitive conversations or for contemplation.
- Families, including children were supplied with supportive resources to help them understand critical care and how it might impact on them and their families. Staff encouraged families to get involved in improving care and staff used this as an opportunity to learn and adapt services to improve patient care.

Staff provided us with examples of when they had taken the time to know and understand patients and who they were as individuals. Staff took time to support individual patients needs and additional requests, for example, there was a patient wedding on the unit, facilitated and co-ordinated by staff.

Is the service responsive?

Good ● ↑↑

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

Critical care

- Patients and those involved in their care contributed to service development and were encouraged to help improve the environment experiences for those using critical care. For example, based on their feedback critical care extended their visiting hours.
- Critical care was accessible, patients' needs were catered for and they were also afforded a suitable space to make their experience in critical care comfortable and supportive. For example, private rooms and access to support in varying forms based on their individual needs.
- Patient access to care was managed to take account of people's needs, including those with urgent needs. There was an access and flow co-ordinator who helped manage waiting times, keep delays to a minimum and where possible avoid cancellations. To manage access and flow, the leadership team had commissioned additional beds. They used the outreach facility to avoid using recovery areas for extended periods and reconfigured pods. They improved their procedures for discharge and worked with commissioners to continue with improvements.
- People gave feedback about their experiences in a range of accessible ways, including how to raise any concerns or issues. People who used the service, their family, friends and other carers felt confident that if they complained it would be explored thoroughly and with compassion. The trust collected feedback which was used to improve the experience of all stakeholders. Positive feedback was used to share good practice and negative feedback to help improve.
- Patients and visitors individual needs were considered. There was wheelchair access, technology for those with impairments and additional needs, for example translation services. In line with the World Health Organization (WHO) guidelines, each pod had sound level monitors to help staff keep the noise levels to a minimum.

Is the service well-led?

Outstanding ☆ ↑↑

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

- There was considerate, comprehensive and effective leadership who demonstrated what was needed to deliver excellent and sustainable care. There was a system of leadership development and succession planning. The leadership team demonstrated an understanding of priorities in their service; the challenges they might present and the changing needs of those who required the service.
- The leadership team demonstrated their strategy in their transformation work. They had addressed the needs of the service, and were fully aligned with the wider health economy. We also saw they were working collaboratively with other services and specialties with the trust to improve services.
- We saw evidence and were given examples of how staff at all levels were empowered to make contributions to positively change practice. There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.
- Staff told us they were proud and privileged to work in critical care. Staff told us that the trust was a desirable place to work and spoke highly of the organisation and culture.
- There was a systematic and integrated approach to monitoring to ensure changes were sustainable. They reviewed and evidenced progress against the strategy and plans. This demonstrated their commitment to improvements through clinical auditing, professional development and research.

Critical care

- Staff were employed using a value based approach to recruitment. This was to ensure commitment to critical care treatment. The culture was a learning and improving one. Excellence was at the heart of everything they aimed to achieve. We saw this in their evidenced based approach and research led culture. We saw lots of evidence of innovation and creativity and commitment to research in key areas relevant to critical care.
- Staff were encouraged to report incidents and shared learning to improve patient safety. There were robust governance arrangements and a focus on audit, review and oversight across the entire service, involving staff from all levels. The leadership team managed the risk register robustly to mitigate against the risks.
- There was clear demonstration to commitment to best practice. There were a range of performance and risk management systems and processes. Senior clinical staff told us that they often worked directly with commissioners and other external stakeholders to highlight the challenges and develop the service to meet the needs of the population.

Outstanding practice

- A team from critical care won an ICNARC national award for monitoring patient outcomes. Using ICNARC data helped critical care teams identify areas of outstanding practice and areas that required monitoring. Staff who carried out these audits were recognised as having achieved considerable improvements in the quality of the data over a three month period.

End of life care

Good ↑

Key facts and figures

Before the inspection, we reviewed performance information about End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services. The trust had 3,037 deaths between June 2016 and May 2017.

Royal Stoke hospital had an integrated approach to working with patients at the end of their life, therefore there were no allocated beds or wards for end of life care patients. Instead, patients would reside on medical wards. Instead, patients reside on wards pertinent to their clinical condition and therefore could be nursed on any ward.

Staff referred patients who required specialist input including symptom control to the Specialist Palliative Care Team (SPCT). This team comprised of four consultants in palliative medicine, one advanced nurse practitioner, seven specialist palliative care nurse practitioners, five specialist palliative care nurses, one end of life care facilitator and one secretary/MDT co-ordinator. A consultant in palliative medicine worked at the executive lead for the team. Between April 2016 and March 2017, 2425 referrals were made to SPCT for additional support for patients at the end of life. The team made 8989 face-to-face and 3979 telephone contacts with patients across the trust. Forty-two percent of all referrals were for patients not diagnosed with cancer.

The mortuary at Royal Stoke hospital had capacity for 208 patients; 18 of which were for bariatric patients and five for paediatric or neonatal patients. Post mortems were also conducted at the hospital. The team comprised of the manager of the service, a deputy manager, a senior mortuary assistant, three mortuary assistants and two trainee mortuary assistants.

During the inspection, we spoke with 45 members of staff including members of the palliative care team, nurses, health care assistants, doctors, porters, mortuary and bereavement staff and allied health professionals. We spoke with nine patients and family members or carers. We looked at 25 patient records, ten of which were for patients at the end of life

Summary of this service

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

- We saw staff were aware of how to report incidents and provided examples of incidents they would report. We saw changes to practice had occurred following incident investigations.
- Documentation had improved since our previous inspection in 2015. We saw improvements with the recording of Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions.
- We saw improvements with the use of individualised care plans as these were used for all patients and were highlighted for staff with colour coded materials.
- We saw that there had been improvements with the prescribing of anticipatory medicines for patients since the last inspection.
- End of life care training formed part of staff mandatory training; ensuring staff were familiar with the processes to follow for the identification and care of patients at the end of life.

End of life care

- Specific equipment regularly used with patients at the end of life, such as syringe drivers, was readily available which was an improvement since the previous CQC inspection.
- Staffing within the specialist palliative care team, mortuary team and bereavement teams was sufficient to meet the needs of patients.
- We saw the trust had improved their results within the National Care of the Dying Audit for Hospitals; and had action plans to address areas where performance indicators had not been met.
- The end of life care service followed guidelines set by the National Institute of Health and Care Excellence (NICE) regarding end of life care.
- Staff were caring and compassionate in their approach to patients and relatives. Staff made effort to protect privacy and dignity, even when patients were located within a ward bay rather than a side room.
- The purple bow scheme assisted staff to be responsive to patient and relative needs, and to provide a service over and above what is normally offered to patient visitors. This supported a positive experience for patients at the end of life, and their relatives.
- The end of life care service was recognised at trust board level, and had a trust strategy to support its delivery. Staff were aware of the end of life care objectives and sought to achieve these within their day to day roles.

However:

- We saw that staff did not undertake Mental Capacity Act assessments with patients who were identified as potentially lacking capacity when completing DNACPR forms.
- We saw staff training in, and availability of, the end of life care specific individual care plans had been rolled out across Royal Stoke hospital during 2017 prior to our inspection. However, we saw that not all information was always completed such as sections covering the spirituality needs of patients.
- We saw that the trust failed to meet four out of five clinical indicators as part of the 'End of life care: Dying in hospital' audit, 2016.
- The trust did not monitor patients achieving their preferred place of care, or patients achieving rapid discharge.
- There was no local risk register for the end of life care service; instead one risk was identified for the service on a corporate register.

Is the service safe?

Good ↑

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

- We saw that improvements had been made since the last CQC inspection in 2015 with regards to the use of an individualised care plan for end of life patients. We saw staff training in, and availability of, the end of life care specific individual care plans had been rolled out across Royal Stoke hospital during 2017 prior to our inspection. However, we saw that not all information was always completed such as sections covering the spirituality needs of patients.
- We saw that McKinley T34 Syringe Drivers were in use at the Royal Stoke hospital. We saw that improvements in the availability of this equipment had been made since our last inspection in 2015; with staff reporting that it arrived promptly upon request.

End of life care

- We saw that there had been improvements with the prescribing of anticipatory medicines for patients since the last inspection.
- Patients were identified as requiring end of life care in a timely manner to ensure they accessed safe and appropriate care.
- End of life care training was embedded into mandatory training programmes for all new starting staff. We saw additional training was provided to medical staff, nursing staff and allied health professionals in order to safely work with patients at the end of life.
- We saw that there were processes in place to ensure that the mortuary was clean and followed standards for infection prevention and control.
- Staff were aware of incident reporting procedures. We saw that relevant teams, such as the specialist palliative care team (SPCT) and mortuary management, investigated incidents identified as 'end of life' and created action plans where necessary.
- The SPCT staffing (including clinical nurse specialists, consultants and support staff) and mortuary and bereavement staffing were at appropriate levels to ensure patients were cared for safely.
- The mortuary had clear policies and procedures to follow in the event of a major incident.

Is the service effective?

Requires improvement 

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

- Although there was a policy outlining the trust consent process, we saw that patients who potentially lacked capacity to make decisions about their care and treatment were not assessed as per the Mental Capacity Act 2005. In particular this was identified in relation to DNACPR forms. We reviewed 25 DNACPR forms, of which, 10 patients had been identified as not having the mental capacity to make a decision about their resuscitation requirements. None of these patients had a mental capacity assessment recorded. This was also identified as a concern during the CQC inspection in 2015, following which a requirement notice was submitted to the trust to promote improvements.
- We saw that the trust failed to meet four out of five clinical indicators as part of the 'End of life care: Dying in hospital' audit, 2016. This finding was consistent with our last inspection; therefore indicating no improvement in the areas encompassed within this audit. However, since the audit we saw that an action plan had been implemented with four of seven recommendations completed.
- Patients preferred place of death, and the number of patients dying within their preferred place of care was not captured consistently therefore the trust had no data as to how they were meeting this outcome. This was highlighted during the previous CQC inspection in 2015.
- The trust had ceased the use of the AMBER care bundle (a structured approach to identifying and managing patients identified as being at the end of life) following a six month pilot in 2016. The end of life steering group were discussing plans to re-pilot the scheme at the time of inspection. We saw that staff were effectively identifying and managing patients at the end of their lives however not in the formal structure that the AMBER care bundle provided.

However:

- Since the previous CQC inspection in 2015, we saw that specific individual care records based for end of life patients based upon national guidelines were available and used for patients.

End of life care

- We saw the trust had improved their performance as part of the National Care of the Dying Audit for Hospitals (NCDAH) since the previous inspection. Royal Stoke hospital reported having achieved five out of eight organisational indicators. We saw that the trust had now achieved some of these indicators, furthermore, the organisation had sought to obtain bereaved relatives views.
- We saw that the trust had met their key performance indicator as part of the NCDAH which requires appropriate pain management for patients at the end of life. Doctors prescribed anticipatory medicines to manage pain and discomfort for patients at the end of their life. These included strong painkillers and sedatives that could be administered as necessary.
- The end of life care service had a robust multi-disciplinary (MDT) approach to the management of the service in order to effectively support patients. MDT meetings were held weekly. The SPCT reported positive working relationships with local hospices, with consultants from this team working at the hospices at set times.
- We saw the trust had made strides to ensure staff at all levels were competent to deliver end of life care. In particular the trust had appointed an end of life facilitator which was in line with NICE guidelines around end of life care. The end of life facilitator had responsibilities for education and training as well as organising events and awareness of the service.
- The SPCT were available seven days per week between the hours of nine and five. Outside of these hours there was a consultant on call system in place and also support from the local hospice for staff and patients. We saw that the SPCT provided contact information within patient notes for out of hours cover.

Is the service caring?

Outstanding ☆ ↑

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

- Staff within all teams were caring, compassionate and passionate about providing a dignified and respectful service to patients at the end of life. We saw staff placed emphasis on ensuring relatives of patients had a supportive experience whilst visiting the patient, and following the patients' death.
- Staff on the respiratory ward, in conjunction with the PFI partner Sodexo, had arranged a surprise a 'side room makeover' for one patient in their end stages of life. The makeover, undertaken in one day, included themed redecoration, bedding, fairy lights and Christmas decorations. The reveal was planned for the afternoon when the patient, with her family, returned to their room to see their 'wishes come true'. The staff also arranged for the patient to receive a pampering session whilst away from their room and during the reveal, themed food was delivered which was enjoyed by all.
- The service had facilitated five weddings for patients at the end of life at Royal Stoke hospital. The team provided 'wedding boxes' which included items such as bunting, battery operated tea lights and cards to create an appropriate setting.
- We heard about a recent occasion where an elderly patient at the end of their life wanted to marry their same sex partner, despite the patient being very poorly, the trust facilitated this quickly to ensure the patients' wishes were met before they passed away.
- We received positive patient feedback that described how staff explained what was happening to families with compassion and sensitivity. Relatives said that nursing staff were kind and emotionally supportive.

End of life care

- We received patient feedback that included the following comments: *"to watch your loved one die is a very challenging and sad time, yet somehow the family and nursing staff made this as gentle and peaceful as possible."*
- Staff working in the end of life care service had been nominated for an award from the Health Service Journal for provision of compassionate care.
- We saw where possible, patients were kept informed and updated as to their condition and care needs. Relatives were involved in decisions surrounding patient care and were able to be involved in actively caring for the patient if they wished.
- Psychological, religious and spiritual support was available to patients, and bereavement officers were able to signpost relatives to suitable services.
- We saw a bereaved relatives survey had been conducted which reported that respondents felt emotional, spiritual and religious support given to patients within the hospital was to a good or excellent standard.

Is the service responsive?

Good ↑

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

- Staff across the hospital referred patients to the specialist palliative care team. Between April 2016 and March 2017, 2425 referrals were made to SPCT for additional support for patients at the end of life.
- We saw that staff within the Royal Stoke hospital, in addition to the SPCT, were actively working to promote timely discharges. Preferred place of death was discussed with patients and relatives and recorded in patients notes.
- A pilot audit of rapid discharge processes was completed as part of a CQUIN (commissioning for quality and innovation national goals) set by the clinical commissioning group (CCG) from January to March 2017. Whilst the trust was not directly monitoring discharge times, it was clear that early work was being done to focus on this issue.
- Staff within the trust had launched new ways of working to support the discharge process for both end of life and non-end of life care patients to try and overcome some of these delays.
- Staff also liaised with the relevant agencies daily or more regularly to gain information for patients and their family members regarding discharge. Rapid discharges to hospices were available and worked well due to good working relationships with discharge co-ordinators, ward staff and the SPCT.
- The Purple Bow scheme was rolled out and embedded within the Royal Stoke hospital ensuring all staff knew to promote a flexible approach to end of life patients, and their relatives.
- The Royal Stoke hospital provided free parking, free meals and beverages and facilities to stay overnight for relatives of patients who were at the end of life. Relatives were able to 'break rules' by sitting on the patient's bed, bringing in fresh flowers and on occasion, bringing a family pet to visit the patient.
- Where possible, staff enabled the use of side rooms for patients at the end of life therefore providing a more private environment for the patient and their relatives at this time. As part of the Purple bow scheme, signage was used to identify if a patient was at the end of life to discreetly alert other staff and visitors.
- Mortuary services showed a flexible approach to viewing times for relatives and demonstrated awareness of cultural considerations which may be required.
- Interpreters were available upon request for a patient whose first language was not English.

End of life care

- We saw that there were booklets to aid communication with patients living with learning disabilities or dementia that illustrated key information with pictures and clear phrases.
- Specific teams such as the mortuary team and the SPCT made changes to practice as a result of complaints and feedback. We saw relative information leaflets and feedback forms were available.

However:

- Although preferred place of death was discussed with patients and families it was not audited, so there was no way to measure if this was being achieved.
- There were no target times for rapid discharge and the trust did not routinely measure how long discharge took for end of life care patients.
- Patients who required rapid discharges in order to achieve their preferred place of care were required to meet three criteria set by the CCG. Staff told us and we saw they were not receiving responses from these external decision makers in time for a discharge to be achieved.

Is the service well-led?

Good 

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

- We saw much improvement since the previous CQC inspection in 2015. We saw that the end of life care service was recognised at board level, and had a trust strategy and associated policies to support this.
- Staff on the wards reported being aware of those involved within end of life care teams, and felt supported to carry out their work with patients at the end of life. All staff we spoke with spoke positively about the Purple Bow scheme and how it supported their roles.
- Staff we spoke with felt that the integrated approach to SPCT, mortuary team and the bereavement service worked well to support the needs of patients.
- The deputy chief nurse who displayed clear understanding of the End of Life Care (EOLC) service issues within the trust represented the service on the board. Staff we spoke with told us they were visible, approachable and represented the service well. A non-executive board member also had EOLC responsibilities.
- The SPCT was led by a consultant clinical lead. There was a staff member seconded with lead responsibilities for service improvement for EOLC.
- Minutes from end of life care meetings showed that risks to the service, governance and performance was monitored much more closely than at the previous CQC inspection in 2015.
- We saw the mortuary staff now had a structured management team who supported the delivery of a quality service.
- Action plans to support the findings from the National Care of the Dying Audit for Hospitals and the 'End of life care: Dying in hospital' audit, 2016 were robust, with the majority of actions being implemented.
- We saw examples of active public engagement in order to capture the views of bereaved relatives in order to improve the end of life care service. The SPCT had devised feedback leaflets to encourage both patients and their families to provide information about the care they had received whilst at the hospital. The results of the feedback had been reviewed but not formally audited at the time of the inspection.

End of life care

- The EOLC service had input from patient representatives who attended training sessions, conferences and the EOLC steering group. Staff told us that the input of patient representatives was well-respected and valued by the trust and work was in place for using patient experience for further training sessions.
- We saw examples of positive staff engagement for those working across the trust and within the local health economy supporting the end of life service.
- We saw that the Purple Bow scheme had been nominated and shortlisted for an award with the Health Service Journal. Specific members of staff had also been nominated for, and won, a further award for their work within the end of life care service; both internally and externally to the trust.

However:

- The risk register was corporate rather than specific to the end of life service. This meant not all risks relating to the service were captured. This was raised at the previous CQC inspection in 2015.

Outstanding practice

- Following the last CQC inspection in 2015, we saw that through education and the use of the purple bow scheme the profile of the EOLC service had been raised and that the importance of providing high quality care in the last stages of life was prioritised by staff in all roles across the trust.
- The Purple Bow scheme had been shortlisted for a National Health Service Journal award for compassionate care. We saw that staff, patients and relatives were supportive of this scheme and felt it significantly improved the patient and relative experience.
- We saw and heard of many examples of staff going above and beyond to meet the wishes of patients at the end of their life.
- Staff within the specialist palliative care team (SPCT) organised and led a conference on end of life care. Health professionals who attended championed this event as having had a great influence and impact upon them. A further conference was scheduled for 2017 following this success. The staff member who had led this had won an employee of the month award by the trust and was nominated for employee of the year. The same staff member had been nominated for a service improvement award with the MacMillan Cancer charity.

Areas for improvement

- Staff must ensure that Mental Capacity Act assessments are conducted for every patient where it is suspected they may lack capacity when completing a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form.
- Staff should ensure that individualised care plans are used and fully completed for all end of life patients.
- The trust should consider how to capture and monitor data regarding patients achieving their preferred place of death, and the effectiveness of the discharge process for end of life care patients.
- Management within the end of life care service should develop a service specific risk register to ensure all risks are captured and actioned.

The County Hospital

Weston Road
Stafford
Staffordshire
ST16 3SA
Tel: 01785257731
www.uhns.nhs.uk

Key facts and figures

County Hospital opened in 1983. It is the main hospital in Stafford, England.

Services provided at the hospital include:

- Urgent and emergency care for adults and minor injury services for children. The department is open from 8:00am to 10:00pm every day.
- Medical care (including older people's care)
- Day surgery
- Midwifery led maternity services
- gynaecology
- Outpatients and diagnostic imaging
- End of life care

Summary of services at The County Hospital

Requires improvement ➔➔

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

- We rated safe, responsive and well-led as requires improvement and effective and caring as good. All ratings stayed the same except for effective which improved to good. We rated well-led at the trust level as good.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.
- Although the picture had improved since the last inspection, the trust still had problems with staff recruitment and retention. Staff reported to us they felt that sometimes there was not always enough staff provided to ensure patient safety.
- We saw that staff did not undertake Mental Capacity Act assessments with patients who were identified as potentially lacking capacity when completing Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms.

Summary of findings

- Despite there being good communication between staff, it was not always clear that learning from incidents was shared with staff that had submitted them.
- Some records we saw were not stored securely and contained detailed and personal information about patients and staff. This contravened the Data protection Act 1998. The trust took immediate action to rectify this.

However:

- There had been an improvement in the management of medicines from the last inspection.
- The four-hour time to treatment waiting targets were consistently higher than the national average, at County Hospital ED and reached the target of 95% on occasions.
- Staff treated patients with kindness and compassion. Patients were involved in the care they received.
- The service had stopped using agency staff which improved the continuity of care patients received.
- The Purple Bow scheme assisted staff to be responsive to patient and relative needs, and to provide a service over and above what is normally offered to patient visitors. This supported a positive experience for patients at the end of life, and their relatives.

Urgent and emergency services

Good ↑

Key facts and figures

The emergency department (ED) at County hospital provided consultant-led emergency care and treatment between 8am and 10pm, seven days a week.

Between the hours of 10pm and 8am, there was no emergency services provided at County site, and services were provided at the Royal Stoke site and by neighbouring hospitals. Ambulance services were aware of the arrangements and took patients to the nearest appropriate emergency centre, dependant on the location and needs of the patients.

A paediatric minor injuries unit (MIU) operated between the same hours as the ED and provided emergency treatment for children 16 years old and younger. Children that were acutely unwell or presented with anything not considered a minor injury, would be transferred to the Royal Stoke ED or a specialist hospital.

In the six months prior to inspection, between April 2017 and September 2017, there were 18,615 adult attendances and 3165 paediatric attendances to the ED.

During our inspection, we spoke with 38 members of staff including doctors, nurses, healthcare support workers, housekeeping staff and administrative staff.

We attended meetings and staff handovers, which included regular staff huddles that discussed patients care and treatment.

We spoke with 11 patients and two family members during the inspection, as well as reviewing information displayed in the waiting areas and notice boards located within the department.

Summary of this service

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

- We observed good infection, prevention and control procedures throughout County Hospital emergency department.
- There had been an improvement in the management of medicines from the last inspection.
- The hospital had introduced a rotation process for staff to work across both emergency departments within the trust. This enabled staff to share experiences and best practice first hand.
- Every patient or family member that we spoke to gave very positive feedback and said the care given was good. We saw staff treating patients with compassion and dignity.
- The paediatric minor injuries unit was a good facility providing emergency care to children. The unit was well appointed with appropriate equipment and qualified, caring staff.
- The four-hour time to treatment waiting targets were consistently higher than the national average, at County Hospital ED and reached the target of 95% on occasions.
- There were always two ambulances available at the ED to facilitate swift transfers for patients to either Royal Stoke Hospital or another specialist hospital. This was an improvement in service provision from the last inspection.
- Staff told us that managers were supportive and encouraged personal development. We saw that senior nurses mentored staff and nurtured a positive culture of leaning.

Urgent and emergency services

- There was an overall positive culture within the department and staff told us that they were proud to be working at County Hospital as part of the emergency department.

However:

- Some of the data we saw in the emergency department differed from the trustwide data that was available. We saw that, often the local data was more accurate and up to date.
- Staff told us that they were not clear on the plans for the emergency department and were feeling detached from the process.
- Despite there being good communication between staff, it was not always clear that learning from incidents was shared with staff that had submitted them.

Is the service safe?

Good 

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

- Cleanliness and infection, prevention and control processes were good. We saw cleaning schedules and routines being followed by housekeeping staff.
- Staff knew how to report incidents and were confident in using the electronic system and there was a good reporting culture evident in the department.
- We observed detailed staff handovers and there were regular staff meetings called “huddles”, to discuss patient care. Patient discharges and flow through the department were also considered at these meetings.
- We found the quality of patient’s records to be good. They were completed appropriately and to a good standard. We did find that in some cases the time seen was omitted, however this time could be accessed through the electronic patient monitoring system.
- We saw that processes for transferring patients, especially to Royal Stoke Hospital, were safe and we noted an improvement from the last inspection.
- We found that the staffing levels were safe and at the planned level.
- Medicines management was robust and an investment had been made in a new system that made storage and distribution of medicine safer.
- Assessment processes and triage was good in the MIU. We saw examples of nurses making informed judgements and using appropriate assessment tools to determine treatment required and following protocols for safeguarding children. Patients were appropriately assessed for sepsis when they arrived in the department.
- The trust target for safeguarding training compliance was 95% and all nursing staff had achieved this for level 1 adult safeguarding and level 2 child protection. Compliance for medical staff was just below the target. All the staff we spoke with understood how to recognise abuse and how to report or escalate concerns. All trained children’s nurses working in the MIU were trained to level 3 in child protection. The nurse in charge, all senior staff and medical staff had completed the same training.

However:

- Some staff told us that they would sometimes have to ask for specific feedback to incidents that they had submitted.

Urgent and emergency services

- Data provided by the trust showed that mandatory training rates were lower than the trust target of 95%, out of seven subjects, only one had achieved compliance. Local leaders were committed to complying with the mandatory training programme and kept their own records, which showed us evidence of higher rates of compliance among their staff.

Is the service effective?

Good  

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

- Staff appraisals were up to date with a robust local system to monitor and plan the dates for all staff.
- Staff received handovers and important information by way of a presentation from managers. In addition, these presentations were emailed to all staff to ensure complete sharing of information.
- We saw robust training procedures for staff, which included a rotation of staff at all levels, between the two emergency departments. This ensured an understanding of procedures across the trust and gave staff a valuable experience.
- New staff in the department were supported and received an induction to County Hospital ED, which included the opportunity to shadow experienced staff.
- Junior doctors told us that they were well supported in their role and that senior staff would go the extra mile to encourage and nurture learning.
- We saw effective pain management for patients and the information was recorded appropriately in their notes. Patients were able to request pain relief at any time and regularly asked to describe pain levels to nurses.

However:

- We saw that a member of staff in the minor injuries unit had to ask for access to information about safeguarding alerts at the main ED reception, because a lack of log in details to the IT system in the MIU.
- Historically, national and local clinical audits were not well subscribed to and staff at County site had not been able to contribute to the process.

Is the service caring?

Good  

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

- We saw examples of good care and staff treated patients with compassion and dignity. One example demonstrated the excellent care give to a patient with dementia, where staff supported and encouraged them continuously through their assessment and treatment.
- All feedback we were given by patients was positive. Patients and family members could not praise the staff high enough.
- The friends and family test results show that out of 927 responses, 79% of people would recommend County ED.
- On one occasion, we saw a member of staff accompany a patient on transfer to another hospital to continue providing emotional support throughout the journey to the new location.

Urgent and emergency services

- Patients told us that doctors and nursing staff had kept them fully informed about treatment and felt included in the decisions around the care that they received. We saw good interactions between staff and patients.

Is the service responsive?

Good ↑

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

- County Hospital ED targets for four hour time to treatment waits were good and consistently above the national average. They reached the target of 95% on several occasions between April 2017 and September 2017.
- Between October 2016 and September 2017, there were 579 transfers between County ED and Royal Stoke ED. The communication and quality of handovers has improved since the last inspection.
- The trust provided two emergency ambulances located at County Hospital, to ensure that swift transfers to other hospitals could be facilitated, if required. If an ambulance was used for transfer, another would be requested in order to have two available at all times.
- Paediatric care had improved since the last inspection. The minor injuries unit was well equipped and designed for children's specific needs. Specialist training had been given to staff in order to provide safe and appropriate care to children.
- We found the service to be responsive to individual's needs. Staff were able to explain the process for accessing translation services for those patients that did not have English as their first language.
- There were examples of the trust responding to concerns and the needs of patients. We saw examples of overnight staffing levels being increased due to an increase in patients staying in the ED after 10pm, which was being monitored by ED managers.
- Between 1 April 2016 and 31 March 2017, there were 40 complaints about Urgent and Emergency Care services at County Hospital. However, we found that not all complaints were responded to in the timeframe stated.

However:

- The department did not have a mental health assessment room in line with the College of Emergency medicine guidance. National guidance stipulates detailed requirements for mental health treatment rooms, including removal of ligature points, access and exit routes, use of appropriate or secured furniture and alarm systems. However, we noted that the number of patients with mental health needs would be small and the service was able to mitigate any risks posed.
- We found that signs and directions to the ED were confusing and could be clearer for the entrance to the MIU. However, there was a good process in place to check patient identity before entering the MIU.
- On the first day of our inspection we saw that 11 patients were required to stay in the ED overnight due to there not being beds available on wards. Patient care was transferred to the medics for support overnight and was safely monitored and reviewed as soon as practicable. We found that patients' staying in the ED overnight was a regular occurrence that was being monitored by ED managers.

Is the service well-led?

Good ↑

Urgent and emergency services

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

- Monthly trust governance meetings were in place and information was shared across the ED departments, through published minutes.
- At a local level, there were some good processes in place to share information with staff. We saw several different approaches to ensure staff were kept informed throughout the day by using huddles and bed management meetings. We also saw a copy of the presentation that is sent to all staff by email.
- Staff told us that the managers supported them to do their jobs. We saw examples of mentoring and shadowing for new staff, taking place. This also included the rotation of staff between the two emergency departments within the trust, to broaden staff experience and improve the consistency of care.
- We saw a good local system for monitoring staff training, appraisals and clinical support. Managers could access the information and update information electronically.
- All staff we spoke to told us that they were happy and proud to work within the ED and for the trust. We saw managers had continued to develop communication within the department, even though some staff did talk of uncertainty, but had nurtured a very positive culture.

However:

- We were not assured that all learning from incidents was shared. Some staff told us that they would sometimes have to ask for specific feedback to incidents that they had submitted.
- When asked staff were not clear about what risks were on the local risk register and a manager told us that it was shared on a “need to know” basis. We were not assured that information was shared, particularly across sites, to ensure understanding of risks.
- Some nurses told us that they felt uncertain about the future of the ED department and did not fully understand the plans. They told us they felt that communication could be improved to help reduce the concerns. An example was given about the opening of an urgent treatment centre which was being planned and staff were not sure how it affected them.

Areas for improvement

- The trust should review the clinical audit schedule to improve participation in national and local audits. Also, maintain engagement with national RCEM audits to ensure that outcomes are properly reviewed to identify areas for improvement.
- The trust should review communication between senior managers and frontline staff around the proposed changes to the County Hospital ED and effects on staffing.
- The trust should review procedures for patients staying in the ED overnight. In particular, with regards to maximum numbers allowable and the resulting contingencies should this number be reached.
- The trust should ensure that roles and responsibilities of all staff in the ED are clearly displayed and communicated to patients. In particular, the colour coding key for uniforms that are worn by nurses and other healthcare professionals.
- The trust should improve access to electronic data and ensure that all staff have appropriate level of access to the systems.
- The trust should ensure that they improve on adults and children’s safeguarding training for adults and children levels 1 and 2 for medical staff and for nursing staff in safeguarding adults and children level 2 in order to meet the trust’s target of 95%.

Medical care (including older people's care)

Requires improvement 

Key facts and figures

The trusts medical wards at County Hospital cared for people with acute medical needs including diabetes, neurosciences including stroke and respiratory care.

We inspected all six medical wards in use at the time of the inspection at County Hospital:

The hospital had 164 beds including 17 beds on ward 1 which had been opened the weekend before our inspection to accommodate extra patients due to the demand for beds.

The trust had 100,635 medical admissions into County Hospital and Royal Stoke University Hospital between June 2016 and May 2017. General medicine accounted for approximately one-third of these admissions.

At the last inspection, we rated three key questions (safe, responsive and well led as requires improvement so we re-inspected all five key questions.

During the inspection visit, the inspection team spoke with 22 patients and seven carers; spoke with 45 staff members, including managers matrons, doctors and nurses; observed handover meetings and multidisciplinary meetings and reviewed patients records.

Summary of this service

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

- Although the picture had improved since the last inspection, the trust still had problems with staff recruitment and retention. Staff reported to us they felt that sometimes there was not always enough staff provided to ensure patient safety. The trust was continually monitoring staffing using the safer staffing tool and had taken actions to help keep patients safe from falls.
- The trust still had difficulties with delayed discharges for patients who were medically fit for discharge. This was a national and local issue with a lack of placements for patients within the community. Some patients who were medically fit for discharge were accommodated in specially allocated wards and had acquired infections while they were waiting to be discharged. The trust was taking action to help improve patient flow and discharge.
- Some records we saw were not stored securely and contained detailed and personal information about patients and staff. This contravened the Data protection Act 1998. The trust took immediate action to rectify this.
- Staff did not always feel supported by managers.

However:

- Staff treated patients with kindness and compassion. Patients were involved in the care they received.
- The service had improved how it stored medicines safely.
- The service had stopped using agency staff which improved the continuity of care patients received.
- There was good multidisciplinary working to treat the patient holistically.

Medical care (including older people's care)

Is the service safe?

Requires improvement 

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

- At the time of our previous inspection, we found a high reliance on agency staff. At this inspection, we found the trust had stopped using agency staff and had increased staffing establishments and recruited to its own internal nursing bank to cover the shortfall. The trust had not been able to recruit to all of the permanent staff posts at the time of this inspection, which had resulted in staffing shortages on some wards.
- As well as actively recruiting staff and making more use of the internal bank, other steps had been taken to address the problem of staff shortages. For example, a ward manager told us how they had helped to address the lack of Band 5 nurses by recruiting Band 4 nursing assistants who were able to support the Band 5 nurses to reduce the staffing pressures. We noted that just before our inspection the hospital had opened two escalation wards to accommodate additional patients and was working to staff these areas.
- The provision of medical staff was higher than the national average with the exception of junior doctors, which was lower than the national average. Consultants told us that due to the lack of specialisms in the hospital they had problems attracting junior doctors to work there.
- Mandatory training rates were lower than the trust target of 95%, out of seven subjects, only one (infection prevention and control) had achieved compliance. Doctors had a completion rate of 60% and nurses and midwifery staff had a completion rate of 69%. Staff told us that there was not enough time for them to complete their mandatory training within their working hours so they had to complete it in their own time. They also told us when they were booked onto training this could be cancelled at short notice.
- The trust set a target of 95% for completion of safeguarding training but had not met any of its targets for training medical staff in safeguarding children and adults in any of the areas and had only met its target for two out of four areas for nursing staff.
- The Safety Thermometer was used to record the prevalence of patient harms and to provide immediate information and analysis for frontline teams to monitor their performance in delivering harm free care. Measurement at the frontline is intended to focus attention on patient harms and their elimination. Data showed that the trust reported 15 new pressure ulcers, 11 falls with harm and 15 new catheter acquired urinary tract infections between July 2016 and July 2017 for medical services.
- We saw where, for 28 patients accommodated on a ward who were medically fit for discharge, 20% had sustained a hospital acquired infection.
- Nursing and health care staff had met the trust's target for infection control training but medical staff had not. We observed a doctor not adhering to infection control measures. The trust had a plan in place to improve the areas highlighted in infection control audits, and we saw staff implementing these changes at ward level to improve cleanliness, hygiene and infection control.
- The trust provided us with information which showed there were high numbers of bed moves after 10pm. Patients and staff told us that patients were moved late at night and there was no 'hospital at night' team to offer support for staff with care of complex patients.
- We found a number of sets of patient identifiable records in unlocked cupboards containing detailed and personal information about patients and some staff. When we raised this as a concern the trust took immediate action to secure the records.

- We saw two hoists in a storeroom that had not been safety checked. We informed the matron who attached a notice to the hoist informing staff not to use the hoists. Matron assured us the physiotherapists had safety checked the hoists currently in use on patients.

However:

- The trust assessed and responded to patient risk for example the trust had put in place various measures to respond to the negative impact from the results of the 2015 National Falls Audit. There were further improvements required to ensure measures were embedded in practice.
- The environment was clean and hygienic and infection control measures were in place. We saw in medical care services that infection prevention control measures were mainly good but we saw isolated examples where this was not the case.
- Between September 2016 and September 2017 there were 10 incidents of clostridium difficile infections across medical services. During the same period there was one case of MRSA reported in January 2017.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents. Ward staff were aware of incidents and lessons learned from the wards they worked on. We saw an example of how the trust investigated an incident when a patient sustained harm from two falls and had completed an action plan.
- On our previous inspection we found there were issues with staff across the two hospital sites being able to view patient records when patients were transferred. Staff told us that this was no longer a problem.
- The service had improved how it stored medicines safely. Patients received the right medication at the right dose at the right time.
- Resuscitation trolleys were located on each ward and staff had checked the contents and equipment daily in line with trust requirements.

Is the service effective?

Good  

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

- At the time of our previous inspection, accessing information could be a challenge for staff across the two hospital sites. However, at this inspection, staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other dietary preferences.
- There was good multi-disciplinary team (MDT) working across the medical wards. Doctors, nurses, psychiatric nurses and other healthcare professionals supported each other to provide good care. Staff were supported to attend training sessions but sometimes this was in their own time.
- We observed clinical practice and saw that staff across all medical services were competent and knowledgeable within their chosen specialities and patients felt staff understood their needs. At the time of our inspection, nurses were being trained in the use of midline catheters. This was to improve patient comfort by reducing the number of times patients have to have an intravenous (IV) line inserted.

Medical care (including older people's care)

- Staff received annual appraisals from their line managers, At the year to date nursing staff were not achieving the trust's target rate of 95% for annual appraisals although at 80% it was likely to be achieved by the end of year. Medical staff had 100% annual appraisal rate at October 2017.
- We saw evidence that the National Institute for Health and Care Excellence (NICE) guidance, such as the clinical guidance on the prevention and management of pressure ulcers was followed across medical wards.
- The medical wards took part in a number of local and national clinical audits. The trust scored better than the England average on the relative risk of readmission audit, the discharge audit, the national diabetes inpatient audit. The trust scored worse on the heart failure audit, the Myocardial Ischaemia National Audit Project (MINAP), the lung cancer audit and the National Audit of Inpatient Falls. Patients at County Hospital had a lower than expected risk of readmission for both elective and non-elective admissions when compared to the England average (May 2016 and April 2017).
- Patients were satisfied with their pain relief and told us it was provided when they asked for it and it was effective.
- All medical wards had seven-day consultant cover. At night consultant cover was based off site and consultants were available in an advice giving capacity.
- Patients were supported to access information about their care and treatment and patients with additional communication needs were identified on admission and this was recorded in the front of the medical notes. Staff provided us with an example of a patient with a hearing impairment who required someone to sign for them; staff facilitated for the ward rounds so the patient could understand what staff were discussing
- Patients were involved in their care and treatment. We were told how patients were supported to understand information about their care and treatment in ward rounds. This involved using signers for people who were hard of hearing and explaining medical terminology in a way that was accessible
- National priorities to improve the population's health were supported on the wards. For example, staff told us that everyone was weighed on admission to the ward and if people were deemed to need support with their diet they were referred to dieticians who could support them with weight loss and/or gain.
- We saw verbal and written consent had been obtained by staff before attending to patients' needs and good communication between nurses and patients.
- We found ward 14 had a 'wander guard' system installed. This alerted staff when a patient with a bracelet passed close to the ward exit. The ward manager confirmed the number of patients on the ward with a bracelet at the time of our inspection and that each was supported by a Deprivation of Liberties Safeguarding (DoLS) application and agreement.

However:

- Not all staff understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005 and patients did not always have the correct capacity assessments completed. This included assessing patients' capacity to consent to decisions about resuscitation. The trust had not achieved their target of 95% staff training in mental capacity. We found a patient with a learning disability had been admitted to a medical ward with a 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) order on their file which was not supported by any mental capacity assessment and had not been reviewed since their health had improved.

Is the service caring?

Good 

Medical care (including older people's care)

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment. Care and treatment was explained in a way that the patients could understand with their questions answered.
- Staff provided emotional support to patients to minimise their distress. Staff understood the impact that a person's care, treatment and conditions can have on their wellbeing.
- The hospital had introduced a purple bow scheme where anyone on the end of life pathway would have a purple bow on their door to remind staff to be extra sensitive. Requests and preferences would be upheld for example; open visiting, overnight stays, wanting to play certain music and spiritual/religious needs. The purple bow scheme had been shortlisted in the Health Service Journal Compassionate Patient Care category.
- The results of the latest friends and family survey for medical care was above the national average and elderly care was 100%.

Is the service responsive?

Good  

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

- The service had improved on meeting patients' individual needs and there were more activities for dementia patients. At this inspection we saw memory books and games which could be used with patients. Staff also told us about a screen that they had which they could take to patients' bedsides if they did not want to get up and could play games and music on. There was a butterfly scheme that had been developed for people with dementia and the trust were looking for funding for doll therapy on the wards.
- The service had increased its number of side rooms so the service could now treat more infectious patients or to allow privacy for families of patients who were dying.
- Between June 2016 and May 2017, the average length of stay for medical elective patients at County Hospital was 3.2 days, which is better than England average of 4.2 days. For medical non-elective patients, the average length of stay was 6.8 days, which was slightly higher than England average of 6.6 days.
- The issues of slow discharges for patients who were medically fit for discharge was a National and local problem with available places for patients to be discharged to in the community diminishing. The trust was taking measures to try and help patient flow. On the first day of our inspection visit Ward 7 (an escalation ward for patients ready to be discharged) was full. A further escalation ward (Ward 1) had been reopened the week before our visit and this was also full.
- There was a discharge facilitator based at the hospital who had recently been moved from Royal Stoke hospital in preparation for increased bed pressures in the winter.
- The trust was also working with the Clinical Commissioning Groups (CCG) to try and alleviate the problems of delayed discharges. We observed multi-disciplinary conference calls chaired by CCG which occurred at 11am and 2pm on weekdays and could be contacted by staff on weekends. This was held to discuss and facilitate discharges out of the wards

Medical care (including older people's care)

- Patients and their families knew how to raise concerns and there was a complaints' policy displayed. We saw evidence of investigations into complaints and an understanding of Duty of Candour (DoC). We saw a complaint that had triggered a DoC, which had been completed. Only one out of nine complaints had an outstanding action associated with it but this was still within the timescale given. Some complaints were not addressed within the timescale of the trust's complaints policy and there was not always evidence of lessons learned following complaints.

However:

- Commissioners had introduced a process called "track and triage" which was intended to manage discharge into the community. Staff told us this process was lengthy and they felt demoralised because they were taking the time to complete discharge forms but patients were not being discharged in a timely manner due to a lack of community placements.
- The impact of patient flow through the medical department meant that sometimes patients had to be moved late at night in order to accommodate other patients being admitted. In September there were 70 patients moved after 10pm and 407 total bed moves. Sometimes this had caused distress to family members.

Is the service well-led?

Requires improvement 

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

- At the time of our previous inspection, there were concerns that senior managers and executives across the trust were not visible to ward staff, although there had been some improvements, further work was needed from a staff perspective.
- Some staff told us they did not always feel supported by senior managers and did not feel able to raise concerns with them. Some of the junior nurses said they were not always supported by more senior nurses. Some nurses we spoke with said that they had previously raised concerns with the matron but had not had any feedback or noticed any changes. The trust told us this related to previous leadership arrangements which have recently been improved.
- At the time of our previous inspection, we found that staff morale was low. During this inspection staff feelings had improved but there was still some concerns. Some staff we spoke with felt proud to work for County Hospital and told us how much it had improved in the last few years. Other staff we spoke with felt disheartened and were unsure of the long term vision of the hospital.
- Not all medical staff knew the long term vision of the hospital and some staff felt disengaged as all of the specialities were moving to the Royal Stoke hospital.
- We asked the trust for their vision or strategy relating to the medical wards at County Hospital, the trust were unable to provide us with this information.
- Not all levels of governance and management functioned effectively. For example on the recent closing of the discharge lounge, there were not adequate checks in place to ensure that patient identifiable information was safely secured.
- Opportunities for learning were not consistently taken. When things went wrong, senior staff did not always inform other of outcomes from investigations that took place in other areas.
- The trust had a risk register in place for identifying, recording and managing issues. The risk register was not specific to medicine at County Hospital and so opportunities for people to be made aware of risks specific to the service could be lost.

However:

- The trust engaged well with patients, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- There was an established management structure within medicine. Each shift was managed by a ward manager or charge nurse. Ward managers led each ward and department.
- A matron supported ward managers and oversaw the medicine directorate. The directorate was represented at trust board and executive level.
- We saw staff displaying the trust's values of respect and dignity and working together on wards.
- Service performance measures were reported and monitored. The ward managers had access to an electronic dashboard at all times that displayed performance measures. On the entrance to the wards there were also results of the Care Excellence Framework displayed so that visitors were able to see how the wards were performing on a number of measures.
- There were arrangements in place with partners and third party providers to manage the discharge process. The trust and third parties had an open and transparent relationship when discussing the difficulties and challenges faced with discharging patients and worked together to aid discharge
- Each ward had a ward manager or charge nurse leading each shift. Most staff spoke highly of their ward managers and deputy managers and felt that they could ask questions. The matron was well respected by most of the staff we spoke with and was 'hands on' involved with recruiting nursing vacancies.
- During this inspection we continued to find that staff across all medical wards were dedicated and compassionate. We found staff were hard working, caring and committed to the care and treatment they provided. Staff spoke with passion about their work and conveyed how dedicated they were.

Areas for improvement

- The trust must deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet people's care and treatment needs.
- The trust must act in accordance with the Mental Capacity Act 2005, in relation to undertaking mental capacity assessments where appropriate.
- The trust should ensure that their audit and governance systems remain effective and that staff are made aware of results from audits and changes in practice.
- The trust should ensure that all staff are able to access mandatory training so that trust targets for completion are achieved.
- The trust should ensure it complies with the Data Protection Act 1998 at all times.
- The trust should ensure that all complaints are investigated and lessons learnt shared.

End of life care

Good ↑

Key facts and figures

End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services. The trust had 3,037 deaths between June 2016 and May 2017 (Source: Hospital Episode Statistics).

County Hospital had an integrated approach to working with patients at the end of their life, therefore there were no allocated beds or wards for end of life care patients. Instead, patients would reside on medical wards.

Staff referred patients who required specialist input including symptom control to the Specialist Palliative Care Team (SPCT). This team comprised of four consultants in palliative medicine, one advanced nurse practitioner, seven specialist palliative care nurse practitioners, five specialist palliative care nurses, one end of life care facilitator and one secretary/MDT co-ordinator. A consultant in palliative medicine worked at the executive lead for the team.

Between April 2016 and March 2017, 437 referrals were made to the specialist palliative care team (SPCT) for additional support for patients at the end of life. Thirty-three percent of all referrals were for patients not diagnosed with cancer.

The mortuary at County Hospital had capacity for 35 patients; three of which were for bariatric patients. The hospital did not have facilities for foetal remains or deceased paediatric patients. Post mortems were not conducted within the hospital, therefore any deceased patient requiring a post mortem would be transferred to Royal Stoke for this purpose, and returned to County Hospital following the procedure ready for release to the family.

The mortuary team comprised of the manager of the service, a deputy manager, a senior mortuary assistant, three mortuary assistants and two trainee mortuary assistants. One mortuary assistant was based at County Hospital with the rest of the team located at Royal Stoke. The mortuary manager attended County Hospital weekly.

During the inspection we spoke with 25 members of staff including members of the palliative care team, nurses, health care assistants, doctors, porters, mortuary and bereavement staff and allied health professionals. We spoke with five patients; one of whom had been referred to the specialist palliative care team. We looked at 17 patient records; seven of which were for patients at the end of life.

Summary of this service

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

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

- Documentation had improved since our previous inspection in 2015. We saw improvements with the recording of Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions.
- We saw that there had been improvements with the prescribing of anticipatory medicines for patients since the last inspection.
- End of life care training formed part of staff mandatory training; ensuring staff were familiar with the processes to follow for the identification and care of patients at the end of life.

End of life care

- Staff were aware of how to report incidents and provided examples of incidents they would report. We saw changes to practice had occurred following incident investigations.
- Specific equipment regularly used with patients at the end of life, such as syringe drivers, was readily available which was an improvement since the previous CQC inspection.
- Staffing within the specialist palliative care team, mortuary team and bereavement teams was sufficient to meet the needs of patients.
- We saw the trust had improved their results within the National Care of the Dying Audit for Hospitals (NCDHA); and had action plans to address areas where performance indicators had not been met.
- The end of life care service followed guidelines set by the National Institute of Health and Care Excellence (NICE) regarding end of life care.
- Staff were caring and compassionate in their approach to patients and relatives. Staff made effort to protect privacy and dignity, even when patients were located within a ward bay rather than a side room.
- The Purple Bow scheme assisted staff to be responsive to patient and relative needs, and to provide a service over and above what is normally offered to patient visitors. This supported a positive experience for patients at the end of life, and their relatives.
- The end of life care service was recognised at trust board level, and had a trust strategy to support its delivery. Staff were aware of the end of life care objectives and sought to achieve these within their day to day roles.

However:

- We saw that staff did not undertake Mental Capacity Act assessments with patients who were identified as potentially lacking capacity when completing Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms.
- We saw that the trust failed to meet four out of five clinical indicators as part of the 'End of life care: Dying in hospital' audit, 2016.
- We saw variable completion of individual care records for end of life patients.
- The trust did not monitor patients achieving their preferred place of care, or patients achieving rapid discharge.
- There was no local risk register for the end of life care service; instead one risk was identified for the service on a corporate register.

Is the service safe?

Good ↑

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

- We saw that improvements had been made since the last CQC inspection in 2015 with regards to the use of an individualised care plan for end of life patients. We saw staff training in, and availability of, the end of life care specific individual care plans had been rolled out across County Hospital during 2017 prior to our inspection. However, we saw that not every patient at the end of life had an individualised care plan within their records. Individual care plans we saw showed completion of these was to a varied quality.
- We saw that McKinley T34 Syringe Drivers were in use at County Hospital. We saw that improvements in the availability of this equipment had been made since our last inspection in 2015; with staff reporting that it arrived promptly upon request.

End of life care

- We saw that there had been improvements with the prescribing of anticipatory medicines for patients since the last inspection.
- End of life care training was embedded into mandatory training programmes for all new starting staff. We saw additional training was provided to medical staff, nursing staff and allied health professionals in order to safely work with patients at the end of life.
- County Hospital reported no never events or serious incidents regarding the end of life care service between July 2016 and June 2017. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- Staff were aware of incident reporting procedures. We saw that relevant teams, such as the specialist palliative care team (SPCT) and mortuary management, investigated incidents identified as 'end of life' and created action plans where necessary.
- The SPCT staffing (including clinical nurse specialists, consultants and support staff) and mortuary and bereavement staffing were at appropriate levels to ensure patients were cared for safely.
- We saw the mortuary was visibly clean and tidy with robust policies and procedures to ensure infection prevention and control was maintained.
- The mortuary had clear policies and procedures to follow in the event of a major incident.

However:

- We were not assured that learning following incidents relating to end of life care consistently cascaded down to ward based staff. Ward based staff we spoke with were not aware of learning following specific end of life care incidents.
- At the time of inspection, the equipment used to transport deceased patients was not fit for conveying bariatric patients due to being identified as out of service. However a new trolley was on order which would fulfil these requirements. Whilst awaiting the new trolley, porters transported deceased bariatric patients on the patient's bed.
- We saw examples of patient personal and sensitive information left out and in open view within ward areas. This included electronic patient records on view on a ward computer based in the middle of the ward area accessible to relatives and visitors.

Is the service effective?

Requires improvement 

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

- Although there was a policy outlining the trust consent process, we saw that patients who potentially lacked capacity to make decisions about their care and treatment were not assessed as per the Mental Capacity Act 2005. In particular this was identified in relation to Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms This was also identified as a concern during the CQC inspection in 2015, following which a requirement notice was submitted to the trust to promote improvements. During this inspection, of 17 DNACPR forms looked at, seven patients were identified directly on this form as not having the mental capacity to make a decision about their resuscitation requirements. None of this number of patients had received an assessment to determine whether they had capacity to decide on resuscitation requirements.

End of life care

- We saw that the trust failed to meet four out of five clinical indicators as part of the 'End of life care: Dying in hospital' audit, 2016. This finding was consistent with our last inspection; therefore indicating no improvement in the areas encompassed within this audit. Specifically, in 2016, the trust showed evidence that the needs of the patient were asked about in only 47% of cases, this was the lowest scoring indicator of the five. However, the site scored well for holistic assessments of patient's needs (80%). However, we saw action plans in place to address the areas which the trust were failing to meet, and evidence that the trust were becoming compliant with some measures.
- Since the previous CQC inspection in 2015, we saw that specific individual care records for end of life patients were available. However not every end of life patient record we viewed contained one of these. Therefore, not all staff were following National Institute of Health Care Excellence (NICE) guidance with reference to the use of a specific end of life individualised care record.
- Patients preferred place of death, and the number of patients dying within their preferred place of care was not captured consistently therefore the trust had no data as to how they were meeting this outcome. This was highlighted during the previous CQC inspection in 2015.
- Seven day services with regards to clinical nurse specialists from the palliative care team were not yet embedded at County Hospital. At the time of the inspection, face to face cover was provided five days per week with on call support at weekends and on bank holidays.
- The trust had ceased the use of the AMBER care bundle (a structured approach to identifying and managing patients identified as being at the end of life). The end of life steering group were discussing plans to re-pilot the scheme at the time of inspection. We saw that staff were effectively identifying and managing patients at the end of their lives however not in the formal structure that the AMBER care bundle provided.

However:

- We saw the trust had improved their performance as part of the National Care of the Dying Audit for Hospitals (NCDAH) since the previous inspection. This audit is separate to the 'End of life care: Dying in hospital' audit referenced above. County Hospital reported having achieved five out of eight organisational indicators. The three organisational indicators where the hospital answered 'no' were relating to seeking bereaved relatives views in the last two financial years, offering face to face palliative care for the hours of at least 9am to 5pm Monday to Sunday and presence of end of life care facilitators as of 1 May 2015. We saw that the trust had now achieved some of these indicators; for example an end of life care facilitator was in post at the time of inspection. Furthermore, the organisation had sought to obtain bereaved relatives views.
- Action plans were in place to develop the service where audit findings had identified areas of improvement were needed. These action plans were reviewed regularly; with outstanding concerns raised at end of life governance meetings.
- Patients' nutrition, hydration and pain relief needs were adequately met and recorded.
- We saw that the trust had met their key performance indicator as part of NCDAH, which requires appropriate pain management for patients at the end of life. Doctors prescribed anticipatory medicines to manage pain and discomfort for patients at the end of their life. These included strong painkillers and sedatives that could be administered as necessary.
- The end of life care service had a robust multi-disciplinary approach to the management of the service in order to effectively support patients. Weekly multi disciplinary team (MDT) meetings were held weekly. Attendees included consultants, clinical nurse specialists, chaplaincy team members and allied health professionals such as occupational therapists. The SPCT reported positive working relationships with local hospices, with the consultants within this team working within the hospices at set times.

End of life care

- We saw the trust had made strides to ensure staff at all levels were competent to deliver end of life care. In particular the trust had appointed an end of life facilitator which was in line with NICE guidelines around end of life care.

Is the service caring?

Good ➔➔

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

- Staff within all teams were caring, compassionate and passionate about providing a dignified and respectful service to patients at the end of life. We saw staff placed emphasis on ensuring relatives of patients had a supportive experience whilst visiting the patient, and following the patients' death.
- Staff working for the end of life care service had been nominated for an award by the health service journal for provision of compassionate care.
- County Hospital staff had facilitated two weddings for patients at the end of life. 'Wedding boxes' were available which included items such as bunting, battery operated tea lights and cards to create an appropriate setting.
- We saw where possible, patients were kept informed and updated as to their condition and care needs. Relatives were involved in decisions surrounding patient care and were able to be involved in actively caring for the patient if they wished.
- Psychological, religious and spiritual support was available to patients, and bereavement officers were able to signpost relatives to suitable services.
- We saw a bereaved relatives survey had been conducted which reported that respondents felt emotional, spiritual and religious support given to patients within the hospital was to a good or excellent standard.

Is the service responsive?

Good ↑

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

- Staff within County Hospital, including consultants, nursing staff and occupational therapists, made referrals to the specialist palliative care team. Patients referred to the SPCT were seen by order of priority; patients who were very close to the need of their life were seen first. Staff within County Hospital reported that they did not have to wait for a patient to be seen by the SPCT.
- The Purple Bow scheme was rolled out and embedded within County Hospital ensuring all staff knew to promote a flexible approach to end of life patients, and their relatives. The scheme was used to promote privacy and dignity in the last days of a patients' life; staff promoted the use of this scheme and sought to ensure patients' and relatives' needs were met.
- County Hospital provided free parking, free meals and beverages and facilities to stay overnight for relatives of patients who were at the end of life. Relatives were able to 'break rules' by sitting on the patient's bed, bringing in fresh flowers and on occasion, bringing a family pet to visit the patient.
- Where possible, staff enabled the use of side rooms for patients at the end of life therefore providing a more private environment for the patient and their relatives at this time. As part of the Purple bow scheme, signage was used to identify if a patient was at the end of life to discreetly alert other staff and visitors.

End of life care

- Mortuary services showed a flexible approach to viewing times for relatives and demonstrated awareness of cultural considerations which may be required.
- It was acknowledged that staff within County Hospital, in addition to the specialist palliative care team (SPCT) were actively working to promote timely discharges. Patients who required rapid discharges in order to achieve their preferred place of care were not receiving responses from external decision makers in time for a discharge to be achieved. Staff within the trust had launched new ways of working to support the discharge process for both end of life and non-end of life care patients. We saw that ward staff at provided information to external agencies comprehensively and in a timely manner. Staff would also liaise with the relevant agencies daily or more regularly to gain information for patients and their family members regarding discharge. Rapid discharges to hospices were available and worked well due to good working relationships with discharge co-ordinators, ward staff and the SPCT.
- Interpreters were available upon request for a patient whose first language was not English
- We saw that there were booklets to aid communication with patients living with learning disabilities or dementia that illustrated key information with pictures and clear phrases.
- Specific teams such as the mortuary team and the specialist palliative care team (SPCT) made changes to practice as a result of complaints and feedback. We saw relative information leaflets and feedback forms were available.

However:

- We saw leaflets within viewing rooms within the mortuary were only available in English, although we were told the bereavement officer could access information in alternative format if required.
- The trust did not monitor the number of patients achieving a rapid discharge, or the number of patients who died in their preferred place of care therefore did not have clear oversight as to how these measures were being met.
- Between April 2016 and March 2017 there was one complaint about End of life care services at County Hospital.

Is the service well-led?

Good ↑↑

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

- We saw much improvement within this domain since the previous CQC inspection in 2015. We saw that the end of life care service was recognised at board level, and had a trust strategy and associated policies to support this.
- The deputy chief nurse, who displayed clear understanding of the End of Life Care (EOLC) service within the trust, represented the service on the board. Staff we spoke with told us they were visible, approachable and represented the service well. A non-executive board member also had EOLC responsibilities.
- The Specialist Palliative Care Team (SPCT) was led by a consultant clinical lead. There was a staff member seconded with lead responsibilities for service improvement for EOLC. The specialist palliative care team attended a weekly team meeting during which clinical supervision was undertaken, and lead roles discussed.
- Minutes from end of life care meetings showed that risks to the service, governance and performance was monitored much more closely than at the previous CQC inspection in 2015.
- We saw the mortuary staff now had a structured management team who supported the delivery of a quality service.

End of life care

- Staff reported being aware of those involved within end of life care teams, and felt supported to carry out their work with patients at the end of life. All staff we spoke with at County Hospital spoke positively about the Purple Bow scheme and how it supported their roles.
- The majority of staff we spoke with felt that the integrated approach to the specialist palliative care team (SPCT), mortuary team and the bereavement service across two hospitals worked well and that there was enough cover at County Hospital to support the needs of patients.
- Action plans to support the findings from the NCDAH and the 'End of life care: Dying in hospital' audit, 2016 were robust, with the majority of actions being implemented.
- We saw examples of active public engagement in order to capture the views of bereaved relatives in order to improve the end of life care service. For example, we saw the trust social media accounts placing emphasis on end of life care within the trust, with many members of the public choosing to comment on these posts.
- We saw examples of positive staff engagement for those working across the trust and within the local health economy supporting the end of life service.
- We saw that the Purple Bow scheme had been nominated and shortlisted for an award with the National Health Service Journal. Specific members of staff had also been nominated for, and won, awards for their work within the end of life care service both internally and externally to the trust.

However:

- The risk register was corporate rather than specific to the end of life service. This meant not all risks relating to the service were captured. This was raised at the previous CQC inspection in 2015.

Outstanding practice

- Following the last CQC inspection in 2015, we saw that through education and the use of the purple bow scheme the profile of the EOLC service had been raised and that the importance of providing high quality care in the last stages of life was prioritised by staff in all roles across the trust.
- The Purple Bow scheme had been shortlisted for a National Health Service Journal award for compassionate care. We saw that staff, patients and relatives were supportive of this scheme and felt it significantly improved the patient and relative experience
- Staff within the specialist palliative care team (SPCT) organised and led a conference on end of life care. Health professionals who attended championed this event as having had a great influence and impact upon them. A further conference was scheduled for 2017 following this success. The staff member who had led this had won an employee of the month award by the trust and was nominated for employee of the year. The same staff member had been nominated for a service improvement award with the MacMillan Cancer charity.

Areas for improvement

- Staff must ensure that Mental Capacity Act assessments are conducted for every patient where it is suspected they may lack capacity when completing a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form.
- Staff should adhere to the Data Protection Act 1998 ensuring that personal and sensitive data is securely stored and not accessed by unauthorised individuals.
- Management within the end of life care service should consider ways to ensure learning from end of life care incidents and complaints is cascaded to ward staff.

End of life care

- Staff should consistently use the individual care plan for end of life patients; this should be monitored to ensure entries are full, contemporaneous and of a good quality.
- The trust should consider how to capture and monitor data regarding patients achieving their preferred place of death, and the effectiveness of the discharge process for end of life care patients.
- Staff should ensure patients and relatives are able to access facilities for religious worship as required.
- Management within the end of life care service should develop a service specific risk register to ensure all risks are captured and actioned.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Our inspection team

Debbie Widdowson, CQC Inspection Manager led the inspection. An executive reviewer, Dr Deborah Wildgoose, Director of Nursing and Quality supported our inspection of well-led for the trust overall.

The team included 17 inspectors, three well-led reviewers, 15 specialist advisers, and one expert by experience.

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