

# 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?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

Are resources used productively?

Requires improvement 

Combined quality and resource rating

Requires improvement 

# Summary of findings

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

## Background to the trust

The University Hospitals of North Midlands NHS Trust provides general acute hospital services for approximately 900,000 people in Staffordshire, South Cheshire and Shropshire.

The trust also provides specialised services for three million people across a wider area, including neighbouring counties and north Wales. These specialised services include cancer diagnosis and treatment, cardiothoracic surgery, complex orthopaedic surgery, laparoscopic surgery, the management of liver conditions, neurosurgery, neonatal intensive care, paediatric intensive care, renal and dialysis services, respiratory conditions, spinal surgery, trauma and upper gastrointestinal surgery.

The trust employs over 10,000 staff and has more than 1,250 inpatient beds. Services are provided at Royal Stoke University Hospital, County Hospital and a small number of community settings.

*(Source: Routine Provider Information Request (RPIR) – Context acute tab)*

### Acute hospital sites at the trust

Details of the trust's two hospital sites are below. The trust noted that both sites cover the following geographical areas: Herefordshire, Mid Staffordshire, North Staffordshire, North Wales (trauma), Shrewsbury, Shropshire, South Cheshire and Worcestershire.

*(Source: Routine Provider Information Request (RPIR) – Sites tab)*

## 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 provides a full range of 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 and County Hospital. In addition to these services, the trust is also a tertiary centre on the Royal Stoke site for trauma, cardiology and spinal care.

### • Royal Stoke Hospital:

The Royal Stoke Hospital is a large acute hospital in Stoke on Trent. They offer several secondary care services including medical care, maternity, surgery and children and young people services. The hospital is also a regional trauma centre and offers direct major trauma care to patients from across the region and north Wales.

### • County Hospital:

The County Hospital is a smaller hospital site in Stafford. This hospital provides services including medical care, elective surgery, outpatients and diagnostics, a paediatric minor injuries unit and a standalone midwifery led unit.

*(Source: Trust website)*

# Summary of findings

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## 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 June and August 2019, we inspected the core services of Medical care, Urgent and Emergency Care, Outpatients, Children and Young People and Maternity at the Royal Stoke Hospital and Maternity, Outpatients and Urgent and Emergency Care at the County Hospital.

## What we found

### Overall trust

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

- We found significant concerns regarding the care and treatment of patients in the emergency department at Royal Stoke Hospital.
- We found serious issues in relation to the care and treatment of patients with mental health needs and patients who lacked mental capacity to make decisions. These concerns were mainly focussed within medical care and urgent care services. As a result of these concerns we took urgent enforcement actions to ensure patients were safe.
- Governance systems although embedded were over complicated and unreliable. However, we found that the newly appointed chief executive was undertaking extensive work to improve these systems.
- In rating the trust, we took into account the current ratings of services not inspected this time.

Our full inspection report summarising what we found and the supporting evidence appendix containing detailed evidence and data about the trust is available on our website – [www.cqc.org.uk/provider/reports](http://www.cqc.org.uk/provider/reports).

### Are services safe?

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

- One core service was rated as inadequate and four core services were rated as requires improvement for safe at Royal Stoke Hospital.
- All three core services inspected at County Hospital were rated as requires improvement for safe.
- In rating safe, we took into account the current ratings of services not inspected this time.

### Are services effective?

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

# Summary of findings

- Two core services were rated as requires improvement and two core services were rated good at Royal Stoke Hospital for effective.
- One core service was rated as requires improvement and one core service was rated as good at County Hospital for effective.
- We do not currently rate outpatient services in the effective domain.
- In rating effective, we took into account the current ratings of services not inspected this time.

## Are services caring?

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

- One core service at Royal Stoke Hospital was rated as outstanding.
- All other core services at Royal Stoke were rated as good for caring.
- All core services at County Hospital were rated as good for caring.
- In rating caring, we took into account the current ratings of services not inspected this time.

## Are services responsive?

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

- One core service was rated as requires improvement and four core services were rated as good at Royal Stoke Hospital for responsive.
- All core services at County Hospital were rated as good for responsive.
- In rating responsive, we took into account the current ratings of services not inspected this time.

## Are services well-led?

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

- Two core services were rated as requires improvement and three core services were rated as good at Royal Stoke Hospital for well led.
- Two core services were rated as requires improvement and one core service was rated as good at County Hospital for well led.
- In rating well led, we took into account the current ratings of services not inspected this time.

## Ratings tables

The ratings tables show the ratings overall and for each key section, for service, hospital and service type, and for the whole trust. 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 12 examples of outstanding practice at The Royal Stoke University Hospital.

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

# Summary of findings

## Areas for improvement

We found areas for improvement including 34 breaches of legal requirements that the trust must put right. We found 46 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

## Action we have taken

We issued requirement notices to the trust. Our action related to breaches of legal requirements at a trust-wide level and in core services. We also took urgent enforcement action in relation to the safety of urgent and emergency care and the effectiveness of medical care to ensure that patients were safe.

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

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

We found the following areas of outstanding practice:

### The Royal Stoke University Hospital

#### Services for children and young people

- The service worked with the local authority and National Literacy Trust to provide each neonate with a story pack. These packs contained a book for parents to read to their neonate helping parents to bond with their child when they were unable to hold them for lengthy periods. The packs also contained a notebook and pen for parents to keep a diary of their neonate's journey.
- The service had produced a number of resources including, 'tips for nurses' covering topics such as; what to say and not to say to young people with mental health needs, eating disorders and gender dysphoria. These resources alongside the support from the trust's lead mental health nurses equipped staff with the skills needed to support children and young people with mental health need.
- Distraction bags were given to children and young people with mental health needs. These bags contained items to help children and young people manage their mental health during their assessment and/or admission. Items contained within the bags included; fidget toys, stress toys, puzzles, therapeutic colouring and a notepad and pen. The bags could also be personalised to meet individual needs as required. For example, drawing books were added if a child or young person showed an interest in art.
- The service provided children and young people with vast and varied resources to help them learn more about their mental health needs. This included short and snappy information leaflets. Leaflets available included; Looking after your wellbeing and a bereavement leaflet. Leaflets were designed specifically for children and young people and included apps that could be used to help monitor and manage wellbeing.
- Staff used innovative methods to support family units during challenging times. For example, staff on CICU and CHDU held family pizza nights where families could gather together, watch a film and eat pizza within private areas on the unit. This provided families with the opportunity to relax and reconnect with family.

# Summary of findings

- Staff recognised the need to provide hope, reflect on treatment journeys and to celebrate success. For example, staff recognised the need to show families of neonates hope and light at the end of the tunnel. The entrance to the NICU contained a 'wall of hope'. This comprised of well-presented photos of children who had previously been admitted to the NICU. The photos showed the babies who had grown into children and each photo stated the child's birth gestational age and the number of days spent on the unit. This provided parents and families with hope for their neonates' future.
- The whole staff team, from consultants to health care support workers prioritised their time to celebrate the end of treatment with children, young people and their families. We attended a bell ringing celebration during our inspection and saw the staff had decorated and personalised the wall around the bell for the child and staff who had been involved in the child's care and treatment made time to attend the celebration.
- In addition to outpatient appointments that were carried out at the Royal Stoke, appointments were also offered to children and young people within specialist schools. This meant children and young people could be seen in environments where they were comfortable, and the staff could consult with parents, carers and school staff to get updates about any changes in presentation and/or behaviours.

## Outpatients

- The service received accreditation for its work on health literacy. It achieved excellence level in the Health Literacy Friendly scheme. The team were praised for their, 'enthusiasm, dedication and professionalism which your team has directed towards improving the health literacy environment within all of the Outpatients departments'.
- The service ran a 'Make Stoke Smile Again' campaign about oral hygiene. The campaign aimed to help educate young people in Stoke on Trent about the damaging effects of too much sugar on teeth. As part of this campaign the service has made videos which are available on the internet. Staff also run social media accounts which are linked to the campaign. As part of the campaign billboards have also been put up in the city.
- Staff in the fracture clinic developed a 'Care of your Plaster' leaflet in 2018. In response to incidents plaster technician staff then developed an 'Inpatient/Outpatient Daily Cast Checklist' which was given out to patients or relatives/carers at the time of application for them to take away with them. The checklist focussed on key areas that patients can monitor and focus on in order to prevent any issues. This checklist was rolled out in April 2019 and staff delivered training on the checklist to staff in the hospital.
- Plaster technician staff ran a casting skills study day which was open to NHS staff nationally as well as staff from local residential and care homes. The study day was focussed on aftercare and early identification of issues which may lead to problems such as pressure ulcers. The day was well attended so there is a plan in place to repeat the training day yearly with a different focus.

## Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the trust MUST take to improve

We told the trust that it must take action to bring services into line with 34 breaches of legal requirements.

### The Royal Stoke University Hospital

#### Urgent and emergency services

# Summary of findings

- The provider must ensure that each person's privacy must be maintained at all times. All reasonable efforts should be made to make sure that discussions about care treatment and support only take place where they cannot be overheard. Regulation 10
- The provider must ensure it supports patients to make informed decisions about their care and treatment and follow national guidance to gain patients' consent. Regulation 11
- The provider must ensure that staff did follow a consistent approach to monitoring and recording observations. Regulation 12
- The provider must ensure that navigating patients in the department is done by a suitably trained and qualified member of staff. Regulation 12
- The provider must have systems and process in place to enable them to identify and assess risks to the health, safety and/or welfare of people who use the service. Regulation 17
- The provider must be able to show how they have used information from external stakeholders to make improvements and demonstrate how they have been made. Regulation 17
- The provider must ensure all staff have completed all of the essential and required training to undertake their roles safely and effectively. Regulation 18
- The provider 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. Regulation 18

## **Medical care (including older people's care)**

- The trust must ensure all patients detained under the Mental Health Act (1983) have their rights maintained as per the act. Regulation 15
- The trust must ensure all patients subject to a Deprivation of Liberty Safeguards order have these reviewed regularly; and have had the required capacity assessments prior to these being applied as per the Mental Capacity Act (2005) DOLS. Regulation 15
- The trust must ensure staff meet mandatory training targets, including safeguarding and consent. Regulation 12
- The trust must ensure patient observations are completed within required timeframes to monitor potential deterioration of health. Regulation 12
- The trust must ensure all patients who require nutritional risk assessments have these undertaken in a timely manner. Regulation 10

## **Maternity**

- The service must ensure all staff are up to date with mandatory training. Regulation 12
- The service must ensure all staff are up to date with safeguarding training. Regulation 13
- The service must ensure all staff are up to date with their appraisals. Regulation 17
- The service must ensure all staff comply with infection prevention control procedures. Regulation 12
- The service should ensure all staff complete all crucial stages of the surgical safety checklist. Regulation 17
- The service must ensure staff comply with the Maternal Sepsis Screening Tool and escalate risks as appropriate. Regulation 12

## **Services for children and young people**

# Summary of findings

- The trust must ensure the risks associated with ligature points are assessed and mitigated in the CAU. Regulation 12
- The trust must ensure all medicines on CICU are consistently stored securely and in line with manufacturers guidance. Regulation 12

## **Outpatients**

- The provider must ensure quality and risk management processes identify all clinical and non-clinical risks to patients. Regulation 17
- The provider must ensure systems for monitoring patient outcomes and key performance indicators are comprehensive and reliable. Regulation 17

## **The County Hospital**

### **Urgent and emergency services**

- The trust must ensure staff complete all mandatory training. Regulation 12(2)
- The trust must ensure staff complete the required level of safeguarding training. Regulation 12(2)
- The trust must ensure all documentation is completed consistently and in a timely manner. Regulation 12(2)
- The trust must ensure there is sufficient paediatric resuscitation equipment within the emergency department. Regulation 12(2)

### **Maternity**

- The service must ensure all staff are up to date with mandatory training. Regulation 12
- The service must ensure all staff are up to date with safeguarding training. Regulation 13
- The service must ensure all staff are up to date with their appraisals. Regulation 17
- The service must ensure that systems and processes are effective at identifying dates of expiry for equipment and replacing them in a timely way. Regulation 15

### **Outpatients**

- The trust must ensure deliveries of chemotherapy are timely. Regulation 12
- The trust must ensure quality and risk management processes identify all clinical and non-clinical risks to patients. Regulation 17
- The trust must ensure systems for monitoring patient outcomes and key performance indicators are comprehensive and reliable. Regulation 17

## **Action the trust SHOULD take to improve**

We found 46 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

## **The Royal Stoke University Hospital**

### **Urgent and emergency services**

- The provider should ensure they continue to improve the flow through the department to keep patients waiting in corridors to a minimum. Regulation 12
- The provider should ensure that the information gathered is up to date and accurate. Regulation 17

# Summary of findings

- The provider should ensure they regularly seek the views of patients and their families. Regulation 17
- The provider should ensure it develops a policy for patients who have been detained under the mental health act. Regulation 17
- The provider should continue to embed the work they have done on the Mental Health Act to ensure this becomes embedded practice. Regulation 17
- The department should consider having call bells available for all patients in the department.

## **Medical care (including older people's care)**

- The trust should ensure patient records are consistently secured. Regulation 17
- The service should ensure patients who require support with eating and drinking are provided with this in a timely manner. Regulation 14
- The trust should ensure documentation relating to environmental checks and equipment checks such as fire safety checks and resuscitation trolleys are updated and in place. Regulation 15
- The trust should ensure that sharps bins are disposed within appropriate timescales. Regulation 12
- The trust should ensure that curtains around patient beds are laundered and/ or replaced as per the trust protocols. Regulation 12
- The trust should ensure missed medicines are coded appropriately. Regulation 12
- The trust should ensure patients requiring antimicrobial medicines have these as per national guidance. Regulation 12
- The service should ensure they improve the appraisal completion rate for nursing staff. Regulation 18
- The trust should ensure that all staff follow the trust policy on securing interpretation services for patients. Regulation 17
- The trust should ensure that levels of staffing are reviewed to enable staff are consistently able to provide compassionate care to patients. Regulation 18
- The trust should consider how to consistently ensure patients who require a side room have this need met.
- The trust should consider how to develop a consistent level of meaningful activity to ensure emotional support.

## **Maternity**

- The service should ensure they always follow best practice when prescribing, giving, recording and storing medicines. Regulation 12

## **Services for children and young people**

- The trust should ensure all staff consistently complete mandatory training, including safeguarding children and adults. Regulation 18
- The trust should ensure capacity assessments are clearly recorded in patient records. Regulation 11
- The trust should ensure that the individual care preferences and needs of children and young people are consistently and clearly recorded in patient care records. Regulation 9
- The trust should consider ensuring staff complete regular training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

# Summary of findings

## Outpatients

- The provider should ensure it produces a documented procedure for the management of a deteriorating child or young person in the outpatients department. Regulation 12
- The provider should ensure they continue to monitor patient outcome more effectively in order to improve the service. Regulation 17
- The provider should consider how it utilises the waiting room in the fracture clinic as it has not got enough seating for the amount of patients who attend.

## The County Hospital

### Urgent and emergency services

- The trust should ensure they use effective audits to improve the quality of treatment for patients. Regulation 17
- The trust should ensure that all staff appraisals are completed. Regulation 18
- The trust should ensure they improve the timeliness of care provided to meet national standards. Regulation 17
- The trust should ensure they reduce staff sickness and vacancy rates and reduce bank and locum usage. Regulation 18
- The trust should ensure they reduce the unplanned re-attendance rates. Regulation 17
- The trust should consider the appropriateness of the care environment including décor and location of facilities.

## Outpatients

- The trust should ensure they produce a documented procedure for the management of a deteriorating child or young person in the outpatients department. Regulation 12
- The trust should risk assess the use of the children's outpatients resuscitation trolley in the main outpatients department. Regulation 12
- The trust should ensure all incidents are reported on the incident reporting system. Regulation 17
- The trust should ensure learning from incidents and serious incidents is disseminated to all staff. Regulation 17
- The trust should ensure medical staff are responsible for deciding the time to a patient's next appointment. Regulation 12
- The trust should ensure multidisciplinary team meetings have a formal agenda and minutes to ensure there is a record of what was discussed at the meeting. Regulation 17
- The trust should ensure there is a system of audit for patient notes at County Hospital. Regulation 17
- The trust should ensure the correct codes are used for clinic lists when booking patient appointments. Regulation 17
- The trust should ensure the 'choose and book' system is reliable. Regulation 17
- The trust should ensure visible management and leadership in the County Hospital outpatients department. Regulation 17
- The trust should ensure visible representation of County Hospital staff at governance and risk management meetings. Regulation 17
- The trust should ensure staff at County Hospital outpatients are engaged in trust initiatives. Regulation 17

# Summary of findings

- The trust should ensure the timely updating of training compliance spreadsheets. Regulation 17
- The trust should ensure medical staff complete all relevant safeguarding training modules. Regulation 18

## Is this organisation well-led?

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

We rated well-led at the trust as requires improvement because:

- The newness of trust board meant collective capability and effectiveness of the recently established team remained to be tested.
- We found that the trust was not meeting the fit and proper person requirement fully due to refusal by the disclosure and barring service to undertake enhanced checks.
- The strategy for mental health was significantly lacking in key areas.
- Although there were established governance systems in place, these were complicated and we found these systems were not effective in ensuring safe and high-quality services were provided.
- The board assurance framework was not aligned to the strategic objectives and lacked clarity.
- There was a lack of curiosity and interrogation of the information presented through governance to board sub committees and the board itself.
- Systems in place to manage risks, issues and performance were not always effective.
- We found risks were not always appropriately recognised or acted upon sufficiently to secure improvement.
- Interrogation of data was limited and was often relied on as a source of reassurance rather than assurance.
- The data provided to board was not always reliable, validated or easy to interpret.
- We were not assured that important information reached the board in a timely way and not assured that notifications were consistently submitted to external organisations as required. There were several areas within core services which had undertaken innovative pieces of work and research. However, we found that arrangements to ensure continuous improvement and learning at a trust wide level required strengthened strategic drive and effective oversight.

However;

- Leaders were visible, approachable and possessed all the skills and capabilities required to lead effectively.
- We consistently heard positive staff reflections of and a high degree of whole trust confidence in the skills and capabilities offered by the recently appointed chief executive.
- This included confidence taken from the balance of approach and expertise between chief executive and chair.
- The trust had a vision and strategy in place.

# Summary of findings

- Board had recognised the requirement to ensure mechanisms were established to secure its delivery and alignment to STP objectives.
- The new board were focussed on improving trust culture at all levels and had already seen some positive impact of this work. The ambition was to secure a culture focused on clinical and quality excellence. However, there were improvements required to secure this and ensure the trust had an open and transparent culture which learned from issues and significant events. This included for board to ensure it owned and appreciated the importance of some aspects of the equality and diversity agenda.
- The trust had acknowledged the need to improve its governance processes.
- The trust collected a large amount of data and analysed it. Staff could find the data they needed, in accessible formats and information systems were integrated and secure.
- The trust engaged with staff and the public and was working to improve its engagement position. There was an engagement strategy, and this was in place and monitored regularly through complaints and public engagement teams.

## 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 ↔ Feb 2020	Requires improvement ↓ Feb 2020	Good ↓ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↔ Feb 2020

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
The Royal Stoke University Hospital	Requires improvement ↔ Feb 2020	Requires improvement ↓ Feb 2020	Good ↓ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020
The County Hospital	Requires improvement ↔ Feb 2020	Requires improvement ↓ Feb 2020	Good ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020
<b>Overall trust</b>	Requires improvement ↔ Feb 2020	Requires improvement ↓ Feb 2020	Good ↓ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↔ Feb 2020

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

## Ratings for The Royal Stoke University Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↓↓ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↔↔ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020
Medical care (including older people's care)	Requires improvement ↔↔ Feb 2020	Requires improvement ↓ Feb 2020	Good ↔↔ Feb 2020	Good ↔↔ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020
Surgery	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Critical care	Good Feb 2018	Good Feb 2018	Outstanding Feb 2018	Good Feb 2018	Outstanding Feb 2018	Outstanding Feb 2018
Maternity	Requires improvement ↓ Feb 2020	Good ↔↔ Feb 2020	Good ↔↔ Feb 2020	Good ↑ Feb 2020	Good ↔↔ Feb 2020	Good ↔↔ Feb 2020
Services for children and young people	Requires improvement ↓ Feb 2020	Good ↔↔ Feb 2020	Outstanding ↔↔ Feb 2020	Good ↔↔ Feb 2020	Good ↔↔ Feb 2020	Good ↔↔ Feb 2020
End of life care	Good Feb 2018	Requires improvement Feb 2018	Outstanding Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Outpatients	Good ↔↔ Feb 2020	Not rated	Good ↔↔ Feb 2020	Requires improvement ↔↔ Feb 2020	Requires improvement ↔↔ Feb 2020	Requires improvement ↔↔ Feb 2020
<b>Overall*</b>	Requires improvement ↔↔ Feb 2020	Requires improvement ↓ Feb 2020	Good ↓ Feb 2020	Requires improvement ↔↔ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020

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

## Ratings for The County Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Requires improvement ↓ Feb 2020
Medical care (including older people's care)	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Requires improvement Feb 2018	Requires improvement Feb 2018
Surgery	Good Jul 2015	Good Jul 2015	Good Jul 2015	Requires improvement Jul 2015	Good Jul 2015	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	Requires improvement ↓ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020
End of life care	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018
Outpatients	Requires improvement ↓ Feb 2020	Not rated	Good ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020
<b>Overall*</b>	Requires improvement ↔ Feb 2020	Requires improvement ↓ Feb 2020	Good ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020

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

# The Royal Stoke University Hospital location report

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## Key facts and figures

The Royal Stoke Hospital is a large acute hospital in Stoke on Trent. They offer several secondary care services including medical care, maternity, surgery and children and young people services. The hospital is also a regional trauma centre and offers direct major trauma care to patients from across the region and north Wales.

The University Hospitals of North Midlands NHS Trust provides general acute hospital services for 900,000 people in Staffordshire, South Cheshire and Shropshire.

The trust employs over 10,000 staff and has more than 1,250 inpatient beds. Services are provided at Royal Stoke University Hospital, County Hospital and a small number of community settings.

## Summary of services at The Royal Stoke University Hospital

**Requires improvement** ● ↓

Our rating of services went down. We rated them as Requires Improvement because:

- Our rating of safe was Requires Improvement overall. Risks within the emergency department were not always identified and escalated appropriately. We were not assured that all patients allocated to wait on the corridor were safe. Not all staff had completed all of the required mandatory training. Not all staff had training on how to recognise and report abuse. However, despite the low training figures, staff we spoke with were knowledgeable on how to recognise and report abuse. Both nursing and medical staff throughout the core service did not meet the trusts targets for safeguarding training. The service did not always have enough nursing staff with the right qualifications, skills and experience to keep patient's safe from avoidable harm and to provide the right care and treatment on all wards. Staff did not always undertake observations of patients' vital signs in a timely manner. Risk assessments relating to patient malnutrition were not undertaken in line with the trust target
- Our rating of effective was Requires Improvement overall. The service did not always provide care and treatment based on national guidance and evidence of its effectiveness. The service did not always ensure staff were competent for their roles. Managers sometimes appraised staff's work performance to provide support and monitor the

# Summary of findings

effectiveness of the service. Staff did not always assess and monitor patients regularly to see if they were in pain. Staff did not always understand their roles and responsibilities under the Mental Capacity Act 2005. They did not always know how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

- Our rating of caring was good overall. Staff provided emotional support to patients to minimise their distress. Staff involved patients and those close to them in decisions about their care and treatment. Staff cared for patients with compassion however, patient dignity was sometimes compromised.
- Our rating of responsive was requires improvement overall. People could not always access services when they needed. The service treated concerns and complaints seriously however, complaints were not always responded to within appropriate time frames or learning effectively shared.
- Our rating of well led was requires improvement overall. Not all managers had the right skills and abilities to run services providing high-quality sustainable care. Departments did not always have effective systems for identifying risks.

# Urgent and emergency services

Requires improvement  

## Key facts and figures

### Details of emergency departments and other urgent and emergency care services

- Royal Stoke University Hospital emergency department. Open 24 hours a day, seven days a week.

*(Source: Routine Provider Information Request (RPIR) – Sites tab)*

The trust is a major trauma centre and receives patients from a wide area, by helicopter as well as land ambulance.

*(Source: Routine Provider Information Request (RPIR) – Acute context tab)*

### Number of beds/bays

Ambulance Assessment– 6 cubicles and two process cubicles

Paediatric – four cubicles, two treatment rooms, one triage room and one counselling room

Ambulatory area (inclusive of minors and ambulatory patients)- triage cubicle, ARAT (ambulatory rapid assessment and treatment) cubicle, four cubicles, three treatment rooms (inclusive of eye cubicle) and two spaces in a plaster room

Majors –19 (including three treatment rooms/isolation cubicles) treatment bays

Resus – eight (including one trauma bay and one paediatric bay) treatment bays

Clinical Decision Unit (CDU)- three ambulatory bays, one side room, six female cubicles and six male cubicles)

Separate entrances and facilities were available for Adults and Children. Each department had a main entrance and separate ambulance entrance.

The adult emergency department also had an Air Ambulance helipad which was adjacent to and used the adult ambulance entrance to access the department.

Ambulance triage, assessment and the main resus areas were adjacent to the ambulance entrance, meaning patients entered directly into the area which best met their needs.

Paediatric trauma patients or those arriving by Air Ambulance would be admitted through the adult entrance. A dedicated paediatric resuscitation bay was available in resus for such emergencies.

## Summary of this service

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

- Not all staff had completed all of the required training.
- Staff did not always receive training in how to recognise and act on abuse. However, despite the low training figures, staff we spoke with were knowledgeable on how to recognise and report abuse.
- Facilities were not designed to keep people safe.
- Navigating in the department was not managed in a way to keep people safe.
- Staff did not follow a consistent approach to monitoring and recording observations.

# Urgent and emergency services

- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. However, during busy periods we were not assured of the levels of staff available to manage patients safely in the corridor. The service also had high sickness, vacancy rates and bank usage for their nursing staff.
- Some patient outcomes were worse than national averages. However; staff monitored the effectiveness of care and treatment. They used the findings to make improvements to improve outcomes for patients.
- Staff did not always support patients to make informed decisions about their care and treatment. They did not always follow national guidance to gain patients' consent. They did not always support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Patients privacy and dignity was not always maintained.
- Call bells were not always available for patients to enable them to alert staff if they were required.
- The department lacked flow and patients were often waiting in corridors.
- The service did not ensure patients did not stay longer than they needed to.
- Staff told us that morale had been adversely affected due to the corridor care.
- The department did not always identify and escalate relevant risks and issues.
- The service did not always collect reliable data.
- The service did not routinely engage with patients.

However

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well.
- The service made sure staff were competent for their roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff treated patients with compassion and kindness and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- The service was inclusive and took account of patients' individual needs and preferences.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.
- Leaders operated effective governance processes, throughout the service and with partner organisations.

# Urgent and emergency services

- Following the 2018 CQC inspection visit there were nine areas for improvement identified, of which the service had shown improvement towards achieving eight of these.

## Is the service safe?

**Inadequate** ● ↓↓

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

- Not all staff had completed all of the required training.
- Not all staff had training on how to recognise and report abuse. Both nursing and medical staff did not meet the trusts targets for safeguarding training.
- Facilities were not designed to keep people safe.
- Navigating in the department was not managed in a way to keep people safe. Staff did not follow a consistent approach to monitoring and recording observations.
- During busy periods we were not assured of the levels of staff available to manage patients safely in the corridor.
- The service had high vacancy rates for their medical staff.
- The service had high sickness, vacancy rates and bank usage for their nursing staff.

However:

- The service provided mandatory training in key skills including the highest level of life support training to all staff.
- However, staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

## Is the service effective?

**Requires improvement** ● ↓

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

- The service performed worse than average in some national clinical outcome audits. However, the department was performing well in relation to outcomes in patients presenting with major trauma.

# Urgent and emergency services

- Staff did not always support patients to make informed decisions about their care and treatment. They did not always follow national guidance to gain patients' consent. They did not always support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983, however, further work was needed to ensure this became embedded practice.
- Since the trust acquired Major Trauma Centre status in 2012, they have delivered an above expected survival rate for patients suffering from major trauma.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.

## Is the service caring?

**Requires improvement** ● ↓

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

- Patients privacy and dignity was not always maintained.
- Call bells were not always available for patients to enable them to alert staff if they were required.

However:

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

## Is the service responsive?

**Requires improvement** ● → ←

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

- The department lacked flow and patients were often waiting in corridors.

# Urgent and emergency services

- The service did not ensure patients did not stay longer than they needed to.

However:

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

## Is the service well-led?

**Requires improvement** ● ↓

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

- Staff told us that morale had been adversely affected due to the corridor care.
- Leaders did not always operate good governance processes, throughout the service and with partner organisations. This included risks not being escalated and notified to the senior team. Several issues we found were not identified by the trust in their routine governance processes for monitoring safety and performance.
- The department did not always identify and escalate relevant risks and issues.
- The service did not always collect reliable data.
- The service did not routinely engage with patients.
- The trust had not used the last CQC inspection report to improve their service.

However:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development.
- Data and notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged staff and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Leaders encouraged innovation and participation in external reviews.

## Areas for improvement

We found 14 areas for improvement in this service. See the Areas for Improvement section above.

# Medical care (including older people's care)

Requires improvement  

## Key facts and figures

The medical care service at Royal Stoke University Hospital provides care and treatment for specialties including cardiology, dermatology, gastroenterology, geriatric medicine, neurology and respiratory medicine. The hospital is a regional centre for cardiology, renal and non-invasive ventilation.

The trust's emergency cardiology and gastroenterology services are based at Royal Stoke University Hospital. Therefore, patients that require these services are moved to Stoke.

The hospital opened two modular wards at the end of February 2019, wards 126 and 127, to assist with patient flow.

*(Source: Routine Provider Information Request AC1 - Acute context)*

The hospital has 794 medical inpatient beds located across 29 wards and units.

The trust had 114,803 medical admissions from February 2018 to January 2019. Emergency admissions accounted for 50,126 (43.7%), 2,046 (1.8%) were elective, and the remaining 62,631 (54.6%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 37,049
- Clinical oncology: 22,287
- Gastroenterology: 21,468

*(Source: Hospital Episode Statistics)*

At the time of inspection commencing on 5 June 2019, wards 78 and 79 had just closed and were not in use. The trust had used these additional beds as 'escalation beds' to cover winter pressures.

During the inspection from 5 to 7 June 2019, we spoke with 61 members of staff. This figure included nurses, medical staff, management up to senior divisional directors, health care assistants, housekeepers, allied health professionals and members of the pharmacy team.

We spoke with 14 patients and five visiting relatives.

We reviewed 20 patient records and looked at an additional five patient prescription cards.

We visited the following areas:

- Elderly Care
- ASU/ HASU
- Gastro ward and endoscopy
- Discharge lounge
- Oncology
- CCU and cardiac ward
- Respiratory wards

# Medical care (including older people's care)

- Renal Ward

We observed the following activities:

- Mortality and morbidity meeting
- Two 'bed meetings' to manage patient flow through the hospital
- One handover
- Two board rounds
- Two wards during patient meal times
- General observations of patient care throughout the inspection

## Summary of this service

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

- Both nursing and medical staff showed poor compliance to the trust target for mandatory training. The 95% target was met for one of the 10 mandatory training modules for which qualified nursing staff were eligible. The 95% target was not met for any of the eight mandatory training modules for which medical staff were eligible. Neither medical or nursing staff had met their training targets on how to recognise and report abuse. The environment within elderly care wards was not always suitable to prevent the spread of infection due to a lack of side rooms. The service did not always have enough nursing staff with the right qualifications, skills and experience to keep patient's safe from avoidable harm and to provide the right care and treatment on all wards. Documentation demonstrating some environmental safety checks was not always present. Staff did not always undertake observations of patients' vital signs in a timely manner. Records were kept in record trolleys which were not always locked whilst unattended on wards. We found that missed doses of medicines were not always coded appropriately; and at times antimicrobial medicines had not been administered in line with best practice guidance. Managers mostly ensured that actions from patient safety alerts were implemented and monitored; although evidence showed that this was not always effective to prevent recurrence of similar incidents.
- Staff did not always protect the rights of patients who were subject to the Mental Health Act 1983. Nutritional risk assessments were not consistently undertaken. Staff gave patients enough food and drink to meet their needs and improve their health. However, this was not always done in a timely manner. Staff did not always know how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. Deprivation of Liberty Safeguards were found to be out of date and not applied as per the Mental Capacity Act (2005). Relevant staff had not met the trust target for training in this area.
- Staff reported, and we saw, not always having time to do this consistently to manage patients' emotional needs.
- Not all staff received regular team meetings. We found that there was no policy regarding the management of detained patients during our inspection. Staff did not always feel engaged with organisational or local changes. Patients we spoke with had not been involved in the wider planning of care or involved in shaping or improving services.

However, we also found:

# Medical care (including older people's care)

- The service controlled infection risk well. Staff assessed some risks to patients, acted on them and kept reasonable care records. They mostly managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff mostly treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Local leaders ran services well. Staff understood the service's vision and values, and how to apply them in their work. Staff felt supported. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. Staff were committed to improving services continually.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service did not ensure all staff completed mandatory training. Compliance with the trust target for mandatory training was poor for both nursing and medical staff.
- Neither medical nor nursing staff had met their training targets on how to recognise and report abuse.
- The design and use of facilities and premises did not always keep people safe. Documentation demonstrating some environmental safety checks was not always present.
- The service did not always have enough nursing staff with the right qualifications, skills and experience to keep patient's safe from avoidable harm and to provide the right care and treatment on all wards.
- Staff did not always undertake observations of patients' vital signs in a timely manner. Risk assessments relating to patient malnutrition were not undertaken in line with the trust target.
- Records were not always fully completed, up-to-date and easily available to all staff providing care. Records were kept in record trolleys which were not always locked whilst unattended on wards.
- Staff did not always document or record medicines safely.
- Managers mostly ensured that actions from patient safety alerts were implemented and monitored; although evidence showed that this was not always effective to prevent recurrence of similar incidents.

However,

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service mostly controlled infection risk well. Staff mostly used equipment to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

# Medical care (including older people's care)

- The design, maintenance and use of equipment kept people safe.
- Staff completed and updated risk assessments for most patients and acted to remove or minimise risks. Staff mostly identified and quickly acted upon patients at risk of deterioration.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patient's safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix.
- The service mostly used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with some teams and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff collected safety information and shared it with staff, patients and visitors on some wards but not all.

## Is the service effective?

**Requires improvement** ● ↓

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

- Staff did not protect the rights of patients who were subject to the Mental Health Act 1983.
- Staff did not always give patients enough food and drink to meet their needs and improve their health in a timely manner. Nutritional assessments and patient weight recordings were not consistently undertaken.
- The service had a higher than expected risk of readmission for care than the England average.
- The service did not always use findings of audits and results to make improvements, and therefore achieved varied outcomes for patients.
- Managers did not meet the trust target for completion of appraisals for nursing staff.
- Staff did not always know how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. Deprivation of Liberty Safeguards were found to be out of date and not applied as per the Mental Capacity Act (2005). Relevant staff had not met the trust target for training in this area.

However,

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. The service had been accredited under relevant clinical accreditation schemes.
- Staff used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles via ongoing training or updates.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.

# Medical care (including older people's care)

- Staff gave patients practical support and advice to lead healthier lives. The service had relevant information promoting healthy lifestyles and support on every ward.
- Staff supported patients, who had capacity, to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

## Is the service caring?

**Good** ● → ←

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

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

However,

- Staff did not always have time to manage patients' emotional needs.

## Is the service responsive?

**Good** ● → ←

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

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

However,

- Some new premises were not always suitable for all patients.

## Is the service well-led?

**Requires improvement** ● ↓

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

# Medical care (including older people's care)

- Not all stakeholders, such as staff, were involved in or kept up to date with service developments.
- Governance did not always enable the highest standards of clinical care. The trust did not have a full range of policies; learning was not consistently shared with all staff and not all staff received team meetings.
- Not all risks to the service were captured. Speciality local leaders were aware of risks to their service; but did not have local risk registers. Not all risks were identified or escalated; therefore, a consistent approach to action planning was not embedded.
- Information systems were not always integrated and secure.
- Staff did not always feel engaged with organisational or local changes. Patients we spoke with had not been involved in the wider planning of care or involved in shaping or improving services on a wider scale.

However,

- Local leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. Local leaders were visible and approachable in the service for patients and staff.
- The service had a vision for what it wanted to achieve. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders understood and knew how to apply them and monitor progress.
- Staff felt supported. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- We saw some effective governance processes throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities.
- Local leaders and teams used systems to identify performance.
- The service collected some data and analysed it. Staff could find some of the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. Data or notifications were consistently submitted to external organisations as required.
- The service did seek views from patients to improve care locally. The service collaborated with partner organisations to help improve services for patients.
- Staff were committed to continually learning and improving services. Some staff were involved in research, service development and recognised accreditation schemes. Leaders encouraged innovation and participation in research.

## Areas for improvement

We found 16 areas for improvement in this service. See the Areas for Improvement section above.

# Maternity

Good ●

## Key facts and figures

From January 2018 to December 2018 there were 6,276 deliveries at the trust.

A comparison from the number of deliveries at the trust and the national totals during this period is shown below.

### **Number of babies delivered at University Hospitals of North Midlands NHS Trust – Comparison with other trusts in England**

A profile of all deliveries and gestation periods from January to December 2018 can be seen in the tables below.

*Notes: A single birth includes any delivery where there is no indication of a multiple birth. This table does not include deliveries where delivery method is 'other' or 'unrecorded'.*

*Notes: This table does not include deliveries where delivery method is 'other' or 'unrecorded'.*

Gestation periods were unrecorded for 1.9% of deliveries at this trust compared to 16.9% nationally.

*(Source: Hospital Episodes Statistics (HES) – Provided by CQC Outliers team)*

The number of deliveries at the trust by quarter for the last nine quarters can be seen in the graph below.

### **Number of deliveries at University Hospitals of North Midlands NHS Trust by quarter**

## Summary of this service

We rated this service as good because:

- The service had enough staff to care for patients and keep them safe. Staff, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

# Maternity

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Not all staff had training in key skills.
- Staff did not always manage medicines well.
- Not all staff were up to date with their appraisals.
- Staff did not always complete all crucial stages of the surgical safety checklist.

## Is the service safe?

**Requires improvement** ●

We previously inspected this service jointly with gynaecology we are not therefore able to compare ratings. We rated safe as requires improvement because:

- The service did not make sure everyone completed mandatory training in key skills.
- Staff were not up to date with training on how to recognise and report abuse and how to apply it.
- The service did not always follow best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.

However,

- The service had enough midwives and medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- The service mostly controlled infection risk well. Staff keep themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service had suitable premises and equipment and looked after them well.
- Staff identified and quickly act upon women at risk of deterioration. Staff completed and updated risk assessments for each woman and acted to remove or minimise risks. They kept clear records and asked for support when necessary.
- Staff kept detailed records of patients' care and treatment. Records were mostly clear, up-to-date and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service..

# Maternity

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

## Is the service effective?

**Good** ●

We previously inspected this service jointly with gynaecology we are not therefore able to compare ratings. We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain. Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. If need be they could offer supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Consultants, midwives and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However,

- Not all staff were up to date with their appraisals.

## Is the service caring?

**Good** ●

We previously inspected this service jointly with gynaecology we are not therefore able to compare ratings. We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Understanding and involvement of patients and those close to them.
- Staff involved patients and those close to them in decisions about their care and treatment

# Maternity

## Is the service responsive?

**Good** ●

We previously inspected this service jointly with gynaecology we are not therefore able to compare ratings. We rated responsive as good because:

- Service delivery met the needs of the local people
- The service took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service mostly treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. However, complaints were not investigated and closed in line with their complaints policy.

## Is the service well-led?

**Good** ●

We previously inspected this service jointly with gynaecology we are not therefore able to compare ratings. We rated well led as good because:

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service mostly had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

## Areas for improvement

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

# Services for children and young people

Good   

## Key facts and figures

The trust's services for children and young people are located at Royal Stoke University Hospital over eight units and wards and provided 84 inpatient paediatric beds (including cots).

The Neonatal intensive care unit (NICU) was a regional centre that offered level three care (level three means the service provided care to very sick neonates) meaning it attracted admissions from out of the local area.

Wards 216 and 217 shared indoor and outside play areas, an adolescent room, a classroom and a sensory room. Parent kitchens, rest areas and overnight accommodation was also available.

We inspected all areas of children and young people's services at the Royal Stoke University Hospital. This included:

- Children's assessment unit (CAU) – eight trollies and one triage area
- Children's high dependency unit (CHDU) – nine beds
- Children's intensive care unit (CICU) – two long term ventilation beds and four high dependency beds
- Neonatal intensive care unit (NICU) – 26 cots
- Ward 216 – 16 beds
- Ward 217 – 25 beds
- Ward 217a – six trollies, four chairs and two beds
- Ward 217b – four cubicles
- Children's outpatients

*(Source: Routine Trust Provider Information Request (RPIR) – Sites tab)*

The trust had 13,490 spells for its children and young people's service from February 2018 to January 2019.

Emergency spells accounted for 76% (10,242 spells), 17% (2,261 spells) were day case spells, and the remaining 7% (987 spells) were elective.

## Summary of this service

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

- The service had enough staff to care for children and young people and keep them safe. Staff knew how to protect children and young people from the risk of abuse. They managed infection prevention and control systems well and most medicines were managed safely. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave children and young people enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children and young people, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.

# Services for children and young people

- Staff exceeded the expectations of children, young people and their families in their passion for patient care. There was a strong, visible person-centred culture where staff genuinely valued their relationships with children, young people and their families. They also extended their compassion towards others outside of their service. Staff recognised and respected the importance of the totality of people's needs and used innovative methods to support family units during challenging times. Staff consistently supported and empowered children, young people and their families to understand their condition and make decisions about their care and treatment. Staff showed an excellent understanding and a non-judgmental attitude when caring for or discussing children and young people with mental health needs. They worked in a creative and innovative manner to provide exceptional, strong and caring emotional support to children, young people and their families to minimise their distress.
- The service planned care to meet the needs of local people, took account of children and young peoples' individual needs, and made it easy for them to give feedback. Children and young people could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of the children and young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However, we also found:

- Staff were not always up to date with their mandatory training. Improvements were needed to ensure records relating to risk were kept and maintained. Some ligature points were present in the CAU which posed a potential risk to children and young people.
- Assessments that identified if children and young people could consent to their care and treatment were not always clearly documented.
- There was a risk that children and young people's individual preferences and needs may not be consistently met as these preferences and needs were not always clearly recorded or accessible to staff.

## Is the service safe?

**Requires improvement** ● ↓

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

- The service provided mandatory training in key skills to all staff. However, the trust's training compliance targets were not always met.
- Staff had training on how to recognise and report abuse. However, staff were not up to date with this training.
- Formal recorded risk assessments were not always evidenced in care records.
- Ligature points were present in a room used for distressed children and young people who attended the CAU.
- Safe systems were not in place on CICU to ensure medicines were consistently stored safely and securely.

However:

- The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.

# Services for children and young people

- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff identified and quickly acted upon children and young people's risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep children and young people safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.
- Staff kept detailed records of children and young peoples' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service mostly used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, children, young people, their families and visitors.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance.
- Staff gave children, young people and their families enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored children and young people regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and staff had the opportunity to access supervision sessions to provide them with support.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely care for children, young people and their families.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.

# Services for children and young people

- Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and families who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- Outcomes of capacity assessments were not always recorded
- The majority of staff working with children, young people and their families did not complete training in the Mental Capacity Act 2005 as the service did not deem this training as essential within this area.

## Is the service caring?

**Outstanding**   

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

- Staff exceeded the expectations of children, young people and their families in their passion for patient care.
- Staff were committed, motivated and inspired to provide kind and dignified care that supported the needs of children, young people and their families on every level.
- There was a strong, visible person-centred culture where staff genuinely valued their relationships with children, young people and their families.
- Staff recognised and respected the importance of the totality of people's needs. This included caring for the families of children and young people.
- Staff showed an excellent understanding and a non-judgmental attitude when caring for or discussing children and young people with mental health needs.
- Staff extended their compassion towards others outside of their service.
- Staff worked proactively with other agencies and departments to ensure compassionate and individualised palliative and end of life care was provided.
- Staff worked in a creative and innovative manner to provide exceptional, strong and caring emotional support to children, young people and their families to minimise their distress. They also understood patients' personal and cultural needs.
- The service provided children and young people with vast and varied resources to help them learn more about their mental health needs.
- Staff used innovative methods to support family units during challenging times.
- Staff recognised the need to provide hope, reflect on treatment journeys and to celebrate success.
- The whole staff team, from consultants to health care support workers prioritised their time to celebrate the end of treatment with children, young people and their families.
- Staff consistently supported and empowered children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

# Services for children and young people

## Is the service responsive?

Good   

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

- The service planned and provided care in a way that met the needs of local children, young people, their families and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of children, young people and their family's individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Children and young people could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for children, young people and their families to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- There was a risk that the care preferences of children, young people and their families may not consistently be met. Although we saw staff demonstrate that they knew individual children and young people's care preferences and needs, these preferences and needs were not always recorded in care records.

## Is the service well-led?

Good   

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

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

# Services for children and young people

- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for children, young people and their families.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

We found eight examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

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

# Outpatients

Requires improvement ●

## Key facts and figures

At Royal Stoke University Hospital's outpatients department, most clinics in the outpatients department are open from Monday to Friday from 8 am to 5 pm. The exceptions are the chronic obstructive pulmonary disease (COPD) clinic, which is open from Monday to Friday from 8 am to 6 pm, and the radiotherapy service, which is open from 8 am to 8 pm from Monday to Friday. Additional clinics are held on the neurology ward on Saturdays and Sundays. From time to time consultant-led clinics are held within the community.

The trust holds general neurology consultant-led clinics at the outpatient department at Leighton Hospital at Crewe in Cheshire on a Monday, Wednesday, Thursday and Friday. From time to time, the trust holds clinics within the community in other areas of Cheshire, including Nantwich Health Centre, Ashfield's Primary Healthcare Centre in Sandbach and Victoria Infirmary in Northwich.

In addition, patients with epilepsy, Parkinson's, multiple sclerosis, motor neurone disease and headache can be seen by a specialist nurse-led service provided by the trust at both of its acute sites, and at Leighton Hospital. Clinics in these specialties are also held at various locations within the community.

The trust had 856,491 first and follow up outpatient appointments from January 2018 to December 2018. Royal Stoke Hospital accounted for 631,022 of these.

This report relates to our inspection of Royal Stoke Hospital in Stoke.

## Summary of this service

We rated it as requires improvement because:

- People could not always access services when they needed it and receive the right care promptly. Waiting times from referral to treatment were not always in line with good practice for some clinics.
- Systems to manage performance and risk were not always effective in identifying and escalating relevant risks and performance issues or in identifying actions to reduce their impact.
- Although staff completed and updated risk assessments for each patient and removed or minimised risks. Staff were unaware of whether there was a policy to guide them in identifying and quickly acting upon patients at risk of deterioration.
- There was a lack of effective monitoring of patient outcomes. This meant they could not be used to improve services.
- The fracture clinic waiting room was not big enough for the amount of people attending clinics.

However;

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

# Outpatients

- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

## Is the service safe?

**Good** 

We previously inspected this service jointly with diagnostic imaging, we are not therefore able to compare ratings. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However;

- Although staff completed and updated risk assessments for each patient and removed or minimised risks. Staff were unaware of whether there was a policy to guide them in identifying and quickly acting upon patients at risk of deterioration.

# Outpatients

## Is the service effective?

We do not rate this domain.

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink whilst in outpatients.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However;

- There was a lack of effective monitoring of patient outcomes. This meant they could not be used to improve services.

## Is the service caring?

**Good** ●

We previously inspected this service jointly with diagnostic imaging, we are not therefore able to compare ratings. We rated it as good because:

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

## Is the service responsive?

**Requires improvement** ●

We previously inspected this service jointly with diagnostic imaging, we are not therefore able to compare ratings. We rated it as requires improvement because:

# Outpatients

- People could not always access services when they needed it and receive the right care promptly. Waiting times from referral to treatment were not always in line with good practice for some clinics.
- The fracture clinic waiting room was not big enough for the amount of people attending clinics.

However;

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

## Is the service well-led?

**Requires improvement** ●

We previously inspected this service jointly with diagnostic imaging, we are not therefore able to compare ratings. We rated it as requires improvement because:

- Systems to manage performance and risk were not always effective in identifying and escalating relevant risks and performance issues or in identifying actions to reduce their impact.

However;

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

# Outpatients

## Outstanding practice

We found four examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

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

# The County Hospital

Weston Road  
Stafford  
Staffordshire  
ST16 3SA  
Tel: 01785 857731  
[www.midstaffs.nhs.uk](http://www.midstaffs.nhs.uk)

## Key facts and figures

The County Hospital is a smaller hospital site in Stafford. This hospital provides services including medical care, elective surgery, outpatients and diagnostics and a standalone midwifery led unit.

The trust employs over 10,000 staff and has more than 1,250 inpatient beds. Services are provided at Royal Stoke University Hospital, County Hospital and a small number of community settings.

## Summary of services at The County Hospital

**Requires improvement**   

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

Our rating of safe was Requires Improvement overall. Risks within the emergency department were not always identified and escalated appropriately. Not all staff had completed all of the required mandatory training. Not all staff had training on how to recognise and report abuse. Both nursing and medical staff throughout the core service did not meet the trusts targets for safeguarding training. Staff did not update all risk assessment documentation completely and consistently. There was not enough of all suitable equipment for resuscitation of children and did not have effective systems for identifying risks associated with out of date equipment. In outpatients the service did not always manage patient safety incidents well. Staff did not recognise incidents and report them appropriately. When things went wrong, staff apologised and gave patients honest information and suitable support. However, feedback to staff from managers was inconsistent and lessons learnt were not always shared with the whole team.

Our rating of effective was Requires Improvement overall. There was a lack of effective monitoring of patient outcomes and did not always provide care and treatment based on national guidance and evidence of its effectiveness. Staff did not always assess and monitored patients regularly to see if they were in pain. Staff did not always understand their roles and responsibilities under the Mental Capacity Act 2005. They did not always know how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Our rating of caring was good overall. Staff provided emotional support to patients to minimise their distress. Staff involved patients and those close to them in decisions about their care and treatment. Staff cared for patients with compassion however, patient dignity was sometimes compromised.

Our rating of responsive was requires improvement overall. In outpatients people could not always access services when they needed it and receive the right care promptly. Waiting times from referral to treatment were not always in line with

# Summary of findings

good practice for some clinics. There were issues with the 'choose and book' system as it was not always reliable. Call centre staff booked patients first appointments and sometimes used incorrect codes. This meant there was a risk of patients not being identified on clinic lists, resulting in them being delayed in clinic or having to rebook their appointment. However, the service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Our rating of well led was requires improvement overall. In outpatients' systems to manage performance and risk were not always effective in identifying and escalating relevant risks and performance issues or in identifying actions to reduce their impact. The service did not always have a systematic or consistent approach to improving the quality of its services. The governance structure for outpatients services at the fracture clinic was not always clear and consistent which meant that lines of accountability and management were not always clear. However, most managers had the right skills and abilities to run services providing high-quality sustainable care. Departments had effective systems for identifying risks.

# Urgent and emergency services

Requires improvement  

## Key facts and figures

### Details of emergency departments and other urgent and emergency care services

- County Hospital emergency department. Open 14 hours a day, seven days a week.

*(Source: Routine Provider Information Request (RPIR) – Sites tab)*

County hospital urgent and emergency services department is open between the hours of 8am and 10pm, seven days a week. For patients who required treatment for major trauma, the ambulance service would transport directly to The Royal Stoke University Hospital site. A GP out of hours service was co located within the department and had separate facilities.

A paediatric minor injuries unit (MIU) provided treatment for children aged 16 years and younger between 8am and 10pm. Children who were acutely unwell or presented with anything other than a minor injury would be transferred to another hospital.

The County Hospital urgent and emergency care service comprised of:

- Ambulance assessment: three cubicles
- Ambulatory care area: four treatment rooms.
- Resuscitation area: three treatment bays
- Majors area: eight treatment bays, five cubicles (including three used as isolation cubicles).
- Clinical decision unit: three treatment bays and a sitting area.
- Minor Injuries Unit: four treatment rooms (including one specifically for treating eye injuries and one for plaster).
- Children's Minor Injuries Unit: two treatment rooms and separate waiting area.
- Interview/Counselling room (used as the mental health assessment room when required).
- Relatives room
- X-ray facilities

### Activity and patient throughput

#### Total number of urgent and emergency care attendances at University Hospitals of North Midlands NHS Trust compared to all acute trusts in England, January 2018 to December 2018

From January 2018 to December 2018 there were 208,296 attendances at the trust's urgent and emergency care services as indicated in the chart above.

*(Source: Hospital Episode Statistics)*

From January 2018 to December 2018 there were 43,055 attendances at The County Hospital.

#### Urgent and emergency care attendances resulting in an admission

The percentage of A&E attendances at this trust that resulted in an admission increased in 2018/19 compared to 2017/18. In both years, the proportions were higher than the England averages.

# Urgent and emergency services

(Source: NHS England)

## Urgent and emergency care attendances by disposal method, from January 2018 to December 2018

The trust coded nearly all attendances at their emergency department from January 2018 to December 2018 as having a disposal method of discharged. There were fewer than six exceptions (coded as transferred).

(Source: Hospital Episode Statistics)

The trust provided the following data to demonstrate disposal methods at The County Hospital between June 2018 and May 2019:

Disposal Outcome	Grand Total
Admission Rate	29.8%
Discharged - follow up treatment to be provided by GP	23.7%
Left department before being treated	3.3%
Left department having refused treatment	0.3%
Nurse navigator discharge	29.0%
Other	2.1%
Patient Died	0.1%
Referred to A&E Clinic	0.2%
Referred to Fracture Clinic	8.9%
Referred to Other Health Care Professional	0.5%
Referred to Physiotherapy Clinic	1.3%
Transferred to other Health Care Provider	0.9%

(Source DR442)

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

During the inspection we spoke with 23 members of staff including doctors, nurses, healthcare support workers, housekeeping and administrative staff.

We attended staff handovers including regular staff huddles where patient care and treatment was discussed.

We spoke with eight patients and family members. We observed care and treatment and reviewed waiting areas and the overall environment. We reviewed 25 patient records.

# Urgent and emergency services

## Summary of this service

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

- The service did not make sure all staff completed mandatory training in key skills. Staff did not update all risk assessment documentation completely and consistently. There was not enough of all suitable equipment for resuscitation of children.
- There was a lack of effective monitoring of care and treatment. Staff did not consistently document capacity assessments or information relating to pain relief. Not all clinical staff completed training on the Mental Capacity Act and Deprivation of Liberty Safeguards. Data provided by the trust below showed low completion rates of staff appraisals.

However:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

We rated safe and effective as requires improvement and caring, responsive and well-led as good.

## Is the service safe?

**Requires improvement**  

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

- The service did not make sure all staff completed mandatory training in key skills. The number of staff who completed it did not meet trust targets.
- Staff had not completed safeguarding training at the required level for those working with children.
- Staff did not update all risk assessment documentation completely and consistently.
- There was not enough of all suitable equipment for resuscitation of children.

However:

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

# Urgent and emergency services

## Is the service effective?

**Requires improvement** ● ↓

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

- There was a lack of effective monitoring of care and treatment. This meant audit findings could not be used to improve services. They did not meet the standards in any national clinical outcome audits.
- The service had a higher than expected risk of re-attendance than the England average.
- Staff did not consistently document pain scores and reasons for not providing pain relief.
- Staff did not always clearly document that they followed national guidance to gain patients' consent.
- Not all clinical staff completed training on the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Data provided by the trust below showed low completion rates of staff appraisals.

However:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff supported patients to make informed decisions about their care and treatment.

## Is the service caring?

**Good** ● → ←

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

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

## Is the service responsive?

**Good** ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

# Urgent and emergency services

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People mostly received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were mostly in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

Good   

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and most of the issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

However:

- Leaders did not operate effective governance processes, throughout the service and with partner organisations.

## Areas for improvement

We found 10 areas for improvement in this service. See the Areas for Improvement section above.

# Maternity

Good 

## Key facts and figures

From January 2018 to December 2018 there were 6,276 deliveries at the trust.

A comparison from the number of deliveries at the trust and the national totals during this period is shown below.

### **Number of babies delivered at University Hospitals of North Midlands NHS Trust – Comparison with other trusts in England**

A profile of all deliveries and gestation periods from January to December 2018 can be seen in the tables below.

*Notes: A single birth includes any delivery where there is no indication of a multiple birth. This table does not include deliveries where delivery method is 'other' or 'unrecorded'.*

*Notes: This table does not include deliveries where delivery method is 'other' or 'unrecorded'.*

Gestation periods were unrecorded for 1.9% of deliveries at this trust compared to 16.9% nationally.

*(Source: Hospital Episodes Statistics (HES) – Provided by CQC Outliers team)*

The number of deliveries at the trust by quarter for the last nine quarters can be seen in the graph below.

### **Number of deliveries at University Hospitals of North Midlands NHS Trust by quarter**

In both 2017/18 and 2018/19 the number of deliveries was relatively high in quarter 2. In 2018/19 the number of deliveries remained high in quarter 3 2018/19.

*(Source: Hospital Episode Statistics - HES Deliveries (January 2018 - December 2018))*

## Summary of this service

We rated this service as good because:

- The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well.
- Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

# Maternity

- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Some staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Not all staff had training in key skills.
- Not all staff were up to date with their appraisals.

## Is the service safe?

**Requires improvement** ●

We previously inspected this service jointly with gynaecology and cannot therefore compare the rating. We rated safe as requires improvement because:

- The service did not make sure everyone completed mandatory training in key skills.
- Not all staff had received training on how to recognise and report abuse and how to apply it.
- The trust did not have effective systems for identifying risks associated with out of date equipment.

However,

- The service had enough midwives and medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service had suitable premises and equipment, although some equipment was removed because it was out of date. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- Staff kept detailed records of patients' care and treatment. Records were mostly clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

# Maternity

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

## Is the service effective?

**Good** ●

We previously inspected this service jointly with gynaecology and cannot therefore compare the rating. We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieve good outcomes for women.
- The service made sure staff were competent for their roles. If need be they could offer supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Consultants, midwives and other healthcare professionals supported each other to provide good care.
- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent. They knew how to support women experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However,

- Not all staff were up to date with their appraisals.

## Is the service caring?

**Good** ●

We previously inspected this service jointly with gynaecology and cannot therefore compare the rating. We rated caring as good because:

- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood women's personal, cultural and religious needs.
- Staff supported women, families and carers to understand their condition and make decisions about their care and treatment.
- Staff involved women and those close to them in decisions about their care and treatment.

# Maternity

## Is the service responsive?

**Good** ●

We previously inspected this service jointly with gynaecology and cannot therefore compare the rating. We rated responsive as good because:

- The service planned and provided care in a way that met the needs of local people and the communities service. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help patients access services. They co-ordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge women were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service well-led?

**Good** ●

We previously inspected this service jointly with gynaecology and cannot therefore compare the rating. We rated well led as good because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

However:

- The service did not have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Managers across the service did not always promote a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service did not always use a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.

## Areas for improvement

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

# Outpatients

Requires improvement ●

## Key facts and figures

At County Hospital's outpatients department, most clinics are open from approximately 8.30 am to 5.30 pm from Monday to Friday. The exception is the COPD clinic, which is open from 8 am to 6 pm from Monday to Friday. Otherwise there is a mixture of general neurology clinics and sub-speciality clinics.

At Royal Stoke University Hospital's outpatients department, most clinics in the outpatients department are open from Monday to Friday from 8 am to 5 pm. The exceptions are the chronic obstructive pulmonary disease (COPD) clinic, which is open from Monday to Friday from 8 am to 6 pm, and the radiotherapy service, which is open from 8 am to 8 pm from Monday to Friday. Additional clinics are held on the neurology ward on Saturdays and Sundays. From time to time consultant-led clinics are held within the community.

The trust holds general neurology consultant-led clinics at the outpatients department at Leighton Hospital at Crewe in Cheshire on a Monday, Wednesday, Thursday and Friday. From time to time, the trust holds clinics within the community in other areas of Cheshire, including Nantwich Health Centre, Ashfield's Primary Healthcare Centre in Sandbach and Victoria Infirmary in Northwich.

In addition, patients with epilepsy, Parkinson's, multiple sclerosis, motor neurone disease and headache can be seen by a specialist nurse-led service provided by the trust at both of its acute sites, and at Leighton Hospital. Clinics in these specialties are also held at various locations within the community.

The trust had 856,491 first and follow up outpatients appointments from January 2018 to December 2018. County Hospital accounted for 225,469 of these.

This report relates to our inspection of County Hospital in Stafford.

## Summary of this service

We previously inspected this service jointly with diagnostic imaging and are not therefore able to compare the ratings. We rated it as requires improvement because:

- People could not always access services when they needed it and receive the right care promptly. Waiting times from referral to treatment were not always in line with good practice for some clinics.
- There had been issues with chemotherapy treatments not being on transports from Stoke. This meant the trust could not be assured that patients' medicines would be available in a timely way at all times.
- Systems to manage performance and risk were not always effective. The risk register was not effective in identifying and mitigating risks to patient care and treatment. Therefore, we were not assured that all patient risks had been identified and acted upon.
- Some incidents were not reported on the electronic incident reporting system. For example, staff requiring to stay beyond their working hours to ensure patients were chaperoned whilst waiting for transport. There were discrepancies in the recording of 'near misses' on the electronic incident reports, these are incidents which might have resulted in harm to a patient.
- Although, staff told us how they would respond to an emergency involving a child or young person, there was no policy staff were aware of in regards to a deteriorating child in the main outpatients department. This meant staff did not have clear guidelines for managing a paediatric emergency.

# Outpatients

- There was a lack of records audits for County Hospital, this meant the trust could not be assured that patient records were full and complete. Staff in the outpatients 'hub' told said consultants occasionally omitted the time to next booking from patients paper based outcomes forms. Staff at the hub told us they had been advised to put these patients on the six week waiting list. This meant administrative staff were making decisions about when some patients should attend their next appointment.
- Not all leaders were visible and approachable for staff. Most staff we spoke with described local leaders as present and approachable. Local managers told us senior managers were accessible and visible. However, some staff told us it was difficult for staff based in County Hospital to access senior managers that were based at Royal Stoke Hospital
- There was a lack of effective monitoring of patient outcomes at County Hospital. This meant audit findings could not be used to improve services. The outpatients' dashboard did not gather information on patient outcomes.
- The governance structure for all outpatients services was not always clear and consistent. Governance was devolved to divisions and each care division operated independently. County Hospital was under represented at some governance meetings
- Although staff said the trust promoted a culture of outpatients across sites being 'one team,' this was not fully embedded. Some staff told us there was a 'them and us' culture between Royal Stoke Hospital and County Hospital. Although most staff said this was improving.

However:

- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service provided mandatory training in key skills to all staff and made sure staff completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service made sure staff were competent for their roles.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff cared for patients with compassion. Staff were mindful of the emotional wellbeing of patients and took steps to support patients and families where necessary.
- The service was inclusive and took account of patients' individual needs and preferences.
- It was easy for people to give feedback and raise concerns about care received.
- Staff were committed to continually learning and improving services.

## Is the service safe?

**Requires improvement** ●

We previously inspected this service jointly with diagnostic imaging and are not therefore able to compare the ratings. We rated it as requires improvement because:

# Outpatients

- The service did not always manage patient safety incidents well. Staff did not recognise incidents and report them appropriately. When things went wrong, staff apologised and gave patients honest information and suitable support. However, feedback to staff from managers was inconsistent and lessons learnt were not always shared with the whole team.
- Although locally staff completed and updated risk assessments for each patient and removed or minimised risks. Staff were unaware of whether there was a policy to guide them in identifying and quickly acting upon paediatric patients at risk of deterioration.
- The service used systems and processes to safely prescribe, administer, record and store medicines locally. However, some pharmacy services were based in Stoke and medication deliveries were not always timely.
- Although most staff kept detailed records of patients' care and treatment, there was a lack of records audits, this meant the trust could not be assured that patient records were full and complete. Some staff reported that consultant notes did not always identify the time to next appointment and this had led to administrators placing patients on a six week list without consulting a clinician.

However:

- The service provided mandatory training in key skills to all staff and made sure staff completed it. Training completion at County Hospital was in accordance with the trust's standards, with most modules being recorded locally as above the trust target of 95%. Although, the training spreadsheet for chemotherapy outpatients, had not been updated to reflect all staff with completed training.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had received training on relevant safeguarding modules and knew how access to guidelines and further advice where needed. However, medical staff had not met the trust's 95% training standard for one safeguarding module.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

## Is the service effective?

We do not currently rate effective for outpatients services. Our findings are as follows:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff assessed patients to see if they were in pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide effective care. However, some multidisciplinary team meetings did not have discussions recorded which meant records of the meeting could not be shared with other staff for learning.

# Outpatients

- The service supported patients to live healthier lives. Staff worked with community services to promote healthy lifestyle choices in the community.
- Although the trust did not audit patients consent. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However:

- There was a lack of effective monitoring of patient outcomes at County Hospital. This meant audit findings could not be used to improve services.

## Is the service caring?

**Good** ●

We previously inspected this service jointly with diagnostic imaging and are not therefore able to compare the ratings. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Staff we spoke with were mindful of the emotional wellbeing of patients and took steps to support patients and families where necessary.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients who attended services on a regular basis spoke positively of staff, describing them as taking the time to reassure patients and talk them through the procedure.

## Is the service responsive?

**Requires improvement** ●

We previously inspected this service jointly with diagnostic imaging and are not therefore able to compare the ratings. We rated it as requires improvement because:

- People could not always access services when they needed it and receive the right care promptly. Waiting times from referral to treatment were not always in line with good practice for some clinics.
- There were issues with the 'choose and book' system as it was not always reliable.
- Call centre staff booked patients first appointments and sometimes used incorrect codes. This meant there was a risk of patients not being identified on clinic lists, resulting in them being delayed in clinic or having to rebook their appointment.

However:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients' access services. They coordinated care with other services and providers.

# Outpatients

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learnt with staff.

## Is the service well-led?

### Requires improvement

We previously inspected this service jointly with diagnostic imaging and are not therefore able to compare the ratings. We rated it as requires improvement because:

- Not all leaders were visible and approachable for staff. Most staff we spoke with described local leaders as present and approachable. However, staff across outpatients told us that there was limited visibility of senior trust management including the executive team.
- Systems to manage performance and risk were not always effective in identifying and escalating relevant risks and performance issues or in identifying actions to reduce their impact.
- Staff were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. Staff felt positive and proud to work in the hospital and there was a strong local identity. However, we saw limited connection to the trust identity.
- The service did not always have a systematic or consistent approach to improving the quality of its services. The governance structure for outpatients services at the fracture clinic was not always clear and consistent which meant that lines of accountability and management were not always clear.
- Although the trust engaged well with patients, the public and local organisations to plan and manage appropriate services. The trust did not always engage well with staff.

However:

- The trust had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.
- Staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Areas for improvement

We found 18 areas for improvement in this service. See the Areas for Improvement section above.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

**This guidance** (see [goo.gl/Y1dLhz](http://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

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

#### Regulation

This section is primarily information for the provider

## Requirement notices

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

### Regulated activity

Maternity and midwifery services

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

## Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

# Our inspection team

Victoria Watkins, Head of Hospitals Inspection led the inspection. A range of highly experienced specialist advisers supported our inspection of well-led for the trust overall.

The team included one inspection manager, nine inspectors and a range of specialist advisers.

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