

# University Hospitals of Derby and Burton NHS Foundation Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

# Summary of findings

## Background to the trust

On 1 July 2018, Derby Teaching Hospitals NHS Foundation Trust (DTHFT) acquired Burton Hospitals NHS Foundation Trust (BHFT) to become a new organisation. University Hospitals of Derby and Burton NHS Foundation Trust bringing together five hospitals in Derby, Burton, Lichfield and Tamworth.

University Hospitals of Derby and Burton NHS Foundation Trust is one of the largest NHS trusts in the country and covers the Peak District and southern Derbyshire. The Trust employs approximately 12,500 staff, serves a population of more than one million and provides clinical services in 48 specialities.

The trust operates acute and community services from five main sites:

- Royal Derby Hospital
- Queens Hospital
- London Road Community Hospital
- Samuel Johnson Community Hospital
- Sir Robert Peel Community Hospital

Additionally, the trust has two adult community outpatient surgeries based in Uttoxeter and Swadlincote in South Derbyshire as well as a paediatric community service.

The trust has 1,708 in-patient beds over 79 wards. These include 176 children's beds (acute, community and mental health), 21 dedicated end of life care beds and 152 day case beds. The trust operates 2,192 outpatients' and 43 community clinics per week.

CQC carried out an inspection of the trust in January, February and March 2019. This is the trust's first inspection since the acquisition in July 2018.

We have not taken the previous ratings of services at Burton Hospitals NHS Foundation Trust into account when aggregating the trust's overall rating. CQC's revised inspection methodology states when a trust acquires or merges with another service or trust in order to improve the quality and safety of care, we will not aggregate ratings from the previously separate services or providers at trust level for up to two years. During this time, we would expect the trust to demonstrate that they are taking appropriate action to improve quality and safety.

## Overall summary

### What this trust does

Derby Teaching Hospitals and Burton Hospitals had a long history of working closely together, and two years ago plans to formally merge the two organisations were first explored, resulting in the creation on 1 July 2018 of University Hospitals of Derby and Burton.

Services at the Royal Derby Hospital include a wide range of inpatient and outpatient surgical and medical specialities, intensive care, maternity services, children's services and accident and emergency care. For some specialist services, such as vascular, cancer and stroke care, the trust attracts patients from a wide catchment area.

Royal Derby Hospital has teaching hospital status. The Royal Derby Hospital incorporates the Derby Graduate Entry Medical School and the School of Health Sciences and works in partnership with the universities of Derby and Nottingham, educating and training future generations of doctors, nurses and other healthcare professionals.

# Summary of findings

Queens Hospital, Samuel Johnson Community Hospital at Lichfield and Sir Robert Peel Community Hospital at Tamworth are the principal providers of acute hospital services for the residents of Burton upon Trent and surrounding areas including South Staffordshire, South Derbyshire and North-West Leicestershire. In addition, a Treatment Centre, based on the Queen's Hospital's Burton site, provides day case and ophthalmology services to the immediate area and beyond.

At Queen's Hospital there is a full complement of Accident and Emergency, outpatient and direct access services. All specialties are supported by a comprehensive range of clinical services in therapies, pharmacy, pathology, and radiology. The hospital has two MRI Scanners, two CT Scanners, a dedicated endoscopy suite, a breast care unit, stroke facilities and modern maternity units.

## 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 29 January and 22 February 2019, we inspected a total of eight acute core services provided by the trust across four locations. We inspected urgent and emergency care, medical care (including older people's care), maternity and end of life care at Royal Derby Hospital. We also inspected urgent and emergency care, medical care, surgery, critical care, maternity, services for children and young people, end of life care and outpatients at Queens Hospital, Samuel Johnson Community Hospital and Sir Robert Peel Community Hospital. In addition, we inspected Community health inpatient services and Community urgent care services.

At our last inspection end of life care at Royal Derby Hospital was rated as requires improvement. Urgent and emergency care, medical care (including older people's care) and maternity at Royal Derby Hospital were rated as good, we inspected these services this time because some of our local intelligence indicated there may have a decline in these services. Urgent and emergency care, medical care, surgery, critical care, maternity, services for children and young people, end of life care and outpatients at Queens Hospital, Samuel Johnson Community Hospital and Sir Robert Peel Community Hospital had not been inspected since the acquisition in July 2018. Community health inpatient services and Community urgent care services had not previously been inspected under our community methodology.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed is this organisation well-led? We inspected the well-led key question between 13 and 15 March 2019.

## What we found

### Overall trust

# Summary of findings

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

- We rated safe, effective, caring, responsive and well led as good.
- We rated ten of the core services we inspected at this inspection good overall and four as requires improvement.

## Are services safe?

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

- Staff understood how to protect patients from abuse and services worked well with other agencies to do so.
- The majority of services, controlled infection risk well. Staff kept themselves, equipment and the premises clean. They mostly used control measures to prevent the spread of infection.
- Whilst actual versus planned staffing levels were not always met. Services had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.

## Are services effective?

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

- Services provided care and treatment based on national guidance and evidence of its effectiveness.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- 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.
- Staff of different kinds worked together as a team to benefit patients.

## Are services caring?

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

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

## Are services responsive?

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

- The trust planned and provided services in a way that met the needs of local people.
- Services took account of patients' individual needs.
- Services treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Are services well-led?

We rated it 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 senior leadership team in place with the appropriate range of skills, knowledge and experience.

# Summary of findings

- The trust had a vision for what it wanted to achieve and workable plans to turn it into action. Using an external engagement platform, the vision, values and strategy of the trust had been developed in collaboration with staff, people who use services, and external partners.
- The executive board were committed to promoting a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Throughout this inspection and through our observation of the trust we saw cooperative, supportive and appreciative relationships among the executive team. The executive team worked collaboratively, shared responsibility and resolved conflict quickly and constructively.
- The trust had nine of 10 key indicators equal to or above the national average for similar trusts in the 2018 NHS Staff Survey.
- The trust engaged with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. People's views and experiences were gathered and acted upon to shape and improve the services and culture.

## Ratings tables

Queens Hospital, Samuel Johnson Community Hospital and Sir Robert Peel Community Hospital was previously managed by Burton Hospitals NHS Foundation Trust. On 1 July 2018, Derby Teaching Hospitals NHS Foundation Trust acquired Burton Hospitals NHS Foundation Trust to become a new organisation; University Hospitals of Derby and Burton NHS Foundation Trust. As such these hospitals now form part of the new organisation.

We have not taken the previous ratings of services at Burton Hospitals NHS Foundation Trust into account when aggregating the trust's overall rating. CQC's revised inspection methodology states when a trust acquires or merges with another service or trust in order to improve the quality and safety of care, we will not aggregate ratings from the previously separate services or providers at trust level for up to two years. During this time, we would expect the trust to demonstrate that they are taking appropriate action to improve quality and safety.

At this inspection we did not inspect all Community Health Services, therefore we are unable to provide an aggregated rating for these services. We will return in due course to carry out inspections of those core services we didn't inspect this time. We will then aggregate all the core service ratings to provide an overall key question rating for Community Health Services.

We have aggregated the overall rating for Queen Elizabeth Hospital. Well-led rating for the trust overall is a standalone rating and does not take into account aggregated core service well led ratings as we did previously.

## Outstanding practice

We found examples of outstanding practice in Urgent & Emergency Services and End of Life care at Royal Derby Hospital and Urgent & Emergency Services, Medical Care (including older people's care), Critical Care and Services for Children & Young People at Queens Hospital. We also found examples of outstanding practice in Community Inpatients.

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

## Areas for improvement

We found 96 areas for improvement including 14 breaches of legal requirements that the trust must put right. We found 82 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.

# Summary of findings

## Action we have taken

We issued four requirement notices to the trust. Our action related to breaches of four legal requirements in six core services across four locations.

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 outstanding practice:

### Royal Derby Hospital

#### Urgent & Emergency Services

- Staff had developed a system to assist those with a hearing impairment to get help either in person, from staff who were able to use British Sign Language, or a digital system using electronic tablets.
- The emergency department staff had introduced a system called SAFECARE to improve the quality of care patients received throughout their journey in the department. This had received a nomination from the National Patient Safety Awards.
- A process to empower adult patients to ask for pain relief had been put in place by the use of a red card. This enabled patients to request a review of their pain and ask for further pain relief in a timely manner if this was required.

#### End of Life care

- The trust had a “pop up bedrooms” scheme, which is an initiative to enhance the environment of the end of life care patients room. This consisted of a screen which was pulled across the wall with an image that can be used to transform the room from a hospital into a ‘softer place. For example, there could be projected onto the screen a field of poppies, or a bluebell wood or a bench in a park.
- Staff told us they always tried to go out of their way to ensure the care they gave to their patients was individualised and met their expectations. For example, we spoke with one family in a side room and their dog. The patient told us they had recently been admitted to the unit and was feeling lonely as they missed their dog, who was “part of the family”. They mentioned this to one of the nurses who advised them that each time their family visited, the dog could accompany them. The patient told us “I feel so much better knowing my dog is here and really appreciate the nurses letting me bring him in”
- The mortuary manager ran regular ‘mortuary tour’, for both staff and stakeholders such as the police and the fire brigade. The mortuary tour involved a full tour of the mortuary and the observation of a post-mortem by consent of the coroner. We saw number of very positive feedback sheets stating how, interesting post mortems were and how much the mortuary tour had taught people.
- The bereavement office was committed to the needs of the local people both the deceased and the living. For example, they were made aware last year of a 95-year war veteran who had died in the hospital without any family or

# Summary of findings

friends. The Bereavement office contacted the local regimental group, to see if any relatives could be found. After an appeal was put out by the regimental group, over 200 people attended the war veteran's funeral, where the service was conducted with full military honours. The local paper reporting "There was standing room only at the funeral service".

## **Queens Hospital**

### **Urgent & Emergency Services**

- Staff in the department used a 'Score Modify Analgesia Re-assess Titrate' (SMART) pain management plan devised by one of the emergency nurse practitioners. This plan advised an appropriate pathway for assessing and treating pain.
- The senior ED team had significantly improved nurse recruitment and retention through a programme of support and facilitating the department as a supportive, rewarding place to work. This had resulted in the return of staff who had undertaken programmes outside of the department and the return of other staff who had previously left.

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

- The Enhanced Care Team made a substantial contribution to patient safety and experience and was valued by ward staff.
- Multi-disciplinary teamworking between staff on wards was noteworthy by its effectiveness and the way staff supported one another.

### **Critical Care**

- There was a clear ethos of engagement between staff and wider networks and clinical service organisations as a strategy to ensure practice reflected the latest international understanding and practice. For example, staff were encouraged to attend network conferences and present their work and audits and the pain team attended national events led by the Royal College of Anaesthesia.
- The unit was highly active in the regional critical care network and demonstrably used benchmarking and development exercises to assess and improve care. For example, the team had participated in a network-wide major incident simulation exercise in June 2018 that measured key factors such as the establishment of additional capacity and staffing for critically-injured patients. The simulation contributed to the service's emergency planning and helped staff to identify how they could improve contingency for short-notice urgent situations.
- The lead nurse had identified opportunities for staff development by engaging with opportunities and resources at the sister site. They were in the process of establishing more substantive links following the merger and planned to ensure staff had access to a wider range of specialist and advanced training. The two sites were a significant distance apart and the senior team did not enforce cross-site travel and supported staff who had an interest in working between the units.
- Staff were recognised for their contribution to the service. For example, the nurse lead for the follow-up programme had won a trust 'PRIDE' award as well as a network award for outstanding contribution to patient follow-up. The practice education team had awarded two certificates of recognition to nurses following positive feedback from colleagues about their commitment to care.

### **Services for Children & Young People**

- Monthly 'druggles' in children's services to improve the safety of medicines management and administration.

### **Community Inpatients**



# Summary of findings

- Local awards 'GEM' Awards' were given to staff by the Trust in recognition of them demonstrating outstanding care and compassion to patients, and a member of staff had been nominated for a 'PRIDE' award which is an award presented by patients.
- A communications clinic was implemented to provide relatives with dedicated time to speak with members of the multi-disciplinary team about the care and discharge package requirement for their loved one.
- The service worked in collaboration with local GPs, social care team and local fire services to provide a 'frailty hub'. This was a one-stop-shop service where patients with dementia and/or frailty were referred by their GP be reviewed by a consultant, GP, therapy team, social work team and a pharmacist at one appointment.

## 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

#### Royal Derby Hospital

##### Urgent & Emergency Services

- The trust must ensure the 95% target for patients being admitted, transferred or discharged within four hours is met.

#### Queens Hospital

##### Urgent & Emergency Services

- The department must improve medical staff mandatory, safeguarding and mental capacity act training and monitor practice to ensure staff care appropriately for patients.
- The trust must work to improve ambulance handover and turnaround times
- The trust must improve performance against the Department of Health standard for admitting, transferring or discharging patients within four hours and waiting times for patients.

#### Critical Care

- The trust must ensure nurse staffing consistently meets the standard requirements based on patient acuity set by the Intensive Care Society.
- The trust must ensure governance processes are fit for purpose and provide assurance that audit data are accurate and reliable.

#### End of Life care

- The trust must ensure that the processes for completing DNACPR orders is clear and that where mental capacity assessments are undertaken, they must be done on a situation specific basis and include all relevant parties in that situation specific assessment.
- The trust must ensure staff understand the requirements of the Mental Capacity Act 2005 in relation to their role and responsibilities.



# Summary of findings

- The trust must ensure that consent documentation for adults who are unable to consent to investigation or treatment is completed, in line with the 'Do Not Attempt Resuscitation' policy, for every patient who has been assessed as lacking the mental capacity to give consent.

## Outpatients

- The trust must ensure paediatric nurses or nurses with additional competency are available in clinics when children are seen.
- The trust must ensure there is a robust and effective approach to managing the deteriorating adult or child and staff are aware of this.
- The trust must ensure the governance processes at operational level operate effectively and consistently across all outpatient areas.

## Community Health Urgent Care services

- The trust must ensure that patient group directions are authorised and signed by an appropriate person as a representative of any professional group(s) practising under the patient group direction.
- The trust must ensure that robust safeguards are in place to ensure that patients who require immediate attention are not waiting for longer than one hour to be seen should have an assessment by a clinician.

## Action the trust SHOULD take to improve

### For the overall trust:

- The trust should ensure measures continue to be put in place to ensure the board is reflective of the local population.
- The trust should ensure duty of candour is applied appropriately.
- The trust should ensure BAME staff have equal opportunities for career progression or promotion.
- The trust should ensure all risks have a clear narrative around the mitigation and controls.
- The trust should ensure Information technology (IT) systems are used effectively to maintain patient records and monitor and improve the quality of care.

## Royal Derby Hospital

### Urgent & Emergency Services

- The trust should ensure triggers, to denote when a patient requires additional observations if their NEWS2 score is five or above, is placed on the NEWS2 documentation to provide direction for staff.
- The trust should ensure the digital system in adult ED is upgraded to meet the reporting requirements for the 2018 emergency care data set (ECDS).
- The trust should ensure the adult emergency department can access patient's notes relating to their care in the local mental health trust.
- The trust should ensure all patients receiving strong pain relieving intravenous injections have a set of observations taken before and after administration.
- The trust should ensure a review of the education and development provided for emergency care practitioners is undertaken.
- The trust should ensure risks on the risk register always have review dates in the future in order that regular reviews take place and are documented.

# Summary of findings

- The trust should ensure there are specific engagement arrangements in place to receive feedback from patients with mental health and emotional well-being concerns in order to improve the service provided.
- The trust should consider how patients waiting in major's for admission to a ward can be afforded more privacy.
- The trust should consider how the emergency department could provide a designated quieter space for those with a dementia, learning disability or autism.
- The trust should consider how members of junior staff could attend governance meetings to improve their growth and development.
- Consider placing more hand gel dispensers at point of care or at the entrance to each area in the adult emergency department. In addition, broken hand soap dispensers should be mended or replaced in a timely manner.

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

- The trust should ensure all equipped cleaned after use is labelled as 'clean'.
- The trust should ensure drug fridge temperatures are monitored and recorded correctly.
- The trust should ensure sepsis management is monitored and reviewed.
- The trust should ensure that staff gaining consent from patients for complex procedures are confident and have enough information to give the patient to inform consent.
- The trust should consider improving the delivery times of discharge medicines for patients to reduce delays in discharge.
- The trust should consider implementing systems to monitor the response times to mental health team referrals to understand their position against national targets.
- The trust should consider introducing team 'time out' sessions to enable teams to problem solve or review team objectives.
- The trust should consider providing personal individual telephony headsets for staff who use them or the use of disposable ear pieces.
- The trust should consider reviewing the NEWS2 escalation chart and refer to sepsis screening at the relevant escalation point.

## **Maternity**

- The trust should ensure there is sufficient midwifery staff to carry out essential tasks on every ward.
- The trust should ensure that staff report all patient safety incidents and near misses so that they have a better understanding of the risks of their service.
- The trust should ensure the environment and equipment is visibly clean at all times.
- The trust should ensure equipment checks are carried out in line with trust policy, ensuring that consumables are not out of date.
- The trust should continue to improve their engagement with the clinical staff.
- The trust should ensure the culture supports the delivery of good care.
- The trust should ensure all risks are regularly reviewed.
- The trust should ensure that guidelines are reviewed and renewed in a timely manner.

# Summary of findings

- The trust should ensure the senior management team is visible and accessible to staff.
- The trust should consider how to improve compliance against their own targets for staff mandatory training topics.

## **End of Life care**

- The trust should ensure that documentation for adults who are unable to consent to investigation or treatment is completed, in line with the 'Do Not Attempt Resuscitation' policy, for every patient who has been assessed as lacking the mental capacity to give consent.

## **Queens Hospital**

### **Urgent & Emergency Services**

- The trust should ensure safety of patients in the waiting room and the fit to sit areas of the department by implementing a clear line of sight for staff within the department.
- The trust should ensure patients are kept informed of waiting times whilst in the department.
- The trust should ensure they provide support to staff in ED to improve relationships with child and adolescent mental health services (CAMHS) to improve assessments available to patients.
- The department should ensure they continue to work towards Royal College of Emergency Medicine (RCEM) national standards.
- The trust should consider provision of equipment/games for teenagers and young adults whilst in the department.
- The trust should consider a canopied entrance for the protection from the elements of patients being transferred into the hospital by ambulance.

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

- The provider should ensure that the completion rates for medical staff mandatory training is improved
- The provider should ensure that the completion rates for medical staff safeguarding training is improved
- The provider should ensure that the completion rates for Mental Capacity Act and Deprivation of Liberty Safeguards - level 1 training for medical staff is improved
- The provider should ensure that agency staff are provided with the necessary knowledge of the services systems to work safely and effectively on the wards

### **Surgery**

- The trust should continue to review and integrate governance and policies, for example for the transfer of patients from Sir Robert Peel Hospital and the Treatment Centre.
- The trust should ensure that all staff complete their mandatory training and appraisals in accordance with requirements.
- The trust should continue to simplify and integrate its information technology systems.
- The trust should ensure that medicines and medicines stationery are stored securely and managed in accordance with local and national policies and standards.

### **Critical Care**

- The trust should review the security arrangements for the storage of refrigerated medicines in critical care.
- The trust should ensure staff in critical care are fully versed in emergency procedures for fire and evacuation.

# Summary of findings

- The trust should ensure escape routes from critical care remain unobstructed.
- The trust should ensure the senior critical care team have a robust vision and strategy for the unit that clearly feeds into the overarching trust vision.
- The trust should ensure staff have access to educational and professional development opportunities through the support of a dedicated educator.
- The trust should ensure the Department of Health standard for mixed sex accommodation are adhered to.

## Maternity

- The trust should ensure that all eligible midwifery staff at Samuel Johnson Community Hospital complete the mandatory training required for their role.
- The trust should ensure medical staff at Queen's Hospital Burton have completed mandatory training.
- The trust should ensure they have appropriate security measures in place to prevent women and members of the public from leaving the units without a member of staff present.
- The trust should ensure the antenatal clinic at Queen's Hospital has enough staff. Managers should be able to carry out required management tasks and senior staff should have time to provide training and mentoring to new staff.
- The trust should ensure that staff can access the most relevant, up to date guidelines.
- The trust should ensure the service at Burton has a completed maternity dashboard to ensure patient outcomes can be monitored, issues identified and the service improved.
- The trust should ensure eligible medical staff have completed mandatory training in Mental Capacity Act and Deprivation of Liberty Safeguards levels one and two.
- The trust should ensure staff are updated about the structure and future plans for the service.
- The trust should ensure governance arrangements are aligned across sites to enable continual improvement of the quality of its services and safeguard high standards of care.

## Services for Children & Young People

- The trust should ensure steps are taken to improve the availability of data and information required to monitor activity and performance of children's and young people's services.
- The trust should ensure there is improved access to children's courses for nurses working in the adult outpatient department where children are seen.
- The trust should ensure the advice provided on the withdrawal of fluids prior to children undergoing planned surgery is reviewed and brought in line with the trust guideline on pre-operative fasting.
- The trust should consider how the provision of facilities for children and young people can be improved in outpatient services; in particular, those services that are currently provided in the adult outpatient department.

## End of Life care

- The trust should ensure that consent documentation for adults who are unable to consent to investigation or treatment is completed, in line with the 'Do Not Attempt Resuscitation' policy, for every patient who has been assessed as lacking the mental capacity to give consent.

## Outpatients

- The trust should ensure medical staff are up to date with mandatory training.

# Summary of findings

- The trust should ensure plans to address key workforce issues such as staffing, succession and turnover are created and implemented.
- The trust should ensure chaperoning is actively promoted to patients.
- The trust should ensure staff have up to date chaperoning training.
- The trust should ensure infection prevention and control procedures are robust.
- The trust should ensure that outpatients environments are in line with infection control standards.
- The trust should ensure all patient records are kept safe at all times.
- The trust should ensure there is an electronic system to flag those patients living with a learning disability who access outpatients.

## Community Inpatients

- The trust should consider reviewing their staffing model for occasions when there is additional demand such as during outbreaks of Norovirus.
- The trust should consider making a variety of adult sized equipment available on the resuscitation trollies.

## Community Health Urgent Care services

- The trust should ensure all incidents and near miss events are recorded in line with the Incident and Serious Incident Management Policy and Process.
- The trust should ensure the minor injuries units have effective governance, including assurance and auditing systems or processes. These must assess, monitor and drive improvement in the quality and safety of the services provided.

## 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.

This was our first review of well-led at the trust under our next phase methodology. We rated well-led at the trust 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 senior leadership team in place with the appropriate range of skills, knowledge and experience.
- Appropriate steps had been taken to complete employment checks for executive staff in line with the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014).
- The board understood the challenges of the new organisation and were able to articulate these challenges and priorities clearly.
- The trust had clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership and there was a development programme, which included succession planning.

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- The trust had a vision for what it wanted to achieve and workable plans to turn it into action. Using an external engagement platform, the vision, values and strategy of the trust had been developed in collaboration with staff, people who use services, and external partners.
- The executive board were committed to promoting a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Throughout this inspection and through our observation of the trust we saw cooperative, supportive and appreciative relationships among the executive team. The executive team worked collaboratively, shared responsibility and resolved conflict quickly and constructively.
- Candour, openness and honesty were the norm for the board and leaders all spoke about empowering staff to drive improvement. The work the board had done on freedom to speak up was recognised and valued by staff.
- Leaders recognised and valued the importance of a shared responsibility with staff and without exception, leaders spoke about staff as being their proudest asset. The board recognised there was more work to do to develop the culture of the new organisation but had very clear plans in place to achieve this.
- Leaders placed a strong emphasis on the safety and wellbeing of staff at this organisation.
- The trust had a robust process in place to ensure that there was learning from incidents across the trust. There was evidence of good team working to share lessons learned widely across the trust.
- The trust had nine of 10 key indicators equal to or above the national average for similar trusts in the 2018 NHS Staff Survey.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The board were sighted on risk within the organisation. The board assurance framework (BAF) provided an effective structure, process and system of accountability to support the delivery of the strategy and good quality, sustainable services and was aligned to the strategic objectives of the organisation.
- The council of governors and non-executive (NED) and executive directors were clear about their areas of responsibility. The council of governors held the NEDs individually and collectively to account for the performance of the board of directors and represented the interests of the members of the trust.
- Senior leaders were committed to realising the plans they had made prior to the acquisition. One such plan had already had a significant impact on patients' outcomes. We saw good progress had been made in renal services, putting in place an inpatient renal service at QHB had provided a reduction in the crude mortality of Acute Kidney Injury which had reduced from 30% to 15%.
- The trust used Carter/model hospital along with a number of other sources of information in order to monitor unwarranted variation in the quality of care delivery. The opportunities highlighted by Carter helped frame the trust's improvement plans.
- There was a programme of audit, which included national and local audits, and these were used to identify areas for improvement.
- There was a focus on continuous learning and improvement and the opportunities afforded through being part of a national pilot were being embraced by the trust. The trust was one of seven NHS trusts selected to take part in NHS Improvement's (NHSI) new programme to deliver a "lean management system."
- The trust engaged with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. People's views and experiences were gathered and acted upon to shape and improve the services and culture.

# Summary of findings

- The governors of the trust were a very active group and there was a good relationship between leaders of the trust and the governors with a shared purpose being very evident. There was transparency and openness with the governors about the trust's performance. There was governor representation on all board sub-committees.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- The trust had a process in place for reviewing all inpatient deaths in line with the National Quality Board's 'Learning from Deaths' guidance.
- Although there had been some deterioration in complaints performance, the process in place appeared strong. The quality of complaints responses was good. There was good oversight of complaints and a genuine desire to learn from them and take them seriously.

However:

- There was a lack of diversity amongst board members. The board was not reflective of the local population.
- There were 'pockets' of low morale amongst pharmacy staff and on the Burton Hospitals sites.
- The trust did not always apply duty of candour appropriately. From September 2018 to February 2019, duty of candour compliance within 10 working days varied between 22% and 100%.
- Most BAME staff, we spoke with, felt career progression was limited. In the 2018 Workforce Race Equality Standard (WRES), 70.5% of 332 BME staff believe that their trust provides equal opportunities for career progression or promotion (national average 72.3%).
- In the trust corporate risk register not all risks had a clear narrative around the mitigation and controls. Leaders all spoke about their concerns around the ED department and the high-risk rating from the overcrowding. This has been on the risk register for several years. Although there were mitigating actions in place to ensure patients were kept as safe as possible, there needed to be more traction in the system to stop this risk becoming the norm.
- The trust was not delivering its cost improvement programme (CIP).
- Information technology (IT) systems were not always used effectively to maintain patient records and monitor and improve the quality of care. IT systems including; electronic patient records, policies and procedures and patient administration systems were not aligned across the trust. During our staff focus groups most staff spoke about challenges faced with the IT systems.

## Use of resources

Please see the separate use of resources report for details of the assessment.



## 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
Good ↑ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019

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

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Royal Derby Hospital	Good ↑ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
Queens Hospital, Burton	Requires improvement May 2019	Good May 2019	Good May 2019	Good May 2019	Requires improvement May 2019	Requires improvement May 2019
<b>Overall trust</b>	Good ↑ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019

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 a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Good ↑ May 2019	Good →← May 2019	Good →← May 2019	Good →← May 2019	Good →← May 2019	Good →← May 2019
<b>Overall trust</b>	Good ↑ May 2019	Good →← May 2019	Good →← May 2019	Good →← May 2019	Good →← May 2019	Good →← May 2019

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

### Ratings for Royal Derby Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good →← May 2019	Good →← May 2019	Good →← May 2019	Requires improvement ↓ May 2019	Good →← May 2019	Good →← May 2019
Medical care (including older people's care)	Good ↑ May 2019	Good →← May 2019	Good →← May 2019	Good →← May 2019	Good →← May 2019	Good →← May 2019
Surgery	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Critical care	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Maternity	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019
Services for children and young people	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
End of life care	Good ↑ May 2019	Good →← May 2019	Good →← May 2019	Outstanding ↑↑ May 2019	Good ↑ May 2019	Good ↑ May 2019
Outpatients and Diagnostic imaging	Good Mar 2015	N/A	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
<b>Overall*</b>	Good ↑ May 2019	Good →← May 2019	Good →← May 2019	Good →← May 2019	Good →← May 2019	Good →← May 2019

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

### Ratings for Queens Hospital, Burton

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement May 2019	Good May 2019	Good May 2019	Requires improvement May 2019	Good May 2019	Requires improvement May 2019
Medical care (including older people's care)	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019
Surgery	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019
Critical care	Requires improvement May 2019	Good May 2019	Good May 2019	Good May 2019	Requires improvement May 2019	Requires improvement May 2019
Maternity	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019
Services for children and young people	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019
End of life care	Good May 2019	Requires improvement May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019
Outpatients	Requires improvement May 2019	N/A	Good May 2019	Good May 2019	Requires improvement May 2019	Requires improvement May 2019
<b>Overall*</b>	Requires improvement May 2019	Good May 2019	Good May 2019	Good May 2019	Requires improvement May 2019	Requires improvement May 2019

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

## Ratings for community health services

	<b>Safe</b>	<b>Effective</b>	<b>Caring</b>	<b>Responsive</b>	<b>Well-led</b>	<b>Overall</b>
Community health inpatient services	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019
Urgent care	Requires improvement May 2019	Requires improvement May 2019	Good May 2019	Good May 2019	Requires improvement May 2019	Requires improvement May 2019

\*Overall ratings for community health services 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.

# Acute health services

## Background to acute health services

On 1 July 2018, Derby Teaching Hospitals NHS Foundation Trust (DTHFT) acquired Burton Hospitals NHS Foundation Trust (BHFT) to become a new organisation. University Hospitals of Derby and Burton NHS Foundation Trust bringing together five hospitals in Derby, Burton, Lichfield and Tamworth.

University Hospitals of Derby and Burton NHS Foundation Trust is one of the largest NHS trusts in the country and covers the Peak District and southern Derbyshire. The Trust employs approximately 12,500 staff, serves a population of more than one million and provides clinical services in 48 specialities.

The trust operates acute and community services from five main sites:

- Royal Derby Hospital
- Queens Hospital
- London Road Community Hospital
- Samuel Johnson Community Hospital
- Sir Robert Peel Community Hospital

Additionally, the trust has two adult community outpatient surgeries based in Uttoxeter and Swadlincote in South Derbyshire as well as a paediatric community service.

The trust has 1,708 in-patient beds over 79 wards. These include 176 children's beds (acute, community and mental health), 21 dedicated end of life care beds and 152 day case beds. The trust operates 2,192 outpatients' and 43 community clinics per week.

CQC carried out an inspection of the trust in January, February and March 2019. This is the trust's first inspection since the acquisition in July 2018.

We have not taken the previous ratings of services at Burton Hospitals NHS Foundation Trust into account when aggregating the trust's overall rating. CQC's revised inspection methodology states when a trust acquires or merges with another service or trust in order to improve the quality and safety of care, we will not aggregate ratings from the previously separate services or providers at trust level for up to two years. During this time, we would expect the trust to demonstrate that they are taking appropriate action to improve quality and safety.

## Summary of acute services

We found the following areas of good practice:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The majority of services, controlled infection risk well. Staff kept themselves, equipment and the premises clean. They mostly used control measures to prevent the spread of infection.

# Summary of findings

- Staff consistently cared for patients and women with compassion. Feedback from patients and women confirmed that staff treated them well and with kindness.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers at all levels, and in most areas, had the right skills and abilities to run a service providing high-quality sustainable care.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

However:

- Patients could not always access care and treatment in a timely way. Waiting times for treatment and arrangements to admit, treat and discharge patients were worse than the England average and national standard.
- Mandatory training, safeguarding training, mental capacity act training and role specific training rates were variable across all staff groups.
- Some services did not have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. There was a reliance on temporary staff to cover staff vacancies in some areas
- Changes to the leadership and governance structures since the acquisition were not yet fully embedded; information technology systems had not been integrated, service guidelines and standard operating procedures were not always up to date or aligned to the new trust and systems to extract and separate data were not well developed.
- Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms did not always contain sufficient evidence that mental capacity assessments had been carried out or considered.

# Royal Derby Hospital

Uttoxeter Road  
Derby  
Derbyshire  
DE22 3NE  
Tel: 01332340131  
[www.uhdb.nhs.uk](http://www.uhdb.nhs.uk)

## Key facts and figures

Services at the Royal Derby Hospital include a wide range of inpatient and outpatient surgical and medical specialities, intensive care, maternity services, children's services and accident and emergency care. For some specialist services, such as vascular, cancer and stroke care, the trust attracts patients from a wide catchment area.

Royal Derby Hospital has teaching hospital status. The Royal Derby Hospital incorporates the Derby Graduate Entry Medical School and the School of Health Sciences and works in partnership with the universities of Derby and Nottingham, educating and training future generations of doctors, nurses and other healthcare professionals.

## Summary of services at Royal Derby Hospital

**Good**   

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

- Staff understood how to protect patients from abuse and services worked well with other agencies to do so.
- The majority of services, controlled infection risk well. Staff kept themselves, equipment and the premises clean. They mostly used control measures to prevent the spread of infection.
- Whilst actual versus planned staffing levels were not always met. Services had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Services provided care and treatment based on national guidance and evidence of its effectiveness.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff cared for patients and women with compassion. Feedback from patients and women confirmed that staff treated them well and with kindness.
- The trust planned and provided services in a way that met the needs of local people.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.



# Summary of findings

- There was a positive culture that supported and valued staff.

However:

- From December 2017 to November 2018 the trust consistently failed to meet the standard of 95% of patients being admitted, transferred or discharged within four hours and performed worse than the England average in eight out of 12 months.
- Mandatory training in key skills to all staff did not always achieve the trusts target.
- Complaints were not always deal with in line with the trust policy and often took longer than the trust target.
- Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms did not always contain sufficient evidence that mental capacity assessments had been carried out or considered.

# Urgent and emergency services

Good   

## Key facts and figures

University Hospitals of Derby and Burton NHS Foundation Trust was formed on the 1st July 2018 following the acquisition by Derby Teaching Hospitals NHS Foundation Trust of Burton Hospitals NHS Foundation Trust. The former acquired the latter under its existing registration with the CQC. Our legal position is that the acquired trust is the same legal entity as Derby Teaching Hospitals NHS Foundation Trust but with additional locations.

Data from the pre-acquisition period for Derby Teaching Hospitals NHS Foundation Trust is included in our analyses where appropriate. Because these data related to the same legal entity as the acquired trust they are used to form part of our judgement.

Royal Derby Hospital emergency department includes an acute assessment centre, ambulatory emergency care centre, medical assessment unit (MAU) and children's emergency department.

Royal Derby Hospital's emergency department (ED) provides consultant led 24-hour emergency services to a population in excess of 600,000 within South Derbyshire. There is a separate paediatric (children) emergency department which is located adjacent to the adult emergency department. The adult and children's department supports the treatment of patients presenting with minor, major and traumatic injuries. Serious traumatic injury patients receive stabilisation therapy, before transfer to the major trauma centre at a neighbouring NHS trust.

Adult ED comprises an initial six bedded assessment area for patients arriving by ambulance ('pit stop'), a 17 bay majors area, a six bedded resuscitation room and two triage 'see and treat' rooms. The adult area also provides two quiet rooms for relatives to utilise whilst waiting for news, a room for patients with mental health conditions and a bereavement bay.

The paediatric department comprises a two bedded resuscitation room, nine examination rooms, a plaster room and a relative's room as well as an initial assessment area.

The ambulatory care unit receives referrals from nursing and medical staff in ED and from GP's. It is staffed by doctors from the medical team in the hospital.

A six bedded short stay unit is available for adult patients from the emergency department who require a limited time of observation, generally up to 24 hours. It is staffed by ED nursing and medical staff and is open 24 hours a day.

A paediatric assessment unit which is open from 0700 until 0200 is available for children who require a short period of observation of not more than eight hours, or who are asked to return when discharged from paediatric ED to be assessed by a paediatric consultant.

An adult ambulatory care unit is open from 8am until 11pm and accepts referrals from adult ED and GP's to undertake diagnostic tests and treatments without the need for admission.

At the last inspection of the service we rated safe, effective, caring, responsive and well-led as good.

Our inspection was unannounced. Before the visit we reviewed information that we held about the service and following our visit information we requested from the trust.

During the inspection visit, the team:

- Visited adult and paediatric (children's) emergency departments, the adult short stay unit, paediatric assessment unit and ambulatory care unit.

# Urgent and emergency services

- Spoke with 20 patients and seven relatives.
- Observed staff giving care to both adults and children
- Reviewed 20 patients care records in paper and electronic format.
- Spoke with 39 members of staff from a variety of grades. This included consultants, middle grade and junior doctors, senior nurses, advanced care practitioners, emergency nurse practitioners, nurses, matrons, health care support workers and administrative staff.

## Summary of this service

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

- Staff understood safeguarding processes, were trained to stream and triage effectively and could identify and treat sepsis quickly. The service had sufficient nursing and medical staff with the right qualifications to deliver good quality care and treatment. Patients with mental health issues were assessed in a timely manner.
- Time from admission to triaging was consistently lower than the England average. The service provided safe care and treatment based on national guidance, patient's pain was assessed and they were given appropriate fluid and nutrition.
- Staff were competent in their roles and worked together as a strong cohesive team. Patients had access to 24-hour diagnostic screening, specialist and support services.
- Staff understood their roles and responsibilities concerning the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff took account of patient's individual needs, caring for patients with compassion and understanding, involving them in decisions about their care and providing emotional support when necessary.
- The trust had systems and processes in place to promote access and flow through the department and any complaints and concerns made were treated seriously, investigated and lessons learned from them.
- Managers at all levels had the skills and abilities to run a service providing high quality and sustainable care. There was a vision for what the service wanted to achieve and workable plans to turn it into action and systems were in place to identify risks with plans to eliminate or reduce them.
- The trust was committed to improving services and promoting training and research. Innovative systems had been put in place for those with a hearing impairment and to empower adult patients to request a review of their pain. A system had been introduced to improve the quality of care in the department which had received a nomination from the National Patient Safety Awards.

However:

- The trust had not achieved its own targets for all mandatory training elements for all members of staff and the adult emergency department (ED) could not access patient's notes relating to their care in the local mental health trust.
- There were low numbers of hand gel dispensers at entrances to each area in adult ED and at point of care.
- The digital system in adult ED had not been updated to meet the reporting requirements for the 2018 emergency care data set (ECDS). No documented triggers were in place to denote when a patient required additional observations if their NEWS2 score was five or above.

# Urgent and emergency services

- Two sets of clinical guidance were available on the trust's intranet, one of which had not been reviewed. However, the trust were aware of this and were taking actions to mitigate any risk.
- The space in the 'major's area was inadequate for the number of patients requiring it later in the day and patients complained about their length of stay.
- From December 2017 to November 2018 the trust consistently failed to meet the standard of 95% of patients being admitted, transferred or discharged within four hours. There was no designated space for patients requiring a quiet space due to dementia, learning disability or autism.
- Junior staff did not have the opportunity to attend governance meetings and risks on the risk register dated 14 November 2018 had review dates that were in the past.
- There no specific engagement arrangements in place to receive feedback from patients with mental health and emotional well-being concerns.

## Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff.
- Staff understood how to protect children and adult patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service generally controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff were trained to undertake effective streaming and triaging processes to identify sick patients quickly and staff had a good understanding of sepsis.
- Staff understood safeguarding and there were robust systems and processes in place to keep adults and children safe.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The department's median time from a patient arriving in ED to initial assessment was less than the England average.
- Mental health assessments undertaken by the psychiatric liaison team nurses for those patients requiring it were detailed in content.
- The service generally followed best practice when prescribing, giving, recording and storing 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.

However:

# Urgent and emergency services

- Compliance levels for some mandatory training modules for both nursing and medical staff had not reached trust targets. For example, level 3 safeguarding for medical staff.
- There were low numbers of hand gel dispensers at point of care or at the entrance to each area in the adult emergency department.
- No documented triggers were in place to denote when a patient required additional observations if their NEWS 2 score was five or above.
- Patient records were in a mixture of paper and electronic format in the adult emergency department. It was acknowledged the trust was moving to a digital system from March 2019.
- The digital system in adult ED had not been upgraded to meet the reporting requirements for the 2018 emergency care data set (ECDS).
- The adult emergency department could not access patient's notes relating to their care in the local mental health trust.
- We observed a patient receiving a strong pain-relieving intravenous injection without a set of observations being taken either before or after administration.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health throughout the 24-hour period.
- Staff assessed patient's pain quickly after arrival and monitored patients regularly to see if they were in pain. They gave additional pain relief when required.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- The service was in the upper UK quartile for six standards of the Royal College of Emergency Medicine severe sepsis and septic shock audit 2016/2017
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Patients had 24-hour access to specialist and support services as well as diagnostic screening.
- Staff involved patients where appropriate in decisions about their own health. Patients had access to follow up information where necessary.
- 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.

# Urgent and emergency services

However:

- Two sets of clinical guidance were available on the trust's intranet. One of them had not been reviewed. Staff informed us they would look at both. However, once escalated, senior managers within the trust took appropriate action to address this.
- Royal College of Emergency Medicine audits results for 2016/2017 were poor for consultant sign off and acute severe asthma.
- Emergency practitioners felt they would benefit from tuition from advance care practitioners to increase their clinical knowledge.

## Is the service caring?

**Good** ● → ←

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

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

However:

- Once the majors cubicle areas were full, patients waiting admission to a ward were left in the middle of majors with no privacy.

## Is the service responsive?

**Requires improvement** ● ↓

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

- From December 2017 to November 2018 the trust consistently failed to meet the standard of 95% of patients being admitted, transferred or discharged within four hours and performed worse than the England average in eight out of 12 months.
- Some patients commented on how long they had waited in the department.
- The emergency department did not provide a designated quieter space for those with a dementia, learning disability or autism.

However:

- The service took account of patients' individual needs. Some staff had learned basic British Sign Language (BSL) to communicate with patients with a hearing impairment.
- People could access the service when they needed it. The 95% target of patients being admitted, transferred or discharged within four hours showed a modest trend of improvement from June 2018.
- The trust had systems and processes in place to promote access and flow through the department.

# Urgent and emergency services

- From December 2017 to November 2018 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was consistently better than the England average.
- Between November 2017 and October 2018, the percentage of patients that left the emergency department without being seen was 1% compared to the England average of 1.7%.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it 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 and patients.

Managers across the emergency department promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.

The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

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 and the public to plan and manage appropriate services and collaborated with partner organisations effectively.

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

However:

Junior staff did not have the opportunity to attend governance meetings to improve their growth and development although they had access to the minutes.

Although mitigations were in place, risks on the risk register dated 14 November 2018 had review dates in the past and not after 14 November 2018.

There were no specific engagement arrangements in place to receive feedback from patients with mental health and emotional well-being concerns.

## Outstanding practice

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



# Urgent and emergency services

## Areas for improvement

We found 12 areas for improvement in this service. See the Areas for Improvement section above.

# Medical care (including older people's care)

Good   

## Key facts and figures

Medical care at this hospital was provided for male and female adults. Medical specialties included acute medicine for older people, cardiology, dermatology, diabetes, endocrinology, gastroenterology, renal, respiratory, rheumatology and stroke medicine. Each had a multi-disciplinary team including clinical nurse specialists. The hospital had 576 medical inpatient beds located across 37 wards and units.

The trust had 76,679 medical admissions from August 2017 to July 2018. Emergency admissions accounted for 33,736 (44.0%), 1,616 (2.1%) were elective, and the remaining 41,327 (53.9%) were day case.

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

We visited the medical admissions unit, endoscopy suite, domestic services, acute stroke unit, discharge lounge, combined day unit and the following wards: care of the elderly, oncology, respiratory, diabetes and winter pressures.

We spoke with 46 members of staff including senior managers, ward managers, registered nurses, health care assistants, discharge officers, bed bureau staff, domestic staff, catering staff and medical staff. We also spoke with eight patients.

## Summary of this service

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

- Patients were protected from avoidable harm and abuse. Staff response to the deteriorating patient based on their early warning scores had improved since the last inspection as had screening patients for sepsis. At this inspection we found patient records were stored more securely and compliance with level three safeguarding children training had improved. However, we found that procedures for cleaning of equipment and storage of some medicines were not always followed.
- Patients mostly had good outcomes because they received effective care and treatment that met their needs, but we did not see any evidence that the management of sepsis was being monitored.
- Patients were supported, treated with dignity and respect, and were involved as partners in their care. Patients were overwhelmingly positive about the care and treatment they received from staff.
- Patients' needs were met through the way services were organised and delivered. Services were planned around the local population and individual needs, Care was co-ordinated across services and robust complaints processes were in place. However, discharge medicines sometimes delayed discharge and response time to referrals to the mental health team were not monitored.
- The leadership, governance and culture promoted the delivery of high quality, person centred care. Leaders were knowledgeable and staff felt supported. A realistic strategy was in place based on the trust five objectives. There were good governance structures in place, information supported quality improvements and risks were identified and managed. There was a culture of openness and honesty and a strong focus on learning and improvement. There was no formal process in place for teams to take time out.

# Medical care (including older people's care)

## Is the service safe?

Good  

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

- Openness and transparency about safety was encouraged and when things went wrong patients and their carers received a sincere apology. Incidents were thoroughly investigated and learning identified and shared with staff.
- Systems and processes were in place to keep vulnerable persons safeguarded from harm and staff worked well with other health and care organisations and safeguarding teams.
- Staffing levels were planned and reviewed, there were adequate numbers of staff on duty to deliver safe care. Staff received up to date training in all safety systems.
- Risks to people who used services were assessed, monitored and managed on a day to day basis including deteriorating health and sepsis management.
- There was adequate equipment to care for and treat patients safely and infection control procedures minimised the risk of infection.
- Records were completed legibly and contained comprehensive patient information including medicines prescription charts.
- Staff monitored patient harms and shared the results with staff, patients and visitors.

However:

- Staff did not always label equipment to indicate it was clean and safe for use.
- Bed bureau staff shared telephony headsets.
- The NEWS2 escalation chart did not refer to sepsis screening.
- Recording of drug fridge temperatures was inconsistent, two drug fridges out of eight we checked had no documented recordings.

## Is the service effective?

Good   

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

- Patients care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. Patients health needs were holistically assessed.
- The service took part in local and national audit, information about effectiveness was shared internally and externally.
- Staff were competent to carry out their roles effectively, annual appraisals took place, learning needs identified and relevant staff supported through the process of revalidation.

# Medical care (including older people's care)

- All relevant staff, teams and services were involved in assessing, planning and delivering care. Patients discharge plans took account of individual needs. Patients were discharged when plans were in place and the relevant people informed.
- Patients nutritional requirements were met and there was adequate and efficient access to pain relief.
- Patients received adequate information to make an informed decision when consenting to procedures, staff understood mental capacity and consent requirements.

However:

- We were not assured that sepsis management was being monitored and reviewed.
- The hospital's overall SSNAP level performance deteriorated to grade D for the most recent audit period, from December 2017 to March 2018.

## Is the service caring?

Good   

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

- Feedback from patients about staff was overwhelmingly positive. Patients were treated with kindness, dignity and respect.
- Staff communicated with patients in a way they could understand. Patients were encouraged to be partners in their care and in making decisions about care and treatments.
- Staff respected patients' privacy and confidentiality and were compassionate when patients needed help and support.
- Staff helped patients and those close to them to cope emotionally with their care and treatment.

## Is the service responsive?

Good   

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

- Services were planned and delivered in consideration of the needs of the local population.
- The needs of different people are considered when planning and delivering service and reasonable adjustments were made to remove barriers when people found it hard to access services.
- Patients could access care at the right time and care and treatment was co-ordinated with other services or providers.
- Systems and processes were in place to facilitate patients and those close to them in making a complaint. Complaints were treated seriously with openness and transparency.

However:

- The supply of discharge medicines sometimes delayed patient discharge.
- The trust did not monitor mental health referral response times so could not benchmark against national targets.

# Medical care (including older people's care)

## Is the service well-led?

Good   

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

- There was a clear statement of vision and values. The strategy was developed from a realistic set of standards that reflected quality and safety, progress against the strategy objectives was monitored and reviewed.
- The board and other governance structures were clearly set out, interacted with each other appropriately and were understood and effective.
- Information used to monitor and improve performance was valid and reliable and included patients views and experiences.
- There were comprehensive processes in place to manage risk, performance issues were escalated to the relevant committees, clinical and internal audit processes had a positive impact in relation to quality governance.
- Leaders were knowledgeable about quality issues and priorities, they were supportive and encouraging towards staff, staff felt valued and respected.
- There was a strong culture of openness and honesty staff actively raised concerns. Teams supported each other and the trust prioritised the health and wellbeing of staff.
- There was a strong focus on learning and improvement, service improvements were shared with external partners and organisations.

However:

- There was no formal process for teams to take time out to problem solve or review team objectives.

## Areas for improvement

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

# Maternity

Good ●

## Key facts and figures

University Hospitals of Derby and Burton NHS Foundation Trust was formed on 1st July 2018 by the acquisition of Burton Hospitals NHS Foundation Trust by Derby Teaching Hospitals NHS Foundation Trust. The latter trust acquired the former under its existing registration with the CQC. As such, our legal position is that the merged trust is the same legal entity as Derby Teaching Hospitals NHS Foundation Trust but with additional locations.

Data from the pre-acquisition period for Derby Teaching Hospitals NHS Foundation Trust is included in our analyses where appropriate. Because these data related to the same legal entity as the merged trust they are used to form part of our judgement.

Data from the acquired Burton Hospitals NHS Foundation Trust is included in our analyses for contextual purposes and does not form part of our judgement. For example, whilst some national audit findings relate to a previous legal entity we expected the trust to be able to demonstrate how they responded to the data to improve services.

The trust has 120 inpatient maternity beds across three sites. Of these, 82 beds are located within five wards and units at Royal Derby Hospital:

Ward/unit	Inpatient beds/rooms
Antenatal outpatients	N/A
Midwifery led unit	24
Fetal & maternal medical centre	N/A
Labour ward	22
Pregnancy assessment unit	
Ward 314	

The 22 beds/rooms on the labour ward at Royal Derby Hospital consist of:

- 11 birthing rooms, including one with a birthing pool
- Four high dependency beds
- A four-bedded induction of labour suite
- A two-bedded assessment bay
- A one-bedded bereavement suite

There are also two obstetric theatres.

The Derby Birthing Centre is a midwife-led unit located at Royal Derby Hospital with four labour rooms, including one with a birthing pool.

# Maternity

The trust provides consultant led, midwifery led stand alone and alongside units. In addition, there are teams of specialist and community midwives who care for women during their pregnancy and post-natal period.

From April 2017 to March 2018 there were 8,634 births across all three sites providing maternity services. 5,320 of these were delivered at Royal Derby Hospital.

The trust has maternity services on three sites therefore there will be some similarities within the three reports.

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

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During this inspection we:

- Spoke with 22 staff members; including service leads, matrons, midwives, non-registered and administrative staff.
- Spoke with eight women and their relatives who were using the service.
- Checked 20 pieces of equipment.
- Reviewed seven sets of hand-held records.
- Reviewed six prescription charts.

## Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare new ratings directly with previous ratings.

We rated this service as good because:

- The service had midwifery staff with the right qualifications, skills, training and experience to keep women and babies safe from avoidable harm and to provide the right care and treatment, however staffing levels did not always meet the planned levels in some areas.
- Staff understood how to protect women and babies from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service did not always control infection risk well. Staff kept themselves clean but did not always keep equipment and the premises clean.
- The service followed best practice when prescribing, giving, recording and storing medicines and women received the right medication at the right dose and at the right time.
- Staff recognised incidents and graded them appropriately, however they didn't always report all incidents. Managers shared any lessons learned with the whole team and the wider service.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, women and visitors. Managers used this to improve the service.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Managers monitored the effectiveness of some care and treatment provided and used the findings to improve them. They compared local results with those of other services to learn from them.



# Maternity

- Staff kinds worked together as a team to benefit women. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff cared for women with compassion. Feedback from women confirmed that staff treated them well and with kindness.
- Staff involved women and those close to them in decisions about their care and treatment.
- People could mostly access the service when they needed it. Arrangements to admit, treat and discharge women were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Throughout pregnancy and postnatally, specialist midwives worked closely with mental health and community support teams to make suitable arrangements for people with addition needs.
- Bereavement midwives supported and trained staff to provide care for families after a pregnancy loss.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However, we also found;

- The service had medical staff with the right qualifications and skills, however the service did not always make sure all medical staff completed their mandatory training.
- The service had suitable premises and equipment, however equipment checking was inconsistent.
- Although the trust had made amendments to the leadership and governance structures, the changes had not yet been fully embedded and there was still a lack of oversight and assurance in some areas.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. However, staff did not fully understand the new structure since the acquisition and were not aware of future plans for the service.
- There was a positive culture that supported and valued staff at a local level, creating a sense of common purpose based on shared values, however we were told by staff the senior leadership team and some middle management were less so.
- The trust had systems for identifying risks and were planning to eliminate or reduce them, but the processes were not fully robust.
- Senior managers across the trust were not always visible.

## Is the service safe?

**Good** 

We previously inspected maternity jointly with gynaecology so we cannot compare new ratings directly with previous ratings.

We rated safe as good because:

# Maternity

- The service had midwifery staff with the right qualifications, skills, training and experience to keep women and babies safe from avoidable harm and to provide the right care and treatment, however staffing levels did not always meet the planned levels in some areas.
- Staff understood how to protect women and babies 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.
- Staff completed and updated risk assessments for each woman. They kept clear records and asked for support when necessary.
- Staff kept detailed records of women's care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines and women received the right medication at the right dose and at the right time.
- Managers shared any lessons learned with the whole team and the wider service.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, women and visitors. Managers used this to improve the service.
- Documentation standards for cardiotocograph (CTG) traces were consistent and in line with the trust's fetal monitoring guideline. Staff carried out hourly 'fresh eyes' on the CTG traces in line with NHS England's Saving Babies Lives; A care bundle for reducing stillbirth.

However, we also found;

- Staff recognised incidents and graded them appropriately, however they didn't always report all incidents.
- The service had medical staff with the right qualifications and skills, however the service did not always make sure all medical staff completed their mandatory training.
- The service had suitable premises and equipment, however equipment checking was inconsistent.
- The service did not always control infection risk well. Staff kept themselves clean but did not always keep equipment and the premises clean.

## Is the service effective?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare new ratings directly with previous ratings.

We rated effective as good because:

- The service provided care and treatment based on national guidance and demonstrated evidence of its effectiveness.
- Staff gave women enough food and drink to meet their needs and monitored women regularly to see if they were in pain. They gave additional pain relief to ease pain.
- Managers monitored the effectiveness of some care and treatment provided and used the findings to improve them. They compared local results with those of other services to learn from them.

# Maternity

- Cardiocotograph documentation standards were consistent and in line with the trust's fetal monitoring guideline. Staff followed a process recommended by NHS England to review fetal monitoring readings as an additional safety check to prevent complications from being missed.
- Royal Derby Hospital results were in the top 25% of all maternity units for women who delivered babies below 30 weeks gestation given magnesium sulphate in the 24 hours prior to delivery.
- From April 2017 to March 2018 caesarean section rates were similar to expected for both elective and emergency caesareans.
- Staff worked together as a team to benefit women. Doctors, nurses and other healthcare professionals supported each other to provide good care.

However, we also found;

- The trust took part in the 2017 MBRRACE audit and their stabilised and risk-adjusted extended perinatal mortality rate (per 1,000 births) was 5.7. This was more than 10% higher than the average for the comparator group rate of 5.0 and is categorised as much worse than expected.

## Is the service caring?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare new ratings directly with previous ratings.

We rated caring as good because:

- Staff cared for women with compassion. Feedback from women confirmed that staff treated them well and with kindness.
- Friends and Family Test performance (% recommended) was consistently better than or similar to the England average.
- In the CQC Survey of women's experiences of maternity services 2017, the trust performed 'about the same as' other trusts for 15 out of 16 measures and 'better than' other trusts for one measure.
- Staff provided emotional support to women to minimise their distress.
- Staff provided compassionate care for women and relatives who had suffered a bereavement.
- A specialist bereavement midwife directly supported women and relatives often going 'above and beyond' by staying with women and relatives late in to the evening. In addition, supporting a relative with weekly calls and with practical tasks relating to returning to work.
- The service had introduced 'Overnight Supporters' on Ward 314 to allow birth partners to remain on site 24 hours a day, seven days a week to provide additional support to postnatal women and keep families together.
- Staff involved women and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Good** ●

# Maternity

We previously inspected maternity jointly with gynaecology so we cannot compare new ratings directly with previous ratings.

We rated responsive as good because:

- The trust planned and provided services in a way that met the needs of local women.
- The maternity service worked with the Derby Initial Accommodation Centre to ensure asylum seekers who were pregnant had the same access to maternity services.
- A bereavement suite was available to women from 20 weeks gestation.
- The service took account of women's individual needs.
- There was a wide range of information for women and their families. Information was available in a variety of formats and languages and information videos had a choice of subtitles.
- People could mostly access the service when they needed it. Arrangements to admit, treat and discharge women were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Throughout pregnancy and postnatally, specialist midwives worked closely with mental health and community support teams to make suitable arrangements for people with addition needs.
- Bereavement midwives supported and trained staff to provide care for families after a pregnancy loss.
- Elective caesarean sections were carried out in the gynaecology theatres, which left obstetric theatres for emergencies.

However:

- We did not see adjustments or support in place for young women aged under 20 to use antenatal care services.

## Is the service well-led?

**Good** 

We previously inspected maternity jointly with gynaecology so we cannot compare new ratings directly with previous ratings.

We rated well-led as good because:

- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, women, and key groups representing the local community.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

# Maternity

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- There was a non-executive director for maternity, who staff described as enthusiastic and proactive in engaging with staff.
- There was a positive culture that supported and valued staff at a local level, creating a sense of common purpose based on shared values.
- The trust had a nominated freedom to speak up guardian (FTSUG) who worked trust wide, who encouraged and enabled staff to speak up safely within the workplace. Staff knew who their FTSUG was and how to contact them'
- The maternity service was to be aligned to 'Better Births', the report of the National Maternity Review, published by NHS England in 2016.

However, we also found;

- Although the trust had made amendments to the leadership and governance structures, the changes had not yet been fully embedded and there was still a lack of oversight and assurance in some areas.
- Some staff felt the senior leadership team and some middle management did not support and value staff at a local level.
- The trust had systems for identifying risks and were planning to eliminate or reduce them, but the processes were not fully robust.
- Senior managers across the trust were not always visible.
- Staff did not fully understand the new leadership and governance structure since the acquisition and were not aware of future plans for the service.

## Areas for improvement

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

# End of life care

Good  

## Key facts and figures

University Hospitals of Derby and Burton NHS Foundation Trust was formed on the 1st July 2018 by the merger of Derby Teaching Hospitals NHS Foundation Trust and Burton Hospitals NHS Foundation Trust. The former trust acquired the latter under its existing registration with the CQC. As such, our legal position is that the merged trust is the same legal entity as Derby Teaching Hospitals NHS Foundation Trust but with additional locations.

We have included data from the pre-acquisition period for Derby Teaching Hospitals NHS Foundation Trust. Because it relates to the same legal entity as the merged trust we have used this to form part of our judgement.

Where we have included data from the acquired Burton Hospitals NHS Foundation Trust (due to no new data being available), we only provided this for contextual purposes and it did not form part of our judgement. For example, whilst some national audit findings relate to a previous legal entity, we expected the trust to be able to demonstrate how they responded to the data to improve services.

The trust provides end of life care at two sites – Royal Derby Hospital and Queen’s Hospital Burton. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

The trust had 2,407 deaths from August 2017 to July 2018.

(Source: Hospital Episode Statistics)

End of life care is delivered through the trust’s department of palliative medicine with distinct teams on each acute hospital site.

### **Royal Derby Hospital Campus**

There are 5.5 WTE consultants in palliative medicine at the Royal Derby Hospital (RDH) campus. The service consists of a 20-bedded specialist palliative care in-patient unit with day unit facilities, with outpatient services at RDH and community hospitals.

There is a 7.6 WTE hospital palliative care team based at RDH and outreaches to Kingsway Mental Health Service, promoting early symptom control, supporting patients and carers adjusting to disease progression and facilitating discharge from hospital.

There are also 3.8 WTE end of life care facilitators providing training, education and service improvement to both hospital and community; and a nine WTE community palliative care team (CPCT) to support patients in their own homes, care homes and community hospitals. These teams work in collaboration with the patient’s primary care team, optimising symptom control and supporting patients to express and achieve their preferences for their care.

There is a team to support enhanced nursing home beds for palliative care to prevent crisis admissions for patients and carers. This is by providing emergency care near a patient’s home and facilitating early discharge from hospital. It currently provides short stay admissions for palliative care, including care in the last days of life.

The Nightingale Macmillan unit was a 20-bed palliative care ward at The Royal Derby Hospital. Patients requiring palliative or end of life care were either nursed on NMU or nursed throughout the hospital if the unit was full.

# End of life care

The provision of end of life care services to patients was not the sole responsibility of the hospital palliative care team (HPCT). It was provided by general nurses and doctors who work on the wards throughout the hospital.

The hospital palliative care team (HPCT) provided face to face support Monday to Saturday from 08:30 to 4:30. Outside of these hours, there was a dedicated advice line at the local hospice for specialist advice.

During our inspection,

- We visited the accident and emergency department, the intensive care unit (ICU), the mortuary viewing area, the bereavement office, the chaplaincy service.
- We visited The Nightingale Macmillan Unit.
- We also visited wards, 402, 405, 407,101 and attended a hospital palliative care team multidisciplinary meeting
- We spoke with five patients, eight relatives, 39 members of staff including clinical nurse specialists, hospital porters, ward managers, nurses, administrators, healthcare assistants, therapy staff, volunteers, and doctors.
- We looked at ten sets of medical and nursing records and reviewed 15 not for resuscitation in the event of cardiac or respiratory arrest (DNACPR) orders

## Summary of this service

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

- The leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care.
- Senior managers and managers at all levels had the appropriate skills and capabilities to provide a good sustainable service for end of life and palliative care patients. Managers felt supported by the executive team and their own management team.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff throughout the trust, spoke with passion about their work and were proud of what they did. There was a culture of openness flexibility and willingness among all the staff we met.
- There was a patient centred culture throughout the service. Patient stories were used in team meetings, so staff could reflect on what could be improved or share good practice. Staff said using patient stories helped them to focus on why they do job and ensure the patient was at the heart of everything they did.
- Continuous learning, improvement and innovation was important to leaders and staff; patient stories were heard at board level, efforts were made to create a non-clinical environment for patients in their last hours of life and feedback from relatives was obtained and used to shape the future of the service.
- The Nightingale Macmillan Unit had achieved MacMillan Quality Environment Award (MQEM) accreditation in 2017 with a maximum score of five out of five. MQEM is a detailed quality framework used for assessing whether cancer care environments meet the standards required by people living with cancer. It is the first assessment tool of its kind in the UK.
- The bereavement office was committed to the needs of the local people both the deceased and the living. For example, they were made aware last year of a 95-year war veteran who had died in the hospital without any family or

# End of life care

friends. The Bereavement office contacted the local regimental group, to see if any relatives could be found. After an appeal was put out by the regimental group, over 200 people attended the war veteran's funeral, where the service was conducted with full military honours. The local paper reporting "There was standing room only at the funeral service".

- Staff who provided end of life care said they had received training in safeguarding children and vulnerable adults. Safeguarding training was part of the trust's mandatory training programme.
- We saw infection prevention and control (IPC) policies and procedures in place that were readily available to staff on the hospital intranet. Infection prevention and control was included in the trust's mandatory training programme.
- We saw comprehensive risk assessments completed in the medical and nursing notes. These were commenced on admission and there was evidence that risk assessments continued throughout the patients stay in hospital. Examples of this included skin assessments for pressure ulcer risk and updated care plans for patients with mouth care needs.
- The trust used the AMBER care bundle system. This is a model which provides a systematic approach to management and care of hospital patients who are facing an uncertain recovery and who are at risk of dying in the next one to two months. We saw care nursing care records where the AMBER care bundle was used to assist in the planning and delivery of patient care.
- The trust had good multidisciplinary working relationships with the local hospice to provide support for patients at the end of their lives and advice for the trust staff out of hours, with representatives from local hospices took part in the end of life care steering group meetings.
- The end of life care medical documentation contained detailed discussion and decision making with the patient and/or family and outlined the professionals involved in the care. The document also provided guidance and flowcharts for clinicians on symptom control such as management of pain, nausea, agitation and breathlessness.

However:

- The trust recognised they were not providing a HPCT seven days a week. However, they told us there were plans for this to commence, however, with the acquisition by merger of a neighbouring trust only recently undertaken, the trust was unable to advise the date this would commence.
- During our inspection, we looked at 15 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) orders across the hospital and found there were inconsistencies in how these were completed. We found that out of 15 DNACPR orders we looked at, ten that were completed correctly, (65%) were on The Macmillan Nursing Unit. Five were not completed correctly (33 %) and these were on the wards throughout the hospital
- The trust took an average of 45 working days to investigate and close two of the complaints. This is not in line with their complaints policy, which states complaints should be resolved within 25 working days. The one complaint still open at the time of reporting had been open for 38 working days. This was also not in line with the policy statement that complaints should be resolved within 25 working days

## Is the service safe?

Good  

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



# End of life care

- Staff had a good understanding of how to protect patients from abuse and could describe what safeguarding was and the process to refer alerts. For example, one staff member told us of a referral they had made to the safeguarding team concerning the alleged financial abuse of an end of life care patient. The trust had a dedicated safeguarding team, who supported staff with all aspects of the safeguarding process.
- There were reliable systems in place to prevent and protect people from a healthcare-associated Infection. For example, Gel dispensers and hand washing facilities were available in all clinical areas we visited. We observed staff completing hand hygiene between patient contacts. This was in line with National Institute for Health and Care Excellence (NICE) Quality Standard 61, which states that healthcare workers should decontaminate their hands immediately before and after every episode of direct contact care
- We saw comprehensive risk assessments completed in the medical and nursing notes. These were commenced on admission and there was evidence that risk assessments continued throughout the patients stay in hospital. Examples of this included skin assessments for pressure ulcer risk and updated care plans for patients with mouth care needs. Staff acted on the results of these risk assessments; for example, patients who were at risk of pressure damage were nursed on pressure relieving mattresses.
- The end of life care medical documentation contained detailed discussion and decision making with the patient and/or family and outlined the professionals involved in the care. The document also provided guidance and flowcharts for clinicians on symptom control such as management of pain, nausea, agitation and breathlessness

## Is the service effective?

Good ● → ←

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

- The trust was using the AMBER care bundle throughout the hospital wards to support the identification of patients with an uncertain recovery. This approach encourages staff, patients and families to continue with treatment in the hope of a recovery; while talking openly about people's wishes and putting plans in place should the worst happen.
- The trust used the Pain Assessment in Advanced Dementia (PAINAD) to aid communication for patients with a dementia, sensory loss or had communication needs and are judged to potentially be in pain. The PAINAD assessment tool is designed to be used with both nonverbal and verbal patients
- The trust had a rapid discharge pathway in place. This is where patients, who were rapidly deteriorating and wanted to go to their preferred last place of care or death could do so quickly
- Staff also had access through the trust's intranet to the Derbyshire Alliance for End of Life toolkit. The toolkit had been developed within the local region and provided a substantial resource of relevant, evidence based, current information on planning and delivering care for people in their last months, weeks and days of life.
- The service had an audit programme which included audits on the use of the AMBER Care Bundle, pain and the preferred place of care or death

However:

- The trust recognised they were not providing the hospital palliative care team seven days a week face to face service. However, they told us there were plans for this to commence, but with the acquisition by merger of a neighbouring trust only recently undertaken, the trust was unable to advise the date this would commence

# End of life care

- During our inspection, we looked at 15 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) orders across the hospital and found there were inconsistencies in how these were completed. We found that out of 15 DNACPR orders we looked at, ten that were completed correctly, (65%) were on The Macmillan Nursing Unit. Five were not completed correctly (33 %) and these were on the wards throughout the hospital. DNACPR forms did not always contain sufficient evidence that mental capacity assessments had been carried out or considered.

## Is the service caring?

**Good** ● → ←

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

- We observed throughout our inspection and in accordance with the National End of Life Care Strategy (Department of Health 2008), that staff consistently spoke about the patients they cared for with compassion, dignity and respect. Without exception we observed patients being treated with compassion, dignity and respect. All the relatives we spoke to told us staff treated their loved ones respectfully and their privacy was also respected.
- Staff told us they always tried to go out of their way to ensure the care they gave to their patients was individualised and met their expectations. For example, we spoke with one family in a side room and their dog. The patient told us they had recently been admitted to the unit and was feeling lonely as they missed their dog, who was "part of the family". They mentioned this to one of the nurses who advised them that each time their family visited, the dog could accompany them. The patient told us "I feel so much better knowing my dog is here and really appreciate the nurses letting me bring him in"
- All the patients and relatives we spoke with were exceptionally positive about the care and treatment they had received from ward staff and the hospital palliative care team (HPCT). One patient told us "the staff are simply outstanding". The relative of a patient who was identified as being within the last days of life told us "staff were excellent"
- Staff told us they ensured they were always available to provide the required emotional support for end of life care patients and their families. Some staff had completed additional training which enabled them to further understand the requirements of patients and their families who were not just end of life, but within the last days of life. One relative we spoke with told us staff were always coming into the room to ensure both the patient and they were okay and offered any assistance and support they wanted.

## Is the service responsive?

**Outstanding** ☆ ↑↑

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

- The bereavement office was committed to the needs of the local people both the deceased and the living. For example, they were made aware last year of a 95-year war veteran who had died in the hospital without any family or friends. The Bereavement office contacted the local regimental group, to see if any relatives could be found. After an appeal was put out by the regimental group, over 200 people attended the war veteran's funeral, where the service was conducted with full military honours. The local paper reporting "There was standing room only at the funeral service".
- The bereavement officer provided a responsive service to bereaved families and provided further advice as required. For example, the service gave an information folder to the relatives of the deceased. The pack included information

# End of life care

about burials, post-mortems, stopping junk mail to the deceased and contained all the essential paperwork required. Inside the folder was a small brown 'Forget me not' envelope. On the front of the envelope were the words "I may not be with you. You may miss me dear. Plant these forget me nots. I will always be here". Inside the envelope there were forget me not seeds to be planted in memory of the loved one who had died.

- In the intensive care unit (ICU), there were three separate self-contained apartments for relatives to stay free of charge. Each apartment had a bed, sofa, television and coffee and tea making facilities. Relatives could live in the apartments for as long as their loved one was in the intensive care unit
- The mortuary manager ran regular 'mortuary tour', for both staff and stakeholders such as the police and the fire brigade. The mortuary tour involved a full tour of the mortuary and the observation of a post-mortem by consent of the coroner. We saw number of very positive feedback sheets stating how, interesting post mortems were and how much the mortuary tour had taught people.
- The trust had a "pop up bedrooms" scheme, which is an initiative to enhance the environment of the end of life care patients room. This consisted of a screen which was pulled across the wall with an image that can be used to transform the room from a hospital into a 'softer place. For example, there could be projected onto the screen a field of poppies, or a bluebell wood or a bench in a park.
- Where a patient had a rapidly deteriorating condition and may be entering a terminal phase, an application could be made on their behalf and with consent for the NHS to fund their care (Fast Track Pathway for NHS Continuing Health Care funding). The purpose of this pathway was to expedite care provision in the setting of the patient's choice. Nursing staff told us fast track discharges usually took up to 48 hours to arrange.

## Is the service well-led?

Good  

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

- The leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care.
- Senior managers and managers at all levels had the appropriate skills and capabilities to provide a good sustainable service for end of life and palliative care patients. Managers felt supported by the executive team and their own management team.
- Challenges to quality and sustainability within the end of life care service were recognised and understood by leaders which included, an executive and non-executive director (NED) for end of life care at board level. This meant the provider had designated persons at board level to champion the strategic direction of end of life care within the organisation.
- The trust had an end of life care vision and strategy called "You have only one chance to get it right". Staff were knowledgeable about the strategy document and staff were generally able to articulate the overall vision for end of life care at the trust.
- The delivery of end of life care on the wards was led by registered nurses. A team of nurses and doctors specialising in palliative care, assessed patients in hospital and supported the ward teams in providing palliative care. In addition, The Nightingale Macmillan Unit (NMU), a specialist palliative care inpatient unit, had 21 beds for people living with an incurable and progressive illness.

# End of life care

- The trust was part of Dying Matters campaign, which is a coalition led by the National Council for Palliative Care. It supports changing knowledge, attitudes and behaviour towards death, and aims to make living and dying well the norm.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff throughout the trust, spoke with passion about their work and were proud of what they did. There was a culture of openness flexibility and willingness among all the staff we met.
- There was a patient centred culture throughout the service. Patient stories were used in team meetings, so staff could reflect on what could be improved or share good practice. Staff said using patient stories helped them to focus on why they do job and ensure the patient was at the heart of everything they did.
- The trust used an electronic software system which had information on all end of life care patients. This meant the identification of known patients and their specific needs were identified daily.
- Continuous learning, improvement and innovation was important to leaders and staff; patient stories were heard at board level, efforts were made to create a non-clinical environment for patients in their last hours of life and feedback from relatives was obtained and used to shape the future of the service.
- The bereavement team provided an information pack to bereaved families, within this pack there were several different information leaflets, on different subjects for example to do with the death of their loved one. For example, how to organise a funeral and help and advice on bereavement. Sometimes relatives of the deceased would contact the team to find out more information about how their relative died. The bereavement team would arrange for the medical notes to be delivered and if required a consultant and matron to meet with the family.
- The Nightingale Macmillan Unit had achieved MacMillan Quality Environment Award (MQEM) accreditation in 2017 with a maximum score of five out of five. MQEM is a detailed quality framework used for assessing whether cancer care environments meet the standards required by people living with cancer. It is the first assessment tool of its kind in the UK.

## Outstanding practice

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

## Areas for improvement

We found one area for improvement in this service. See the Areas for Improvement section above.

# Queens Hospital

Belvedere Road  
Burton-on-trent  
DE13 0RB  
Tel: 0128356633  
<WWW.XXXXXXXXXXXXX>

## Key facts and figures

Queen's Hospital Burton was previously managed by Burton Hospitals NHS Foundation Trust. On 1 July 2018, Derby Teaching Hospitals NHS Foundation Trust acquired Burton Hospitals NHS Foundation Trust to become a new organisation. As such Queens Hospital Burton is now part of University Hospitals of Derby and Burton NHS Foundation Trust.

Queen's Hospital Burton is the principal provider of acute hospital services for the residents of Burton upon Trent and surrounding areas including South Staffordshire, South Derbyshire and North West Leicestershire. The hospital serves a population of approximately 360,000 people.

Services at Queen's Hospital include an Emergency Department, outpatient and direct access services, and all specialties are supported by a comprehensive range of clinical services in therapies, pharmacy, pathology, and radiology. There are two MRI Scanners, two CT Scanners, a dedicated endoscopy suite, a breast care unit, stroke facilities and maternity unit all on-site.

## Summary of services at Queens Hospital

### Requires improvement ●

We have not taken the previous ratings of services at Burton Hospitals NHS Foundation Trust into account when aggregating the trust's overall rating. CQC's revised inspection methodology states when a trust acquires or merges with another service or trust in order to improve the quality and safety of care, we will not aggregate ratings from the previously separate services or providers at trust level for up to two years. During this time, we would expect the trust to demonstrate that they are taking appropriate action to improve quality and safety.

We rated them as requires improvement because:

- Patients could not always access care and treatment in a timely way. Waiting times for treatment and arrangements to admit, treat and discharge patients were worse than the England average and national standard.
- Mandatory training, safeguarding training, mental capacity act training and role specific training rates were variable across all staff groups.
- Morbidity and mortality governance was variable with sporadic representation from some teams and inconsistent evidence of investigation and lessons learned.

# Summary of findings

- Some services did not have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. There was a reliance on temporary staff to cover staff vacancies in some areas
- Changes to the leadership and governance structures since the acquisition were not yet fully embedded; information technology systems had not been integrated, service guidelines and standard operating procedures were not always up to date or aligned to the new trust and systems to extract and separate data were not well developed.
- Medicines and medicines stationery were not always stored securely and managed in accordance with local policies.
- Some services did not have suitable premises and patient's security had not been considered. However, the trust took immediate action and put into place measures to ensure premises were secure. In critical care there were unmitigated fire safety and security issues despite on-going escalation through annual risk assessments.
- Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms did not always contain sufficient evidence that mental capacity assessments had been carried out or considered.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. However, staff did not fully understand the new structure since the acquisition and were not aware of future plans for the service.
- The approach to continually improving the quality of some services and safeguard high standards of care was not robust, however we saw plans in place to make improvements.
- Culture was variable across some services.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The majority of services, controlled infection risk well. Staff kept themselves, equipment and the premises clean. They mostly used control measures to prevent the spread of infection.
- Staff cared for patients and women with compassion. Feedback from patients and women confirmed that staff treated them well and with kindness.
- Most services 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.
- Most services provided care and treatment based on national guidance.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers at all levels, and in most areas, had the right skills and abilities to run a service providing high-quality sustainable care.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Services took account of patients' individual needs and staff were committed to meeting patient's personal and emotional needs in addition to their clinical needs.

# Urgent and emergency services

Requires improvement ●

## Key facts and figures

Queen's Hospital Burton is a large district general hospital located in Burton -upon- Trent. The urgent and emergency services consist of the emergency department (ED), an acute assessment centre (AAC) and an Emergency Ambulatory Care unit (EACU).

The ED has two triage rooms, 15 major cubicles, five minor cubicles, two 'fit to sit' rooms, a see and treat room, a plaster cubicle, three resus bays, three rapid assessment and treatment (RAT) cubicles, one waiting room and a quiet relative's room.

The AAC has six beds managed by the ED consultant for patients requiring further assessment for a maximum of 24 hours.

The EACU is open Monday to Friday, 10.00am to 8:00 pm and has six clinic rooms and one seated area.

Queen's Hospital Burton emergency department supports the treatment of patients presenting with minor, major and traumatic injuries. Serious traumatic injury patients receive stabilisation therapy, before transfer to the major trauma centre at a neighbouring NHS trust.

Our inspection was unannounced. Before the visit we reviewed information that we held about the service and following our visit information we requested from the trust.

During the inspection visit, the team:

- Visited adult and paediatric (children's) emergency departments, acute assessment centre (AAC) and the emergency ambulatory care unit (EACU)
- Spoke with 15 patients and eight relatives
- Observed staff giving care to both adults and children
- Reviewed 20 patient care records in paper and electronic format
- Spoke with 35 members of staff from a variety of grades. This included consultants, middle grade and junior grade doctors, senior nurses, managers, nurses, matrons, health care assistants, student nurses, administrative and housekeeping staff.

## Summary of this service

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

We rated it as requires improvement because:

- Although we found the service largely performed well, it did not meet requirements relating to The Department of Health and Social Care's standard for emergency departments, meaning we could not give it an overall rating higher than requires improvement.
- Patients were not always protected from avoidable harm. There were handover delays for patients arriving by ambulance.



# Urgent and emergency services

- Patients could not always access care and treatment in a timely way. Waiting times for treatment and arrangements to admit, treat and discharge patients were worse than the England average and national standard.
- Results in national Royal College of Emergency Medicine audits were highly variable, including poor results in the acute severe asthma audit and the consultant sign-off audit.
- Morbidity and mortality governance was variable with sporadic representation from some teams and inconsistent evidence of investigation and lessons learned.
- Medical staff did not meet the trust standard for mandatory training, safeguarding training and mental capacity act training, rates were particularly variable.
- Although the right number of medical staff were deployed, the service was reliant on locums to fill gaps in the rota, particularly overnight and at weekends.

However, we also found areas of good practice:

- Feedback from patients, we spoke with, confirmed that staff treated them well and with kindness. Patients told us they had been given enough information about their condition and/or treatment in a way that they could understand.
- Major incident and emergency planning had been significantly improved through simulated exercises and more advanced training.
- Staff had developed clinical care to meet the specific needs of the local population, including the elderly and those experiencing mental health problems.
- There was the leadership capacity and capability to deliver high-quality, sustainable care. Leadership within the department was effective, there was one individual taking overall responsibility for the day to day running of the department. Front line staff felt supported, respected and valued by their immediate line manager(s). Staff were engaged and morale in the department was high.
- The service had a vision for what it wanted to achieve and we saw evidence of actions to achieve it.

## Is the service safe?

**Requires improvement** ●

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

We rated safe as requires improvement because:

- The medical staff within the department had not achieved the trust target of 90% compliance with mandatory or safeguarding training. The trust's mandatory training targets were met for two of the 17 mandatory training modules and none of the six safeguarding training modules for which medical staff were eligible.
- The service had mostly had suitable premises and equipment and looked after them well. However, as there was no direct line of sight between the patients in the waiting room or the fit to sit areas and the clinical staff we were not assured that a deteriorating patient wouldn't be missed.
- The service did not provide a working information board or screen indicating how long patients may wait to be seen or who oversaw the department.
- There were no games or distraction items for teenage or younger adults in the department.



# Urgent and emergency services

- Ambulance handover times had not significantly improved since November 2018. Percentage of journeys with turnaround times over 30 minutes were 58% in December 2018, 56% in January 2019 and 47% in February 2019.
- There were mostly effective streaming and triaging processes in place for adults and children who were sent to the most appropriate area for their needs. However, during our inspection patients were seen and assessed within 15 - 45 minutes of arrival.
- The psychiatric liaison/crisis team was not based in the hospital which meant patients with mental health needs were generally not assessed within one hour of arrival.
- We were not assured mortality and morbidity reviews were discussed regularly or consistently including a representation of staff from across the multidisciplinary team.

However, we also found areas of good practice:

- Despite medical staff training levels staff understood safeguarding and there were systems and processes in place to keep adults and children safe.
- All areas appeared visibly clean. Infection control processes were in place with staff observing the 'bare below the elbows' policy and demonstrating good hand washing techniques.
- The identification and treatment of patients with sepsis was good. Audits showed the trust had been performing well. Any incident of patients not receiving antibiotics within one hour was logged as an incident and investigated.
- The department was fully staffed with nurses and maintained a waiting list for future vacancies. Consultants had a presence in the department for a minimum of 16 hours each day.
- Medicines including oxygen were prescribed, administered and stored appropriately.
- Staff used an electronic system to record incidents and understood what an incident was. Actions with lessons learned following an investigation were shared with staff.
- On reviewing records, we were assured, that patients would be recognised as having a mental health illness when they presented with a physical one to the emergency department.

## Is the service effective?

**Good** ●

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

We rated effective as good because:

- Staff delivered care and treatment based on national best practice, internal and external audits and research outcomes. This included evidence-based guidance such as that issued by the National Institute of Health and Care Excellence, World Health Organisation (WHO) and various royal colleges aligned with the specialty of each service.
- Patients were placed on the most appropriate care pathway and which followed best practice guidance.
- The emergency department (ED) physiotherapy team had invested time to better understand the demand and capacity in the service, which had resulted in improved staffing at key times.
- Processes were in place to manage patients' nutritional needs and staff were proactive in avoiding dehydration.
- Pain levels were assessed quickly using different methods dependent upon age and cognitive ability. Staff reacted promptly with pain relief and patients were checked regularly for pain during their stay.

# Urgent and emergency services

- Staff received a comprehensive induction with nursing staff undertaking 8 weeks supernumerary status. Medical and nursing staff received on-going role specific training which was well-structured. Staff had regular meetings and received annual appraisals.
- Staff understood the Mental Capacity Act (2005) and how vulnerable patients could be protected who could not make informed decisions.
- Staff had access to other specialties and diagnostic services seven days a week.

However, we also found areas for improvement:

- Services for younger people with mental health needs were limited and staff described considerable challenges in obtaining specialist input leading to children being admitted before receiving a CAHMS referral or assessment.

## Is the service caring?

**Good** 

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

We rated caring as good because:

- Staff respected patients' privacy and dignity at all times and always showed compassion and kindness. Feedback from patients and relatives confirmed this.
- Patients were cared for in single cubicles or rooms and were mostly not nursed in corridors. Patients who wished to talk confidentially at reception were given the opportunity to do so.
- Staff provided emotional support to patients and relatives when required to minimise their distress and involved patients in decisions about their care.
- Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity.
- We spoke with 13 adult patients, two paediatric patients and eight relatives. All the feedback we received was positive, with specific comments about the caring and approachable manner of staff.
- Staff provided emotional support to patients during difficult discussions and additional resources were available through the 24-hour chaplaincy service and local counselling services.

## Is the service responsive?

**Requires improvement** 

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

We rated responsive as requires improvement because:

- The Department of Health and Social Care's standard for emergency departments is that 95% of patients should be admitted or discharged within four hours of arrival in the department. These standards had not been met in any month between July 2018 and February 2019.
- The percentage of patients waiting more than four hours from the decision to admit until being admitted was higher than the national average between November 2018 and February 2019. This had deteriorated since the acquisition.

# Urgent and emergency services

- From July 2018 and February 2019, the median total time in A&E per patient at Queens Hospital Burton had declined and was consistently higher than the national average.

However, we also found areas of good practice:

- From July 2018 and February 2019 the percentage of patients leaving the department without being seen was 1.7% which was consistently better than the England average of 2.6%.
- The department took account of patient's individual needs. Where it was possible to do so staff made reasonable adjustments for patients, for example those with limited or no mobility or those with dementia or a learning disability. Wheelchair access was available. A quiet room had been provided for patients who were distressed by noise, for example those with dementia.
- Communications staff and clinical teams had made significant progress in meeting the requirements of the NHS Accessible Information Standard, including provided adapted information resources. Where appropriate information was available in the department for patients and/or relatives following for example a head injury or fracture. This outlined who they needed to contact if their condition deteriorated or they had concerns.
- The ED had a mental health assessment room that was accredited by the Psychiatric Liaison Accreditation Network (PLAN).
- Patients were placed on the most appropriate care pathway and which followed best practice guidance.
- Bed flow meetings were attended by senior staff from the emergency department five times a day. Each patient in the department was discussed with potential admissions highlighted.
- Patient referrals to other specialty teams were timely. The clinical lead for the department had produced a protocol for other specialties to follow. Any breach in the protocol was followed up with the specialty lead.
- ED staff demonstrated good working relationships with paramedics to facilitate faster handovers.
- The rapid access venous thrombo-embolism clinic offered urgent anticoagulant appointments as an alternative to waiting in the ED which helped reduce pressure in the department.
- Communications, staff and clinical teams had made significant progress in meeting the requirements of the NHS Accessible Information Standard, including provided adapted information resources.

## Is the service well-led?

**Good** 

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

We rated well-led as requires improvement because:

- Leaders in the emergency department demonstrated they had the experience, knowledge and skills to provide a well-led service.
- All staff were aware of the trust's vision and values and were focussed on constant improvement and delivering outstanding care to patients.
- Nurse leaders worked as part of the clinical team each week to ensure their practice was up to date, they could monitor care provided and support and encourage junior staff.

# Urgent and emergency services

- The emergency department (ED) leadership team was demonstrably involved in teaching, training and the development of the department.
- The ED team had completed a major transformation project that had engaged staff and patients in development and reconfiguration. This resulted in an expanded and safer environment for patients and staff.
- Staff we spoke with said local working relationships were positive and supportive. Staff in a broad cross-section of roles and responsibilities said they had access to timely support from their line manager or more senior colleagues.
- Clinical governance and quality performance processes were mostly well established and demonstrably led to improved safety, standards of care and learning from incidents.
- A range of strategies were underway to improve information management, including live auditing and more consistent governance.
- There was a range of staff engagement strategies and forums, including specialty, professional and operational groups and listening events.

However, we also found areas for improvement:

- In some cases, mortality governance, risk management and performance processes were sporadically attended with limited or no representation from some staff groups in 2018.

## Outstanding practice

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

## Areas for improvement

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

# Medical care (including older people's care)

Good 

## Key facts and figures

Medical care at this hospital was provided for adults. Medical specialities provided at Queens Hospital Burton included respiratory medicine, diabetes, stroke, coronary care, haematology, care of the elderly, general medicine and endoscopy. The hospital had 212 medical inpatient beds located across 12 wards and units.

The trust had 26,681 medical admissions from August 2017 to June 2018. Emergency admissions accounted for 12,046 (45.1%), 264 (1.0%) were elective, and the remaining 14,371 (53.9%) were day case.

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

We visited the Acute Assessment Unit; Ward 3 (Short Stay Unit); Wards 4, 5, 6, 7, 8 & 16; the Cardiac Care Unit on Ward 6; the Stroke Unit on Ward 8 and the Endoscopy Unit

We also visited the Endoscopy Unit at the Sir Robert Peel Hospital in Tamworth

We spoke with 67 members of staff including nurses, healthcare assistants doctors, managers and members of professions allied to medicine and we spoke with 16 patients or relatives.

We observed care and treatment, inspected ward and department areas and reviewed a variety of documents and patient records.

## Summary of this service

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections. We rated it as good because:

- Patients were protected from avoidable harm and abuse. There were sufficient staff with the right skills and experience available and they worked in suitable premises with enough equipment. Staff managed infection risks and medicines well and there were good processes for assessing and responding to patient risks. There was an open culture in reporting and investigating incidents and apologies were offered when necessary. However, we found that mandatory training rates for medical staff were much lower than required and agency staff new to the hospital were not always given a formal induction or training in the hospital's electronic patient record system.
- Patients had good outcomes because they received effective care and treatment that met their needs. However not all services were available at weekends and patients received less oversight from senior doctors and had less access to some therapies and diagnostic tests.
- Patients were treated with dignity and respect and both they and relatives were offered the support they needed. Feedback from patients and relatives about their care was positive.
- Patient's needs were met through the way services were organised and delivered. Services were planned around the local population and in conjunction with other providers and with commissioners. Complaints systems were in place and patients were supported to complain.

# Medical care (including older people's care)

- Leadership, governance and the culture of the service promoted the delivery of high quality person centred care. Senior leaders were knowledgeable and visible and staff felt supported. A strategy was in place based on the five Trust objectives. There were good governance structures in place, information supported quality improvements and risks were identified and managed. There was a culture of openness and honesty and a strong focus on learning and improvement.

## Is the service safe?

**Good** ●

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure most staff groups completed it. However, completion rates for medical staff were much lower than required.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse and they knew how to apply it although training rates for medical staff were well below trust targets
- The service controlled infection risks well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. However, agency staff new to the hospital were not given a formal induction to fully understand the service's procedures and to make use of the electronic patient record system.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff patients and visitors through. Managers used this to improve the service. Safety thermometer information was not displayed on wards.

## Is the service effective?

**Good** ●

# Medical care (including older people's care)

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. 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. However, some outcomes for patients were worse than the England average.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Each patient had a named consultant and a named nurse who was the primary point of contact for that patient during that nurse's shift.
- 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.
- Most staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Most knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

## Is the service caring?

**Good** ●

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections. 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 involved patients and those close to them in decisions about their care and treatment

## Is the service responsive?

**Good** ●

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections. We rated it as good because:

- The service took account of most patient's individual needs.

# Medical care (including older people's care)

- The trust planned its services to meet the needs of local people through engagement with local Sustainability and Transformation Plans (STP).
- 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 encouraged feedback from patients and those close to them and as well as trust level surveys we saw that these took place at ward and service level within medicine and that the results were noted and acted on.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

**Good** ●

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections. We rated it 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.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

## Outstanding practice

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

## Areas for improvement

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



# Surgery

Good ●

## Key facts and figures

The surgery service at University Hospitals of Derby and Burton NHS Foundation Trust (UHDBT) includes planned (elective) surgery, day case surgery, and emergency surgery for a population of 360,000 people. The service is provided at three locations: Queen's Hospital Burton (QHB), The Royal Derby Hospital, and Sir Robert Peel Hospital, Tamworth. Surgical specialties provided at QHB include ear, nose and throat (ENT), upper and lower gastro-intestinal surgery, head and neck surgery, ophthalmology, oral and maxillofacial surgery, plastic surgery, trauma and orthopaedics and urology. Other surgical specialties are provided at The Royal Derby Hospital, which we have not included in this report as our intelligence did not indicate any decline in the service since our previous inspection.

As part of our inspection we visited Queen's Hospital Burton and Sir Robert Peel Hospital, Tamworth. At the time of our visit Ward 19 and Ward 30 at Queen's Burton Hospital and the day surgery unit at Sir Robert Peel Hospital were not operating at full capacity for surgical patients, due to a temporary reconfiguration as part of winter pressure contingency planning.

There are five main operating theatres, three orthopaedic theatres, and two maternity theatres at Queen's Hospital Burton (QHB). There are six additional theatres and treatment rooms within the purpose built Treatment Centre at QHB, and one operating theatre and treatment rooms at Sir Robert Peel Hospital, Tamworth. There are five post-surgical wards at QHB: Wards 14, 15, 19, 20 and 30. A day care unit with eight beds at the Treatment Centre and 15 beds at Sir Robert Peel Hospital provides a 23-hour service for patients aged 16 and over undergoing lower risk surgical procedures.

We inspected the perioperative care pathway from admission, through operating theatres and recovery and onto post-surgical wards.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. Our inspection team comprised an inspection manager, CQC inspector, and three specialist professional advisers.

We visited pre-operative assessment areas, theatres and anaesthetic rooms and recovery areas, the treatment centre, elective admission unit, and post-surgical wards: 14, 15, 19, 20, 30 at Queen's Hospital Burton, and the day surgery unit at Sir Robert Peel Hospital, Tamworth. At the time of our visit there was no surgical operating list scheduled and therefore no surgical patients at Sir Robert Peel Hospital.

We spoke with six patients and two family members at QHB. We observed care and treatment and looked at a random sample of ten patient care records, including electronic patient records, and electronic prescribing and medicines administration records. We also spoke with 65 members of staff of different levels including: nurses, doctors, operating theatre practitioners, allied health professionals, pharmacists, support workers, administrative staff, departmental managers, and the senior leadership team. In addition, we reviewed national data and performance information about the service.

## Summary of this service

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

We rated it as good because:

- There were effective processes for incident reporting, investigation and evidence of improved shared learning from incidents.

# Surgery

- There was a good supply and availability of surgical instruments with no recent cancellations of surgery attributed to lack of equipment.
- There was good compliance with infection prevention and control processes and low rates of infection.
- The service worked collaboratively with other trust staff and external agencies to ensure that children and vulnerable adults were safeguarded.
- Nationally recognised assessment tools were used to assess surgical patients' needs, and appropriate measures taken to reduce risks and manage deteriorating patients.
- Staff at all levels were clear in their responsibilities for safer surgery checks and demonstrated compliance with the required standards.
- Staff were committed to working collaboratively and demonstrated multi-disciplinary working.
- Surgical pathways were planned and delivered in line with referenced national clinical guidance. A clinical audit programme informed service development.
- Staff had the required knowledge, skills and competencies to carry out their roles effectively. Managers appraised staff performance and provided developmental support.
- Patients, relatives, and carers gave consistently positive feedback about the quality of care they received.
- The length of stay for elective and non-elective surgery patients was similar to the national average.
- The trust was focused on reducing referral to treatment backlogs and managing patient access and flow.
- Patients had a similar to expected risk of readmission for elective surgical admissions compared to the England average.
- There were reasonable adjustments in place to support patients living with dementia and those living with a learning disability.
- Staff were largely positive about the integration of services since the trust acquisition in July 2018, and described the leadership team as accessible, supportive, and open to ideas and feedback.
- The service promoted learning and development, and research and innovation. Staff were positive about the support they received to challenge existing practice and try out new ideas.

However, we also found:

- Changes to the leadership and governance structures since the acquisition were not yet fully embedded.
- Compliance with mandatory training and appraisal did not always meet the trust target in all areas.
- There was a reliance on temporary staff to cover staff vacancies in some areas
- Queen's Hospital Burton and Sir Robert Peel Hospital used a different patient administration and record system to that of Derby Royal Hospital. The two systems functioned independently and were configured differently. Whilst there was no evidence that this caused any problems it had been added to the risk register. Work was in progress to simplify and integrate information technology systems.
- Medicines and medicines stationery were not always stored securely and managed in accordance with local policies.

# Surgery

## Is the service safe?

**Good** ●

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

We rated safe as good because:

- Processes for incident reporting were understood and applied by staff, and we saw a developing culture of investigation, governance, and shared learning from incidents.
- There was a positive response including shared learning. to incidents, serious incidents and never events in the surgery service
- There were clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from avoidable harm and abuse.
- The design, maintenance and use of facilities and premises were appropriate for patients undergoing surgery including day surgery.
- The correct checks for safer surgery were followed by all staff applying national and local standards.
- Staff had the required equipment to care for patients' needs. The trust equipment replacement programme met national standards.
- Emergency equipment was easily located and ready for use. Staff were trained to use it and fulfilled their responsibilities in checking and using it in line with national and local guidelines.
- Staff were trained and competent to monitor and act upon any deterioration in a patient's condition and used an early warning score to aid the process.
- Procedures to identify and respond to individual risks to patients were understood and carried out by staff.
- All of the patient areas we visited were visibly clean and there was good compliance with infection prevention and control processes.
- Records were stored securely, and electronic records were accessed by authorised staff only. Information governance was part of mandatory training and understood by staff.
- Medicines management was generally in line with national and local requirements.

However, we also found:

- Compliance with mandatory training did not meet the trust target in all areas.
- Medicines were not always stored securely and managed appropriately.

## Is the service effective?

**Good** ●

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

We rated effective as good because:

# Surgery

- Surgical pathways were planned and delivered in line with referenced national clinical guidance. The service engaged in local and national audit programmes which informed service development.
- The service had participated in relevant local and national audits pre and post-acquisition. Patient outcomes were positive when measured against national benchmarks.
- Staff had the required knowledge, skills and competencies to carry out their roles effectively. Managers appraised staff performance and provided developmental support.
- Patients had enough food and drink to meet their needs and improve their health.
- The service made adjustments for patients' religious, cultural and other preferences.
- Staff ensured that patients were given adequate pain relief and regularly assessed their needs.
- The multi-disciplinary team worked collaboratively to provide good care.
- Staff understood their roles and responsibilities with gaining consent and applying the principles of the Mental Capacity Act 2005.
- Patients with a learning disability or those living with dementia undergoing elective surgery would be involved in a pre-operative meeting with their carer or family member wherever possible in order to ensure there was an effective plan in place for their admission.

## Is the service caring?

**Good** ●

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

We rated caring as good because:

- Patients and carers were encouraged to give their feedback through a range of methods and gave consistently positive feedback.
- Staff responded compassionately to pain, discomfort and emotional distress and respected patient's privacy and dignity.
- All wards scored over 90% in the Friends and Family test which is a national tool used to help commissioners identify where improvements are needed.
- Staff understood the emotional stress of patients having an anaesthetic prior to surgery.
- Staff did everything they could to ensure patients were comfortable and free from any pain.
- Patients and staff were supported by a range of clinical nurse specialists across the surgical division.
- Patients were satisfied with the explanations given to them and felt they had sufficient opportunity to ask questions before and after surgery and after discharge.

## Is the service responsive?

**Good** ●

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

# Surgery

We rated responsive as good because:

- The trust was focused on reducing referral to treatment backlogs and managing patient access and flow. A surgical assessment unit and early admission unit had recently been established to prevent long waits.
- Managers at an appropriate level provided support to staff and patients with their discharge plans.
- Regular site meetings enabled services to remain flexible and fully utilised. The site meetings allowed timely decisions for staff to be redeployed to ensure that any patient safety concerns due to staffing were mitigated.
- Patients had a similar to expected risk of readmission for elective surgical admissions compared to the England average.
- There were appropriate arrangements in place to support patients living with dementia and those living with a learning disability.

## Is the service well-led?

**Good** ●

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

We rated well-led as good because:

- Staff and managers were largely positive about the integration of services across the trust since the acquisition in July 2018, and described the leadership team as accessible, supportive, and open to ideas and feedback. However, some junior staff were less clear about the future direction of the service.
- The service promoted learning and development, and research and innovation. Staff were positive about the support they received to challenge existing practice and try out new ideas.
- Staff were supportive of each other and proud of the service they provided.
- There were a number of strategies to underpin the trust approach to continuous improvement.
- policies were reviewed at the monthly division governance meetings, prioritising those that were due for review, and those where there were clear differences between the hospitals. Detailed work was in progress to ensure clinical guidelines were safe and fit for purpose.

However:

- Changes to the leadership and governance structures since the acquisition were not yet fully embedded.

## Areas for improvement

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

# Critical care

Requires improvement ●

## Key facts and figures

University Hospitals of Derby and Burton NHS Foundation Trust was formed on 1st July 2018 following the acquisition of Burton Hospitals NHS Foundation Trust (BHFT) by Derby Teaching Hospitals NHS Foundation Trust (DTHFT). DTHFT acquired BHFT under its existing registration with the CQC. Our legal position is that the merged trust is the same legal entity as Derby Teaching Hospitals NHS Foundation Trust but with additional locations.

Data from the pre-acquisition period for Derby Teaching Hospitals NHS Foundation Trust is included in our analyses where appropriate. Because this data relates to the same legal entity as the merged trust it is used to form part of our judgement.

Data from the acquired Burton Hospitals NHS Foundation Trust is included in our analyses for contextual purposes and does not form part of our judgement. For example, whilst some national audit findings relate to a previous legal entity, we expected the trust to be able to demonstrate how they responded to the data to improve services.

Queen's Hospital Burton provides level 2 and 3 critical care. The hospital is funded for 10 beds, of which four are level 2 and six are level 3 beds.

The units on the Queen's Hospital Burton site provide 24/7 consultant intensivist led care. All the consultant workforce are also anaesthetists and liaise with colleagues to provide support to surgical cases in both elective and emergency settings.

Each unit provides critical care support by a critical care outreach nursing team who have intensive care experience. They also provide an acute pain service. There is a multi-disciplinary team approach to patient care.

Over the year 2017/18 the Queen's Hospital Burton site admitted over 500 patients. Of these, the majority were emergency admissions. The units support the emergency department, acute medical and surgical admissions, obstetrics and elective surgery.

Queen's Hospital Burton also offers a rehabilitation and/or a follow-up service for discharged patients.

Queen's Hospital Burton has two critical care wards with 10 inpatient beds:

- Intensive care unit: six beds
- High dependency unit: four beds

During this inspection, we spoke with 27 members of staff, including those who provided services to critical care but were not permanently based there. We reviewed six patient's clinical records and spoke with two patients and three relatives. We observed clinical practice and coordination and reviewed over 60 other pieces of evidence, such as audits and policies.

## Summary of this service

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

We rated it as requires improvement because:

- Staff did not have access to consistent, up-to-date policies and standard operating procedures regarding specific types of care and care pathways.

# Critical care

- Although audit data overall was timely, consistent and demonstrated good standards of practice, there was a lack of assurance from the senior team that audit standards were adhered to.
- There were unmitigated fire safety and security issues in the unit despite on-going escalation through annual risk assessments. We were not assured the senior divisional team understood these risks.
- We found inconsistent application of the Mental Capacity Act (2005) and understanding of the Deprivation of Liberty Safeguards (DoLS) amongst consultants.
- The available of specialist support and review from several services was inconstant or unavailable. Although standard operating procedures were in place for some specialties, such as renal medicine, other services provided sporadic care.
- Audits to measure compliance and performance identified consistently good practice across multiple areas, including risk assessments, pain relief and infection control. However, staff did not always take timely action to address poor or inconsistent results.

However:

- Standards and completion rates of mandatory and additional professional clinical training were consistently good. Staff had challenges in accessing trust training courses that had limited capacity and senior staff addressed this by effectively planning ahead.
- The unit demonstrated consistent compliance with network standards and used peer-reviews and self-assessments to assess and benchmark care.
- Where specialist clinical services were unable to provide a continuous, on-site service, alternatives were arranged through service level agreements and staff training.
- Multidisciplinary working from multiple specialties was clearly embedded in care planning and delivery. Care from physiotherapists was prominent, consistent and demonstrably improved care and patient experience.
- Staff were demonstrably committed to meeting patient's personal and emotional needs in addition to their clinical needs. They had a clear understanding of the needs of patients, including the psychological needs typically experienced after protracted stays in critical care.
- We observed staff go above and beyond their role to provide patients with emotional support and reassurance when they felt low and upset. All members of the team adapted their approach to communication to more effectively meet individual needs and provide a calmer environment.
- A follow-up programme was well-established and provided patients with targeted, structured support during periods of extended recovery.
- Staff managed persistent challenges to infection control and the unit demonstrated a consistent track record in the avoidance of hospital-acquired infections.

## Is the service safe?

### Requires improvement

- This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.
- We rated it as requires improvement because:



# Critical care

- The service did not always have enough nursing staff to keep patients safe and provide the right care and treatment. Nurses had the right mix of qualification and skills.
- The service used safety monitoring results, collected safety information and shared it with staff, patients and visitors. Managers did not consistently use this to improve the service or to implement consistent, long-term improvements.
- The service did not consistently manage patient safety incidents. Not all staff confidently recognised incidents and there was limited assurance they reported them appropriately. Although managers investigated incidents and shared lessons learned with the whole team and the wider service staff demonstrated limited understanding of outcomes. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service did not always follow best practice in medicines management. There were unmitigated safety risks with the storage of some medicines and staff identified risks associated with the different prescribing systems used between critical care and inpatient wards.
- There were gaps in fire safety awareness and practice, including known risks around obstructed escape routes and a poorly-developed fire warden role. Staff did not demonstrate confidence and clear understanding of emergency procedures.
- Although premises were suitable for most clinical needs there were risks in relation to the management of infection control that were only partially mitigated. Whilst senior staff recognised the risks, the trust had not taken action in over three years to reduce them.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Where completion rates fell short or current certification was due to expire, the senior team scheduled staff onto the next available training course.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service had enough medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Although there were on-going environmental risks to infection control, the unit had a very low infection rate such as no instances of hospital-acquired methicillin-resistant *Staphylococcus aureus* (MRSA) in over 500 days.
- Staff looked after the environment and equipment well. However, the service did not have all the premises and equipment it needed.
- 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 clear, up-to-date and easily available to all staff providing care.
- 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. For example, there had been no falls with harm in the unit in over 12 months.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.



# Critical care

## Is the service effective?

**Good** ●

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. 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. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

However:

- Staff did not always have access to consistent, up-to-date policies and procedures. We looked at a sample of policies and found some had expired and some were from other NHS trusts without appropriate adaptation to the local service.
- There was a lack of assurance around the accuracy of data submitted to national audits and the senior team did not have a robust plan to ensure this was addressed.
- Although staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005, they did not always understand how and when to assess whether a patient had the capacity to make decisions about their care.

## Is the service caring?

**Good** ●

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We observed consistent, excellent examples of compassionate and empathetic care from all members of the team.

# Critical care

- Staff demonstrably worked together to reduce anxiety and distress in patients, including those who had just been admitted to the unit and those who had spent a significant period of time there.
- Staff provided emotional support to patients to minimise their distress. There was extensive provision for bereavement support of relatives and unit staff took a lead role in providing emotional support during distressing times.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff routinely exceeded patient's expectations by ensuring their relatives were accommodated overnight on the unit where possible and accompanying patients home safely for visits that contributed to their recovery.
- Staff provided care beyond patients' clinical needs with a focus on improving their mental state and wellbeing, such as through risk-assessed visits from trained therapy animals.

## Is the service responsive?

**Good** 

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- A dedicated senior nurse led a well-established multidisciplinary follow-up programme that ensured patient's needs were met after they were discharged and began their recovery.
- 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 treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Formal complaints were rare and the service had not received any in the previous six months.
- The service had successfully adapted The Academy of Royal Colleges Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients to better meet the needs of patients and the working structure of critical care doctors.

However:

- We were not assured the Department of Health standard for mixed sex accommodation had been adhered to.

## Is the service well-led?

**Requires improvement** 

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

We rated it as requires improvement because:

# Critical care

- We found a range of safety-related governance issues and areas for improvement in audit leadership. This meant we were not assured managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust did not always use a systematic approach to continually improve the quality of services and safeguard high standards of care. Although staff felt supported to develop the service, the environment did not support excellence in clinical care and we found a number of areas of concern.
- The trust collected, analysed and used information to support all its activities, using secure electronic systems with security safeguards. However, these were not always effective or consistently managed.
- The trust did not have effective systems that supported the identification of risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Local systems for managing risks lacked assurance that senior staff maintained continuous oversight.
- At our last inspection in July 2015 we found critical care did not have a coherent vision and strategy for the service. At this inspection the senior team told us they did not have a vision and strategy for critical care. Although individual members of the divisional team had plans for future service development there were few tangible links with the trust's strategic plans and the senior team had no plans to address this.
- The service had submitted inaccurate data to a national audit for an extended period of four years. There were no governance safeguards in place that could have identified and rectified the issue and the senior team had not implemented subsequent assurance.

However:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. All the staff we spoke with were positive about their relationship with senior colleagues and the support available to them.
- 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.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. We observed a working environment that valued contribution, challenge and collaboration.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## Outstanding practice

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

## Areas for improvement

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

# Maternity

Good ●

## Key facts and figures

University Hospitals of Derby and Burton NHS Foundation Trust was formed on 1st July 2018 following the acquisition by Derby Teaching Hospitals NHS Foundation Trust of Burton Hospitals NHS Foundation Trust. The former trust acquired the latter under its existing registration with the CQC. As such, our legal position is that the acquired trust is the same legal entity as Derby Teaching Hospitals NHS Foundation Trust but with additional locations.

Data from the pre-acquisition period for Derby Teaching Hospitals NHS Foundation Trust is included in our analyses where appropriate. Because these data related to the same legal entity as the acquired trust they are used to form part of our judgement.

Data from the acquired Burton Hospitals NHS Foundation Trust is included in our analyses for contextual purposes and does not form part of our judgement. For example, whilst some national audit findings relate to a previous legal entity we expected the trust to be able to demonstrate how they responded to the data to improve services.

The trust has 136 inpatient maternity beds across three sites.

33 inpatient maternity beds are located within five wards and units at Queen's Hospital Burton:

Ward/unit	Inpatient beds/rooms
Antenatal clinic	N/A
Early pregnancy assessment unit	N/A
Labour ward	Seven birthing rooms, including one with a birthing pool
Ward 11: maternity ward	21
Ward 12: maternity ward and assessment unit	12

There is one obstetric theatre at Queen's Hospital Burton.

In addition, the trust runs a six-bedded 24-hour midwife-led unit at Samuel Johnson Community Hospital in Lichfield. The unit has three birthing rooms and cares for women experiencing a normal pregnancy with no adverse medical history or previous pregnancy complications. There are no doctors based at the unit.

Samuel Johnson Community Hospital also hosts an antenatal clinic and maternity outpatients service provided by a visiting consultant once every fortnight.

The trust runs seven community midwifery teams, which provide community midwifery care and a home birth service.

The trust is part of both the Derbyshire Local Maternity System and the Pan-Staffordshire Local Maternity System.

*(Source: Trust Provider Information Request – Acute sites; Acute RPIR – context acute tab; trust website)*

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

# Maternity

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During this inspection we:

- Spoke with 19 staff members; including service leads, consultants, anaesthetists, matrons, midwives, maternity support workers and administration staff.
- Spoke with eight women and their relatives who were using the service.
- Reviewed nine sets of hand held records.
- Reviewed five prescription charts.

## Summary of this service

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

We rated it as good because:

- The service had midwifery staff with the right qualifications, skills, training and experience to keep women and babies safe from avoidable harm and to provide the right care and treatment.
- Staff understood how to protect women and babies from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service followed best practice when prescribing, giving, recording and storing medicines and women received the right medication at the right dose and at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. The service used safety monitoring results well. Staff collected safety information and shared it with staff, women and visitors. Managers used this to improve the service.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Managers monitored the effectiveness of some care and treatment provided and used the findings to improve them.
- Staff worked together as a team to benefit women. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff cared for women with compassion. Feedback from women confirmed that staff treated them well and with kindness.
- Staff involved women and those close to them in decisions about their care and treatment.
- People could access the service when they needed it. Arrangements to admit, treat and discharge women were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Throughout pregnancy and postnatally, specialist midwives worked closely with mental health and community support teams to make suitable arrangements for people with additional needs.

# Maternity

- Bereavement midwives supported and trained staff to provide care for families after a pregnancy loss.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However, we also found;

- Not all midwifery staff at Samuel Johnson Community Hospital had completed all the mandatory training modules required for their role. Also, medical staff for Queen's Hospital Burton had not all completed the mandatory training.
- The service did not have robust measures in place to keep babies secure on the delivery suite and postnatal ward at Queen's Hospital. The trust took immediate action and put into place measures to ensure the units were secure.
- The antenatal clinic at Queen's Hospital had low staffing levels but managers planned cover and longer-term solutions.
- The service's guidelines were not always up to date and were difficult for staff to access on the intranet site.
- The maternity service at Burton did not have a complete dashboard due to the systems used. Managers had to manually extract data from the birth register and other records to produce some figures for monitoring patient outcomes
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. However, staff did not fully understand the new structure since the acquisition and were not aware of future plans for the service.
- The approach to continually improving the quality of its services and safeguard high standards of care was not robust, however we saw plans in place to make improvements.
- The trust's systems to collect, analyse and manage information did not support staff in their roles.

## Is the service safe?

**Good** 

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

We rated safe as good because:

- Overall the service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The maternity service had developed and established well-structured multidisciplinary PROMPT training in partnership with another local trust.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.

# Maternity

- Staff completed comprehensive risk assessments for women from referral to the service through pregnancy, birth and postnatally. They kept clear records and referred women for specialised services where necessary.
- Documentation standards for cardiotocograph (CTG) traces were consistent and in line with the trust's fetal monitoring guideline. Staff carried out hourly 'fresh eyes' on the CTG traces in line with NHS England's Saving Babies Lives; A care bundle for reducing stillbirth.
- The service had enough staff with the right qualifications, skills, training and experience to keep people protected from avoidable harm and to provide the right care and treatment. The antenatal clinic at Queen's Hospital had low staffing levels but managers planned cover and longer-term solutions.
- Staff kept detailed records of women's care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- 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.

However:

- Not all midwifery staff at Samuel Johnson Community Hospital had completed three of the mandatory training modules required for their role. Also, medical staff for Queen's Hospital Burton had not all completed the mandatory training.
- The service did not have robust measures in place to keep babies secure on the delivery suite and postnatal ward at Queen's Hospital. However, the trust took immediate action and put into place measures to ensure the units were secure.

## Is the service effective?

**Good** ●

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave women enough food and drink to meet their needs.
- Staff assessed and monitored women regularly to see if they were in pain and administered pain relief in a timely manner.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff on the wards and in the community, worked together as a team to benefit women. Doctors, midwives and other healthcare professionals supported each other to provide good care.

# Maternity

- The service ensured people received appropriate care and treatment seven days a week.
- Staff provided useful and relevant information to women to promote their health and wellbeing.
- Staff understood how and when to assess whether a woman had the capacity to make decisions about their care.

However:

- Guidelines were not always up to date and were difficult for staff to access.
- The maternity service at Burton did not have a complete dashboard due to the systems used. Managers had to manually extract data from the birth register and other records to produce some figures for monitoring patient outcomes.

## Is the service caring?

**Good** ●

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

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 women to minimise their distress.
- Staff involved women and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Good** ●

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

We rated responsive as good because:

- The trust planned and provided services in a way that met the needs of local women.
- The service had two self-contained flats on the labour ward where women and partners could stay with their babies before going home.
- The service took account of women's individual needs.
- Mental health and wellbeing was discussed with all women throughout pregnancy. These discussions included difficult and sensitive issues such as previous experience of poor mental health, domestic violence, sexual abuse, drug use, female genital mutilation and child sexual exploitation.
- Women could access the service when they needed it.
- Community midwives provided parent education classes in the form of open meetings at different sites and at varied time of day to enable women to book on when it was most convenient for them.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.



# Maternity

However:

- We did not see adjustments or support in place for young women aged under 20 to use antenatal care services.

## Is the service well-led?

**Good** ●

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

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 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.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service did act to improve the quality of its services and safeguard high standards of care.
- The trust had systems for identifying risks, planning to eliminate or reduce them.
- The trust had secure electronic systems with security safeguards.
- The service engaged well with women, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- Staff did not fully understand the new structure since the acquisition and were not aware of future plans for the service.
- The approach to continually improving the quality of its services and safeguard high standards of care was not always robust, however we saw plans in place to make improvements.
- The service's approach to improve the quality of its services and safeguard high standards of care was not always robust. The governance structure across sites was not aligned although the trust was working towards this.
- The trust's systems to collect, analyse and manage information did not support staff in their roles.

## Areas for improvement

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

# Services for children and young people

Good 

## Key facts and figures

Children's and young people's services are provided at the Derby Royal Hospital and the Queen's hospital, Burton. At this inspection, which took place from 5 to 7 February 2019, we looked at services at the Queen's hospital, Burton and this report relates to children's and young people's services at the Queen's hospital.

University Hospitals of Derby and Burton NHS Foundation Trust was formed on 1st July 2018 by the acquisition of Burton Hospitals NHS Foundation Trust by Derby Teaching Hospitals NHS Foundation Trust. The latter trust acquired the former under its existing registration with the CQC. As such, our legal position is that the acquired trust is the same legal entity as Derby Teaching Hospitals NHS Foundation Trust but with additional locations.

Data from the pre-acquisition period for Derby Teaching Hospitals NHS Foundation Trust is included in our analyses where appropriate. Because this data relates to the same legal entity as the acquired trust it is used to form part of our judgement.

Data from the acquired Burton Hospitals NHS Foundation Trust is included in our analyses for contextual purposes and does not form part of our judgement. For example, whilst some national audit findings relate to a previous legal entity, we expected the trust to be able to demonstrate how they responded to the data to improve services.

### Queen's Hospital Burton

Queen's Hospital Burton has 39 inpatient paediatric beds:

- Neonatal unit: 14 beds
- Ward 1 (paediatrics): 11 beds
- Ward 1 (paediatric triage assessment unit): six beds
- Ward 2 (paediatrics): eight beds

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

Wards 1 and 2 were managed and staffed together and in many ways functioned as one ward. A band six nurse was always allocated to each of the wards.

Burton Hospitals NHS Foundation Trust had 3,234 spells from October 2017 to June 2018.

Emergency spells accounted for 95% (3,085 spells), 4% (130 spells) were day case spells, and the remaining 1% (19 spells) were elective.

University Hospitals of Derby and Burton NHS Foundation Trust had 8,726 spells from October 2017 to September 2018.

Emergency spells accounted for 53% (4,640 spells), 41% (3,614 spells) were day case spells, and the remaining 5% (472 spells) were elective.

Our inspection was unannounced to allow us to observe routine activity.

During the inspection we visited the children's wards, the neonatal unit, the children's outpatient department and adult outpatient departments where children were seen. This included, fracture clinic, the ENT (Ear, nose and throat) clinic and radiology.

# Services for children and young people

Before the inspection we reviewed information we held about the services.

During the inspection visit the inspection team:

- Spoke with six children and young people who were using the service and nine relatives
- Spoke with the managers of each of the departments or the member of staff in day to day charge of the department
- Spoke with 30 other staff members including senior managers, doctors, nurses, healthcare assistants, a play specialist, a nursery nurse, a midwife, a superintendent radiographer, a housekeeper and administrative staff
- Reviewed 10 patient records.

## Summary of this service

This was our first inspection since the acquisition so we cannot compare our ratings with previous inspections.

Our rating of this service was good because:

- Managers provided mandatory training in key skills to all staff and made sure everyone completed it. Although compliance data provided by the trust showed completion did not always meet the 90% target set by the trust, particularly in relation to medical staff, the overall completion rate was over 80%.
- Staff understood how to protect patients from abuse and 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. We observed good multi-disciplinary working and good liaison with other services such as social care, in relation to child protection.
- Staff controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Early warning scores were used to identify deteriorating patients and staff took the necessary action when the scores indicated that escalation was needed.
- Children's services had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Paediatric medical staff used paper based records in contrast to the electronic record used by other staff; although this interrupted the continuity of the record, it did not cause any impact on patient care.
- Staff followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time. We found an example of good practice in relation to medicines awareness, in that safety huddles ('druggles') were held monthly in children's services to improve safety of medicines management.
- Patient safety incidents were managed 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 provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Staff were working towards accreditation of their services with external organisations that promoted best practice in the care of babies.

# Services for children and young people

- 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 by using suitable assessment tools and gave additional pain relief to ease pain. Staff on the neonatal unit completed audits of pain assessments over two, two month periods and showed improvements in the second audit following the implementation of actions from the first audit.
- 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.
- Although previous performance in national audits were generally in line with or better than the national average, action plans to bring about further improvements were in place. Staff also carried out a range of local audits to assess patient outcomes.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service was working towards the provision of seven-day services. A paediatric consultant was on site seven days a week.
- Staff were aware of their responsibilities for obtaining consent for treatment and the requirements in relation to obtaining valid consent in children and young people. They completed training in the Mental Capacity Act (2005) with special reference to paediatrics.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We observed staff engaging well with patients and parents in a welcoming and friendly manner, putting them at their ease.
- Staff provided emotional support to patients to minimise their distress. Parents praised the support they received from staff.
- Staff involved patients and those close to them in decisions about their care and treatment. Parents were encouraged to be involved in the day to day care of their child as much as they wished.
- The trust planned and provided services in a way that met the needs of local people.
- Staff took account of patients' individual needs. Staff took a very person-centred approach to the provision of care and treated everyone as an individual.
- People could access the service when they needed it. There were appropriate systems in place for the referral and assessment of urgent and emergency patients and the accommodation of patients for planned surgery.
- Managers treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. The timescale for response did not always meet the trust target, however the average response time was 27.3 days against the target of 25 days.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.

# Services for children and young people

- Managers had a vision for what they wanted to achieve. They had a plan for the immediate future and were developing plans for the longer term to bring together the service and move forward, with involvement from staff, patients and stakeholders.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Managers took a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Managers engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- Managers were committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However,

- The environment with the theatre recovery area was not ideal for children, as they were separated from adults only by a curtain. We also identified an issue with secure exit from the children's wards, which the trust also identified independently and took action to address.
- Nurses in the adult outpatient department where children were cared for, did not have access to training in caring for children.
- Fluids were sometimes withdrawn prior to surgery for longer than necessary for the well-being of the patient.
- Staff working in adult outpatient departments where children were regularly seen, did not have any children's training and found it difficult to access courses in caring for children.
- The input of play specialists to the outpatient areas was limited.
- A paediatric radiologist was not available on site and specialist advice was obtained from neighbouring hospitals, although action to recruit was being taken.
- Facilities for children seen in the adult outpatient department and the theatre recovery area could be improved.
- Systems to extract and separate data about children's services from that of other patients were not well developed. This made it difficult to obtain accurate information and assess performance specific to children's services. Patient records were managed safely using secure electronic systems with security safeguards and ensuring paper records were stored securely.

## Is the service safe?

**Good** ●

This was our first inspection since the acquisition so we cannot compare our ratings with previous inspections.

Our rating of safe was good because:

# Services for children and young people

- Managers provided mandatory training in key skills to all staff and made sure everyone completed it. Although compliance data provided by the trust showed completion did not always meet the 90% target set by the trust, particularly in relation to medical staff, the overall completion rate was over 80%.
- Staff understood how to protect patients from abuse and 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. We observed good multi-disciplinary working and good liaison with other services such as social care, in relation to child protection.
- Staff controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Early warning scores were used to identify deteriorating patients and staff took the necessary action when the scores indicated that escalation was needed.
- Children's services had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Paediatric medical staff used paper based records in contrast to the electronic record used by other staff; although this interrupted the continuity of the record, it did not cause any impact on patient care.
- Staff followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time. We found an example of good practice in relation to medicines awareness, in that safety huddles ('druggles') were held monthly in children's services to improve safety of medicines management.
- Patient safety incidents were managed 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.

However,

- The environment with the theatre recovery area was not ideal for children, as they were separated from adults only by a curtain. We also identified an issue with secure exit from the children's wards, which the trust also identified independently and took action to address.

## Is the service effective?

**Good** ●

This was our first inspection since the acquisition so we cannot compare our ratings with previous inspections.

Our rating of effective was 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 were working towards accreditation of their services with external organisations that promoted best practice in the care of babies.
- 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.

# Services for children and young people

- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate by using suitable assessment tools and gave additional pain relief to ease pain. Staff on the neonatal unit completed audits of pain assessments over two, two month periods and showed improvements in the second audit following the implementation of actions from the first audit.
- 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.
- Although previous performance in national audits were generally in line with or better than the national average, action plans to bring about further improvements were in place. Staff also carried out a range of local audits to assess patient outcomes.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service was working towards the provision of seven day services. A paediatric consultant was on site seven days a week.
- Staff were aware of their responsibilities for obtaining consent for treatment and the requirements in relation to obtaining valid consent in children and young people. They completed training in the Mental Capacity Act (2005) with special reference to paediatrics.

However,

- Fluids were sometimes withdrawn prior to surgery for longer than necessary for the well-being of the patient.
- Staff working in adult outpatient departments where children were regularly seen, did not have any children's training and found it difficult to access courses in caring for children.
- The input of play specialists to the outpatient areas was limited.
- A paediatric radiologist was not available on site and specialist advice was obtained from neighbouring hospitals, although action to recruit was being taken.

## Is the service caring?

**Good** ●

This was our first inspection since the acquisition so we cannot compare our ratings with previous inspections.

Our rating of caring was good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We observed staff engaging well with patients and parents in a welcoming and friendly manner, putting them at their ease.
- Staff provided emotional support to patients to minimise their distress. Parents praised the support they received from staff.
- Staff involved patients and those close to them in decisions about their care and treatment. Parents were encouraged to be involved in the day to day care of their child as much as they wished.



# Services for children and young people

## Is the service responsive?

**Good** ●

This was our first inspection since the acquisition so we cannot compare our ratings with previous inspections.

Our rating of responsive was good because:

- The trust planned and provided services in a way that met the needs of local people.
- Staff took account of patients' individual needs. Staff took a very person-centred approach to the provision of care and treated everyone as an individual.
- People could access the service when they needed it. There were appropriate systems in place for the referral and assessment of urgent and emergency patients and the accommodation of patients for planned surgery.
- Managers treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. The timescale for response did not always meet the trust target, however the average response time was 27.3 days against the target of 25 days.

However,

- Facilities for children seen in the adult outpatient department and the theatre recovery area could be improved.

## Is the service well-led?

**Good** ●

This was our first inspection since the acquisition so we cannot compare our ratings with previous inspections.

Our rating of Well-led was good because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- Managers had a vision for what they wanted to achieve. They had a plan for the immediate future and were developing plans for the longer term to bring together the service and move forward, with involvement from staff, patients and stakeholders.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Managers took a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Managers engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- Managers were committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.



# Services for children and young people

However,

- Systems to extract and separate data about children's services from that of other patients were not well developed. This made it difficult to obtain accurate information and assess performance specific to children's services. Patient records were managed safely using secure electronic systems with security safeguards and ensuring paper records were stored securely.

## Outstanding practice

We found one example of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

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

# End of life care

Good 

## Key facts and figures

University Hospitals of Derby and Burton NHS Foundation Trust was formed on 1st July 2018 by the acquisition of Burton Hospitals NHS Foundation Trust by Derby Teaching Hospitals NHS Foundation Trust. The latter trust acquired the former under its existing registration with the CQC. As such, our legal position is that the acquired trust is the same legal entity as Derby Teaching Hospitals NHS Foundation Trust but with additional locations.

We have included data from the pre-acquisition period for Derby Teaching Hospitals NHS Foundation Trust. Because it relates to the same legal entity as the acquired trust we have used this to form part of our judgement.

Where we have included data from the acquired Burton Hospitals NHS Foundation Trust (due to no new data being available), we only provided this for contextual purposes and it did not form part of our judgement. For example, whilst some national audit findings relate to a previous legal entity, we expected the trust to be able to demonstrate how they responded to the data to improve services.

The trust provides end of life care at two sites – Royal Derby Hospital and Queen’s Hospital Burton. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

The trust had 2,407 deaths from August 2017 to July 2018.

The provision of end of life care services to patients was not the sole responsibility of the hospital palliative care team. It was provided by general nurses and doctors who work on the wards throughout the hospital.

During our inspection,

- We visited the accident and emergency department, the intensive care unit (ICU), the mortuary viewing area, the bereavement office, the chaplaincy service.
- We also visited wards, four, five, seven and eight and attended a nursing handover.
- We spoke with four relatives, 37 members of staff including clinical nurse specialists, hospital porters, ward managers, nurses, administrators, healthcare assistants, therapy staff, volunteers, and doctors.
- We looked at 11 sets of medical and nursing records and reviewed 15 not for resuscitation in the event of cardiac or respiratory arrest (DNACPR) orders

## Summary of this service

This was our first inspection since the acquisition so we cannot compare our ratings with previous inspections.

We rated it as good because:

- Staff who provided end of life care said they had received training in safeguarding children and vulnerable adults. Safeguarding training was part of the trust’s mandatory training programme.
- We saw infection prevention and control (IPC) policies and procedures in place that were readily available to staff on the hospital intranet. Infection prevention and control was included in the trust’s mandatory training programme.

# End of life care

- The mortuary had swipe card access and closed-circuit television (CCTV) surveillance to maintain security. The mortuary waiting and viewing rooms were visibly clean, they provided facilities for relatives such as comfortable seating and information booklets about bereavement, the trust's bereavement service and organ donation programme
- The trust used the AMBER care bundle system. This is a model which provides a systematic approach to management and care of hospital patients who are facing an uncertain recovery and who are at risk of dying in the next one to two months. We saw care nursing care records where the AMBER care bundle was used to assist in the planning and delivery of patient care.
- The trust had a protocol called 'The five priorities for end of life care.' The protocol was for the last 48 hours of life and provided guidelines for staff on actions to take such as anticipatory prescribing
- The service had no never events reported for patients' receiving end of life care. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event. From January 2018 to December 2018, the trust reported no incidents classified as never events within end of life care.
- In accordance with the Gold Standards Framework, MDT meetings took place weekly to ensure any changes to patients needs could be addressed promptly.
- The chaplaincy service provided a 24-hour seven day a week on call service for patients in the hospital, as well as their relatives and loved ones and aimed to see people within the hour.
- The hospital palliative care team (HPCT) provided two outpatients clinics to offer treatment for patients being cared for by the team.
- The trust had good multidisciplinary working relationships with the local hospice to provide support for patients at the end of their lives and advice for the trust staff out of hours, with representatives from local hospices took part in the end of life care steering group meetings.

However:

- During our inspection, we looked at 15 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) orders across the hospital and found there were inconsistencies in how these were completed. We found that out of 15 DNACPR orders, 11 were not completed correctly (74%).
- Mental capacity assessments were not always completed correctly or in appropriate circumstances.
- The end of life care strategy had vision, values and a strategy which had been developed using a structured planning process in collaboration with staff at the trust. However, the management of the end of life care strategy was not well embedded across the trust.

## Is the service safe?

**Good** ●

This was our first inspection since the acquisition so we cannot compare our ratings with previous inspections.

We rated safe as good because:

- There were comprehensive risk assessments completed and evidence that risk assessments continued throughout the patients stay in hospital.

# End of life care

- Staff demonstrated good practice with regards to hand hygiene and infection control.
- Staff understood their roles and responsibilities regarding safeguarding vulnerable adults and children.
- There was sufficient equipment available to meet the needs of people receiving end of life care on all the wards we visited.
- We reviewed the medical and nursing notes of 11 patients who were receiving end of life care. Notes were accurate, complete, legible and up to date.

However:

- The trust was in the process of transferring all patient records electronically, however, there appeared to be some confusion amongst staff as to what paperwork was completed electronically and what paperwork was still completed on paper.

## Is the service effective?

**Requires improvement** ●

This was our first inspection since the acquisition so we cannot compare our ratings with previous inspections.

We rated effective as requires improvement because:

- During our inspection, we looked at 30 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) orders across the hospital and found there were inconsistencies in how these were completed. We found that out of 30 DNACPR orders, 15 were not completed correctly.
- Mental capacity assessments were not always completed correctly or in appropriate circumstances, even after we escalated them to the nurse in charge.

However:

- The chaplaincy service provided pastoral and spiritual support and was contactable out of hours.
- All members of the multidisciplinary team worked and interacted well with each other to enable a coordinated approach to the way in which care was delivered. We saw evidence of regular input from dietitians, occupational therapists, physiotherapists, HPCT, social care workers and discharge coordinators involved in the care and treatment of end of life and palliative care patients.
- The trust used the Pain Assessment in Advanced Dementia (PAINAD) to aid communication for patients with a dementia, sensory loss or had communication needs and are judged to potentially be in pain. The PAINAD assessment tool is designed to be used with both nonverbal and verbal patients.
- Each ward had one or two end of life care champions who had additional responsibilities in relation to end of life care. They supported staff and attended meetings to update the ward of any issues or changes relating to end of life care.

## Is the service caring?

**Good** ●

This was our first inspection since the acquisition so we cannot compare our ratings with previous inspections.

We rated caring as good because:

# End of life care

- We observed throughout our inspection and in accordance with the National End of Life Care Strategy (Department of Health 2008), that staff spoke about the patients they cared for with compassion, dignity and respect. Without exception we also observed patients being treated with compassion, dignity and respect by all staff, including the transfer of the deceased patient to the mortuary.
- The chaplaincy service was aware of all those patients who required end of life care as the chaplain attended the hospital palliative care weekly multidisciplinary (MDT) meeting where all palliative and end of life care patients were discussed. The chaplain provided emotional support to patients, families, loved ones and staff.
- Staff ensured that sensitive communication took place between staff and the dying person in an atmosphere of dignity and respect.

## Is the service responsive?

**Good** ●

This was our first inspection since the acquisition so we cannot compare our ratings with previous inspections.

We rated responsive as good because:

- The trust had created a rapid discharge pathway to enable patients to go home in a timely manner.
- Where a patient had a rapidly deteriorating condition and may be entering a terminal phase, an application could be made on their behalf and with consent for the NHS to fund their care (Fast Track Pathway for NHS Continuing Health Care funding). The purpose of this pathway was to expedite care provision in the setting of the patient's choice. Nursing staff told us fast track discharges usually took up to 48 hours to arrange.
- The HPCT worked closely with patients who were at the end of their life, their families, care givers and loved ones to as far as possible ensure care was undertaken out in the patient's preferred place of care or death (PPC/D). Where patients were identified as being in the last few weeks of their life, the HPCT involved the support of the hospice to facilitate a rapid discharge home where possible for patients who identified a wish to be cared for in their own home.
- Staff described of how they made 'reasonable adjustments' for patients with learning disabilities or those living with dementia. For example, one member of ward staff explained how they had ensured a patient with a learning disability was cared for in a side room so their care giver could stay with them.
- The mortuary had a viewing suite which was divided into a waiting room and a viewing room, where families could visit their relatives and loved ones. There were several pictures on the walls in the viewing suite. A picture of clouds and blue sky had been specifically bought to be placed above where the head of the deceased would be whilst viewing was being undertaken.

## Is the service well-led?

**Good** ●

This was our first inspection since the acquisition so we cannot compare our ratings with previous inspections.

We rated well-led as good because:

- Although the new management structure was not yet fully embedded, managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.

# End of life care

- Staff described local leaders as visible and approachable. Staff were clear about their roles and the roles of others within end of life care services. Managers spoke confidently about staff they managed, both their professionalism and commitment to the job.
- There was a non-executive director (NED) for end of life care at board level. This meant the provider had a designated person at board level to champion the strategic direction of end of life care within the organisation.
- At the time of our inspection, the trust had an end of life five-year care strategy which had commenced in 2016, the strategy document included the development of end of life care pathways in line with guidance and recommendations from the National Gold Standards Framework in End of Life Care.

However:

- The management of the end of life care strategy was not well embedded across the trust. Of the 11 ward staff we spoke with, two knew what the strategy was. We asked three different members of staff to find if the end of life care strategy on the staff intranet, we observed none of the staff were able to do so.

## 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

University Hospitals of Derby and Burton NHS Foundation Trust was formed on the 1st July 2018 following the acquisition by Derby Teaching Hospitals NHS Foundation Trust of Burton Hospitals NHS Foundation Trust. The former acquired the latter under its existing registration with the CQC. Our legal position is that the merged trust is the same legal entity as Derby Teaching Hospitals NHS Foundation Trust but with additional locations.

The hospitals in the trust which merged in July 2018 had a total 901,332 first and follow appointments from October 2017 to September 2018. It was the 20th largest provider nationally.

We inspected hospitals which formerly had been part of Burton Hospitals NHS Foundation Trust. These were Queens Hospital Burton, Samuel Johnson Hospital Lichfield and Sir Robert Peel Hospital Tamworth.

Of the 1,126,788 appointments handled by the trust over the same period, approximately 10% were at Queens Hospital Burton, and 3.7% were trust wide appointments which were held at either Derby or Burton. Royal Derby Hospital hosted 72% of the appointments and the rest took place at community hospitals.

This was our first inspection of outpatients since acquisition. We therefore cannot compare our ratings with previous ratings.

Our inspection was unannounced (staff did not know we were coming). Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During this inspection. We:

- Inspected outpatient activity at Queens Hospital Burton in eye casualty, ophthalmology, ENT, maxillo facial, oncology and fracture clinic. We inspected outpatients A and B areas which included a wide variety of clinics including gynaecology, care of the elderly, general medicine, rheumatology, cardiology, dermatology and surgery.
- Inspected outpatient areas at Samuel Johnson and Robert Peel hospitals.
- Across all three hospitals, we spoke with four senior managers, three operational managers, sixteen nurses of various levels including matrons and clinician nurse practitioners, three clinicians, one physiotherapist, three administrators and thirteen patients.
- Reviewed various documentation in relation to care and treatment and took account of the environment.

## Summary of this service

This is the first time we have inspected this service since acquisition. We are not therefore able to compare to past ratings of this service.

We rated it as requires improvement because:

- The service provided mandatory training in key skills to nursing staff, however we were not assured medical staff had sufficient up to date mandatory training.
- There were no registered children's nurses in outpatients at Burton, access to support from paediatric nurses was sourced through the paediatric wards.

# Outpatients

- The approach to managing the deteriorating adult or child outpatient was inconsistent and, in some cases, informal. In outpatients A and B and other clinics at Queens Hospital Burton staff, were unable to explain an escalation policy or confirm that they had seen one.
- We were not assured infection prevention and control procedures were robust. We found inconsistent arrangements to ensure cleaning was carried out. Not all clinics had rigorous arrangements to keep play equipment clean. Hand hygiene audits were not always used to monitor hand washing compliance amongst staff.
- Whilst nursing leaders in outpatients A and B understood the challenges to quality and sustainability, they did not always understand the actions they could take to address them.
- The absence of team meetings at operational level in outpatients A and B meant that incidents, complaints and policies were not discussed collectively or knowledge about incidents elsewhere in the trust shared.
- Nursing leaders had not developed plans to address key workforce issues such as staffing, succession and turnover.
- Culture was variable across outpatient clinics and there was inconsistent use of team meetings and daily briefings for staff to learn about incidents, complaints and policies.

However:

- Outpatient care and treatment in the specialties we inspected was based on evidence from NICE and professional bodies. Specialties participated in national audits and used new technology to improve patient care.
- Technology and equipment was used to enhance care in some services.
- Staff were kind, friendly and polite and we observed them interacting with patients in a compassionate way. They had an understanding approach to outpatients with mental health, learning disability or dementia diagnoses.
- The service was mapping provision to local demand. Specialties reviewed capacity to deliver services on an ongoing basis.
- In most cases outpatients had access to a timely appointment. The service generally compared well for waiting list (Referral to Treatment) and cancer waiting list performance.
- Staff made reasonable adjustments and tailored care to individual needs. They made efforts to coordinate care for patients with multiple appointments.

## Is the service safe?

**Requires improvement** ●

This is the first time we have inspected this service since acquisition. We are not therefore able to compare to past ratings of this service.

We rated it as requires improvement because:

- The service provided mandatory training in key skills to nursing staff, however we were not assured medical staff had sufficient up to date mandatory training.
- There were no registered children's nurses in outpatients at Burton, access to support from paediatric nurses was sourced through the paediatric wards.



# Outpatients

- The approach to managing the deteriorating adult or child outpatient was inconsistent and, in some cases, informal. In outpatients A and B and other clinics at Queens Hospital Burton staff, were unable to explain an escalation policy or confirm that they had seen one.
- Staff did not always complete and update risk assessments for each patient. Managing individual patient risk was inconsistent across the hospitals and clinics we visited. In some specialties, individual risk documentation was not completed.
- We were not assured infection prevention and control procedures were robust. We found inconsistent arrangements to ensure cleaning was carried out. Not all clinics had rigorous arrangements to keep play equipment clean. Hand hygiene audits were not always used to monitor hand washing compliance amongst staff.
- The outpatient environment did not always promote a modern and safe approach to care. For example, we saw carpeted corridors in cardiology, cramped waiting room conditions in outpatients A and B and a cluttered treatment room in gynaecology.
- Not all patient records were kept safe; in some clinics they were not locked away.

However:

- The services had a well understood process for recording, managing and learning from incidents.
- Medicines and prescription pads were kept safe. An in-house pharmacy was located near to outpatients A and B at Queens Hospital Burton.

## Is the service effective?

**Not sufficient evidence to rate** ●

We do not currently rate effective in outpatients.

We found:

- Outpatient care and treatment in the specialties we inspected was based on evidence from NICE and professional bodies. Specialties participated in national audits and used new technology to improve patient care.
- Technology and equipment was used to enhance care in some services.
- Services were working towards providing multidisciplinary solutions for patients, for example a one stop shop approach for diabetic patients which included eye examinations alongside other diabetes appointments. Specialist nurses added to capacity in some clinics.
- Staff responded to patient's needs if there was a delay in clinic. They brought refreshments for the most vulnerable or frail patients and brought sandwiches for everyone if there was a very long delay.
- Staff had regular appraisals and leaders kept up to date with this. Despite this, access to training in specialist skills varied across outpatient specialties.
- Consent arrangements were appropriate for outpatients and were checked again in the case of a surgical procedure.

However:

- Service were not routinely offered outside of 9 am to 5 pm seven days per week. in most clinics at Burton, although weekend and evening clinics were sometimes offered to reduce backlogs. Samuel Johnson and Sir Robert Peel hospitals offered more flexibility around appointment times.

# Outpatients

- Pain was not assessed in a systematic way. Clinics advised patients on pain relief but did not dispense any medication for this purpose.
- There was an inconsistent approach to skills development across the range of clinics. Staff in some clinics were encouraged to develop specialist skills, and others were not.

## Is the service caring?

**Good** ●

This is the first time we have inspected this service since acquisition. We are not therefore able to compare to past ratings of this service.

We rated it as good because:

- Staff were kind, friendly and polite and we observed them interacting with patients in a compassionate way. They had an understanding approach to outpatients with mental health, learning disability or dementia diagnoses.
- Quiet rooms were available to help distressed or frightened patients wait calmly. Staff prioritised appointments for patients who were poorly, frail or living with dementia.
- Although in some clinics the number of respondents were few, many clinics received positive feedback in the Friends and Family test survey.
- Patients were supported and give written information about their condition. Individual staff were proactive in developing information to help a patient understand what to expect.
- The oncology service worked with a charity to promote a holistic approach to cancer care. The charity provided sessions for chemotherapy and breast cancer patients on topics such as skin care and make up. Feedback from patients was very positive.

However:

- Chaperoning was not actively promoted to patients and staff told us they had not had chaperoning training.

## Is the service responsive?

**Good** ●

This is the first time we have inspected this service since acquisition. We are not therefore able to compare to past ratings of this service

We rated it as good because:

- The service was mapping provision to local demand. Specialties reviewed capacity to deliver services on an ongoing basis.
- In most cases outpatients had access to a timely appointment. The service generally compared well for waiting list (Referral to Treatment) and cancer waiting list performance.
- Staff made reasonable adjustments and tailored care to individual needs. They made efforts to coordinate care for patients with multiple appointments.
- There were play areas for children where clinics were a mixture of children and adults.

# Outpatients

- A trust wide patient access policy was in place, based on national guidelines. There were arrangements to ensure that clinic space was used as effectively as possible.
- Outpatients had a comparatively low number of formal complaints and there was a clear process around analysing, investigating and managing complaints.

However:

- Not all clinics met the needs of outpatients of working age.

## Is the service well-led?

**Requires improvement** ●

This is the first time we have inspected this service since acquisition. We are not therefore able to compare to past ratings of this service.

We rated it as requires improvement because:

- Whilst nursing leaders in outpatients A and B understood the challenges to quality and sustainability, they did not always understand the actions they could take to address them.
- The absence of team meetings at operational level in outpatients A and B meant that incidents, complaints and policies were not discussed collectively or knowledge about incidents elsewhere in the trust shared.
- Nursing leaders had not developed plans to address key workforce issues such as staffing, succession and turnover.
- Culture was variable across outpatient clinics and there was inconsistent use of team meetings and daily briefings for staff to learn about incidents, complaints and policies.
- Staff engagement in continuous improvement was underdeveloped and not all clinics engaged patients in a systematic way.

However;

- Governance processes around RTT and cancer waiting list processes were effective and led to action planning to improve performance where necessary.
- Strategic planning, while in the early stages, involved staff and recognised the key issues.

## Areas for improvement

We found 11 areas for improvement. See areas for improvement section above.

# Community health services

## Background to community health services

On 1 July 2018, Derby Teaching Hospitals NHS Foundation Trust (DTHFT) acquired Burton Hospitals NHS Foundation Trust (BHFT) to become a new organisation. University Hospitals of Derby and Burton NHS Foundation Trust bringing together five hospitals in Derby, Burton, Lichfield and Tamworth.

University Hospitals of Derby and Burton NHS Foundation Trust is one of the largest NHS trusts in the country and covers the Peak District and southern Derbyshire. The Trust employs approximately 12,500 staff, serves a population of more than one million and provides clinical services in 48 specialities.

The trust operates acute and community services from five main sites:

- Royal Derby Hospital
- Queens Hospital
- London Road Community Hospital
- Samuel Johnson Community Hospital
- Sir Robert Peel Community Hospital

Additionally, the trust has two adult community outpatient surgeries based in Uttoxeter and Swadlincote in South Derbyshire as well as a paediatric community service.

Between 29 January 2019 and 22 February 2019, we inspected Community health inpatient services and Urgent Care using our community methodology. The trust also provides community services for Surgery, Maternity and Outpatients, these were all inspected as part of our acute core service inspections (see acute core service inspection reports for details of these services) under our acute methodology. We did not inspect Community health services for children, young people and families at this time.

## Summary of community health services

At this inspection we did not inspect all of the community core services provided by the trust therefore we are unable to provide an aggregated location rating for these services. We will return in due course to carry out inspections of those core services we didn't inspect this time. We will then aggregate all the core service ratings to provide overall key question and an overall rating community services.

Our findings were:

- There were systems, practices and processes to keep people safe and safeguarded from abuse and staff understood how to protect patients from abuse.
- Services had access to a range of clinical pathways and assessment tools based on national guidance. Care and treatment was provided based on best available evidence, and care outcomes were monitored.
- Staff were caring and treated patients with compassion, dignity and respect.

# Summary of findings

- Staff were supportive of each other and teams worked well together.
- Services mostly controlled infection risk well and systems were in place to maintain standards of cleanliness and hygiene.
- Services were planned to meet the needs of the local population and patient outcomes monitored and acted upon.

However:

- Incident reporting was not consistent across the core services. This meant appropriate investigation and learning was not always in place.
- Robust safeguards were not in place to ensure that patients who required immediate attention had an assessment by a clinician when waiting for longer than one hour to be seen.
- Medicines were not always managed well and in accordance with policies.
- The arrangements for governance and performance management did not always operate effectively in some core services.

# Community health inpatient services

Good 

## Key facts and figures

University Hospitals of Derby and Burton NHS Foundation Trust was formed on 1st July 2018 by the acquisition of Burton Hospitals NHS Foundation Trust by Derby Teaching Hospitals NHS Foundation Trust. The latter trust acquired the former under its existing registration with the CQC. As such, our legal position is that the acquired trust is the same legal entity as Derby Teaching Hospitals NHS Foundation Trust but with additional locations.

The Samuel Johnson Hospital and Sir Robert Peel hospital are community hospitals providing a minor injuries unit, medical care and rehabilitation services, maternity services and outpatients.

The Samuel Johnson hospital has two wards for community inpatient services, each with 23 beds, and Sir Robert Peel hospital has one ward, with 24 beds.

Both hospitals admit adult patients from acute hospitals within the Trust who are deemed clinically fit for discharge and awaiting a care package at home or a placement in a care facility. Rehabilitation and therapy services are provided during their stay.

We inspected Sir Robert Peel hospital and Samuel Johnson Hospital as part of our community health methodology.

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

During the visit, we visited all three wards; spoke with three patients and two relatives; 19 members of staff of different grades including consultant, nurses, pharmacist, healthcare assistants, therapy staff, ward managers, team managers and leaders from the senior team. We also reviewed 10 patient care records.

We inspected the whole core service. 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?

## Summary of this service

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

We rated it as good because:

- Patients were protected from avoidable harm.
- There were systems, practices and processes to keep people safe and safeguarded from abuse.
- Staff had all the information they needed to deliver safe care and treatment.
- Medicines were managed well and in accordance with policies.
- Care and treatment was provided based on best available evidence, and care outcomes were monitored.
- Staff had the skills, knowledge and experience to deliver safe and effective care.
- Teams worked well together and engaged with local organisations to provide good care.
- Patients were treated with kindness, dignity and respect.
- Patients received personalised care according to their needs.
- There was effective leadership. Leaders has the capacity and capability to deliver high quality, sustainable care.

# Community health inpatient services

- There were clear, effective processes for managing risks, issues and performance.

## Is the service safe?

**Good** ●

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

We rated safe as good because:

- The service provided mandatory training in key skills to all staff which was scheduled into the rota.
- 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.
- All three wards were clean and well maintained. Staff adhered to protocols and practices on the wards for managing infectious diseases as per the trust's infection prevention and control policy.
- Staff identified and responded appropriately to changing risks to patients, including deteriorating health and wellbeing, medical emergencies and challenging behaviour.
- A staffing model was used to plan staffing levels which was monitored daily. There were appropriate arrangements in place for using bank and agency staff.
- Staff kept detailed records of patients' care and treatment, which were clear, up-to-date and easily available to all staff providing care. Records were updated by all staff including therapy staff.
- Medicines including controlled drugs were managed and administered safely and appropriately.
- All staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them. Learning was shared with staff.

However;

- Staff told us that they generally had sufficient staff to meet the needs of patients, however, on one of the days we visited Samuel Johnson hospital, both wards appeared to be short of staff. Staff told us this could be due to a heavier than usual workload because of the additional needs of patients who had contracted Norovirus. This had been rectified when we visited again two days later and both wards appeared to be fully staffed.
- The service had suitable premises and equipment and there was appropriate resuscitation equipment was available on each ward. However, the airway equipment was limited to one size.

## Is the service effective?

**Good** ●

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

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.

# Community health inpatient services

- Patients were encouraged to eat their meals at a dining table with other patients to improve their appetite and where required, patients received assistance with eating.
- A nutritional risk assessment was carried out on admission to establish the level of support the patient required.
- Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff were encouraged to attend courses on leadership and mentorship where relevant, as well as courses specific to their role and to the patient group such as training relating to dementia, long term conditions and rehabilitation.
- MDT meetings took place daily on each ward and included the nurse in charge, a physiotherapist, an occupational therapist, a dietician, a speech and language therapist and a social worker. The team focussed on discharge from the point the patient had been admitted.
- Where patients were receiving palliative care, or had more complex needs, additional key staff were involved in discussions about their care in weekly Board rounds with consultants and other staff.
- All patients admitted to the wards from another hospital underwent a capacity assessment as part of their admission process.
- We checked five Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms and found that capacity assessments had been conducted appropriately and discussions with relatives documented in the patients record.

## Is the service caring?

**Good** 

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

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 were committed to ensuring that patient's privacy and dignity needs were understood and respected and our observations confirmed this.
- Staff and therapists worked together to ensure all people who could get dressed and out of bed were encouraged and helped to do this.
- The latest patient survey results showed 95% satisfaction for patient experience.
- A member of the chaplaincy team visited wards one day each week to offer spiritual support and could be called at short notice when required.
- Each ward used a 'This is Me' booklet and encouraged relatives to help patients write down their likes and dislikes and other things that were important to them.
- A communications clinic was implemented to provide relatives with dedicated time to speak with members of the multi-disciplinary team about the care and discharge package requirement for their loved one.



# Community health inpatient services

## Is the service responsive?

**Good** ●

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

We rated responsive as good because:

- The service took account of patients' individual needs.
- The service had developed a multi-disciplinary approach to all aspects of care and involved all staff in daily MDT meetings and handovers to enable all aspects of patient's needs were being discussed and addressed.
- The service worked in collaboration with local GPs, social care team and local fire services to provide a 'frailty hub'. This was a one-stop-shop service where patients with dementia and/or frailty were referred by their GP be reviewed by a consultant, GP, therapy team and a pharmacist at one appointment.
- Staff encouraged patients to engage in activities that interested them and provided a variety of books, music, games, TV and group activity sessions.
- For patients with longer term needs or more complex needs, staff worked with the social care team to secure a care package or placement.
- Whilst in hospital, patients could access care, treatment, assessments and test results quickly. Patients received a full assessment within two hours of admission.

## Is the service well-led?

**Good** ●

This was our first inspection since the acquisition, so we cannot compare our ratings with previous inspections.

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 matron had links and a clear voice with the Board, attended monthly business meetings, and felt supported and valued by the senior leadership team.
- The matron had direct links with local commissioners and had regular communication regarding sustainability of the service.
- We observed a positive culture across the wards. Staff we spoke with were patient-focussed, and proud of the partnership working between the nursing and therapy staff.
- There were processes in place for sharing information upwards to the senior management team and downwards to ward staff.
- There were effective systems to monitor and report on quality and performance measures, which were reported monthly and displayed on the wards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

# Community health inpatient services

- Staff felt engaged and able to raise concerns and felt empowered to suggest new ways of working within their areas.

## Outstanding practice

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

## Areas for improvement

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

# Urgent care

Requires improvement 

## Key facts and figures

University Hospitals of Derby and Burton NHS Foundation Trust was formed on 1 July 2018 with the acquisition of Burton Hospitals NHS Foundation Trust by Derby Teaching Hospitals NHS Foundation Trust under its existing registration with the CQC.

Community urgent and emergency care comprises Samuel Johnson Minor Injuries Unit and Sir Robert Peel Minor Injuries Unit. These provide a nurse-led walk in service based on a 'see and treat' model, to people with minor injuries or minor illness. Both units open seven days a week, Samuel Johnson Minor Injuries Unit between 8am and 9pm, Sir Robert Peel Minor Injuries Unit between 8am and 10pm.

Attendance figures for the trust's community urgent and emergency care services between 1 July 2018 and 31 January 2019 showed an average of 2,006 per month, of which 28% (552) were children at Samuel Johnson Minor Injuries Unit and 2,199 per month, of which 31% (675) were children at Sir Robert Peel Minor Injuries Unit.

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

We visited both minor injuries units where we spoke with 19 members of staff at different levels of seniority. We spoke with five patients including three children, and with five family members. We reviewed ten complete electronic patient records and two live records. We observed care being given and looked at the equipment and environment.

We returned to the Samuel Johnson Minor Injuries Unit during the second week of inspection and spoke with five staff and looked at a further 13 patient records.

## Summary of this service

This service had not previously been inspected under our community health methodology we are not therefore able to compare to past ratings of this service.

We rated it as requires improvement because:

- We did not see evidence that robust safeguards were in place to ensure that patients who required immediate attention had an assessment by a clinician when waiting for longer than one hour to be seen. There was a first contact protocol in place to identify patients who needed seeing urgently, however the effectiveness of this was not monitored or audited.
- We reviewed patient group directions on the Samuel Johnson Minor Injuries Unit and found them to be incomplete and inconsistent. The service were taking action to put this right.
- Incidents and near miss events were not being reported in line with trust policy. This had previously been identified as a concern, but staff provided examples of incidents that had occurred and not been reported. Incident reporting numbers were low.
- We did not see evidence of effective governance, including assurance and auditing systems or processes in the minor injuries units.

However:

- 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 provided examples of how they applied it.

# Urgent care

- The service controlled infection risk well and systems were in place to maintain standards of cleanliness and hygiene. Both minor injuries units were visibly clean and tidy, with completed cleaning schedules in place.
- The service had access to a range of clinical pathways and assessment tools based on national guidance and we saw these in use.
- Staff were caring and treated patients with compassion.
- Both minor injuries units met the standard for admitting, transferring or discharging patients within four hours of attending and staff worked across services to coordinate people's involvement with families and carers.
- Staff were supportive of each other and proud of the service they provided.

## Is the service safe?

### Requires improvement

This service had not previously been inspected under our community health methodology we are not therefore able to compare to past ratings of this service.

We rated it as requires improvement because:

- Systems, processes and standard operating procedures were not always reliable or appropriate to keep people safe. Monitoring whether safety systems were implemented was not robust. The risk register for the acute medicine business unit identified a risk to patient safety caused by a lack of adherence to the consistent patient assessment processes and standard operating procedures at Sir Robert Peel Minor Injuries Unit.
- Safeguards to ensure that patients who require immediate attention were not waiting for longer than one hour to be seen were limited. If the wait is longer than this, patients should have an assessment by a clinician. The service relied on non-clinical reception staff to recognise when patients required immediate attention, using a first contact protocol, however the effectiveness of this was not audited.
- The service did not follow best practice when administering and supplying medicines. There were several inconsistencies in the patient group direction documentation at Samuel Johnson Minor Injuries Unit which was not completed correctly. The required authorisation for staff to prescribe medicines was not documented. When we returned to the unit later in the inspection period we saw evidence that this was being addressed.
- Staff did not always recognise incidents or report them appropriately. This meant there may be missed opportunities for the service to learn from arising themes and make changes to its approach.

However:

- 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. Systems were in place to follow up children who had attended the minor injuries units.
- The service controlled infection risk well. Systems were in place to maintain standards of cleanliness and hygiene. Both minor injuries units were visibly clean and tidy, with completed cleaning schedules in place. Infection prevention and control audits were completed and appropriate action was taken when standards were not met.
- The service had suitable premises and equipment and looked after them well.

# Urgent care

- Staff completed and updated risk assessments for each patient. Early warning score assessments for adults and children were completed and recorded on the electronic patient record.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Electronic patient records were clear, up-to-date and easily available to all staff providing care.

## Is the service effective?

### Requires improvement

This service had not previously been inspected under our community health methodology we are not therefore able to compare to past ratings of this service.

We rated it as requires improvement because:

- We did not find evidence of current participation in relevant quality improvement initiatives, such as local and national clinical audits, benchmarking, (approved) accreditation schemes, peer review, research, trials and other quality improvement initiatives.
- Clinical pathways were available which reflected care and treatment in line with evidence-based guidance and standards however the appropriate use of these was not monitored or audited.
- The service did not audit the appropriateness of referrals to other services, including out-of-hours, urgent treatment centres, accident and emergency, ambulance and pharmacy services.
- On one unit there was a lack of evidence that the service made sure staff were competent for their roles.

However:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. The electronic patient records system included tools based on best practice which facilitated assessment of people's physical, mental health and social needs.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service participated in a ward assurance scheme which enabled managers to monitor compliance against standards.
- Managers appraised staff's work performance and there were processes in place to facilitate supervision by peers and/ or managers for staff, although this was not mandatory.
- The service had good links with other teams and routinely liaised with other local service providers. Pathways were in place to refer patients on when necessary.
- The minor injuries units were open seven days a week.
- There was a wide range of leaflets and health promotion information available to patients.
- Staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

# Urgent care

## Is the service caring?

**Good** ●

This service had not previously been inspected under our community health methodology we are not therefore able to compare to past ratings of this service.

We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We saw staff engaging well with patients, listening to them and putting them at ease.
- Staff provided emotional support to patients to minimise their distress. We observed a child with a head injury being assessed at Samuel Johnson Minor Injuries Unit. All appropriate care was given and the nurse was caring and calmed the child.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients attending the minor injuries units were invited to complete a satisfaction survey via text message.

## Is the service responsive?

**Good** ●

This service had not previously been inspected under our community health methodology we are not therefore able to compare to past ratings of this service.

We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. Both minor injuries units were open every day and provided treatment, advice and support to the local population.
- The community urgent and emergency care services consistently met the standard for admitting, transferring or discharging patients within four hours of attending the minor injuries units.
- The service took account of patients' individual needs. Children's waiting areas with toys were available in both minor injuries units.
- The minor injuries units referred people to social support services when appropriate, for example a club for patients who wanted to learn how to use a computer. On one site there was a weekly class held in the cafeteria where people could participate in seated exercise to music.
- Staff worked across services to coordinate people's involvement with families and carers, for example speaking regularly with the local care homes when their patients attended.

However:

- There were no local key performance indicators or target times for patients to be assessed in from their arrival at the minor injuries unit to assessment.
- Information about learning from complaints and concerns was limited.

# Urgent care

## Is the service well-led?

### Requires improvement

This service had not previously been inspected under our community health methodology we are not therefore able to compare to past ratings of this service.

We rated it as requires improvement because:

- Managers were not clear on how they were addressing the challenges facing them regarding management of the minor injuries units. They did not have a clear overview of what was happening in the units. For example, during our interview we were told there were “lots of audits” taking place in the minor injuries units, however we only saw results from two environmental audits.
- The trust vision was not embedded at a local level. The future of the minor injuries units in their current format was the subject of discussion at a strategic level and this was unsettling for staff.
- Over the course of our inspection staff used terms such as “self-sufficient”, “self-managing” and “stand alone” in reference to the minor injuries units. Staff did not know what their goals or targets were in terms of key performance indicators and were disillusioned by frequent organisational changes.
- We did not see evidence of the trust using a systematic approach to continually improving the quality of its services in community urgent and emergency care. We did not see a programme of clinical and internal audit to monitor quality, operational and financial processes, with systems to identify where action should be taken.
- There were no clear plans identifying how the trust planned to eliminate or reduce identified risks and there was no local business continuity plan.

However:

- Plans were underway to recruit a new matron with responsibility for community urgent and emergency 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.
- Managers were positive about the acquisition and promoted a positive culture that supported and valued staff.
- Staff we spoke with at both minor injuries units were supportive of each other and proud of the service they provided.

## Areas for improvement

We found four 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

Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing



# Our inspection team

The inspection was led by Michelle Dunna, Interim Inspection Manager. Carolyn Jenkinson supported the inspection of well led for the trust overall. The Chief Inspector of Hospitals and an executive reviewer supported our inspection of well-led for the trust overall.

The team included two [further] CQC Inspection Managers, 11 [further] CQC inspectors, one pharmacist specialist inspector, four bank inspectors, two assistant inspectors and 20 specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.