

# University Hospitals Birmingham NHS Foundation Trust

## Inspection report

Queen Elizabeth Hospital Birmingham  
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2018  
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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?

Outstanding 

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

University Hospitals Birmingham NHS Foundation Trust is one of the largest teaching hospital trusts in England, serving a regional, national and international population.

On 30 June 2004, the trust received authorisation to become one of the first NHS Foundation Trusts in England. In September 2016 the trust announced plans to merge with the Heart of England NHS Foundation Trust. The merger by acquisition took place on 01 April 2018. The combined organisation has a turnover of £1.6bn and provides acute and community services across four main hospitals:

- The Queen Elizabeth Hospital Birmingham
- Birmingham Heartlands Hospital
- Good Hope Hospital
- Solihull Hospital

The trust also runs Birmingham Chest Clinic, a range of community services and a number of smaller satellite units, allowing people to be treated as close to home as possible.

The trust has 2,366 in-patient beds over 105 wards in addition to 115 children's beds and 145 day case beds. The trust operates 7,127 outpatients' and 304 community clinics per week.

The trust has over 20,000 members of staff.

CQC carried out an inspection of the trust in October 2018. This is the trust's first inspection since its merger by acquisition in April 2018.

We have not taken the previous ratings of services at the Heart of England 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

**Our rating of this trust stayed the same since our last inspection. We rated it as Good** ● → ←

## What this trust does

University Hospitals Birmingham NHS Foundation Trust sees and treats more than 2.2 million people every year across their sites and their hospitals deliver more babies than anywhere else in Europe.

The trust is a regional centre for cancer, trauma, renal dialysis, burns and plastics, HIV and AIDS, as well as respiratory conditions like cystic fibrosis. The trust also has expertise in premature baby care, bone marrow transplants and thoracic surgery and has the largest solid organ transplantation programme in Europe.

The trust provides a series of highly specialist cardiac, liver and neurosurgery services to patients from across the United Kingdom.

# Summary of findings

The trust is world-renowned for trauma care and has developed pioneering surgical techniques in the management of ballistic and blast injuries, including bespoke surgical solutions for previously unseen injuries. As a result of its clinical expertise in treating trauma patients and military casualties, the Queen Elizabeth Hospital has been designated both a Level 1 Trauma Centre and host of the UK's only £20m National Institute for Health Research (NIHR) Surgical Reconstruction and Microbiology Research Centre (SRMRC).

## 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 08 October and 19 October 2018, we inspected a total of five acute core services provided by the trust across four locations. We inspected urgent and emergency care, medical care, surgery and outpatients at Queen Elizabeth Hospital Birmingham. We also inspected urgent and emergency care, medical care, surgery and maternity at Birmingham Heartlands Hospital, Good Hope Hospital and Solihull Hospital. In addition, we inspected Community health services for end of life care and children, young people and families.

At our last inspection outpatients at Queen Elizabeth Hospital Birmingham was rated as requires improvement. Urgent and emergency care, medical care and surgery at Queen Elizabeth Hospital Birmingham 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 and maternity at Birmingham Heartlands Hospital, Good Hope Hospital and Solihull Hospital had not been inspected since the merger by acquisition in April 2018. We chose to inspect these services this time based on our local intelligence. Community health services for end of life care and children, young people and families had not previously been inspected.

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 26 and 29 November 2018.

## What we found

### Overall trust

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

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

# Summary of findings

## Are services safe?

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

- Controlled of infection risk was managed well, particularly regarding hand hygiene. They used control measures to prevent the spread of infection.
- Services were assessed and responded to patient risk and took action to respond to the deteriorating patient
- Records were mostly kept in line with national guidance.

Are services effective

## Are services effective?

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

- All core services kept in line with trust standards for pain screening and treatment. We found staff ensured patients were provided with effective pain relief information, advice and medication.
- We found core services provided care and treatment based on national guidance and evidence of its effectiveness, which staff demonstrated through their delivery of care

## Are services caring?

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

- Staff cared for patients with compassion and mostly maintained patient's privacy and respect.
- 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:

- Services were planned to meet the needs of the local population
- Services were considerate and acted to meet the needs of patients such as those living in vulnerable circumstances.
- Care and treatment was mostly coordinated with other services and other providers.
- Patients knew how to give feedback about their experiences and could do so in a range of accessible ways, including how to raise any concerns or issues.

## Are services well-led?

We rated it as outstanding because:

- There was compassionate, inclusive and effective leadership at all levels. The trust had a senior leadership team in place with the appropriate range of skills, knowledge and experience.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The trust housed state of the art clinical informatics with an advanced electronic data system and was regarded as an exemplar for its clinical and non-clinical governance systems.

# Summary of findings

- There were consistently high levels of constructive engagement with staff and people who used services, including all equality groups. The trust engaged and involved patients to shape services and culture.
- Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. In September 2016, the trust was named as a Global Digital Exemplar trust as part of new plans to fast-track digital development and improve the digital skills of the NHS workforce.

## **The Queen Elizabeth Hospital Birmingham**

Our rating of The Queen Elizabeth Hospital Birmingham stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- Most core services controlled infection risk well, particularly regarding hand hygiene. They used control measures to prevent the spread of infection.
- All core services kept in line with trust standards for pain screening and treatment. We found staff ensured patients were provided with effective pain relief information, advice and medication.
- We found core services provided care and treatment based on national guidance and evidence of its effectiveness, which staff demonstrated through their delivery of care.
- We found most core services planned and provided services in a way that met the needs of local people.
- Staff cared for patients with compassion and mostly maintained patient's privacy and respect.

However:

- There was inconsistent safe management of refrigerated medicines. We found staff were not consistently recording fridge temperatures, or taking appropriate action when required.

## **Birmingham Heartlands Hospital**

At this inspection we did not inspect all eight core services at Birmingham Heartlands Hospital, therefore we are unable to provide an aggregated location rating for this hospital. 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 location rating for Birmingham Heartlands Hospital.

Our inspection findings were:

- We found some core services did not consistently provide mandatory training in key skills to all staff and made sure everyone completed it. Not all staff had appropriate level 2 safeguarding training.
- Not all services controlled infection risk well. We found staff kept themselves clean, but equipment and the premises was not always clean. Some core services did not always use control measures to prevent the spread of infection.
- Medicine were not always stored according to trust policy, with fridge and room temperatures not always being recorded.
- Not all staff understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Some patients were being deprived of their liberty without formal documentation to support this. The formal two-stage assessment as recommended in local policy and in national legislation was not being used when staff deemed patients lacked capacity to make decisions. We found nursing documentation of mental capacity assessments and best interest decisions making were not always completed.
- We found although concerns and complaints were treated seriously, they were not always investigated in a timely way. Lessons learned as a result of complaints were not consistently shared with all staff.

# Summary of findings

- Governance and risk systems were not always reliable or robust. In some core services the risks were not regularly reviewed or monitored. Staff we would have expected to know did not always understand governance issues within their services.

However;

- Staff mostly cared for patients with compassion across the core services.
- We found staff provided emotional support to patients to minimise their distress.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.

## **Good Hope Hospital**

At this inspection we did not inspect all eight core services at Good Hope Hospital, therefore we are unable to provide an aggregated location rating for this hospital. 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 location rating for Good Hope Hospital.

Our findings were:

- We found some core services did not consistently provide mandatory training in key skills to all staff and made sure everyone completed it.
- Services did not always control infection risk well. We found staff kept themselves clean, but equipment and the premises was not always clean. Some core services did not always use control measures to prevent the spread of infection.
- Best practice when storing, administering and recording medicines was not always followed. We found patient allergies to medicines were not always recorded nor safety precautions taken.
- We found some core services failed to meet the national standard for the proportion of patients having surgery on the day or day after admission, for the perioperative medical assessment rate, and for the proportion of patients not developing pressure ulcers.
- Across some core services we found the trust did not always have effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

However:

- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff mostly cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness across services.
- The trust mostly planned and provided services in a way that met the needs of local people.

## **Solihull Hospital**

At this inspection we did not inspect all eight core services at Solihull Hospital, therefore we are unable to provide an aggregated location rating for this hospital. 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 location rating for Solihull Hospital.

Our findings were:

# Summary of findings

- Patient safety incidents were not always managed well. Staff recognised incidents and reported them appropriately, however, learning from an incident was sometimes missed or not fully implemented.
- Staff did not always keep appropriate records of patients' care and treatment, including inconsistent recording of information about sepsis.
- Services did not always take account of patients' individual needs. We found limited accessible information for patients with a learning disability or whose first language was not English including leaflets or face to face interpreters.
- We found in some core services managers did not always promote a positive culture that supported and valued staff, as some staff did not feel actively engaged or empowered, and others did not feel listened to.

However:

- Staff cared for patients with compassion across the core services, and some patients reported staff went the extra mile to support patients.
- In most core services we found the trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Infection risk was mostly controlled well. Staff mostly kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.

## 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:

- Staff understood how to protect patients from abuse and had training on how to recognise and report abuse.
- Staff mostly had the qualifications, skills and experience to deliver care and treatment to patients.
- Services were mostly planned to meet the needs of the local population and those patients accessing services.
- Without exception, staff cared for patients with compassion. We saw example of staff going above and beyond regularly in some services.
- Feedback from patients and their relatives was positive about the care and treatment staff provided.

However:

- There was limited monitoring of quality measures in some core services.
- Not all incidents were reported by staff which meant appropriate investigation and learning was not in place.
- There was a lack of vision and clear plans on how community services should be delivered.
- The arrangements for governance and performance management did not always operate effectively.



# Summary of findings

## Ratings tables

Good Hope Hospital, Solihull Hospital and Birmingham Heartlands Hospital was previously managed by Heart of England NHS Foundation Trust. On 1 April 2018 a merger by acquisition took place of Heart of England NHS Foundation Trust by University Hospitals of Birmingham NHS Foundation Trust. As such these hospitals now form part of University Hospitals of Birmingham NHS Foundation Trust.

We have not taken the previous ratings of services at Heart of England 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 eight core services at Good Hope Hospital, Solihull Hospital and Birmingham Heartlands Hospital, therefore we are unable to provide an aggregated location rating for each of these hospitals. 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 location rating for Good Hope Hospital, Solihull Hospital and Birmingham Heartlands Hospital.

We have aggregated the overall rating for Queen Elizabeth Hospital, taking into account the previous ratings of core services we did not inspect this time. Well-led rating for 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 and emergency care, medicine, surgery, maternity and outpatients,

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

## Areas for improvement

We found 178 areas for improvement including five breaches of legal requirements that the trust must put right. We found 127 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

## Action we have taken

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



# Summary of findings

## The Queen Elizabeth Hospital Birmingham

### Urgent and emergency services

- The thrombectomy team demonstrated their dedication to developing a 24-hour service when they attended the hospital during a public holiday in January 2018 when they were not scheduled to work to treat a patient in an emergency.
- A nurse-led discharge team in the CDU had reduced the average wait for discharge from five hours to one hour, from the point a consultant made the decision to discharge.
- The consultant sepsis lead maintained an outstanding audit and improvement programme that demonstrated a proactive, embedded approach to the completion of sepsis screening and care pathways. This included individual encouragement of staff and long-term monitoring of performance.
- A dedicated musculoskeletal physiotherapy service operated from the ED six days per week, improving access to specialist care and reducing the pressure on the emergency medical service.
- The mental health liaison team had been formed following feedback from staff in the CDU and had significantly improved the ability of the service to meet the needs of patients with complex mental health challenges.
- The x-ray team and the consultant of the day in ED led a safety system that meant all x-ray results were reviewed and followed-up on the same day. This reduced the risk of missed diagnoses and meant all patients were cared for within a fail-safe system.
- A research physiotherapist was based in the CDU one day per week and encouraged research within the team that would contribute to improving evidence-based care, such as the treatment of patients with emphysema. This reflected the continual focus on improving services and patient outcomes through the development of new practice.
- A specialist HIV consultant had led a project in CDU in January 2018 to implement routine HIV testing of all patients on an opt-out basis. There were no comparable initiatives in the trust, which meant potential unknown HIV infections could be missed. The pilot scheme results had confirmed regional incidence rates of two HIV positive results per 1000 people and highlighted the benefits to patient outcomes of early testing and treatment. As a result, other specialties in the hospital implemented more proactive HIV testing, including critical care and trauma and orthopaedics.
- A divisional team and heads of therapies had launched an improving emergency flow project that involved working more closely with inpatient wards and placing an occupational therapist on ward 518, an older people's ward. The therapist was trained in discharge planning, could order equipment for patient's arrival home and worked with the local authority to reach an agreement that the therapist could approve a social care package, in collaboration with social workers, of up to four home visits per day. This project had reduced the length of stay for this patient group by 2.6 days and identified substantial multidisciplinary work undertaken to reduce unnecessary time spent in the hospital.

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

- Staff in Division A had established 11 distinct workstreams that aimed to improve care for patients living with specific needs by providing direct access to the ambulatory care unit instead of an inpatient stay. Teams worked collaboratively with colleagues in medical specialties to establish new care pathways, such as for vascular conditions and cancer care. This improved patient experience and helped to reduce the pressure on inpatient medical wards.

# Summary of findings

- Foundation year one (FY1) junior doctors on ward 514, a stroke ward, had access to extensive and substantive training opportunities. A stroke consultant had introduced an on-call system for FY1 doctors that meant they accompanied the consultant on emergency calls to the emergency department as a learning opportunity. This provided otherwise inaccessible learning opportunities to junior doctors, fostered good working relationships between doctors at different levels of experience and improved job satisfaction.
- A stroke research nurse was leading the service in four research and audit programmes to benchmark and develop care in areas such as cognitive impairment, post-stroke language abilities and transient ischaemic attack review processes. This demonstrated the proactive approach of the stroke team in engaging with leading-edge research and innovative explorations to improve practice.
- Heads of therapies had established local working groups and relationships with higher education institutions to tailor on-going recruitment to the needs of the acute environment and to address gaps in training and education from Health Education England. This was a unique arrangement in England and demonstrated the substantial efforts of the team to ensure the service remained resourced and sustainable.
- Staff on ward 625 had piloted and implemented new processes to replace the traditional nurse handover. The new processes involved a whole-team board handover followed by a nurse-led patient-focused review at each patient's bedside. Staff had developed each process to adhere to specific checklists that acted as assurance of up to date risk assessments and observation intervals and reflected a significant improvement in the ability of nurses to lead safe care.
- A dedicated stroke research nurse led multiple projects in the specialty to benchmark care and patient outcomes with the latest understanding and research. At the time of our inspection the stroke service was participating in four research and audit programmes that included hyper acute, acute and rehabilitation services. Specialist acute stroke nurse practitioners played a key role in research and audit projects.
- The speech and language therapy and dietician teams had led a project to identify their impact on patients receiving radiotherapy. The study found 88 bed days had been saved through use of the collaborative model of care.
- Stroke consultants had implemented a substantive teaching and learning system for foundation year doctors that enabled them to attend and observe calls to the emergency department. This offered substantive learning opportunities and reflected the opportunistic learning culture of medical care services that placed significant importance on the development of junior staff.

## **Surgery**

- The surgical service was a lead in the treatment of hand injuries. The service had implemented a “hot clinic” treatment room in the surgical assessment unit where staff could treat patients with hand injuries. This prevented delays in treatment for these patients coming into the emergency department. The trust employed specialist hand coordinator nurses to work alongside the consultants.
- The surgical service had introduced occupational therapist led discharge for patients who required simple packages of care, lived in the Birmingham area and had a GP also in the Birmingham area. The occupational therapists could complete the patient's transfer of care assessment which meant there was no delay for social worker allocation. Patients benefited from reduced delays in discharge from hospital.
- The service had a maxillofacial surgery laboratory in theatres and ward. The service also offered surgery for ear, nose and throat, trauma and plastic surgery. The service used ground breaking 3D printers in the prosthetics laboratory to model parts of the face and body and everything made was bespoke to the patient. Clinical nurse specialists and nurse educators trained nurses to manage patients with complex requirement, such as tracheostomy patients. The service employed a biomedical engineer to develop the products for the service.

# Summary of findings

- The service had implemented a “code red” process for trauma emergencies. The hospital was a major trauma centre and had also seen a rise in complex medical emergencies such as stabbings. Consultant from all specialisms across the surgical service had agreed to be part of the code red process. Following an emergency one call was put out, theatres were alerted and a theatre was made available immediately. Consultants, anaesthetists and nursing staff immediately responded to treat patients and improve patient outcomes.
- The service was a national lead for major incident planning and had worked with NHS England and the World Health Organisation to develop a triage system for disaster planning which was due to go live soon.

## Outpatients

- The trust developed the MyHealth system where records of consultations could be shared with outpatients with chronic or long-term conditions. This could improve patient care by providing a recording of the doctor’s or nurse’s advice given during a consultation, which the patient could listen to again if needed.
- Many of the outpatient specialties were pioneering initiatives to improve patient care. For example, ophthalmology had obtained funding for the development of a patient glaucoma passport to promote patient adherence to the care plan and manage the condition more effectively. There were plans for a similar diabetic personal health record.
- The cancer service was the largest centre participating in the national 100,000 Genomes Project. This aimed to improve cancer care for NHS patients, through tailoring treatment and outcomes through personalised medicine. It involved sequencing DNA from a patient’s tumour and healthy cells and comparing the two sequences. Treatment had not gone live for patients but the service had tumour boards in place.
- Cancer services had reorganised to provide 24 different multidisciplinary team meetings (MDTs) to determine care plans and review cases for different groups of cancer outpatients. The skin cancer team was the largest of its kind in the UK. Urology - a project in urology led to revised pathways for cancer and MRI scanning patients before making the decision to have a biopsy. This meant that fewer patients underwent the discomfort of a biopsy. This process had been adopted regionally. A lead consultant adjusted the pancreatic cancer pathway so that the patient went straight to surgery without having a stent. After this approach was trialled and reported it was adopted nationally.
- Clinical nurse specialists provided support to patients with life changing diagnoses in outpatients and cancer services. An Eye Clinic Liaison Officer gave practical help to patients adjusting to sight loss and cancer patient had access to an oncology psychologist.
- A specialist addiction nurse attended liver CNS clinic and the adult learning disabilities service ran specialist clinics, notably in hepatology (liver). The liver specialty also had access to the Reach Out Recovery Alcohol Referral team.

## Birmingham Heartlands Hospital

### Urgent and emergency services

- We saw outstanding practice at a medical handover we attended; all pertinent patient information was discussed and referred to the psychological and emotional needs of patients. Staff at all levels were confident to challenge one another.
- The dementia trolley in ED was an outstanding addition to help distract patients, give them some activity while waiting, stimulate and reduce anxiety and agitation. This equipment was also suitable for patients with learning disabilities and for distraction therapy.

### Maternity

# Summary of findings

- The service maintained a mortuary fridge in a side room of the suite, which conformed to the guidelines of, and was monitored by the Human Tissue Authority (HTA). This meant women and their families could spend as much time as they wished with their baby without having to face the additional distress of visiting the mortuary. Staff were also able to discharge babies direct from the suite to undertakers or if parents wished to take their babies home for a time.
- We observed staff had made innovations to the mandatory training programme to make the sessions more interactive and engaging for staff, using games and different learning styles and mediums.
- Staff told us the service was part of the first wave of NHS Improvement Maternal and Neonatal Health Safety Collaborative and were using quality improvement methodology to improve outcomes for women and babies. As part of this process the service used a process across all maternity sites called 'Learning from Excellence' (LFE) to encourage staff to nominate their colleagues when they recognise excellent work or practice.
- The service won the Royal College of Midwives 'Sands Bereavement Care Award' in 2017 and one of the specialist midwives also won a 'Who cares Wins' award in October 2018, promoted by a national newspaper.
- The service used a process across all maternity sites called 'Learning from Excellence' (LFE) to encourage staff to nominate their colleagues when they recognise excellent work or practice.

## Good Hope Hospital

### Surgery

- Good hope hospital was one of three hospitals in the county to carry out Hyperthermic Intraperitoneal Chemotherapy (HIPEC).

### Maternity

- The service maintained a mortuary fridge within close proximity of the bereavement suite, which conformed to the guidelines of, and was monitored by the Human Tissue Authority (HTA). This meant women and their families could spend as much time as they wished with their baby without having to face the additional distress of visiting the mortuary. Staff were also able to discharge babies direct from the suite to undertakers or if parents wished to take their babies home for a time.
- We observed staff had made innovations to the mandatory training programme to make the sessions more interactive and engaging for staff, using games and different learning styles and mediums.
- Staff told us the service was part of the first wave of NHS Improvement Maternal and Neonatal Health Safety Collaborative and were using quality improvement methodology to improve outcomes for women and babies. As part of this process the service used a process across all maternity sites called 'Learning from Excellence' (LFE) to encourage staff to nominate their colleagues when they recognise excellent work or practice.

## 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.

### Actions the trust **MUST** take:

#### Queen Elizabeth Hospital Birmingham

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

# Summary of findings

- The trust must ensure medicines management processes result in consistent and safe practice, including in relation to the storage of refrigerated medicine and management of controlled drugs

## **Birmingham Heartlands Hospital**

### **Urgent and emergency services**

- The trust must ensure ED at Birmingham Heartlands Hospital has enough medical staff to meet the requirements of the Royal College of Emergency Medicine for 16 hours of consultant presence per day.
- The trust must ensure ED at Birmingham Heartlands Hospital has information accessible in different languages for patients and relatives whose first language was not English.
- The trust must ensure ED at Birmingham Heartlands Hospital improve their performance for patients admitted, transferred, or discharged within four hours at Birmingham Heartlands Hospital. This performance was below the Department of Health's target of 95% at 79.02%.

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

- The trust must ensure all patients receive a mental capacity assessment when concerns about a patient's capacity to consent to care and treatment is identified.
- The trust must ensure all patients who are deprived of their liberty are done so lawfully and ensure all staff understand their role and responsibility in depriving a patient of their liberty.
- The trust must ensure all clinical staff and non-clinical staff receive the appropriate level of safeguarding children training, as directed in the Intercollegiate guidance: Safeguarding Children and Young People: Roles and competencies for Health Care Staff (March 2014).
- The trust must ensure all medicines and medical gases are stored in line with the trusts own policy and recommended medicines guidance, and staff take appropriate action when they are not.
- The trust must ensure that there are sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet peoples care and treatment needs.
- The trust must ensure patients are screened and managed for sepsis in accordance with local trust policy.
- The trust must ensure patients moved on to ward areas under the 'safer patient placing' process are risk assessed appropriately and placed into a safe environment.

### **Surgery**

- The trust must improve consistency in the use of the WHO surgical safety checklist and other safety checks in the operating theatres.
- The trust must improve the management of medicines.

### **Maternity**

- The trust must ensure that incidents are graded correctly to ensure duty of candour can be commenced.
- The trust must ensure staff follow trust guidelines to ensure women are not having unnecessary caesarean sections.
- The trust must ensure the environment and equipment is visibly clean at all times.
- The trust must ensure staff follow trust policy and relevant guidance when storing and administering medicines.
- The trust must ensure maternity support workers are only carrying out tasks which are appropriate to their role.

# Summary of findings

- The trust must ensure that daily checking is carried out for all emergency equipment.

## **Good Hope Hospital**

### **Urgent and emergency services**

- The trust must ensure it has enough medical staff to meet the requirements of the Royal College of Emergency Medicine.
- The trust must ensure that medication fridge temperatures are within the national guidelines.
- The trust must ensure that it has a robust risk register including updated and measurable actions with clear deadlines.
- The trust must ensure that leaders are aware of all risks within the department and these are recorded and mitigated as appropriate.
- The trust must ensure there are robust processes to collect, analyse, manage and use information well to support all its activities.
- Leaders did not have sufficient oversight of all the risks affecting the service.
- The median time from arrival to initial assessment was worse than the overall England median from April 2018 to September 2018.
- The trust must ensure that all Patient Group Directives (PGDs) are regularly reviewed and within date.

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

- The trust must ensure its staffing levels are safe across all the wards so patients are protected from avoidable harm.
- The trust must ensure all its windows comply with Health and Safety Executive (HSE) guidance and not open more than 100mm.
- The trust must ensure all waste is disposed of correctly in line with best practice.
- The trust must ensure COSHH products are secured behind locked doors on the wards.
- The trust must ensure medical staff have appropriate access to mandatory training.
- The trust must ensure all staff are appropriately trained in clinical resuscitation.
- The trust must ensure it is monitoring and recording fridge temperatures correctly and actions are taken when temperatures are out of safe parameters.
- The trust must ensure its governance and risk management systems identify problems on wards so actions can be taken to tackle them.

### **Surgery**

- The trust must improve mandatory update training including resuscitation training for medical staff
- The trust must ensure that the completion rate for medical staff safeguarding training level 2 children is improved to reach the 90% target rate.
- The trust must ensure that medicines are administered safely and that allergies to medicines are clearly documented and precautions taken.
- The trust must ensure that complaints are addressed in a timely way and in line with the complaints policy.

# Summary of findings

## **Maternity**

- The trust must ensure the environment and equipment is visibly clean at all times.

## **Solihull Hospital**

### **Urgent and emergency services**

- The trust must ensure that systems and processes are established and operated effectively and that the trust assesses, monitors and mitigates the risks relating to the health, safety and welfare of services users and others who may be at risk.
- The trust must ensure that that the divisional risk register reflects all risks within the department.
- The trust must ensure that there are clear processes and policies in place around children who are not acutely unwell attending the unit at night.
- The trust must ensure that leaders monitor/audit and have sufficient oversight of the department including pain scoring in children and timely initial assessment of patients.

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

- The trust must ensure the service provides mandatory training in key skills to medical staff, across Solihull Hospital.

## **Surgery**

- The trust must improve consistency in the use of the WHO surgical safety checklist and other safety checks in the operating theatres
- The trust must improve the management of medicines.

## **Community health services**

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

- The trust must ensure staff recognise and report all incidents to ensure appropriate investigation and actions are in place to highlight both actual and potential risks.
- The trust must ensure there are suitable arrangements for the administration and management of non-prescribed and as required medicines.
- The trust must ensure there are sufficient and appropriate staff available to provide timely and appropriate care and treatment.
- The trust must ensure suitable equipment is available to weigh children and young people and ensure they receive appropriate treatment.
- The trust must review oversight and governance arrangements for the service to ensure risks are fully identified and acted upon.

## **Actions the trust SHOULD take**

### **Queen Elizabeth Hospital Birmingham**

#### **Urgent and emergency services**

- The trust should ensure medicines management processes result in consistent and safe practice, including in relation to the storage of refrigerated medicine and management of controlled drugs.



# Summary of findings

- The trust should ensure the minimum standards of the Royal College of Emergency Medicine (RCEM) for a major trauma centre are met.
- The trust should ensure it has enough medical staff to meet the requirements of the Royal College of Emergency Medicine.
- The trust should ensure patients arriving to the department are triaged within 15 minutes of arrival.
- The trust should ensure staff understand their responsibilities in relation to care and treatment when a patient is subject to a section order under the Mental Health Act.
- The trust should ensure safety equipment is checked regularly for maintenance and stock.
- The trust should ensure RAID team have appropriate access to important patient information they needed to make decisions.
- The trust should ensure there is a level of assurance of stringent fire safety processes, including training for staff.
- The trust should ensure patient one-to-one observations particularly those with mental health needs are delivered by appropriate staff who are trained to deliver this care.
- The trust should ensure Implement an audit or assurance process for compliance with the Mental Health Act.

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

- The trust should ensure practice in the cardiac catheter labs is compliant with the Royal College of Anaesthetists guidance on conscious sedation.
- The trust should ensure to take away (TTA/TTO) medicines prescribed for patients awaiting discharge in the discharge suite are delivered as soon as possible after the patient is transferred.
- The trust should ensure automatic fire doors in the therapies suites remain free from obstruction and are never artificially or forced to remain open.

## **Surgery**

- The trust should ensure that medical staff have completed safeguarding level 2 training. The completion rate for medical staff between April 2017 and March 2018 was 68.3% against the trust target of 90%.
- The service should ensure checks of fridge temperatures, the anaesthetic machine and resuscitation equipment are always recorded to show they have been completed.
- The trust should ensure that staff always complete the Stryker Saw Instrument checklist correctly and follow the WHO surgical safety checklist in all cases.
- The service should consider review the need for occupational therapist weekend cover.
- The trust should review the care of elective and trauma orthopaedic patients who are cared for on the same ward.

## **Outpatients**

- The trust should reinforce the processes around fridge checks and resuscitation trolley checks and ensure appropriate action is taken when deviation from acceptable parameters.
- The trust should develop a systematic approach to providing access for diverse groups of patients. It was not always easy for older people to find their way to the appropriate waiting area and the format of patient appointment letters did not help, because there was no internal plan of the hospital. The electronic patient appointment system did not flag up vulnerable outpatients before their arrival

# Summary of findings

- The trust should consult on and develop an outpatient access policy to clarify their approach to appointments, wait times, cancellation and non-attendance to outpatients
- The trust should review areas where flow is not working smoothly and where patients have to stand in a queue, such as in the fracture clinic area.
- The trust should protect outpatient privacy by ensuring that consultations and blood samples are taken in private surroundings.

## **Birmingham Heartlands Hospital**

### **Urgent and emergency services**

- The trust should ensure the ED at Birmingham Heartlands Hospital has health promotion information such as obesity and smoking cessation readily available.
- The trust should ensure the ED at Birmingham Heartlands Hospital has sufficient privacy for patients to register in the reception area in the minors' area.
- The trust should ensure the ED at Birmingham Heartlands Hospital investigate complaints in a timely way in accordance with the trust policy.
- The trust should ensure the information technology systems in ED at Birmingham Heartlands Hospital allow availability, integrity and confidentiality of identifiable data, records and data management systems.
- The trust should ensure the new vision and strategy is fully integrated in ED at Birmingham Heartlands Hospital.

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

- The trust should ensure all medicines administered to patients are done so safely and in line with professional medication administration standards and trust policy.
- The trust should review the way in which staff use the communal wash solution to ensure it is used correctly and effectively.
- The trust should ensure all reusable items of equipment are appropriately decontaminated after patient use.
- The trust should ensure all patient records are stored securely in line with trust policy and current legislation.
- The trust should ensure all patients have access to their call bells to enable them to summon assistance when required.
- The trust should consider using the 'this is me' document consistently throughout the wards.
- The trust should consider displaying information in all wards and department advising patients of the complaints process.

### **Surgery**

- The trust should review capacity and patient flow on the surgical assessment unit.
- The trust should review out of hours medical staffing in surgery
- The trust should improve the communication of lessons from incidents and ensure learning from other trust sites is communicated to staff.
- The trust should improve the documentation of decision making when patients are unable to consent to specific aspects of their care.

# Summary of findings

- The trust should review food provision for patients to improve choice and quality of food.
- The trust should review the provision of interpreting services for patient when decisions such as consent for surgery are involved.
- The trust should improve the timeliness of response to complaints

## **Maternity**

- The trust should ensure that guidelines are reviewed and renewed in a timely manner.
- The trust should ensure that all staff are aware of their senior management team.
- The trust should ensure the senior management team is visible and accessible to staff.
- The trust should ensure the culture supports the delivery of good care.
- The trust should ensure staff follow trust policy with regards to the pre-drawing and labelling of emergency drugs in the obstetric theatres.
- The trust should ensure that all medical staff complete mandatory safeguarding training.

## **Good Hope Hospital**

### **Urgent and emergency services**

- The trust should ensure action is taken to improve compliance with hand hygiene.
- The trust should ensure that training records detailing the completion of resuscitation training are accurate and up to date.
- The trust should ensure it trains staff in deprivation of liberties, mental health, learning disability or autism to reflect the patients that are being cared for.
- The trust should ensure complaints are investigated and closed in a timely manner in line with the complaints policy.
- The trust should consider how consistent recording of consent to treatment is recorded in patient records.
- The trust should consider providing 24-hour security support to the department.

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

- The trust should ensure it takes action to reduce the number of falls on the wards.
- The trust should ensure it takes action to reduce the number of medication errors on the wards.
- The trust should ensure that patients who are infection control risks are segregated from the rest of the ward when necessary.
- The trust should ensure all staff are washing their hands in line with best practice.
- The trust should ensure it can evidence its cleaning schedules have been completed.
- The trust should ensure resuscitation trollies are checked on a daily basis and the checks are recorded.
- The trust should ensure that it meets its target for appraisal of staff.
- The trust should ensure all of its policies on the intranet are up to date.

## **Surgery**

- The trust should ensure that up to date safety thermometer information is clearly displayed.

# Summary of findings

- The trust should ensure that LocSSIPs are developed and embedded for staff guidance.

## **Maternity**

- The trust should ensure that guidelines are reviewed and renewed in a timely manner.
- The trust should ensure that all staff are aware of their senior management team.
- The trust should ensure the senior management team is visible and accessible to staff.
- The trust should ensure staff follow trust policy with regards to the pre-drawing and labelling of emergency drugs in the obstetric theatres.
- The trust should ensure staff follow good practice when prescribing medicines

## **Solihull Hospital**

### **Urgent and emergency services**

- The trust should ensure that all patients have an initial assessment within 15 minutes of arrival at the unit, that this is documented and that managers have adequate oversight.
- The trust should ensure that pain is adequately assessed, that scoring tools are utilised and pain scores are recorded.
- The trust should ensure that staff consistently record resuscitation trolley checks and that trollies are tamperproof.
- The trust should ensure that paper records are kept securely at all times and that patient records are fully completed.
- The trust should consider learning from incidents as a standard agenda item in team meetings.
- The trust should ensure they improve standards in relation to the percentage of patients admitted, transferred or discharged within four hours.
- The trust should ensure they improve standards around the percentage of patients that left the department without being seen.
- The trust should ensure they improve standards around the medium time spent in A and E.
- The trust should consider implementing an updated early warning score tool.
- The trust should ensure they have adequate communication tools to support patients with learning disabilities, dementia or other communication issues.
- The trust should consider learning from complaints as a standard agenda item in team meetings.
- The trust should ensure that staff are supported in a way that relieves their anxieties and that individual concerns are addressed.
- The trust should ensure that all staff including health care assistants are given the opportunity to attend regular team meetings.
- The trust should ensure they supply patients with information in other languages and in an accessible format.
- The trust should ensure they investigate complaints in a timely way in accordance with trust policy.
- The trust should ensure agency staff inductions are fully completed.
- The trust should ensure that sharps bins contain appropriate dates to ensure staff are aware of when they were last emptied.
- The trust should consider looking at ways of improving reception staff visibility in the main reception area.

# Summary of findings

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

- The trust should perform a review of all documentation with regards to patient assessments, to provide consistency across all sites. This review should include all early warning scores that are currently in use and any that are planned to be introduced, for example, NEWS2, all DoLs and patient best interest assessments and mental capacity assessments.
- The trust should review staffing levels in areas where there are vacancies to ensure adequate numbers of suitably qualified, permanent staff with the right qualifications, training and experience are available within medicine at Solihull Hospital.
- The trust should consider reviewing the process of admissions to AMU from MIU overnight to release additional capacity on AMU for the admission of acutely unwell medical admissions.
- The trust should ensure that locks are maintained and repaired, on all patient note trolleys.
- The trust should ensure that all incidents are reviewed to enable lessons to be learned and feedback given to staff.
- The trust should review process on AMU to ensure length of stay, for patients with complex needs, is managed appropriately.
- The trust should review pain assessments, particularly those for patients that cannot communicate verbally or have difficulty in describing pain levels.
- The trust should review progress of all staff training programmes to ensure consistency across the trust. Consideration should be given to dementia awareness training and sepsis management.

## Surgery

- The trust should improve the assessment of patients for the risk of developing venous thrombo-embolism
- The trust should review the adequacy of storage facilities on the surgical wards and stock rotation.
- The trust should review food provision for patients to improve choice and quality of food
- The trust should review the provision of interpreting services for patient when decisions such as consent for surgery are involved.
- The trust should improve the timeliness of response to complaints.

## Maternity (including community services)

- The trust should ensure that community staff only work hours according to the working time directive.
- The trust should ensure that the service can produce training attendance for MCA and DoLs training staff are required to attend.
- The trust should ensure that guidelines are reviewed and renewed in a timely manner.
- The trust should improve the newborn examination compliance to ensure all babies have their examination within 72 hours.
- The trust should ensure that all staff receive an appraisal in line with the trust target.
- The trust should ensure leaflets are available to women in different languages.
- The trust should ensure that all staff are aware of their senior management team.
- The trust should ensure the senior management team is visible and accessible to staff.

# Summary of findings

- The trust should ensure staff are actively engaged and empowered to contribute to changes in service design and provision.
- The trust should ensure that senior staff are approachable.
- The trust should ensure that the three sites have governance meetings together to ensure the service is united in the provision of care and treatment.
- The trust should ensure that attendance from the midwifery led unit and community is represented at all governance, safety and quality meetings.
- The trust should ensure that the meetings held by the maternity led unit are minuted.
- The trust should ensure that incidents are graded correctly to ensure duty of candour can be commenced.

## **Community health services**

### **End of Life Care**

- The trust should ensure they have a process for identifying non-cancer patients requiring end of life or palliative care support in the community.
- The trust should ensure patient outcomes are regularly monitored and reviewed to ensure the community end of life care service are meeting the needs of patients.
- The trust should ensure audits of community end of life care patients preferred place of care or death are carried out.
- The trust should ensure audits of pain relief for community end of life care and the use of anticipatory medication are carried out.
- The trust should consider employing a service improvement lead for the community end of life care service and form an end of life care regional steering group.
- The trust should consider carrying out a review of the specialist palliative care team to consider if a seven-day service is required.
- The trust should ensure there is an audit of mental capacity and DNACPR paperwork in the community.

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

- The trust should ensure robust arrangements are in place for the coordinated transition between paediatric and adult services.
- The trust should ensure the availability of all required patient records.
- The trust should ensure the letter which accepts children onto the learning disability waiting list details actions that should be undertaken should their condition worsen.
- The trust should provide timely access to all children's and young people's community services the special assessment service, autism service and occupational therapy service.
- The trust should identify a vision and strategy for the service with a robust plan in place for its delivery.

# Summary of findings

## Is this organisation well-led?

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

This was our first review of well-led at the trust under our next phase methodology. 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. There was compassionate, inclusive and effective leadership at all levels. The trust had a senior leadership team in place with the appropriate range of skills, knowledge and experience. Throughout the well led inspection we saw evidence of collective leadership from the trust board with a strong focus on delivering patient-centred care.
- Appropriate steps had been taken to complete employment checks for executive staff in line with the Fit and Proper Persons Requirement (FPPR).
- Without exception, we found a cohesive unitary board that had a deep understanding of issues, challenges and priorities in their service, and beyond. The trust leadership team had a comprehensive knowledge of current priorities and challenges and took action to address them. Performance reports were discussed at board level and broken down by site location with individuals well cited on issues and very passionate about their roles.
- The simplicity of the board structure worked effectively and leaders were visible and approachable. There was a programme of board of directors' unannounced governance visits to services.
- Leadership strategies were a work in progress. The trust had established a leadership development group, to understand the previous leadership development activity across both organisations and to determine priorities for the new trust.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The vision aligned with the aspirations of the Birmingham and Solihull sustainability and transformation partnership (STP) to strengthen partnership working and to develop integrated pathways between in-hospital services, out-of-hospital services and social care that would improve outcomes for all the populations that were served.
- There was a robust and realistic strategy for achieving trust priorities and developing good quality, sustainable care. The trust aligned its strategy to local plans in the wider health and social care economy. This included active involvement in sustainability and transformation plans and reflected the direction of the new organisation and wider health system reforms.
- The board demonstrated to us a shared purpose, where they {the board} were striving to deliver and motivate staff to succeed. All members of the board consistently told us they were proud of their workforce. The trust's strategy, vision and values underpinned a culture which was patient centred. Generally, staff felt supported, respected and valued and without exception, staff articulated a desire to “do the best” for their patients.
- There was a strong emphasis on the safety and wellbeing of staff at this organisation. In the year ahead, the trust was to be focusing on four key corporate priorities; staff wellbeing, staff recognition, leadership and flexible working/ work-life balance.



# Summary of findings

- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The culture of the organisation encouraged openness and honesty at all levels, including with people who used services, in response to incidents.
- 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 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 aims of the organisation.
- The trust had effective structures, systems and processes in place to support the delivery of its strategy including sub-board committees, divisional committees, team meetings and senior managers.
- Strong links, through a service level agreement, were in place with a local NHS mental health trust.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Through digital technology, the trust had a robust and effective framework in place to provide assurance around the quality of care it offered and to monitor organisational performance.
- During the short period since acquisition, the trust had made significant progress in strengthening their risk management process to ensure it was embedded in practice. We found the process to be clear and well understood.
- There was a systematic programme of clinical (internal and national) and external audit to monitor quality, operational and financial processes and senior staff across the organisation were aware of outcomes relevant to their area.
- The service invested in innovative and best practice information systems and processes. The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The trust housed state of the art clinical informatics with an advanced electronic data system and was regarded as an exemplar for its clinical and non-clinical governance systems.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. There were consistently high levels of constructive engagement with staff and people who used services, including all equality groups. The trust engaged and involved patients to shape services and culture. There were three Patient and Carer Councils at the trust, made up of members of the public, patients, carers and staff representatives.
- There were positive and collaborative relationships with external partners to build a shared understanding of challenges within the local healthcare population. The trust was one of the leading organisations in the Birmingham and Solihull sustainability and transformation partnership (STP).
- 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'. This was a well-led, strategically driven service. Death reviews demonstrated robust investigations had taken place with evidence of lessons learned and actions taken. Governance arrangements were robust and the board of directors had good oversight of all deaths across the trust.

# Summary of findings

- Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. In September 2016, the trust was named as a Global Digital Exemplar trust as part of new plans to fast-track digital development and improve the digital skills of the NHS workforce. Throughout this inspection the executive team demonstrated a tremendous passion for their work in this field and told us of plans to align services not only across the trust but in the wider healthcare population.
- There was a strong record of sharing work locally, nationally and internationally. There was a strong focus on research and innovation which supported local, national and international best practice.

However:

- Leadership of the trust did not reflect the diversity of its workforce or population.
- There were small pockets of staff (less than 100 in total), who had not met the chief executive or executive chief nurse, nor were they able to tell us who held these roles.
- There was no current pharmacy strategy
- Not all staff, with particular protected characteristics under the Equality Act, for example, BAME did not feel they were treated equitably.
- The trust was a maternity outlier for emergency caesarean section rates, an outlier in the National Hip Fracture Database and an outlier in the National Paediatric Diabetes Audit.
- There were 'pockets' where staff told us they felt disengaged (this was largely on the Solihull hospital site) and staff side representatives felt there was a 'lack of engagement' between them and the senior executive team.
- The trust had one active mortality alert; Septicaemia (except in labour).

## Use of resources

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

## 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 ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Outstanding Feb 2019	Good ↔ Feb 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
Queen Elizabeth Hospital Birmingham	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019
Birmingham Heartlands Hospital	N/A	N/A	N/A	N/A	N/A	N/A
Good Hope Hospital	N/A	N/A	N/A	N/A	N/A	N/A
Solihull Hospital	N/A	N/A	N/A	N/A	N/A	N/A
<b>Overall trust</b>	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Outstanding Feb 2019	Good ↔ Feb 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 Queen Elizabeth Hospital Birmingham

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Feb 2019	Good ↑ Feb 2019	Good ↔ Feb 2019	Requires improvement ↓↓ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019
Medical care (including older people's care)	Requires improvement ↓ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Outstanding ↑ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019
Surgery	Good ↔ Feb 2019	Good ↓ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019
Critical care	Good May 2015	Outstanding May 2015	Outstanding May 2015	Outstanding May 2015	Outstanding May 2015	Outstanding May 2015
End of life care	Good May 2015	Good May 2015	Good May 2015	Outstanding May 2015	Good May 2015	Good May 2015
Outpatients	Good Jan 2019	N/A	Good Jan 2019	Requires improvement Jan 2019	Good Jan 2019	Good Jan 2019
Sexual Health Services	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015	Good May 2015
<b>Overall*</b>	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good Feb 2019	Good Feb 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 Birmingham Heartlands Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Feb 2019	Good Feb 2019	Good Feb 2019	Requires improvement Feb 2019	Good Feb 2019	Requires improvement Feb 2019
Medical care (including older people's care)	Requires improvement Feb 2019	Requires improvement Feb 2019	Good Feb 2019	Good Feb 2018	Requires improvement Feb 2019	Requires improvement Feb 2019
Surgery	Requires improvement Feb 2019	Good Feb 2019	Good Feb 2019	Requires improvement Feb 2019	Good Feb 2019	Requires improvement Feb 2019
Maternity	Requires improvement Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Requires improvement Feb 2019	Requires improvement Feb 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 Good Hope Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Feb 2019	Good Feb 2019	Good Feb 2019	Requires improvement Feb 2019	Requires improvement Feb 2019	Requires improvement Feb 2019
Medical care (including older people's care)	Requires improvement Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Requires improvement Feb 2019	Requires improvement Feb 2019
Surgery	Requires improvement Feb 2019	Good Feb 2019	Good Feb 2019	Requires improvement Feb 2019	Good Feb 2019	Requires improvement Feb 2019
Maternity	Requires improvement Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 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 Solihull Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Feb 2019	Good Feb 2019	Good Feb 2019	Requires improvement Feb 2019	Requires improvement Feb 2019	Requires improvement Feb 2019
Medical care (including older people's care)	Requires improvement Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019
Surgery	Requires improvement Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019
Maternity	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Requires improvement Feb 2019	Good Feb 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

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children and young people	Requires improvement Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Requires improvement Feb 2019	Requires improvement Feb 2019
Community end of life care	Good Feb 2019	Requires improvement Feb 2019	Good Feb 2019	Good Feb 2019	Requires improvement Feb 2019	Requires improvement Feb 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

University Hospitals Birmingham NHS Foundation Trust is one of the largest teaching hospital trusts in England, serving a regional, national and international population.

On 30 June 2004, the trust received authorisation to become one of the first NHS Foundation Trusts in England. In September 2016 the trust announced plans to merge with the Heart of England NHS Foundation Trust. The merger by acquisition took place on 01 April 2018. The combined organisation has a turnover of £1.6bn and provides acute and community services across four main hospitals:

- The Queen Elizabeth Hospital Birmingham
- Birmingham Heartlands Hospital
- Good Hope Hospital
- Solihull Hospital

The trust also runs Birmingham Chest Clinic, a range of community services and a number of smaller satellite units, allowing people to be treated as close to home as possible.

The trust has 2,366 in-patient beds over 105 wards in addition to 115 children's beds and 145 day case beds. The trust operates 7,127 outpatients' and 304 community clinics per week.

The trust has over 20,000 members of staff.

CQC carried out an inspection of the trust in October 2018. This is the trust's first inspection since its merger by acquisition in April 2018.

We have not taken the previous ratings of services at the Heart of England 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

Please see section above for summary of our acute services.



# Good Hope Hospital

Rectory Road  
Sutton Coldfield  
West Midlands  
B75 7RR  
Tel: 01214242000  
<WWW.XXXXXXXXXXXXX>

## Key facts and figures

Good Hope Hospital serves North Birmingham, Sutton Coldfield and a large part of south east Staffordshire, including Burntwood, Lichfield and Tamworth. The hospital provides a range of outpatient, inpatient and emergency care services for its local community and includes including the Partnership Learning Centre, which is part-funded by the Medical School of the University of Birmingham.

## Summary of services at Good Hope Hospital

Good Hope Hospital was previously managed by Heart of England NHS Foundation Trust. On 1 April 2018 a merger by acquisition took place of Heart of England NHS Foundation Trust by University Hospitals of Birmingham NHS Foundation Trust. As such Good Hope Hospital is now part of University Hospitals of Birmingham NHS Foundation Trust.

We have not taken the previous ratings of services at Heart of England 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 eight core services, therefore we are unable to provide an aggregated location rating. 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 of the core service ratings to provide overall key question and location rating for Good Hope Hospital.

**For an overview of our findings at this inspection please see overall summary above.**

# Urgent and emergency services

Requires improvement 

## Key facts and figures

University Hospitals Birmingham NHS Foundation Trust acquired Heart of England NHS Foundation Trust on 1 April 2018 under its existing registration with the CQC. As such, our legal position is that the provider still exists but with added locations.

We visited Good Hope Hospital as part of the inspection process and this appendix relates to that site.

Good Hope Hospital was situated in Sutton Coldfield. Sutton Coldfield had constituency that was less ethnically diverse, than the Birmingham as whole with 88% of the working age population being from a white background compared to 59% for Birmingham. 81% of the working age population were economically active and 74% were employed well above the rates at a city level.

None of Sutton Coldfield's population lived in deprived neighbourhoods, compared to 40% for the city. Deprivation levels were very low in all Sutton Coldfield wards, although Sutton Trinity had slightly higher levels than the other three wards.

Sutton Coldfield had a higher older population with 23% of Sutton Coldfield population aged 65+ compared to 12.7% in Birmingham.

At Good Hope Hospital, the majors' department within the emergency department operated 24 hours a day, seven days a week. This department dealt with patients with severe injuries who were likely to require admission to the hospital. There were 19 cubicles, three of which were dedicated to assessing patients on their arrival.

There was a minor injury (minors) department for patients who needed some investigation or treatment for an injury but were unlikely to be admitted. This had seven cubicles and was open from 7am to 3am.

Life threatening emergencies were dealt with in the resuscitation room. These patients were normally brought in by ambulance from the front of the building. The resuscitation room had five beds of which one was a child's (paediatric).

The clinical decision unit had four beds and seating. This was a designated area within the hospital that allowed the service to monitor and evaluate the medical condition of patients who did not meet criteria for inpatient admission but were not well enough to go home without requiring further observation

The service had primary care stream consisting of a 'GP in ED' service which operated from 11am to 7pm Monday, Tuesday and Wednesday.

There was also an out of hours GP deputising service (BADGER) that operated from within the hospital site from 6.30pm to 10.30pm Monday to Friday and 10am to 10pm at weekends and Bank Holidays. Patients could be transferred to this service following initial assessment if they meet the agreed criteria. A clinical navigator was based in minors and triaged all ambulant patients presenting in minors to the correct stream to ensure the patient is seen in the correct stream for their clinical needs.

During the inspection visit, the inspection team:

- spoke with 10 patients and relatives.
- reviewed 15 patient records;
- observed staff caring for patients within wards and theatres

# Urgent and emergency services

- reviewed trust policies and procedures
- reviewed performance information and data from, and about the trust;
- spoke with 48 members of staff including nurses, doctors and members of the multidisciplinary team
- met with eight leads including the deputy divisional leads

## Summary of this service

Our rating of this service was requires improvement because:

- The service did not have enough medical staff to keep patients safe and provide the right care and treatment and staff did not always keep detailed records of patients' care and treatment.
- Not all staff were not aware of the Mental Capacity Act and nursing staff did not have a clear understanding of the deprivation of liberty safeguards.
- Although people could access the service when they needed it, waiting times to admit, treat and discharge patients were not in line with the national average.
- The trust did not have a robust process to collect, analyse, manage and use information well to support all its activities.
- Leaders did not have sufficient oversight of all the risks affecting the service.
- The median time from arrival to initial assessment was worse than the overall England median from April 2018 to September 2018.
- The service had not ensured that all Patient Group Directives (PGDs) were regularly reviewed and within date. However:
  - Staff monitored and responded to the deteriorating patient appropriately.
  - 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 and monitored the effectiveness of this care and treatment.
- Staff cared for patients with compassion and involved patients and those close to them in decisions about their care and treatment.
- The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs.

## Is the service safe?

**Requires improvement** 

Our rating of safe was requires improvement because:

# Urgent and emergency services

- The service did not have enough medical staff to keep patients safe and provide the right care and treatment.
- The service provided mandatory training in key skills to all staff but not everyone had completed it.
- Staff did not always keep detailed records of patients' care and treatment. Records were not always clear or up-to-date but were easily available to all staff providing care.
- The median time from arrival to initial assessment was worse than the overall England median from April 2018 to September 2018.
- The service had not ensured that all Patient Group Directives (PGDs) were regularly reviewed and within date. However,
- Staff monitored and responded to the deteriorating patient appropriately.
- The service had enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- 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.
- Staff completed and updated risk assessments for each patient. They asked for support when necessary.
- 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.

## Is the service effective?

**Good** 

Our rating of effective was good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Patient outcomes such as those monitored by the Royal College of Emergency Medicine were mostly in line with or better than the England average.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored 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 monitored the effectiveness of care and treatment.
- 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.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust procedures when a patient could not give consent.

However,

# Urgent and emergency services

- Not all staff were not aware of the Mental Capacity Act and nursing staff did not have a clear understanding of the deprivation of liberty safeguards.

## Is the service caring?

**Good** ●

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.
- 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?

**Requires improvement** ●

Our rating of responsive was requires improvement because:

- Although people could access the service when they needed it, waiting times to admit, treat and discharge patients were not in line with the national average.
- Patient information leaflets could not be provided in alternative languages. This posed a risk to patients.
- Complaints were not always managed and responded to in a timely way.  
However:
- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.

## Is the service well-led?

**Requires improvement** ●

Our rating of well-led was requires improvement because:

- The trust did not have a robust process to collect, analyse, manage and use information well to support all its activities.
- We were not assured department leaders had sufficient oversight of all risks within the department, for example poor access and flow, consultant hours not meeting RCEM standards and poor staff knowledge around DOLS.
- Post the inspection we re-requested the service risk register and the trust submitted their risk profile for October 2018. The risk profile identified five items specific to the either Good Hope emergency department or trust wide emergency care. However, the risk profile did not provide any actions or control measures not did it provide a date when the risk had been reviewed.

# Urgent and emergency services

- We saw that the strategy had strategic priorities that were aligned to the wider health and social care economy, and that services were planned to meet the needs of the relevant population. However, this had yet to be fully integrated into this site.

However:

- - The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
  - Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

## Areas for improvement

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

# Medical care (including older people's care)

Requires improvement 

## Key facts and figures

The medical wards at Good Hope Hospital include the following; assessment medical unit, assessment short stay unit, short stay acute medical unit, diabetes/gastroenterology, respiratory, elderly care, frailty unit, cardiology and stroke.

Specialist elderly care services operate across the Birmingham Heartlands Hospital, Good Hope Hospital and Solihull Hospital sites with a frailty ambulatory emergency care available on the medical day units (MDU) at both Birmingham Heartlands Hospital and Good Hope Hospital. Teams are multi-professional and assess patients in the emergency department who are suitable to be managed in the MDU as an ambulatory patient. The team also carry out comprehensive geriatric assessments, instigate and carry out appropriate diagnostics and interventions with the aim to return the patient to their usual place of residence with or without support services.

Birmingham Heartlands Hospital, Good Hope Hospital and Solihull Hospital provide ortho-geriatric support to the trauma and orthopaedic wards and all geriatricians run afternoon outpatient clinics.

There is also a well-established dementia and delirium team which works across all of the complex elderly care wards at all three sites and aims to educate staff, patients and carers on dementia and delirium care.

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

- We spoke with 15 patients and 11 relatives.
  - We spoke to 53 people across the service including doctors, nurses, pharmacists, divisional leads and healthcare assistants.
  - We reviewed 29 sets of care records across the wards.

## Summary of this service

We rated it as requires improvement because:

- The nursing staffing levels were not appropriate enough to protect people from all avoidable harm. The service did not always have 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 high levels of some avoidable incidents. The service did not always follow best practice when storing and administering medicines. The service had high levels of unobserved falls.
- The service did not always have suitable premises or environment to keep people safe from avoidable harm. Windows on some wards opened further than they should have. Doors were left open on wards which allowed patients to have access to dangerous chemicals and caused an infection risk.
- The trust did not have an effective governance system for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. This had led to issues with high levels of falls and medicines errors and no plans in place to tackle these issues.

However;



# Medical care (including older people's care)

- The service carried good risk assessments for patients and patient records were managed well. Every patient had the appropriate risk assessment and these were updated regularly. Records were clear, up-to-date and easily available to all staff providing care.
- Staff met patients' food, hydration and pain management needs. Staff assessed and monitored patients' food and hydration needs on arrival and met patients' needs. Staff assessed patients' pain regularly and provided pain relief when it was required.
- Staff cared for patients compassionately and treated them with kindness, provided emotional support and involved them in their care. Patients told us that staff treated them in a caring way throughout their stay at the hospital.
- The hospital had a robust complaints procedure. Staff responded to complaints in a timely manner and treated complainants compassionately. Staff also learnt from complaints and engaged with the people involved.

## Is the service safe?

**Requires improvement** ●

We rated it as requires improvement because:

- The service did not always have suitable premises to keep people safe from avoidable harm.
- The service did not always have 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 provided mandatory training in key skills to all staff but did not make sure everyone completed it.
- The service did not always follow best practice when recording and storing medicines.
- Falls levels were high on the wards.
- The service sometimes controlled infection risk. Staff mostly kept themselves, equipment and the premises clean. They had control measures to prevent the spread of infection but these were not always followed.

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 knew how to apply it.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- 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 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, although staff did not always receive feedback. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

# Medical care (including older people's care)

## Is the service effective?

**Good** ●

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.
- Patient outcomes in national audits were mostly in line with the England average.
- 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.
- The service made sure staff were competent for their roles.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- There was access to the appropriate services seven days a week.
- Most staff understood how and when to assess whether a patient had the capacity to make decisions about their care. However;
- Staff appraisal rates were below the trust target of 85%.
- Some hospital policies were past their review date.

## Is the service caring?

**Good** ●

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 mostly 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** ●

We rated it as good because:

- The trust planned and provided some services in a way that met the needs of local people.
- The service took account of patients' individual needs.

# Medical care (including older people's care)

- 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.

## Is the service well-led?

### Requires improvement

We rated it as requires improvement because:

- The service did not have an effective system for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service governance systems failed to ensure it met lots of basic safety standards and safeguard people from harm.
- The service did not collect and manage information well to support its activities.
- The trust had a vision for what it wanted to achieve, not all staff were aware of it. However;
- Managers mostly had the right skills, knowledge and abilities to run a service providing high-quality sustainable care.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service engaged generally well with patients and staff to plan and manage appropriate services effectively.

## Areas for improvement

We found 16 areas of improvement. See areas for improvement section above.

# Surgery

Requires improvement 

## Key facts and figures

Good Hope Hospital is part of the University Hospitals Birmingham NHS Foundation Trust and Heart of England NHS Foundation Trust. This trust underwent a merger by acquisition in April 2018, therefore all national datasets contained within this appendix relate to this period onwards.

Good Hope Hospital serves North Birmingham, Sutton Coldfield and a large part of south East Staffordshire including Burnt wood, Lichfield and Tamworth. The catchment population is about 450,000.

Good Hope Hospital provides a range of emergency and elective surgery for the local population. This includes inpatient and day case surgery and, in addition to general surgery, specialties include, trauma and orthopaedics, urology, and ophthalmology services.

There are four surgical wards, a day care unit and eight operating theatres on the site.

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

During the inspection

- We spoke with 48 staff members including consultant surgeons, doctors, nurses, physiotherapists, matrons, ward managers, domestic staff and healthcare assistants.
- We reviewed 22 sets of care records and 15 medication records across the wards and in theatres.
- We spoke with 20 patients and eight visitors

## Summary of this service

We rated it as requires improvement because:

- Not all medical staff had received updated mandatory training including training in resuscitation.
- Patients did not always receive medicines safely. Allergies to medicines were not always recorded or safety precautions taken.
- The proportion of patients having surgery on the day of or day after admission failed to meet the national standard of 85%.
- The perioperative medical assessment rate failed to meet the national standard of 100%.
- The proportion of patients not developing pressure ulcers failed to meet the national standard of 100%.
- Good Hope hospital cared for elective and trauma patients on the same ward. This has been shown to affect orthopaedic infection rates and outcomes.
- Patients could not always access the right care at the right time. The percentage of cancelled operations at the trust was consistently higher than the England average and the percentage of patients treated within 28 days of cancelled operations was consistently lower than the England average.
- Managers treated concerns and complaints seriously, but did not always investigate them in a timely manner nor in accordance with the complaints policy.

# Surgery

- LocSSIPs were not embedded for staff guidance.
- Safety thermometer information was not displayed in all wards.
- There was little engagement or understanding of governance issues below band 7 level.

However:

- There was a good awareness and escalation when patients' condition deteriorated and a good awareness of sepsis.
- Medical assessments and nursing risk assessments were completed and reviewed appropriately; there was an excellent multi-disciplinary approach to care and clear plans of care for patients.
- Care pathways and journeys were used for routine procedures to ensure a consistent approach to care.
- Patients' pain was regularly assessed and effectively managed. Patients were aware of the plans for their care and felt involved in decision making.
- Good clinical leadership was in place at every level. Staff had access to training and development and completion of mandatory training was generally good.
- Staff had attended adult safeguarding training and there was good awareness of safeguarding policies and procedures.
- Staff worked well together; they were supportive of each other and were committed to improving the quality of patient care.
- We observed patients' privacy and dignity being maintained and a professional and sensitive approach by staff when providing care.
- There was excellent leadership from managers and surgeons who led surgical teams.
- The surgical department was innovative and consistently striving to improve.
- The surgical team were leaders in some surgical procedures.

## Is the service safe?

**Requires improvement** ●

We rated it as requires improvement because:

- Not all medical staff had completed updated mandatory training including training in resuscitation.
- Patient allergies to medicines were not always recorded nor safety precautions taken.
- The service provided mandatory training in key skills to all staff but not everyone had completed training updates.  
However:
- Managers monitored staff training and supported staff to achieve training targets and where these were not being achieved there were action plans in place to improve
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Risks to patients were assessed, monitored and managed on a day-to-day basis. These included signs of deteriorating health, medical emergencies or behaviour that challenged.

# Surgery

## Is the service effective?

**Good** ●

We rated it as good because:

- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- Patient outcomes were mostly in line with the England average.
- They compared local results with those of other services to learn from them.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- All relevant staff, teams and services were involved in assessing, planning and delivering patients' care and treatment.
- Staff worked collaboratively to understand and meet the range and complexity of patients' needs
- Staff understood their roles and responsibilities under the Mental Health Act (MCA) 1983 and the Mental Capacity Act 2005.

However:

- The proportion of patients having surgery on the day of or day after admission was 47.9%, which failed to meet the national standard of 85%. This was within the bottom 25% of trusts. The 2016 figure was 57.9%.
- The perioperative medical assessment rate was 96.6%, which failed to meet the national standard of 100%. This was within the middle 50% of trusts.
- The proportion of patients not developing pressure ulcers was 89.6%, which failed to meet the national standard of 100%. This was within the bottom 25% of trusts. The 2016 figure was 92.0%.
- Good Hope hospital cared for elective and trauma patients on the same ward. This has been shown to affect orthopaedic infection rates and outcomes.

## Is the service caring?

**Good** ●

We rated it as good because:

- Patients were respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.
- Patients thought that staff went the extra mile and their care and support exceeded their expectations.
- Staff provided emotional support to patients to minimise their distress.
- Patients' emotional and social needs were seen as being as important as their physical needs.
- Patients and those close to them were active partners in their care.
- Staff were fully committed to working in partnership with patients.

# Surgery

- Staff empowered patients to have a voice and realise their potential.

## Is the service responsive?

**Requires improvement** ●

We rated it as requires improvement because:

- Patients could not always access the right care at the right time. The percentage of cancelled operations at the trust was consistently higher than the England average and the percentage of patients treated within 28 days of cancelled operations was consistently lower than the England average. The trust had action plans in place to help improve this.
- Managers treated concerns and complaints seriously, but did not always investigate them in a timely manner nor in accordance with the complaints policy.

However:

- Following the merger of the two trusts the service was moving towards integration of surgical services whilst considering local needs.
- The needs and choices of different patients were taken into account when delivering and coordinating services, including those with protected characteristics under the Equality Act, patients who may be approaching the end of their lives and patients who were in vulnerable circumstances or who had complex needs.
- Access to care was managed to take account of patients' needs, including those with urgent needs.

## Is the service well-led?

**Good** ●

We rated it as good because:

- The surgical department had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care.
- At Good Hope hospital the surgical division was driven by a dedicated team of medical and nursing staff where there was a fully embedded and systematic approach to improvement.
- Improvement was seen as the way to deal with performance and for the surgical department to learn.
- The surgical department 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.
- Leaders across the surgical department promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Leaders had an inspiring shared purpose, and strove to deliver and motivate staff to succeed.
- There were high levels of satisfaction across all staff.
- The surgical department had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

# Surgery

## Outstanding practice

We found one area of outstanding practice. See outstanding practice section above.

## Areas for improvement

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



Good 

## Key facts and figures

University Hospitals Birmingham NHS Foundation Trust acquired Heart of England NHS Foundation Trust on 1 April 2018 under its existing registration with the CQC. As such, our legal position is that the provider still exists but with added locations.

We have included data from the pre-acquisition period for University Hospitals Birmingham NHS Foundation Trust. Because it related to the same legal entity we have used this to form part of our judgement.

Where we have included data from the acquired Heart of England 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.

Maternity services have been provided by University Hospitals Birmingham NHS Foundation Trust from April 2018. Prior to this date they were provided by Heart of England NHS Foundation Trust.

The trust has 145 maternity beds across three sites:

### **Good Hope Hospital**

- Delivery suite – 20 beds plus two pool rooms and a high dependency bed
- Snowdrop Suite – bereavement suite with one bed and a sitting room
- Ward 4 – 11 beds, mix of induction and inpatient
- Ward 5 – 22 postnatal beds

### **Birmingham Heartlands Hospital**

- Aspen Ward – 19 inpatient beds plus seven transitional care beds
- Delivery suite – 23 beds, including 2 high dependency beds plus six induction beds
- Cedar Ward – 19 postnatal beds
- Maple Ward – 26 postnatal beds
- Willow Ward – 3 birth rooms
- Eden Ward – bereavement suite with two beds and a sitting room

### **Solihull Hospital**

- Three birth rooms
- Two postnatal rooms

Queen Elizabeth Hospital does not provide any maternity services.

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

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.

# Maternity

The trust reported that their maternity services are working closely with local specialist trust in the Birmingham & Solihull United Maternity and Newborn Partnership in the BUMP project looking at access, choice and continuity of care across the organisations.

*(Source: Acute PIR – Context acute HGS tab)*

## **Heart of England NHS Foundation Trust**

We included this data item from the acquired Heart of England NHS Foundation Trust where no more recent data was available. We only provided this for contextual purposes and it did not form part of our judgement.

From April 2017 to March 2018 there were 9,348 births at the trust.

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 19 staff members; including service leads, matrons, midwives, non-registered and administrative staff.
- Spoke with eight women and their partner who were using the service.
- Checked 22 pieces of equipment.
- Reviewed eight medical records.
- Reviewed five prescription charts.

## **Summary of this service**

We rated it as good because:

- The service mostly followed best practice when prescribing, giving, recording and storing medicines. Most women received the right medication at the right dose at the right time. Staff completed and updated risk assessments for each woman. They kept clear records and asked for support when necessary.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Although not all guidelines had been recently reviewed, we saw there was a trajectory and service leads were sighted on it. Managers checked to ensure staff followed guidance and 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.
- Staff mostly cared for women with compassion. Women and relatives confirmed that staff treated them well and with kindness.
- Throughout pregnancy and postnatally, specialist midwives worked closely with mental health and community support teams to make suitable arrangements for people with additional needs.
- Bereavement midwives supported and trained staff to provide care for families after a pregnancy loss

However:

# Maternity

- Although we found the service largely performed well, it did not meet legal requirements relating to cleanliness particularly in the delivery suite and theatres, meaning we could not give it a rating higher than requires improvement.
- The service did not control infection risk well. Staff kept themselves clean but did not always keep equipment and the premises clean.
- Some areas in the Antenatal Clinic environment were inappropriate to use to perform clinical tasks, which increased risk of infection
- Managers across the trust were not always visible and there had been difficulties developing the service as some of the senior medical staff were not as willing to embrace

## Is the service safe?

### Requires improvement

We rated safe as requires improvement because:

- Although we found the service largely performed well, it did not meet legal requirements relating to cleanliness particularly in the delivery suite and theatres, meaning we could not give it a rating higher than requires improvement.
- Training rates for level 2 safeguarding children completion were low.
- The service did not control infection risk well. Staff kept themselves clean but did not always keep equipment and the premises clean.
- Some areas in the Antenatal Clinic environment were inappropriate to use to perform clinical tasks, which increased risk of infection.
- We were not assured that the trust's audits of the records system or environmental audits were robust.
- Although the service did not have adequate premises there were plans to improve the environment.
- Some prescription charts did not have the woman's name recorded on every page of the chart and the prescriber's signature was not always legible.
- Not all emergency drugs and fluids were stored in tamper evident containers or wrapping, which is not in line with guidance.

However, we also found;

- The service mostly followed best practice when prescribing, giving, recording and storing medicines. Most women received the right medication at the right dose at the right time. Staff completed and updated risk assessments for each woman. They kept clear records and asked for support when necessary.
- The service managed 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 women honest information and suitable support.
- 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.

# Maternity

## Is the service effective?

**Good** ●

We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Although not all guidelines had been recently reviewed, we saw there was a trajectory and service leads were sighted on it. Managers checked to ensure staff followed guidance and 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.
- Staff gave women enough food and drink to meet their needs. The service made adjustments for women's religious, cultural and other preferences.
- Staff assessed and monitored women 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.
- Staff of different kinds worked together as a team to benefit patients. Doctors, midwives and other healthcare professionals supported each other to provide good care.
- 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;

- We were not assured that all midwives were maintaining their 'scrub' competencies as we found no evidence of this being monitored.

## Is the service caring?

**Good** ●

We rated caring as good because:

- Staff mostly cared for women with compassion. Women and relatives confirmed that staff treated them well and with kindness.
- Staff provided emotional support to women to minimise their distress.
- Staff mostly involved women and their partners in decisions about their care and treatment

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of women's individual needs.

# Maternity

- People could mostly access the service when they needed it. Arrangements to admit, treat and discharge women were in line with good practice. There was sufficient access to theatres.
- 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.
- Bereavement midwives supported and trained staff to provide care for families after a pregnancy loss

## Is the service well-led?

**Good** ●

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 collaborated with partner organisations effectively
- 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 collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- 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;

- Managers across the trust were not always visible and there had been difficulties developing the service as some of the senior medical staff were not as willing to embrace change.
- Service leads explained they considered the grading of all incidents but any incidents where there was no “avoidable” harm were likely to be downgraded to low or no harm. We could not be assured that incidents were graded appropriately according to harm and we saw incidents that had resulted in harm.

## Outstanding practice

We found three areas of outstanding practice. See outstanding section above.

## Areas for improvement

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

# Birmingham Heartlands Hospital

Bordesley Green East  
Bordesley Green  
Birmingham  
West Midlands  
B9 5SS  
Tel: 0121244200  
www.uhb.nhs.uk

## Key facts and figures

Birmingham Heartlands Hospital provides a range of outpatient, inpatient and emergency care services for its local community. The hospital is based on a large site in a purpose-built facility.

## Summary of services at Birmingham Heartlands Hospital

Birmingham Heartlands Hospital was previously managed by Heart of England NHS Foundation Trust. On 1 April 2018 a merger by acquisition took place of Heart of England NHS Foundation Trust by University Hospitals of Birmingham NHS Foundation Trust. As such Birmingham Heartlands Hospital is now part of University Hospitals of Birmingham NHS Foundation Trust.

We have not taken the previous ratings of services at Heart of England 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 eight core services, therefore we are unable to provide an aggregated location rating. 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 of the core service ratings to provide overall key question and location rating for Birmingham Heartlands Hospital.

**For an overview of our findings at this inspection please see overall summary above.**

# Urgent and emergency services

Requires improvement 

## Key facts and figures

University Hospitals Birmingham NHS Foundation Trust acquired Heart of England NHS Foundation Trust on 1 April 2018 under its existing registration with the CQC. As such, our legal position is that the provider still exists but with added locations.

We have included data from the pre-acquisition period for University Hospitals Birmingham NHS Foundation Trust as it related to the same legal entity. We have used this data to form part of our judgement.

Where we have included data from the acquired Heart of England 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.

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

- Queen Elizabeth Hospital – Emergency department and clinical decision unit (CDU)
- Birmingham Heartlands Hospital – Emergency department and ambulatory care
- Good Hope Hospital – Emergency department and ambulatory care
- Solihull Hospital – Ambulatory emergency care

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

At Birmingham Heartlands Hospital, the primary care stream consists of a General Practitioner who operates in the department Monday to Friday working six-hour shifts, as well as a 'GP in ED' service, which operates from 10am until 10pm on weekdays and 12pm to 8pm at weekends.

There is also an out-of-hours GP deputising service (BADGER) operating from Birmingham Heartlands Hospital from 6.30pm to 10.30pm Monday to Friday and 10am to 10pm at weekends and Bank Holidays. Patients can be transferred to this service following initial assessment if they meet the agreed criteria. A clinical navigator is based in the minors department at Birmingham Heartlands Hospital from 7am to 7pm. The clinical navigator reviews all ambulant patients presenting in minors to triage patients to ensure the patient is seen in the correct stream for their clinical needs.

*(Source: Acute PIR – Context acute QEB / Context acute HGC tabs)*

The emergency department (ED) and paediatric ED at Birmingham Heartlands Hospital provide services 24 hours a day, seven days a week. There were approximately 110,000 attendances per year. From April 2018 to September 2018, ED at Birmingham Heartlands Hospital had 23,407 attendances in the majors area and 25,791 attendances in the minors area.

The ED had a paediatric emergency department, which was open 24 hours a day, seven days a week. From April 2018 to September 2018, From April 2018 to September 2018, BHH ED paediatrics department saw 14,751 children under the age of 18.

The main ED majors A area consists of a resuscitation area with five resuscitation bays, majors B has nine cubicles, six assessment cubicles and four high dependency cubicles.

# Urgent and emergency services

The ED also has an eight-bedded clinical decisions unit (CDU) used for on-going assessments treatment and observations of patients for up to 24 hours.

ED at Birmingham Heartlands Hospital was last inspected by CQC in October 2016 as part of the comprehensive hospital inspection programme. ED was rated as requires improvement overall. As this service was then under a different provider, we cannot compare the ratings for the previous inspection with those ratings.

We conducted an unannounced inspection of the emergency department at Birmingham Heartlands Hospital on 16 to 19 October 2018.

During our inspection, we spoke with 55 members of staff including leaders of the service, consultants, matrons, health care assistants and domestic staff. We also spoke with four ambulance crew.

We spoke with 18 patients and four relatives present in ED during our inspection.

We observed handovers where staff discussed patients' care and treatment. We reviewed 21 patient records including patient prescription charts and information displayed on huddle boards and noticeboards positioned throughout the department. We also reviewed information regarding the service received from the trust during and following the inspection

## Summary of this service

We rated it as requires improvement because:

- The service did not always have 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 did not always have 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. There was consultant cover in the emergency department for 14.5 hours a day, which did not meet 16 hours medical staffing cover as recommended by the Royal College of Emergency Medicine.
- Staff identified and responded to changing risks to patients, including deteriorating health. However, the lack of patient information in other languages did not support patients and relatives to monitor signs of deterioration.
- The emergency department did not always provide services in a way that met the needs of local people.
- Patient care was not always managed well to take into account the needs of patients requiring urgent care. The trust mostly did not meet the four hour target for patients to be admitted, transferred or discharged within four hours of arrival into ED from April 2018 to September 2018.
- Senior ED staff understood the local risks to the service. However, the service did not evidence they regularly reviewed and monitored all current risks.
- The trust did not always collect, analyse, manage and use information well to support all its activities.

However:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Policies were easily accessible on the trust's intranet; 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.



# Urgent and emergency services

- Staff regularly assessed and monitored patient's pain levels. Staff supported those unable to communicate by using suitable assessment tools and gave additional pain relief to ease pain.
- Staff cared for patients with compassion. Staff treated patients well and with kindness despite the busy and challenging ED environment.
- Staff involved patients and those close to them in decisions about their care and treatment
- 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.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the ED promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff at all levels felt part of the ED team.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## Is the service safe?

**Requires improvement** ●

We rated it as requires improvement because:

- The service did not provide mandatory training in key skills to all medical staff and did not ensure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, medical staff were not always up-to-date with their safeguarding and PREVENT training on how to recognise and report abuse and vulnerabilities.
- The service did not always have 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 did not always have 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. There was consultant cover in the emergency department for 14.5 hours a day, which did not meet 16 hours medical staffing cover as recommended by the Royal College of Emergency Medicine.
- Staff identified and responded to changing risks to patients, including deteriorating health. However, the lack of patient information in other languages did not support patients and relatives to monitor signs of deterioration.

However;

- 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 maintained the ED premises and equipment and looked after them well. Staff had sufficient access to emergency and specialist equipment for all patient groups.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

# Urgent and emergency services

- Overall, staff in ED stored and prescribed medicines in line with trust policies and national guidance.
- 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.

## Is the service effective?

**Good** ●

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Policies were easily accessible on the trust's intranet; 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 regularly assessed and monitored patient's pain levels. Staff supported those unable to communicate by 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 ensured staff were competent for their roles. Managers had conducted staff appraisals each year for most staff 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 emergency department at Birmingham Heartlands Hospital provided care to the local community 24 hours a day, seven days a week.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However;

- There were limited health promotion materials available throughout the ED. However, we saw information boards advertising drug and alcohol support services. We did not see any healthy lifestyle promotions including smoking or obesity campaigns.

## Is the service caring?

**Good** ●

We rated it as good because:

- Staff cared for patients with compassion. Staff treated patients well and with kindness despite the busy and challenging ED environment.
- Staff provided emotional support to patients to minimise their distress.

# Urgent and emergency services

- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** ●

We rated it as requires improvement because:

- The trust mostly did not meet the four-hour target for patients to be admitted, transferred or discharged within four hours of arrival into ED from April 2018 to September 2018.
- From April 2018 to September 2018, the median time from arrival to treatment (minutes) was 74 minutes. The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour.
- From April 2018 to September 2018, the median total time in A&E per patient was 171 minutes. This was worse than the England average.

However:

- ED staff provided services in a way that met the needs of local people. Staff at all levels were involved with planning the service and implementing changes.
- The service considered patients' individual needs when delivering and coordinating services in the ED.
- 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** ●

We rated it as requires improvement because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The ED service at Birmingham Heartlands Hospital 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 ED promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff at all levels felt part of the ED team.

However:

- Senior ED staff understood the local risks to the service. However, the service did not evidence they regularly reviewed and monitored all current risks. The service had not acted in a timely way to improve medical and nursing staffing levels in the department.
- The trust did not always collect, analyse, manage and use information well to support all its activities.

# Urgent and emergency services

## Outstanding practice

We found two areas of outstanding practice. See outstanding practice section above.

## Areas for improvement

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

# Medical care (including older people's care)

**Requires improvement** ●

## Key facts and figures

University Hospitals Birmingham NHS Foundation Trust acquired Heart of England NHS Foundation Trust on 1 April 2018 under its existing registration with the CQC. As such, our legal position is that the provider still exists but with added locations.

The medical care service at the trust provides care and treatment for ten specialities across four sites; Queen Elizabeth Hospital Birmingham, Birmingham Heartlands Hospital, Good Hope Hospital and Solihull Hospital. The trust had 1,579 inpatient medical beds across the four sites, with 462 of these beds based at Birmingham Heartlands Hospital.

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 our inspection we visited the endoscopy department, discharge lounge, frailty assessment unit (Ward 21), frailty short stay assessment unit, elderly care (Ward 29 and 30), general medicine (Ward 2), respiratory ward (Ward 24), cystic fibrosis unit (Ward 26) acute/hyper acute stroke ward (Ward 23), acute medicine unit (Ward 22), renal medicine (Ward 3), oncology ward (Ward 19), cardiology ward (Ward 6) and infectious disease and tropical medicine ward (Ward 28).

As part of our inspection we used the Short Observational Framework for Inspection (SOFI) which is a specific way of observing care to help us understand the experience of people who could not speak with us. We also:

- Spoke with 15 patients who were using the service and six relatives.
- Spoke with 52 staff members; including service leads, ward managers, matrons, doctors, nurses, non-registered staff and allied health professionals.
- Reviewed 23 complete medical and nursing care records relating to physical health
- Reviewed 15 additional patient records relating to observations and sepsis screening pathways.

## Summary of this service

We have not taken the previous ratings of medical services at the Heart of England NHS Foundation Trust into account when aggregating this rating. We rated it as requires improvement because:

- Information provided by the trust and information directly from staff did not demonstrate that all staff had completed the relevant level of safeguarding children training in accordance with the Intercollegiate guidance: Safeguarding Children and Young People: Roles and competencies for Health Care Staff (March 2014).
- There were significant staffing vacancies across the whole of the medicine services which impacted negatively on patients care and treatment and staff morale.
- Staff did not always follow trust policy in regard to the safe storage of medicines. Room temperatures and refrigerator temperatures were recorded out of acceptable range and staff were unsure as to what actions were required in response to this. Intravenous solutions with potassium were not always stored separately from other intravenous solutions.

# Medical care (including older people's care)

- Staff did not always follow trust policy in regard to control of substances hazardous to health (COSHH). We found chlorine based solutions which were left on the side in rooms which were unlocked.
- Patients who lacked capacity were not always assessed according to policy and where patients were deprived of their liberty this was not always done so lawfully.
- Patients with sepsis were not always appropriately screened and treated in line with national guidance and local trust policy.
- The trust had implemented an escalation measure called 'safer patient placing' which required wards to board additional patients until discharges occurred. This had increased the risk on some wards due to having no official bed space for patients and increasing the number of patients on the ward.

However:

- Staff monitored changes in patients' conditions using a nationally recognised system and escalated patients appropriately when required.
- Staff working within specialised areas were well supported by senior colleagues and practice educators and had comprehensive competency documents to develop them professionally.
- Patients were generally cared for in a dignified, respectful and compassionate manner.
- We observed evidence of learning from incidents and complaints around the medical wards, with local quality improvement initiatives introduced to improve patient care.

## Is the service safe?

**Requires improvement** ●

We have not taken the previous ratings of medical services at the Heart of England NHS Foundation Trust into account when aggregating this rating. We rated it as requires improvement because:

- Not all staff had received the appropriate level of safeguarding children training in accordance with the Intercollegiate guidance: Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (March 2014). Staff caring for 16 to 18-year-old transition patients on Ward 26 had not undertaken level three safeguarding children training despite being involved in assessing, planning, intervening and evaluating their care.
- Medicines were not always stored in accordance with trust policy. Refrigerator and room temperatures were observed to be out of range with no action taken, and intravenous solutions containing potassium were not stored separately from other solutions.
- Patients who were suspected to have sepsis were not always screened and managed appropriately. We reviewed 15 patients identified as suspected sepsis and only 60% (nine) were completed appropriately and treatment commenced accordingly.
- Staff did not follow trust policy in regard to control of substances hazardous to health (COSHH). We found bottles of chlorine solution left on the sides in sluices and not locked away.
- All medical wards participated in the safer patient placing which was part of a wider escalation process for the trust. Staff told us this was a significant risk on the wards and increased the pressures they were already under due to large staffing vacancies.

# Medical care (including older people's care)

- There were significant staffing vacancies across the medicine core service, with some wards seeing as many as 10 registered nurse post vacancies. Although some wards appeared to manage this vacancy well, we did see evidence of impact on some wards in regard to patient care and treatment.

However:

- Staff used an adapted version of a warning scoring system to aid the detection of a deteriorating patient. We saw evidence of staff appropriately escalating patients identified at risk of deteriorating.
- There was evidence of staff learning lessons from incidents and implementing improvements to the care and treatment delivered locally.
- Staff completed comprehensive risk assessments on patients when admitted into hospital and we saw evidence of these risk assessments being reviewed regularly throughout the patient's admission.
- Wards were generally clean and tidy and staff mainly adhered to good infection prevention and control measures to protect patients from avoidable infections.

## Is the service effective?

**Requires improvement** ●

We have not taken the previous ratings of medical services at the Heart of England NHS Foundation Trust into account when aggregating this rating. We rated it as requires improvement because:

- Patients who staff had deemed lacked capacity to make decisions about their care and treatment were not formally assessed using the two-stage assessment as recommended in local policy and in national legislation.
- We found evidence of patients being deprived of their liberty without any formal documentation to support this, making this unlawful. This was escalated immediately during our inspection and the trust were quick to respond to our concerns.
- There was limited evidence of evidence-based care plans being used to support patient care and treatment.
- The service had recently been identified as a new outlier for septicaemia (not including labour).

However:

- Patient's care and treatment was planned and delivered in line with current evidence based guidance, standards, best practice and legislation. We saw good use of patient pathways aligned to National Institute for Health and Care Excellence (NICE) guidance and standards.
- There was evidence of effective multidisciplinary team working across the whole of the medicine core service. All staff, of all professions worked well together, supporting each other to provide efficient care and treatment.
- The service made sure staff were competent for their work. We saw comprehensive competency documents to support staff development within specialised wards.

## Is the service caring?

**Good** ●

# Medical care (including older people's care)

We have not taken the previous ratings of medical services at the Heart of England NHS Foundation Trust into account when aggregating this rating. We rated it as good because:

- Staff generally cared for patients with compassion, dignity and respect. Our short observational framework for inspection (SOFI) which we conducted demonstrated positive interactions between staff and patients.
- Feedback from patients and their relatives was mainly positive, with patients feeling like they were partners in their care. Most patients felt their needs were quickly attended to and that nothing was too much trouble.
- Staff took the time to ensure patients understood the information they were given about their care and treatment, and used language and terminology which patients understood. Patients were encouraged to ask questions if they had not fully understood what they had been told.
- The service provided emotional support to patients and supported spiritual needs through a multi-faith chaplaincy. There were also specialist nurses who provided specific emotional support tailored to the requirements of the patient.

However:

- We were aware of two occasions when patients had not been treated in a dignified and respectful manner, which had caused concern. This was escalated at the time of inspection and actions taken to address this.

## Is the service responsive?

**Good** ●

We have not taken the previous ratings of medical services at the Heart of England NHS Foundation Trust into account when aggregating this rating. We rated it as good because:

- The service planned and provided services in a way that met the needs of the local population. Services were provided within the hospital to provide immediate care and support to patients to avoid hospital admissions. As well as developing specialised clinics to meet the needs of a population group in the community (for example non-TB mycobacterium clinics).
- The service took account of patients' individual needs. Services were developed to ensure the needs of complex patients were met, for example specialist nurses for learning disabilities and patients living with dementia were contacted to ensure individualised care was provided for patients with additional needs.
- Patients with mental health needs were referred to and assessed by a local mental health team in a timely manner and had their individual needs met.
- People could access the service when they needed it. Processes were in place to ensure patients could access the service when they needed it (for example rapid access clinics/hot clinics) and the percentage of discharges which were delayed for a 12-month period (April 2017 to March 2018) was relatively low compared to the number of discharges experienced in this time (5.2% of 13,240 medicine discharges were delayed).

However:

- Although there was positive learning from complaints, the trust were not investigating and closing complaints in line with their own policy. Complaints took on average 42 days to investigate and close. We also did not observe many posters or leaflets around the medical wards which advising patients and their relatives on how to raise a complaint.



# Medical care (including older people's care)

- The discharge lounge had recently moved locations which had impacted on the type of patients which could be moved into this area whilst awaiting discharge. Ward staff had seen a reduction in appropriate patients which they could send to the discharge lounge to free up capacity. However, from a staffing perspective in the discharge lounge, they found this move had made the discharge lounge a safer place for patients.

## Is the service well-led?

### Requires improvement

We have not taken the previous ratings of medical services at the Heart of England NHS Foundation Trust into account when aggregating this rating. We rated it as requires improvement because:

- The governance and risk systems were not always reliable. Staff were not following trust policy and national guidance in regard to storing medicines and substances which come under the control of substances hazardous to health (COSHH) regulations. Staff also found the safer patient placing system increased local risk to the wards, however this was not recorded on any local risk registers.
- Local leaders were sighted on staffing issues; however we saw patient care was directly impacted due to low staffing levels. Actions taken to address this had not been sufficient to address staffing levels. This was further impacted by the staff reportedly leaving the bank system due to changes with payment following the acquisition of the hospital.
- There was a mixed response over the culture of the service, with staff voicing concerns over the visibility and support given to them by managers above the level of ward managers. Staff told us about the pressures and challenges they were facing due to staffing shortages, however many were not raising this as a concern due to the perceived lack of change in the issues. This appeared to be having significant impact on the morale of staff in the service.
- There was no designated lead for mental health needs within the medicine core service who would present these needs and concerns at board level.

However:

- All staff without exception were complimentary about their ward managers. They felt they had the right skills to lead the ward team and were supportive of them.
- There was evidence of some examples where the service had identified risks, planned and reduced them. There was an effective influenza campaign in process at the time of our inspection as well as evidence of locally adapted safety standards for invasive procedures being implemented.

## Areas for improvement

We found 14 areas of improvement. See areas for improvement section above.

# Surgery

Requires improvement ●

## Key facts and figures

Surgical services at the University Hospitals Birmingham NHS Foundation Trust are provided at the Queen Elizabeth hospital, Good Hope hospital, Heartlands hospital and Solihull hospital. This evidence appendix focuses on surgical services provided at Birmingham Heartlands hospital (referred to throughout the report as Heartlands hospital). Surgical services at the other sites are reported in separate evidence appendices. However, as the management team at Heartlands hospital, also have responsibility for services at Good Hope hospital and Solihull hospital, and some staff also provide care and treatment at these sites, there are inevitably some elements of the report that are the same across each of the three sites.

Heartlands hospital has seven surgical wards (listed below), a day surgery unit, pre-assessment clinic along with operating theatres and recovery areas.

University Hospitals Birmingham NHS Foundation Trust acquired Heart of England NHS Foundation Trust on 1 April 2018 under its existing registration with the CQC. As such, our legal position is that the provider still exists but with added locations.

We included have data from the pre-acquisition period for University Hospitals Birmingham NHS Foundation Trust. Because it related to the same legal entity we have used this to form part of our judgement.

Where we have included data from the acquired Heart of England 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.

A breakdown of the wards at Heartlands hospital can be found below:

Site	Ward	Specialty	Beds
Birmingham Heartlands Hospital	Ward 4	Elective/emergency thoracic and vascular surgery	33
Ward 5	Elective/emergency ENT/general surgery	26	
Ward 8	Acute trauma and rehabilitation	34	
Ward 9	Acute trauma and rehabilitation	34	
Ward 10	Elective/emergency urology and urology treatment centre	26	
Ward 11 SAU	Surgery assessment unit/general surgery	20	

# Surgery

Ward 12	<b>Elective/emergency colorectal surgery</b>	<b>34</b>
<b>Total beds</b>		<b>207</b>

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

The trust provides two nationally commissioned transplant programmes:

- Heart / lung
- Liver

Birmingham Heartlands Hospital hosts the regional thoracic surgery service and is home to the vascular hybrid operating theatre.

## University Hospitals Birmingham NHS Foundation Trust

We have included data from the pre-acquisition period for University Hospitals Birmingham NHS Foundation Trust in this analysis. Because it related to the same legal entity we have used this to form part of our judgement.

The trust had 46,812 surgical admissions from June 2017 to May 2018. Emergency admissions accounted for 14,392 (30.7%), 23,026 (49.2%) were day case, and the remaining 9,394 (20.1%) were elective.

## Heart of England NHS Foundation Trust

We included this data item from the acquired Heart of England NHS Foundation Trust where no more recent data was available. We only provided this for contextual purposes and it did not form part of our judgement.

The trust had 59,370 surgical admissions from April 2017 to March 2018. Emergency admissions accounted for 19,116 (32.2%), 33,370 (56.2%) were day case, and the remaining 6,884 (11.6%) were elective.

(Source: Hospital Episode Statistics)

A range of surgical specialties provide surgical services at Heartlands hospital, including, general surgery, ENT, vascular, urology, trauma and orthopaedics and ophthalmology.

We carried out an inspection from 17 October 2018 to 19 October 2018. Our inspection was unannounced. Prior to the inspection we reviewed information we had about the service and information from stakeholders.

The surgical inspection team consisted of an inspector, an assistant inspector, two specialist advisors and a pharmacy advisor. We visited all the surgical wards, the day surgery unit, operating theatres and recovery areas.

During the inspection visit, the inspection team:

- Spoke with 15 patients who were users of the service
- Spoke with the managers or the nurse in charge for each of the wards and clinical areas
- Spoke with 49 members of staff including senior managers, doctors, nurses, support workers, nurses, administrative staff and allied health professionals
- Reviewed parts of 13 patient care records relating to assessments, care plans, medicines administration and observation charts

Following the inspection, we reviewed additional performance data and other information provided by the trust.

# Surgery

## Summary of this service

We rated this service as requires improvement because:

- We identified some concerns in relation to the environment in the operating theatres. The airflow exchange in parts of the operating theatres did not meet with Department of Health guidance. In addition, we found the contents of emergency trolleys used in the operating theatres were not always checked daily, which had the potential to impact on the safety of care.
- Processes to ensure the safety of patients undergoing surgery were not always followed in theatres. In particular, we found variable compliance with the surgical safety checklist and premature completion of instrument checklists. The consistent use of these checklists is key to eliminating surgical errors.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm. However, we identified concerns in relation to out of hours provision, the volume of general surgical emergency patients and the high use of temporary staff. This impacted on the timeliness of care and the pressure on medical staff out of hours.
- Medicines were not always managed safely. We observed two occasions on a ward when a medicines trolley was unlocked and unattended. Storage areas were congested and we saw there were occasions when a medicine was missed due to staff being unable to locate it, or there were delays in obtaining a medicine from pharmacy. The temperature of refrigerators used for medicines storage on the wards were not monitored consistently and when they were above recommended limits, action was not always taken to report this to pharmacy.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and action was taken to prevent recurrence. However, staff did not always receive feedback about incidents and lessons learnt were not always effectively communicated to staff, particularly in relation to learning from incidents on other sites.
- Patient feedback about the quality of the food and choice was variable and some patients told us this affected the amount they ate.
- Consent was obtained in line with legislation and when patients did not have the capacity to make specific decisions, the principles of the Mental Capacity Act were followed for surgical procedures. DoLS applications were submitted to safeguard patients when necessary. When patients were unable to consent to their care, staff were able to describe how they acted in their best interests; however, nursing documentation of mental capacity assessments and best interest decision making was not always completed.
- We spoke to three patients on one ward who felt there was a lack of communication between departments which impacted on their ability to obtain information about the plan for their care.
- Matron and manager support to individual wards and the operating theatres was variable.
- There was little engagement or understanding of governance issues below band 7 level.

However:

- The service provided mandatory training in key skills to all staff. Overall completion rates for nursing staff were above the trust target of 90% and all modules were above 80%. Overall completion rates by medical staff were below the target at 82% although completion of most modules was above 75%
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had a good knowledge of their responsibilities to report safeguarding concerns and make referrals. They were supported by the trust safeguarding team to do this.

# Surgery

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Audits were completed to ensure staff adhered to national guidance.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Audits were completed to make sure staff followed guidance.
- 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.
- Staff gave patients enough food and drink to meet their needs and improve their health. Patients had access to specialist advice and nutritional support as required.
- 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. Performance in national outcome audits was variable with good outcomes in the national vascular registry, national emergency laparotomy audit and the national bowel cancer audit for example, whilst performance in the national hip fracture database audit was below the national average.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and monitor the effectiveness of the service.
- Multidisciplinary team working was effective. Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide coordinated care. We observed therapies staff were based on some wards and staff communicated well with each other.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff maintained patients' privacy and dignity and showed concern about their welfare.
- Staff provided emotional support to patients to minimise their distress. Patients were supported by ward staff and specialist nurses.
- Staff involved patients and those close to them in decisions about their care and treatment. Most patients were aware of plans for their care and treatment and said they had been provided with the information they needed to help them make decisions about their care.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. We found examples of discussion at specialty and divisional level to identify improvements to the quality, safety and effectiveness of care.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Risks were clearly identified in the divisional risk registers.
- The trust collected, analysed, managed and used information well to support its activities. Most records were paper based and when electronic systems were used, security safeguards were in place.

## Is the service safe?

**Requires improvement** ●

We rated safety as requires improvement because:

# Surgery

- We identified some concerns in relation to the environment in the operating theatres. The airflow exchange in parts of the operating theatres did not meet with Department of Health guidance. In addition, we found the contents of emergency trolleys used in the operating theatres were not always checked daily, which had the potential to impact on the safety of care.
- Processes to ensure the safety of patients undergoing surgery were not always followed in theatres. In particular, we found variable compliance with the surgical safety checklist and premature completion of instrument checklists. The consistent use of these checklists is key to eliminating surgical errors.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm. However, we identified concerns in relation to out of hours provision, the volume of general surgical emergency patients and the high use of temporary staff. This impacted on the timeliness of care and the pressure on medical staff out of hours.
- Medicines were not always managed safely. We observed two occasions on a ward when a medicines trolley was unlocked and unattended. Storage areas were congested and we saw there were occasions when a medicine was missed due to staff being unable to locate it, or there were delays in obtaining a medicine from pharmacy. The temperature of refrigerators used for medicines storage on the wards were not monitored consistently and when they were above recommended limits, action was not always taken to report this to pharmacy.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and action was taken to prevent recurrence. However, staff did not always receive feedback about incidents and lessons learnt were not always effectively communicated to staff, particularly in relation to learning from incidents on other sites.

However:

- The service provided mandatory training in key skills to all staff. Overall completion rates for nursing staff were above the trust target of 90% and all modules were above 80%. Overall completion rates by medical staff were below the target at 82% although completion of most modules was above 75%
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had a good knowledge of their responsibilities to report safeguarding concerns and make referrals. They were supported by the trust safeguarding team to do this.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Audits were completed to ensure staff adhered to national guidance.

## Is the service effective?

**Good** ●

We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Audits were completed to make sure staff followed guidance.
- 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.
- Staff gave patients enough food and drink to meet their needs and improve their health. Patients had access to specialist advice and nutritional support as required.

# Surgery

- 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. Performance in national outcome audits was variable with good outcomes in the national vascular registry, national emergency laparotomy audit and the national bowel cancer audit for example, whilst performance in the national hip fracture database audit was below the national average.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and monitor the effectiveness of the service.
- Multidisciplinary team working was effective. Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide coordinated care. We observed therapies staff were based on some wards and staff communicated well with each other.

However:

- Patient feedback about the quality of the food and choice was variable and some patients told us this affected the amount they ate.
- Consent was obtained in line with legislation and when patients did not have the capacity to make specific decisions, the principles of the Mental Capacity Act were followed for surgical procedures. DoLS applications were submitted to safeguard patients when necessary. When patients were unable to consent to their care, staff were able to describe how they acted in their best interests; however, nursing documentation of mental capacity assessments and best interest decision making was not always completed.

## Is the service caring?

**Good** ●

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 maintained patients' privacy and dignity and showed concern about their welfare.
- Staff provided emotional support to patients to minimise their distress. Patients were supported by ward staff and specialist nurses.
- Staff involved patients and those close to them in decisions about their care and treatment. Most patients were aware of plans for their care and treatment and said they had been provided with the information they needed to help them make decisions about their care.

However:

- We spoke to three patients on one ward who felt there was a lack of communication between departments which impacted on their ability to obtain information about the plan for their care.

## Is the service responsive?

**Requires improvement** ●

We rated responsive as requires improvement because:



# Surgery

- The service took account of most patients' individual needs. However, there was limited access to a face to face interpreter and important information was sometimes communicated by telephone. Staff awareness of the adjustments that could be made for patients with complex needs was sometimes limited and wards did not have any adaptations to improve the experience of people living with dementia.
- Patients could not always access the service when they needed it. Waiting times from referral to treatment were approximately the same as the national average. The service had a plan in place for each specialty to improve referral to treatment times. However, staff identified concerns with the management of emergency surgical patients and patient cancellations due to capacity and resource issues. This was apparent during the inspection. Cancellation rates for elective operations in the trust as a whole for the first quarter of 2018/19 were above the national average.
- Complaints were not always closed within the 30 working day timeframe stipulated in the trust complaints policy.

However:

- The trust planned and provided services in a way that met the needs of local people. Following the merger of the two trusts the service was moving towards integration of surgical services whilst considering local needs.

## Is the service well-led?

**Good** ●

We rated well led as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. We found examples of discussion at specialty and divisional level to identify improvements to the quality, safety and effectiveness of care.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Risks were clearly identified in the divisional risk registers.
- The trust collected, analysed, managed and used information well to support its activities. Most records were paper based and when electronic systems were used, security safeguards were in place.

However:

- Matron and manager support to individual wards and the operating theatres was variable.
- There was lack of involvement and understanding of governance issues in those staff members below band seven level.

## Areas for improvement

We found nine areas of improvement. See areas for improvement section above.



# Maternity

Requires improvement 

## Key facts and figures

University Hospitals Birmingham NHS Foundation Trust acquired Heart of England NHS Foundation Trust on 1 April 2018 under its existing registration with the CQC. As such, our legal position is that the provider still exists but with added locations.

We included data from the pre-acquisition period for University Hospitals Birmingham NHS Foundation Trust. Because it related to the same legal entity we have used this to form part of our judgement.

Where we have included data from the acquired Heart of England 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.

Maternity services have been provided by University Hospitals Birmingham NHS Foundation Trust from April 2018. Prior to this date they were provided by Heart of England NHS Foundation Trust.

From April 2017 to March 2018 there were 6,303 deliveries at the Heartlands Hospital.

The trust has 145 maternity beds across three sites:

### Good Hope Hospital

- Delivery suite – 20 beds plus two pool rooms and a high dependency bed
- Ward 4 – 11 beds, mix of induction and inpatient
- Ward 5 – 22 postnatal beds

### Birmingham Heartlands Hospital

- Aspen Ward – 19 inpatient beds plus seven transitional care beds
- Delivery suite – 13 beds, including two high dependency beds plus six induction beds
- Cedar Ward – 19 postnatal beds
- Maple Ward – 26 postnatal beds
- Willow Ward – 3 birth beds
- Eden Ward – bereavement suite with two beds and a sitting room.

### Solihull Hospital

- Three birth rooms
- Two postnatal rooms

Queen Elizabeth Hospital does not provide any maternity services.

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

# 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 postnatal period.

The trust reported that their maternity services are working closely with local specialist trusts in the BUMP (Birmingham & Solihull United Maternity and Newborn Partnership project) looking at access, choice and continuity of care across the organisations.

*(Source: Acute PIR – Context acute HGS tab)*

## **Heart of England NHS Foundation Trust**

We included this data item from the acquired Heart of England NHS Foundation Trust where no more recent data was available. We only provided this for contextual purposes and it did not form part of our judgement.

From April 2017 to March 2018 there were 9,348 births at the trust.

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.

During this inspection we:

- Spoke with 54 staff members; including service leads, matrons, midwives, medical staff, maternity care support workers, housekeeping and administrative staff.
- Spoke with twelve women and three partners who were using the service.
- Examined 24 pieces of equipment.
- Reviewed 10 medical records across both obstetric units.
- Reviewed 5 prescription charts across both obstetric units.

## **Summary of this service**

We rated the service as requires improvement overall.

We rated this safe and well-led as requires improvement and effective, caring and responsive as good because:

- Managers across the trust did not always promote a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff did not always feel valued and supported for the work they did.
- The service collected safety information, which was compared to national data. However, we had concerns about the robustness of the data shared with partner organisations.
- Whilst staff demonstrated good practice with regards to hand hygiene, we saw the environment and equipment were not always visibly clean. Staff did not always complete emergency equipment daily checks. Surgical site infections were above the national average
- There were effective processes for the reporting of incidents, Staff were aware of their responsibilities to report incidents and we saw learning from incidents was shared. However, we were not assured incidents were being graded appropriately.

# Maternity

- The service provided care and treatment based on national guidance and evidence of its effectiveness. However, although we saw there was a trajectory and service leads were sighted on it, we saw not all guidelines had been recently reviewed. Risk assessments and plans of care were not always in line with local policies and were not always carried out by the appropriate staff.

However:

- Staff kept appropriate records of women's care and treatment. Handheld and inpatient records were clear, up-to-date and available to all staff providing care. Safeguarding records were up to date and easily accessible. Completion of cardiography trace records was in line with trust policy.
- Staff understood their roles and responsibilities regarding safeguarding vulnerable adults and children. Although medical staff compliance with safeguarding training was lower than the trust target, most staff had received appropriate levels of safeguarding training.
- Staff with different roles worked together as a team to benefit women. Midwives, doctors, nurses and other healthcare professionals supported each other to provide good care. Multidisciplinary teamwork was evident throughout the unit.
- Staff actively promoted improving women's health by encouraging women to stop smoking, and increasing skin to skin and breastfeeding.
- Staff understood and respected the personal, cultural, social and religious needs of women and those important to them. Women and their relatives we spoke with told us they were treated with dignity, kindness and respect.
- Staff provided emotional support to patients to minimise their distress. Women, families and staff valued the bereavement service. Bereavement services and staff knowledge on supporting bereaved families ensured people received the physical and emotional care required.
- The trust planned and provided services in a way that met the needs of local people. There were a range of clinics for both high and low risk women. The trust collaborated with partner organisations effectively. The service's vision and strategy was in line with local and national priorities.

## Is the service safe?

**Requires improvement** ●

We rated safe as requires improvement because:

- Although we found the service largely performed well, it did not meet legal requirements relating to cleanliness meaning we could not give it a rating higher than requires improvement.
- The service did not always control infection risk well. Staff kept themselves clean but did not always keep equipment and the premises clean. Staff did not always complete emergency equipment daily checks. Surgical site infections were above the national average
- Staff completed and updated risk assessments for each woman. However, assessments and plans of care were not always in line with local policies and were not always carried out by the appropriate staff.

However:

- The service mostly followed best practice when prescribing, giving, recording and storing medicines. Most women received the right medication at the right dose at the right time. Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.

# Maternity

- Although we did see some maternity support workers undertaking tasks that were inappropriate for their level of competence, the service 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. The service provided mandatory training in key skills to all staff and mostly made sure everyone completed it, although some subjects was lower than the trust target.
- 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 women honest information and suitable support.
- Staff understood how to protect patients from avoidable harm 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.

## Is the service effective?

**Good** ●

We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Although not all guidelines had been recently reviewed, we saw there was a trajectory and service leads were sighted on it. Managers checked to make sure staff followed guidance and 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.
- Staff gave women 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 women's religious, cultural and other preferences.
- Staff assessed and monitored women 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 mostly made sure staff were mostly 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 women. Doctors, nurses and other healthcare professionals supported each other to provide good care

## Is the service caring?

**Good** ●

We rated caring as good because:

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

# Maternity

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of women's individual needs.
- People could mostly 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. There was sufficient and timely access to theatres.
- 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?

**Requires improvement** ●

We rated well-led as requires improvement because:

- Managers across the trust did not always promote a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff did not always describe leaders and managers as visible and staff did not always feel supported. There was a degree of silo working across the three sites of the maternity service.
- The trust collected, analysed, managed and used information to support all its activities. However, there were many guidelines out of date, and inconsistency in the data submitted to the two dashboards used for oversight of the service.
- The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, however these were not always robust.
- Service leads explained they considered the grading of all incidents but any incidents where there was no "avoidable" harm were likely to be downgraded to low or no harm. We could not be assured that incidents were graded appropriately according to harm and we saw incidents that had resulted in harm.
- 

However, we also found;

- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The trust 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 five areas of outstanding practice. See outstanding practice section above.

# Maternity

## Areas for improvement

We found 12 areas for improvement. See areas for improvement section above.

# Queen Elizabeth Hospital Birmingham

Mindelsohn Way  
Edgbaston  
Birmingham  
B15 2GW  
Tel: 01216271627  
www.uhb.nhs.uk

## Key facts and figures

Queen Elizabeth Hospital provides the full range of acute medical, surgical and outpatient services included emergency care. Queen Elizabeth Hospital is a regional centre for cancer, trauma, renal dialysis, burns and plastics, HIV and AIDS, as well as respiratory conditions like cystic fibrosis. The hospital also has expertise in bone marrow transplants and thoracic surgery and have the largest solid organ transplantation program in Europe.

The hospital provides a series of highly specialist cardiac, liver and neurosurgery services to patients from across the UK.

The hospital is world-renowned for trauma care and have developed pioneering surgical techniques in the management of ballistic and blast injuries, including bespoke surgical solutions for previously unseen injuries. As a result of its clinical expertise in treating trauma patients and military casualties, the QEHB has been designated both a Level 1 Trauma Centre and host of the UK's only £20m National Institute for Health Research (NIHR) Surgical Reconstruction and Microbiology Research Centre (SRMRC).

## Summary of services at Queen Elizabeth Hospital Birmingham

Good   

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

**For an overview of our findings at this inspection please see overall summary above.**

# Urgent and emergency services

Good   

## Key facts and figures

The emergency department at Queen Elizabeth Hospital serves the local population of South Birmingham as well as regional and national services for liver, renal, cardiac, oncology, haematology, neurosurgery, vascular stroke and other specialties. It also hosts a multidisciplinary team of professionals including colleagues from the Royal Centre for Defence Medicine and theatres.

From August 2017 to July 2018 there were 216,385 attendances at the trust's urgent and emergency care services as indicated in the chart above. Of these 201,607 were type 1 and 14,778 were type 3.

At Queen Elizabeth Hospital acute medicine is delivered through a 74-bedded consultant-led clinical decision unit which accepts referrals from the emergency department and the single point of access unit. The unit has a four-bedded level two facility catering for patients with multiple organ failure. The ambulatory medical clinic is open 24 hours a day, seven days a week and manages approximately 7,000 patients per year.

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

The emergency department (ED) has six resuscitation bays, including one bay equipped for paediatric resuscitation, 16 trolley spaces in majors, two trolley spaces and six examination rooms in minors. The ED is equipped with a CT scanner and has adjacent x-ray access 24-hours, seven days a week. The ED is a major trauma centre and has an air ambulance facility. An ear, nose and throat (ENT) and eye treatment room, a plaster room and a minor procedures room are located in the ED.

The clinical decisions unit (CDU) has 72 beds organised into six defined bed areas with 64 beds, four individual consultation or side rooms and a high dependency unit with four beds. There is a cardiac monitoring area and two rooms equipped for high observation care of patients with mental health needs or those living with dementia. An average of 100 patients per day were treated in the CDU with 80% referred directly from the ED, 15% referred from GPs and 5% referred from outpatient clinics. Staff triage patients in a dedicated waiting area when they present from an outside referral, such as a GP.

The emergency observation unit (EOU) provided care for patients who were mobile and needed further assessment for conditions such as asthma but who do not need a hospital admission. The EOU is staffed by a GP, junior doctor, registered nurse and healthcare assistant.

The acute medical centre (AMC) has 32 chairs for ambulant patients, divided into male and female areas. There are two consultation rooms and space for two trollies. Patients awaiting test results or being cared for on pathways for less than 12 hours such as for deep vein thrombosis are typically cared for here. The AMC saw between 9000 and 10,000 patients each year.

We last inspected urgent and emergency care services in January 2015 and rated it requires improvement for safe and effective and good in caring, responsive and well-led. This was our first inspection since the trust completed an acquisition merger with Heart of England NHS Foundation Trust.

To come to our ratings, we inspected all four departments or units as listed above.

During our inspection:

- We spoke with 41 members of staff representing a broad cross-section of roles, specialisms and seniority.
- We spoke with 14 patients and nine relatives or carers and reviewed 33 sets of patient's records.



# Urgent and emergency services

- We reviewed over 120 other items of evidence, including audits, research papers and governance and team meeting minutes.

## Summary of this service

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

- Senior staff implemented support processes and systems to improve staff access to mandatory training. The completion of safeguarding training had improved as a result although fire safety training remained an on-going challenge.
- Standards of infection prevention and control were consistently good and staff achieved highly in audits in this area.
- Processes, systems and care frameworks were in place to manage risks to patients. This included for patients who presented frequently in the department and those with immediate mental health needs, such as suicidal intent.
- Nursing staff levels were consistent and both the ED and CDU demonstrated successful rolling recruitment drives. Nurse turnover was less than 2%, which were significantly better than the other hospitals in the trust.
- A wide range of medical and specialist professionals supported the medical team and nurses and provided substantial additional care and treatment options for patients as well as professional development opportunities for staff.
- Patients, relatives and carers said they felt staff were kind, compassionate and attentive. They said they were well informed and felt able to ask questions at any time.
- Services were developed based on the needs of the local population and their health trends. Partnerships were established with a range of community, social care and specialist organisations to plan services and to reduce unnecessary emergency department attendances.
- Clinicians had worked with colleagues across the hospital to establish care pathways to improve patient access to specialist care.
- A culture of continual learning and supporting staff to advance was embedded in every aspect of service delivery and development.

However:

- The ED did not meet minimum Royal College of Emergency Medicine (RCEM) standards for consultant cover and had 17.4 whole time equivalent (WTE) vacancies, which was a shortfall of 19%.
- Medicines management processes were inconsistent in some measures. This included management of refrigerated medicines.
- Triage of patients in the department did not always meet the Royal College of Emergency Medicine (RCEM) standards to be undertaken within 15 minutes of arrival.
- Oversight of the maintenance and safety checks of emergency equipment was inconsistent at both a local level and a trust level.

# Urgent and emergency services

- The hospital did not have access to a 'high risk' room suitable for conducting mental health assessments. This meant patients attending the emergency department as a result of a mental health crisis, such as self-harm or a suicide attempt, were unable to be assessed and reviewed in a space which was free from objects or fittings that the patient could use to harm themselves. Although the CDU mitigated this risk to some extent with two anti-ligature rooms, these did not fully comply with best practice in risk reduction.
- Although nurse staffing levels were consistent, from April 2017 to March 2018 7850 shifts went uncovered.
- Performance in national RCEM audits was highly variable and in some audits, including the 2016/17 consultant sign-off audit, the hospital did not meet any of the national standards.

## Is the service safe?

Good  

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

- The trust had increased safeguarding training in line with the 2018 Intercollegiate Document on level 2 safeguarding training for the Healthcare Practitioner Induction Programme and 95% of required staff had up to date safeguarding level 2 and 3 training.
- Safeguarding principles and processes were well established and staff had access to on-call specialist support and advanced training. There was evidence of learning from safeguarding incidents. The rapid assessment interface discharge (RAID) team provided 24-hour, seven day safeguarding and mental health support.
- All staff had up to date chemical, biological, radiological and nuclear (CBRN) major incident training and a charge nurse lead for major incidents was in post. The ED had a comprehensive stock of equipment that was stored securely and checked for safety periodically. The department carried out major incident simulations, including for evacuation and decontamination, and implemented learning as a result.
- Most paediatric patients were seen at a nearby specialist children's hospital. However, the service was equipped to deal with paediatric emergencies including major trauma and resuscitation. This included with skilled, paediatric-trained staff and clinical equipment.
- Staff consistently used good infection control techniques including hand hygiene, the use of personal protective equipment and the aseptic non-touch technique. Audit results for hand hygiene and the patient-led assessment of the care environment (PLACE) were consistently good.
- Staff had developed systems to avoid potential 'black breaches' (delayed ambulance handovers) and occurrences were low, with only 26 reported from April 2017 to March 2018 and no instances in five months during this period.
- Staff demonstrated a well-structured and organised when dealing with emergencies during our inspection, including major trauma calls and emergencies in the waiting area.
- The patient records system triggered a consultant review where a patient presented on multiple occasions with a condition usually managed by nurses or allied health professionals. This was a risk reduction system to ensure patients received appropriate reviews. This was one example of multiple patient risk assessment and monitoring systems in place to help reduce the risk of deterioration and to facilitate action when this did occur.
- A consultant led a sepsis audit programme and worked continually with staff to facilitate consistent practice. Along with sepsis nurses they delivered training and implemented new local processes to increase compliance with trust standards.

# Urgent and emergency services

- Trainee nurse associates, emergency care practitioners, emergency nurse practitioners and advanced clinical practitioners provided specialist services and support in addition to the nursing and medical teams.
- There was a culture of learning from incidents, with detailed multidisciplinary root cause analyses in the case of serious incidents. Staff were knowledgeable about new procedures and processes that resulted from incident learning.

However:

- There was a 19% consultant vacancy rate in the ED, which meant the unit did not meet the minimum standards of the Royal College of Emergency Medicine (RCEM) for a major trauma centre.
- Triage of patients in the department did not always meet the Royal College of Emergency Medicine (RCEM) standards to be undertaken within 15 minutes of arrival.
- There was a need for urgent and sustained improvement of the safe management of refrigerated medicines, including in consistent documentation of temperatures and controlled access.
- Mandatory training completion rates amongst doctors was 84%, which did not meet the trust's minimum standard of 90%.
- There was a lack of assurance of stringent fire safety processes, including a lack of training for staff and limited risk oversight from a senior trust level.
- Documentation standards for safety checks on resuscitation equipment was inconsistent, with significant gaps in some areas. The trust resuscitation team lacked capacity to carry out quarterly audits as per trust standard.
- From August 2017 to July 2018 between 60% and 70% of ambulance journeys had a turnaround time over 30 minutes.
- Although provision for the care of patients experiencing a mental health crisis had significantly improved, staff were not able to always meet the safety needs of patients. For example, due to a lack of capacity, patient one-to-one observations were sometimes delivered by inappropriate staff who were not trained to deliver this care.
- Differences in patient records systems in the CDU presented a risk to those with complex mental health needs. This was because the rapid assessment interface discharge (RAID) team had a separate system that nurses and doctors could not access, which meant they did not always have access to important patient information they needed to make decisions.

## Is the service effective?

Good  

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

- Standards of care were delivered in line with national clinical guidance, including the National Institute of Health and Care Excellence (NICE), the Royal College of Physicians and the British Thoracic Society.
- Clinical teams were active in research projects aimed at improving patient care and outcomes and in improving the performance of their service. Research in the clinical decision unit (CDU) was wide ranging and involved multidisciplinary teams from across the hospital. Projects had included point of care HIV testing and flu testing, and physiotherapy research into the optimal use of beds. Staff used reflexive techniques to ensure research outcomes adapted to the needs of patients and the service as they progressed.

# Urgent and emergency services

- Audits and reviews had demonstrably resulted in improvements in the CDU. This included a 49% improvement in compliance with blood transfusion standards and a workforce review that resulted in the recruitment of 10 new clinical staff.
- Allied health professionals provided care and support in a range of specialisms, including stroke medicine, cardiac care, HIV, sports medicine and acute non-invasive ventilation. This meant patients had access to comprehensive multidisciplinary care as part of their admission or treatment plan.
- The mental health liaison team and rapid assessment and interface discharge (RAID) teams provided support in care planning, risk assessments and guidance for nurses and doctors.
- The dietician and speech and language therapy team had introduced a new screening programme following results of an audit that found a high risk of missed opportunities to identify malnutrition.
- Standards of pain screening and treatment were consistently in line with trust standards, including documentation and facilitating rapid access to pain relief.
- Nurse prescribers were trained in the use of patient group directions, which facilitated more rapid access to analgesia for patients.
- From August 2017 to July 2018, the trust's unplanned re-attendance rate to the ED within seven days was worse than the national standard of 5% but better than the England average.
- The specialist respiratory physiotherapy team audited patient outcomes for those who received non-invasive ventilation (NIV) and found performance significantly better than national British Thoracic Society standards.
- A specialist physiotherapist in sports medicine was based in the ED and provided a dedicated service to patients presenting with sports-related injuries. This reduced pressure on the medical team and meant patients had their specific needs met without the need for admission or lengthy referral delays.
- Audit data from the physiotherapy-led musculoskeletal (MSK) physiotherapists indicated the service was highly effective, with 95% of patients seen and discharged in less than four hours and a reattendance rate of less than 1%.
- Clinical Educators were dedicated to the ED and CDU and had substantially increased specialist training and development opportunities, such as through the introduction of simulation training for the treatment of acutely unwell patients. Consultant therapists from the allied health professionals teams provided additional training opportunities, including respiratory and NIV care.
- Multidisciplinary teams had established services to improve patient outcomes, including the older person's assessment and liaison (OPAL) team and a range of specialist AHPs. This included substantial cross-specialty working with community teams, social workers and GPs.
- Some specialist services were provided 24-hours, seven days a week, including for hyper-acute stroke care and respiratory physiotherapy.
- Health promotion signposting reflected trends in the local population, such as for help in relation to domestic violence and events for World Mental Health Day.
- Staff knowledge and standard of practice in relation to the Mental Capacity Act (2005) and the deprivation of liberty safeguards (DoLS) was consistent.

However:

# Urgent and emergency services

- A 2018 consultant-led audit found only 10% of patients had a documented pain score within 15 minutes of triage, which was not in line with Royal College of Emergency Medicine (RCEM) guidance. Although we found consistent standards of documentation during our inspection, the audit results indicated a need for significant, sustained improvements.
- Standards of consultant sign-off did not meet the national standard in the 2016/17 RCEM audit and a local audit in 2018 highlighted a need for significant improvements.
- Compliance with standards of the National Audit of Inpatient Falls and NICE guidance in local audits was variable and identified a need for significant improvement in some areas, including the completion of lying and standing blood pressure, in which compliance was 0%.
- Staff did not always demonstrate an understanding of the Mental Health Act or the implications on case for patients who were detained.

## Is the service caring?

Good ● → ←

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

- During all our observations staff were friendly, approachable and took time to make sure they understood how patients were feeling.
- Staff consistently involved patients in discussions and decision-making about their care, including where patients were looked after by a carer. One carer told us, “Something I’ve noticed is the nurses and doctors always speak straight to [patient]. They don’t speak over them and talk to me first. That’s a big deal for [patient] and makes them feel important.”
- In the NHS Friends and Family Test (FFT) from April 2018 to September 2018, 81% of patients said they would recommend the emergency department.
- All 17 patients and nine relatives we spoke with gave positive feedback and about their interactions with staff and themes in their comments included about compassion and kindness.
- Staff delivered care in a way that ensured patients’ privacy and dignity.
- We observed all staff in different roles, including reception staff and clinical staff, provide kind and compassion care to patients with complex needs, including those who could not easily communicate and those living with a learning disability.
- Therapies teams and nurses worked with patients and their relatives to facilitate access to specialist non-profit organisations that provided psychological and emotional support following life-changing injuries and trauma.
- A multi-faith chaplain service was available 24-hours, seven days a week and provided emotional support and bereavement services on demand.

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Is the service responsive?

# Urgent and emergency services

**Requires improvement** ● ↓↓

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

- The trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was variable and was worse than the national average from March 2018 to July 2018.
- From January 2018 to July 2018 the hospital failed to meet the national standard that 95% of patients who should be admitted, transferred or discharged within four hours of arrival.
- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. Queen Elizabeth Hospital did not meet the standard over the 12-month period from July 2017 to June 2018. The trust also performed worse than the England average across the entire reporting period.
- From August 2017 to July 2018 the monthly percentage of patients that left the trust's urgent and emergency care services before being seen for treatment was worse than to the England average, with null returns from the trust in April – July 2018.
- From August 2017 to July 2018 the monthly median total time in A&E for all patients at Queen Elizabeth Hospital was higher than the England average.

However:

- Specialist teams and services were established to meet the needs of the local population and to address trends in demands on the service. This included a sports medicine team and a youth violence intervention team.
- The older people's assessment and liaison (OPAL) and the mental health liaison team provided extensive services to patients and contributed significantly to reducing delayed discharges and length of stay. This included in the delivery of a frailty pathway that worked to ensure patients did not lose their package of care in the community.
- The introduction of a dedicated discharge team in the clinical decision unit (CDU) had reduced the average length of time from when a consultant made the decision to discharge to actual discharge from five hours to one hour.
- Staff had introduced a number of initiatives to improve patient flow through the ED. This included the implementation of an acute medical unit, a GP-led emergency observation unit and the planned opening of a rapid assessment, triage and treatment service in December 2019.
- Multidisciplinary teams worked together to explore and implement strategies to reduce pressure on the ED service and ensure patients had access to specialist care and therapy services. The emergency flow project was one example of this, which had improved patient flow to and from inpatient wards.

## Is the service well-led?

**Good** ● →←

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

- Staff spoke positively of the leadership structures in place and said they found senior colleagues to be supportive.
- The working culture was focused on team work and celebrating achievements as well as ensuring staff had the support and encouragement they needed to work to the best of their ability.

# Urgent and emergency services

- The senior divisional team recognised overcrowding as a fundamental risk in the emergency department (ED) and said this had worsened significantly in the previous two years. The team had implemented a range of initiatives to mitigate this, such as the introduction of a GP and advanced medical practitioners, a physiotherapy service and the development of new clinical pathways to redirect patients
- ED and clinical decision unit (CDU) teams continually sought service and performance improvements through trials, pilots and innovative projects.
- The senior team had carried out a substantial programme of work to improve staff morale, wellbeing and health. This including counselling and complementary therapy.
- Staff used a preventing harm structure to review risks, incidents and complaints as a core element of the governance structure.
- The senior team recognised the need for future succession planning to ensure the ED remained a sustainable service. Part of this plan included providing staff with extended development programmes, such as the advanced clinical practitioner pathway.
- Practice development nurses worked with divisional teams to engage with staff and act on feedback and suggestions for improvement.

However:

- Although senior nurses led comprehensive audit programmes in their units, we were not assured more senior staff maintained oversight of these or were aware of related performance.
- Risk registers included risks that had been entered up to nine years previously and there was a lack of evidence to demonstrate progress towards a resolution

## Outstanding practice

We found nine areas of outstanding practice. See outstanding practice section above.

## Areas for improvement

We found 10 areas for improvement. See areas for improvement section above.



# Medical care (including older people's care)

Good   

## Key facts and figures

Medical care service at University Hospital Birmingham NHS Foundation Trust provides care and treatment for a wide range of specialties including:

- cardiology
- colorectal
- diabetes
- endoscopy
- infectious diseases
- neurology
- oncology
- renal
- respiratory
- stroke

There are 1,579 medical inpatient beds located across 56 wards plus 17 beds on a multi-specialty ward for private patients at Queen Elizabeth hospital.

Specialist elderly care services operate across the Birmingham Heartlands Hospital, Good Hope Hospital and Solihull Hospital sites with a frailty ambulatory emergency care available on the medical day units (MDU) at both Birmingham Heartlands Hospital and Good Hope Hospital. Teams are multi-professional and assess patients in the emergency department who are suitable to be managed in the MDU as an ambulatory patient. The team also carry out comprehensive geriatric assessments, instigate and carry out appropriate diagnostics and interventions with the aim to return the patient to their usual place of residence with or without support services. At Solihull Hospital ambulatory care is provided via the frailty advice and support team who operate out of the medical day unit.

Additionally, Birmingham Heartlands Hospital, Good Hope Hospital and Solihull Hospital provide ortho-geriatric support to the trauma and orthopaedic wards and all geriatricians run afternoon outpatient clinics.

There is also a well-established dementia and delirium team which works across all of the complex elderly care wards at all three sites and aims to educate staff, patients and carers on dementia and delirium care.

Medical wards at Queen Elizabeth Hospital Birmingham are listed below:

Site	Ward	Specialty	Beds
Queen Elizabeth Hospital Birmingham	Bournville ward	Older adults	23



# Medical care (including older people's care)

Coronary care unit	<b>Cardiology</b>	<b>12</b>
Harborne ward	<b>Older adults</b>	<b>31</b>
Ward 302	<b>Renal</b>	<b>24</b>
Ward 303	<b>Renal</b>	<b>36</b>
Ward 304	<b>Cardiology</b>	<b>36</b>
Ward 411	<b>Neurology</b>	<b>36</b>
Ward 513	<b>Diabetes</b>	<b>36</b>
Ward 514	<b>Stroke</b>	<b>36</b>
Ward 515	<b>Respiratory</b>	<b>36</b>
Ward 516	<b>Respiratory</b>	<b>36</b>
Ward 517	<b>Multispecialty</b>	<b>24</b>
Ward 518	<b>Multispecialty</b>	<b>36</b>
Ward 622	<b>Oncology</b>	<b>32</b>
Ward 623	<b>Oncology</b>	<b>27</b>
Ward 625	<b>Haematology</b>	<b>32</b>
Ward 726	<b>Liver</b>	<b>36</b>
Ward 727	<b>Liver</b>	<b>36</b>
Ward 728	<b>Colorectal</b>	<b>36</b>
Ward West 1	<b>Older adults</b>	<b>28</b>
Ward West 2	<b>Older adults</b>	<b>24</b>
<b>Total beds</b>		<b>653</b>

The ambulatory care unit operates as a nurse-led elective care area with a broad clinical case mix. The unit has 24 overnight beds and 57 trolleys including four medical isolation bays. The unit admits approximately 70 patients daily.

The cardiac catheter laboratories carry out approximately 1200 PCI procedures per year.

The inpatient endoscopy service includes a dedicated inpatient facility, which runs six lists solely for inpatients and provides diagnostic and therapeutic procedures. The inpatient facility is also used to support the delivery of a 24-hour emergency bleed service, staffed by the endoscopy team.

# Medical care (including older people's care)

Endoscopy is delivered by a number of differencing specialities including: gastroenterology, colorectal surgery, general surgery, hepatology and a well-established nurse endoscopist team. In addition to gastrointestinal endoscopy, the unit also performs; bronchoscopy, endoscopic ultrasound (EUS) and ERCP. The multidisciplinary team delivering endoscopy allows for the flexible cover of available capacity, ensuring capacity is maximised.

We last inspected medical care services in January 2015 and rated it good in each domain and good overall.

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 the inspection:

- We visited the ward listed above in addition to the cardiac catheter laboratories, the discharge lounge and ambulatory care unit.
- We interviewed specialist teams including the tissue viability team, practice development team, the HIV team and the pain team.
- We spoke with 73 members of staff representing a broad cross-section of roles, specialisms and seniority.
- We spoke with 19 patients and 17 relatives or carers.
- We reviewed 38 sets of patient's records.

We reviewed over 160 other items of evidence, including audits, research papers and governance and team meeting minutes.

## Summary of this service

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

- The safeguarding team and senior ward staff maintained consistent standards of safeguarding. Teams thoroughly investigated safeguarding incidents and implemented learning that improved practice and patient safety.
- Standards of infection control practice, such as hand hygiene, were consistently good during our inspection. Infection control was audited and monitored by a dedicated team and housekeepers with extended training.
- A range of systems and strategies were in place to assess patient risk. This included electronic deterioration monitoring systems, out of hours senior medical cover and advanced training for staff in managing acutely unwell patients.
- Antimicrobial stewardship and sepsis programmes were well established with a rolling, comprehensive programme of audits and substantive training programmes for staff and doctors.
- Shared learning was a significant focus for staff and there was extensive evidence of detailed, multidisciplinary investigations of incidents and complaints that led to improved practice and training.
- Staff delivered care and treatment in line with national and international standards and clinical guidance. Systems were in place to ensure this remained current and specialities were demonstrably motivated to achieve accreditation status with professional bodies.
- Medical care services had a significant research profile and staff were supported to develop projects that placed them on the leading edge of current knowledge in their speciality.

# Medical care (including older people's care)

- Allied health professionals were highly active in audit, benchmarking and research and led numerous projects that positively impacted medical care services. One project, relating to dietary management in radiotherapy patients, resulted in 88 saved bed days.
- Pain services were multidisciplinary, comprehensive and led by audit and research benchmarking.
- Audits to drive service improvement and to improve understanding of patient behaviour were embedded across medical specialties. Staff were passionate and motivated in the development of audit plans, such as in recent examples of a wide-ranging falls review project and a health promotion focus on alcohol and tobacco reduction.
- Multidisciplinary specialist teams facilitated a wide range of education, learning and development opportunities for staff. This focused on future service sustainability, the development of a highly specialised in-house workforce and the retention of staff through internal development.
- Staff demonstrated resourcefulness and resilience when managing highly complex situations that involved multiple agencies and organisations.
- There was extensive evidence of staff going beyond their responsibilities to deliver individualised, compassionate care that made a significant difference to patients and others living in challenging circumstances.
- Teams had developed processes and communication strategies to increase the involvement of patients in their care planning. This was reflected in new handover processes, consistently good documentation of conversations with patients in medical records and positive results in the NHS Services Seven Days a Week Forum's seven-day services priority standards for patient involvement.
- Staff continually looked for new ways to further meet patients' needs to improve their experience and ensure the service maintained momentum.
- Staff were dedicated to safely reducing the length of stay for inpatients, reducing delayed discharges and improving flow and capacity. Multiple innovative projects and trials contributed to this, reflecting efforts from different groups of staff, including clinical teams, allied health professionals and divisional groups.
- Ward teams and specialties were responsive to learning from complaints and implemented changes and improvements as a result of learning.
- Divisional governance and leadership structures were clearly embedded in the operation of clinical services and leadership teams had developed effective systems of quality and performance improvement.

However, we also found areas for improvement:

- There were significant shortfalls in some elements of medicines management, including in storage and disposal, that had not been addressed by pharmacy teams.
- Staff described their greatest challenge and cause of staff as persistent shortages in nursing teams.

## Is the service safe?

**Requires improvement** ● ↓

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

# Medical care (including older people's care)

- Standards of medicines management were inconsistent and did not always provide assurance of patient safety. Wards performed variably in quarterly controlled drug audits and only 50% of wards had met trust standards in the most recently medicines safety audit. Divisional teams and the chief pharmacist were aware of the challenges but we found wide variances in standards during our inspection, particularly in relation to the poor temperature control of refrigerated medicines.
- Practice in the cardiac catheter laboratories was not compliant with Royal College of Anaesthetists guidance on conscious sedation because nurses responsible for monitoring patients were also engaged in other tasks.
- The resuscitation team had limited capacity to audit resuscitation trollies on a quarterly basis in line with trust standards. Nine inpatient wards had not had a recent audit of the equipment and there was no documented follow-up to areas that had failed previous audits.
- From January 2018 to September 2018 none of the wards in medical care services met the 90% trust target for the escalation of patients triggering the SEWS threshold within 30 minutes. We did not find any deteriorating patients during our inspection who had not been escalated appropriately.
- Fire risk assessments indicated on-going challenges in some areas, including the practice of wedging open automatic fire doors in the therapies suites.
- A divisional approach to recruitment helped to facilitate more consistent staffing levels. However, most staff said short staffing remained the most challenging and stressful part of their job. The team on ward 621 faced significant pressures from demand on the service and had implemented phased bed closures as a temporary measure. From April 2017 to March 2018 31,820 nursing shifts were unfilled.
- Patient records audits highlighted variable practice in the completion of documentation, with compliance against some measures as low as 29% and overall compliance at less than 50% in 10 out of 54 audit measures.

However:

- Completion rates for mandatory training amongst nurses was 94%, which exceeded the trust target of 90%.
- The trust had applied the requirements of the 2018 Intercollegiate Document on level 2 safeguarding training for the Healthcare Practitioner Induction Programme and 95% of staff had completed enhanced level 2 and level 3 training.
- Standards of safeguarding knowledge and practice were consistently high and facilitated by a dedicated team. Nurses in the ambulatory care unit had advanced safeguarding skills in recognition of a service that operated without medical staff present.
- In the 2018/19 national serious infection commissioning for quality and innovation (CQUIN), the hospital delivered a 2% reduction in antimicrobial prescribing.
- Hand hygiene was audited and from April 2018 to September 2018 overall average compliance was 93%, which met the trust standard of 90%. This reflected consistently good standards of infection prevention and control, further demonstrated by a five-year track record of higher-than-average performance in the cleanliness measure of the annual patient-led assessment of the care environment (PLACE).
- Dedicated teams provided out of hours support for deteriorating patients, including a nurse-led hospital at night team and a medical emergency response team. These teams supported reviews of patients who triggered the standardised early warning scores (SEWS) system, which was designed to facilitate a rapid response.
- Endoscopy procedures were carried out using established safety protocols, including World Health Organisation surgical safety checklists and local safety standards for invasive procedures.

# Medical care (including older people's care)

- Nurse staffing vacancies varied between wards and services and ward managers demonstrated resourcefulness and a proactive approach to recruitment. Wards 411 and 514 had both successfully recruited to fill nursing vacancies. The nurse turnover rate was 4.2% and the doctor rate was 2.3%, both of which were significantly lower than other hospitals in the trust.
- Medical care services demonstrated year-on-year improvement in the NHS Services Seven Days a Week Forum's seven-day services priority standard that patients receive a consultant review within 14 hours of admission. In 2018 the hospital achieved the standard in 74% of cases, a 23% improvement in the previous two years.
- Incident investigations were detailed, robust and led by appropriate teams. There was a substantial track record of changes and improvements from incident investigations, which reflected the multidisciplinary approach to root cause analysis and shared learning. Specialist teams responded to themes or trends in incidents and carried out extensive explorations of contributing factors.

## Is the service effective?

Good   

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

- A monitoring and review system was in place that ensure staff used the most recent national clinical guidance and standards in their practice. Clinical governance processes ensured a continual programme of review and clinical leads documented contributing factors when policies had not been updated.
- Clinical services pursued recognition and accreditation by national and international professional bodies as evidence of the standards of their practice and patient outcomes. The Royal College of Physicians had noted 14 areas of excellence in the endoscopy service as part of a Joint Advisory Group review.
- Clinical specialties were proactive in research engagement and a wide range of projects were underway to benchmark care and identify opportunities for innovation and improvement. The trust supported research activity and staff said they worked within a culture that supported them in developing ideas and strategies. Some services, such as the stroke service and therapies services, had dedicated research staff.
- Tissue viability nurses established focus groups and training programmes with healthcare assistants and nurses to address areas for improvement identified from an audit programme on patient repositioning.
- Use and completion of the malnutrition universal scoring tool (MUST) was consistent and nurses escalated patients to specialist teams when they were at increased risk. Dieticians and speech and language therapists (SaLTs) provided structured support, including food diaries and swallowing care plans.
- The SaLT team was trialling a ward-based, nurse-led screening programme for dysphagia to identify more accurately when patients needed a specialist referral.
- Pain monitoring and relief was provided by a chronic pain team and a multidisciplinary pain management team. Both teams delivered care in line with the Faculty of Pain Medicine and Royal College of Anaesthetists Core Standards for Pain Management Services in the UK 2015 and used guidance from a range of specialist organisations when coordinating complex, long-term care.
- In the five key measures of the 2017 Lung Cancer Audit, the hospital performed significantly better than the national average on one measure and in line with the national average in three measures.

# Medical care (including older people's care)

- Clinical teams had implemented significant improvements for patients cared for as outliers, including through the establishment of a dedicated outlier nurse to coordinate care across wards. There had also been substantial work completed to improve the use of the discharge suite.
- From October 2017 to October 2018 allied health professionals saw 100% of referred patients from all medical specialties.
- Clinicians and multidisciplinary teams were proactive in implementing audits and projects to expand patient care. This included a commissioning for quality and innovation (CQUIN) project to deliver brief intervention for harmful levels of alcohol and tobacco and a substantive falls audit system aligned with the standards of the National Audit of Inpatient Falls.
- Appraisal completion rates were consistently high and the most recent data available from the trust indicated 94% of staff had received an appraisal in the previous 12 months, which was better than the standard of 90%.
- Senior divisional teams had a demonstrable focus on staff development and training and the divisional leadership teams created a culture of action learning in their services. Divisional teams offered colleagues in other specialties access to training to broaden their skills, improve their understanding and offer patients improved access to care.
- Multidisciplinary working practices and care pathways were embedded into all elements of care. There was extensive, significant evidence of this in all medical specialties and included working with teams outside of the hospital to facilitate improved outcomes and discharge experiences. Such services had been developed in recognition of the needs of the local population, such as in sports and exercise rehabilitation.
- Staff adhered to the principles of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) when assessing and delivering care.

However:

- Patients were not always adequately hydrated. We saw water jugs were not always within reach and patients did not always feel they could ask staff for help when they perceived them to be very busy.
- Performance in expected readmission rates was variable. Elective patients in gastroenterology, clinical haematology and cardiology had a higher than average risk of readmission and patients in non-elective general medicine and nephrology had a lower than average risk of readmission.
- The hospital scored a grade C in the Sentinel Stroke National Audit programme. This indicated there were several areas for improvement although the hospital also achieved the maximum A grade in two out of four overall score measures.
- Although there were demonstrable, multidisciplinary strategies to reduce the impact of short staffing on wards on patient outcomes, patients were still sometimes affected. We found examples of missed diagnostic testing and significantly delayed prescribing as a result of short staffing.

## Is the service caring?

Good   

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

- During most of our observations staff were kind and compassionate and demonstrated empathy in their delivery of care. We observed staff be patient, empathetic and reassuring.

# Medical care (including older people's care)

- A 24-hour multi-faith community centre was available on site with on-call faith leaders and resources in multiple language.
- All of the patients and relatives we spoke with said staff had been kind and friendly.
- The dedicated transfer team demonstrated high standards of patient interaction and empathy and adapted their communication to each individual's mood and personality. This helped to reassure each patient and make them comfortable during the transfer.
- All the patients we observed were well dressed where appropriate, clean and tidy, which demonstrated staff maintained their dignity.
- Staff on elderly care wards facilitated access to animal therapy, which improved patient's mood and reduced anxiety.
- Staff on ward 514 demonstrated how they went above and beyond their responsibilities to show extended kindness and compassion to patients.
- Renal services had established a project with a specialist non-profit organisation that helped patients who received dialysis to access benefits, welfare and financial support.
- Staff on Harborne ward provided care above and beyond patient's clinical needs as part of their extended understanding of specific patient groups.
- The team on ward 625 had redeveloped daily handover and patient review processes to make them more patient-focused and to promote the involvement of patients in their care.
- NHS Services Seven Days a Week Forum's seven-day services priority standards included a requirement that patients be made aware of diagnosis, a management plan and a prognosis within 48 hours of admission. The trust had audited this measure in June 2018 and found average compliance at 97%, with 99% compliance on weekdays and 90% at weekends. The weekday compliance figure reflected an improved of 6% from the previous year and the weekend figure reflect a deterioration of 7%.

However:

- Patients in some areas said they were disturbed by noise at night. Ward staff acknowledged this but were unable to find a solution.
- Medical care performed variably in the privacy, dignity and wellbeing measure of the annual patient-led assessment of the care environment (PLACE).
- Patients spoke positively about the involvement in their care from specialists but said staff did not provide coordinated communication, which made their circumstances difficult to understand.
- Staff in the discharge suite said patient's relatives were often unaware of discharge plans and not ready for their arrival home, which caused delays and confusion before patients could safely leave the hospital.

## Is the service responsive?

**Outstanding** ☆ ↑

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

- Staff across medical care services worked together to safely reduce patient length of stay and improve capacity, access and flow. Teams in division A had established 11 workstreams to develop new care pathways in vascular medicine and cancer care.



# Medical care (including older people's care)

- There was a continual drive to improve capacity, access and flow through the exploration and trialling of new ways of working and innovative partnerships. This included through close working with ambulance and transport teams, implementation of a dedicated transfer team and new operating procedures for the discharge lounge.
- Staff provided information and communicated with patients in a wide range of formats in line with the national NHS Accessible Information Standard. The dignity team provided communication boxes with tools to help communicate with patients who needed adaptations to written or spoken information.
- Staff had developed ward 517 into an acute short-stay unit equipped to provide care to patients with a wide range of needs. This reflected the overall responsiveness of clinical teams to meet individual needs and to adapt to changing demands.
- Divisional staff had significantly developed the role of the ambulatory care unit to include ad-hoc, specialist clinics to reduce the pressure on inpatient services. One such pathway, the transactional catheter embolization (TACE) pathway, had saved 45 inpatient bed days in a six-month period.
- The trust organised medical care in line with the Academy of Royal Colleges Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients. This meant care was delivered on the principle that each patient had a named consultant and transfers of care were minimised.
- Allied health professionals offered activities of daily living (ADL) therapy in specialist suites and a range of exercise classes facilitated by clinical leads using specialist equipment.
- Staff provided information in line with the NHS Accessible Information Standard. Information was available in Braille, audio, large print and a range of other options, including on coloured paper to help patients with specific visual needs. The dignity team provided communication boxes that contained tools to help them communicate.
- Lead nurses in learning disabilities and dementia provided specialist support to ward teams and to patients, including in the use of national hospital passports to aid communication.
- The heads of therapies had implemented extended scope AHP practitioners to increase the complexity of care the team could provide and reduce the reliance on medical ward teams.
- Divisional teams tracked complaints and facilitated multidisciplinary investigations that led to improvements in policy, practice and standards. Recent improvements included changes to ward rounds and communication processes.

## Is the service well-led?

Good   

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

- Service development was demonstrably embedded in divisional operations and strategy. A dedicated service innovation team provided targeted management development opportunities for staff and supported teams through periods of change.
- Junior staff had access to developmental opportunities as part of future workforce and sustainability planning.
- Staff at all levels spoke positively about leadership support and said they had access to help when needed, including pastoral support and guidance in career and development planning.
- The trust had a well-defined overarching vision and strategy and individual ward teams and specialties were supported to develop their own within this context.



# Medical care (including older people's care)

- The trust was proactive and responsive in engagement with staff, such as in the implementation of focus groups to explore high levels of sickness amongst healthcare assistants. The head of inclusion, engagement and wellbeing and the education team worked with senior divisional staff to address the findings with a series of initiatives to improve support and promote wellbeing.
- Staff at all levels of responsibility were demonstrably proud of their work as part of a culture in which innovation and development were championed. Senior staff facilitated a prevailing atmosphere of empowerment where junior staff had continual support and had the confidence to challenge decision-making.
- Senior staff adhered to the principles of the duty of candour and applied this to communications regarding incidents and complaints.
- The guardian of safe working (GSW) and the junior doctors monitoring team monitored exception reporting daily as part of a structured approach to safe working and compliance.
- Governance processes for specialist teams, including tissue viability nurses, allied health professionals and the pain team, were well established and contributed to multidisciplinary working and best practice sharing.
- Staff used risk registers to identify, track and resolve risks to their services. Risk registers were maintained at divisional level and service or team level. Risk registers were regularly reviewed and updated to reflect changes in the level of risk or mitigation. Specialist teams and ward teams reviewed their local risks and implemented changes in practice to address them.
- Staff had established challenging behaviour groups to review the risks to staff and services caused by patients who presented with violent and aggressive behaviour. This was a multidisciplinary approach to reducing the risk through more effective care and management.
- Staff readily engaged with organisations outside of the trust to improve patient experience.
- Senior human resources staff had carried out a series of listening events with one staff group to understand patterns of sickness. This had resulted in changes to working patterns and improvements in the morale of the group.
- Practice development nurses were working with teams across the hospital to develop a trust initiative of building team skills around human factors. This complemented work at ward level to improve staff wellbeing through the provision of mindfulness and emotional intelligence training.
- From April 2018 to June 2018, 78% of staff in this hospital said they would recommend it as a place to work and 92% said they would recommend the hospital as a place for treatment.

However:

- Some military junior doctors did not feel they had a voice in the trust and provided evidence they were treated unequally with their NHS counterparts, including the requirement to work on more senior rotas than their level of training and experience allowed. Governance and leadership processes had failed to recognise or address these issues.
- In the April 2018 to June 2018 staff survey, only 57% of staff said they were aware of trust values.
- Senior allied health professionals (AHPs) identified a lack of understanding of the challenges to their teams at trust level, which resulted in loss of capacity.
- Results from a staff survey that collected feedback from April 2018 to June 2018 indicated mixed responses from staff in response to their feelings about the working culture.
- Although a sepsis lead was in post and carried out regular audits and reviews, we found limited understanding of this amongst teams in medical care.

# Medical care (including older people's care)

## Outstanding practice

We found eight areas of outstanding practice. See outstanding section above.

## Areas for improvement

We found four areas for improvement. See area for improvement section above.

# Surgery

Good   

## Key facts and figures

The surgical service at Queen Elizabeth Hospital was made up of the following areas: theatres, surgical day case unit, admissions lounge, discharge lounge, and eight inpatient wards that cover orthopaedics, general surgery, urology, gynaecology, colorectal, breast, upper GI, ENT, max fax vascular and ophthalmology for adults.

### Surgical admissions

#### University Hospitals Birmingham NHS Foundation Trust

We have included data from the pre-acquisition period for University Hospitals Birmingham NHS Foundation Trust in this analysis. Because it related to the same legal entity we have used this to form part of our judgement.

The trust had 46,812 surgical admissions from June 2017 to May 2018. Emergency admissions accounted for 14,392 (30.7%), 23,026 (49.2%) were day case, and the remaining 9,394 (20.1%) were elective.

*(Source: Hospital Episode Statistics)*

The surgical service was available 24 hours a day, seven days a week. Outpatient services were available Monday to Friday.

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

We inspected the whole surgical service at Queen Elizabeth Hospital.

During our inspection:

- We visited pre-assessment clinic, theatres and all surgical wards, including day case.
- We observed two surgical procedures and the journey of a patient from theatre to recovery.
- We spoke with 78 members of staff including consultants, medical staff, nurses, physiotherapists, occupational therapists, pharmacy technicians, health care assistants, receptionists, a member of the infection prevention and control team and leaders.
- We spoke with 14 patients and four family and friends and observed interactions between staff and patients.
- We checked seven patient records, including both the paper and electronic records.
- We reviewed 19 patient prescription charts.

## Summary of this service

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

- We rated safe, effective, caring, responsive and well-led as good.
- The service had innovative and leading practices that improved the experience and outcomes for patients.
- The service was a national lead in several specialities and good practice for example, major incident planning.
- The service had enough staff, who had completed required training. Staff were supported by managers and had annual appraisals.

# Surgery

- In theatres the environment was clean, tidy and equipment was readily available, clean and well maintained.
- The service had thorough pre-assessment screening for patients requiring surgery that considered peoples individual needs.
- The service stored and administered medicines well.
- Staff worked well in multidisciplinary teams and provided compassionate, appropriate and individualised care to ensure good outcomes for patients.
- Managers supported staff, promoted learning from incidents, concerns and complaints and used available information to improve to the service.

However:

- Local Safety Standards for Invasive Procedures (LocSSIPs) for theatres that should have been in place were still in development.
- In theatres we saw an instance where fridge temperatures were not recorded and an instance where checks on resuscitation equipment were not recorded.
- We saw two instances in theatres where staff had not followed an aspect of the appropriate surgical safety checklists.

## Is the service safe?

**Good** ● → ←

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- 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 abuse 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.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well.

However:

- The completion rate for Safeguarding level 2 training for medical staff between April 2017 and March 2018 was 68.3% against the trust target of 90%.

# Surgery

- The service had developed the Local Safety Standards for Invasive Procedures (LocSSIPs) but the service had not yet put these into practice.

## Is the service effective?

Good ● ↓

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Patient outcomes were mostly positive.
- The service provided support for patients requiring additional support for their mental health. This included support for patients with dementia and those with learning disabilities.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff provided patients with effective pain relief information, advice and medication.
- The service 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 of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service ensured people received appropriate care and treatment seven days a week.
- Staff provided useful and relevant information to patients to promote their health.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

## 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 across all areas of surgery.
- Staff involved patients and those close to them in decisions about their care and treatment

## Is the service responsive?

Good ● ↑

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

- Waiting times from referral to treatment for patients had recently decreased and were in line with good practice.

# Surgery

- The service had systems in place to meet referral to treatment rate of 18 weeks.
- The percentage of cancelled operations at the trust was consistently higher than the England average, however, the trust treatment rates of patients following a cancelled operation within 28 days were below the national rates.
- Staff managed theatre admissions, responding to patient need.
- The service improved access and flow for patients using new initiatives.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- The service took account of patients' individual needs. Staff helped patients with communication, advocacy and cultural support.
- The trust planned and provided services in a way that met the needs of local people. People could access the service close to their home when they needed it.

## 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.
- 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.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- 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 five areas of outstanding practice. See outstanding practice section above.

## Areas for improvement

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

# Outpatients

Good 

## Key facts and figures

University Hospitals Birmingham NHS Foundation Trust acquired Heart of England NHS Foundation Trust on 1 April 2018 under its existing registration with the CQC. As such, our legal position is that the provider still exists but with added locations.

This inspection covered Queen Elizabeth Hospital only.

The outpatient department is located within the main hospital entrance and comprises four designated areas. There are 268 procedure rooms, including treatment rooms, across a wide variety of specialties located in four outpatient areas. We also inspected cancer services in the cancer centre. In common with many outpatient services, Queen Elizabeth hospital was experiencing an increase in demand for many services. In 2017/18, there were 3% more outpatient and oncology (cancer outpatient) attendances than in 2016/17. This was an increase of 26618 attendances.

We did not inspect gynaecological clinics because these take place at another trust

We inspected services in outpatient clinics: rheumatology, cardiology, ENT, ophthalmology, neurology, urology, hepatology (liver), the cancer centre and the fracture clinic.

Although clinics were mostly on weekdays between 9 am and 5 pm there were some weekday evening and weekend clinics.

Following a comprehensive inspection in 2015, we said that the trust should:

- Ensure that staff report all incidents
- Identify and review all risks in outpatients
- Ensure that there is a checking procedure for outpatient resuscitation trolleys and that they are correctly stocked
- Reduce waiting times in the outpatients department;
- Increase consultation time in outpatients particularly for patients with complex conditions
- Develop action plans for areas of poor performance such as delays and overbooking in specialties affected, and strengthen local leadership around performance improvement.

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 reviewed services in outpatient clinics: rheumatology, cardiology, ENT, ophthalmology, neurology, urology, hepatology (liver), the cancer centre and the fracture clinic.
- Spoke with five senior managers, twelve nurses of various levels including matrons and clinician nurse practitioners, six clinicians and twelve patients.
- Reviewed various documentation in relation to care and treatment and took account of the environment.

# Outpatients

## Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with our previous rating.

We rated it as good because:

- Staff were clear on how to report incidents and received feedback from investigations. The service had a clear process to investigate and learn from incidents through root cause analysis. It communicated any findings across the services and to patients and families in line with the Duty of Candour
- Arrangements were in place to minimise risk to patients and these were supported by policies and procedures. Risks to outpatients awaiting a follow up appointment were appropriately managed. Nurses and clinicians had a high level of awareness of how to care for vulnerable patients. The service was delivering an enhanced level of safeguarding training to level 3 to ensure all nursing staff were trained to safeguard children
- Since our last inspection, governance, risk management and performance management in outpatients and cancer service had improved. Task and finish groups addressed specific improvement projects in outpatient services, and risk and quality were managed at specialty and divisional level.
- Action planning to drive performance had improved since our last inspection. Outpatients and cancer specialties developed action plans and trajectories to address underperformance and recover backlogs. They recruited to areas where they lacked capacity and used locums where necessary. There were specialty level, divisional level and corporate meetings to monitor performance and progress on action plans in outpatients and cancer services
- Patient list monitoring processes were in place, supported by technology which enabled staff and leaders to clearly identify where patients were on their treatment pathway
- Access and flow in the service improved since our last inspection. It had the technology to monitor patients waiting times in clinics and investigated the root cause when patients had waited more than 60 minutes. This led to a problem-solving approach to delays, and shorter wait times
- The service had tailored consultation times to the needs of outpatients with complex conditions. It had increased the facilities available for them by moving more specialist clinics to other buildings, in response to the overcrowding we found in our last inspection. This allowed more complex outpatients to have longer consultations. Specialities also reviewed templates and consultation times within the Queen Elizabeth outpatient clinics and developed action plans to make improvements
- Leadership had strengthened around performance improvement. Meetings at appropriate levels within specialties and weekly RTT and RCA assurance meetings meant that leaders took decisions to improve performance, requested action plans and monitored them
- Outpatient specialties responded to local needs and were adapting services to meet increasing demand. The services responded to unmet need and this was leading to new types of clinic. Specialities were working in partnership with HGS and commissioners to deliver new services in the community, and using new technology such as virtual clinics
- Outpatient specialties demonstrated a strong approach to working with other services to deliver joined-up holistic treatment for patients. The cancer service had 24 multidisciplinary teams which meant they tailored treatment to the individual patient as much as possible. Highly trained clinical nurse specialists ran clinics which gave outpatients practical support and increased access to services



# Outpatients

- The service ensured that unqualified and qualified nursing staff were competent to work in clinics. Staff were encouraged to develop their skills and this was supported by the outpatient clinical educator role, and mentoring from experienced nurses. The outpatient service did not use agency nursing staff, instead preferring to use in-house bank staff with the appropriate level of training if there was a staff shortage
- Clinicians and nurse were kind and reassuring with outpatients. They displayed understanding of the needs of older patients, people living with dementia and learning difficulties
- The service supported outpatients well. Clinical nurse specialists provided good emotional support to patients with life changing diagnoses in outpatients and cancer services. For example, an Eye Clinic Liaison Officer gave practical help to patients adjusting to sight loss and clinical nurse specialists talked through diagnoses with cancer patients
- The service adapted to the needs of some patients for example, there were bariatric chairs in waiting areas and access to interpreting services for those who did not speak English as a first language. Specialist liver nurses visited liver clinic patients in prisons.
- Many of the outpatients and cancer services were innovative. For example, the cancer service was active in the 100,000 Genomes project and had tumour boards in place. The ophthalmology specialty was nominated in the UK Ophthalmology Awards for its Uveitis service.

However:

- For the period July 2017 to June 2018 the trust performed worse than the 85% operational standard with a rate of 76.0% for patients receiving their first treatment within 62 days of an urgent GP referral. The England average for this time was 82.1%. Trust performance was 79.6% in August 2018. At this hospital 65.3% of patients referred by their GPs were treated within 62 days
- The service did not have a systematic approach to identifying and planning for the access and communication needs of diverse groups of patients. For example, it was not always easy for older people to find their way to the appropriate waiting area because there was no visually accessible internal plan of the hospital provided with the appointment letter
- Procedures around checking resuscitation trolleys and fridges were not sufficiently embedded and we found examples of non-compliance
- Flow did not always work smoothly for patients. The queuing system before arrival at fracture clinic meant that frail or injured outpatients had to stand for up to 20 minutes before proceeding to x-ray
- Patient privacy was not always maintained. A drugs storage room doubled as a room where staff took blood samples from patients and this process was interrupted by members of staff entering to remove supplies
- Services did not work seven days a week, although some clinics offered appointments at the weekend or during the evening

## Is the service safe?

**Good** 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with our previous rating.

We rated it as good because:

# Outpatients

- The service had a clear process to investigate and learn from incidents through root cause analysis. Incidents and findings were reported to clinical governance and team meetings, and to patients and their families. Staff knew how to report incidents and obtained feedback from investigations. There had been no Never Events in outpatient services
- The outpatient environment was visibly clean and appropriate for patient use. Staff followed hand hygiene procedures
- Arrangements were in place to minimise risk to patients. These included a procedure to escalate care of a deteriorating patient. Clinicians liaised with social workers and mental health professionals when needed.
- Outpatient services did not use agency staff, preferred to use in house bank staff where they were familiar with the skills levels of the member of staff
- Nurses and doctors were up to date with safeguarding training and there was a high level of awareness of how to care for vulnerable patients. The trust was training all outpatient nursing staff to level 3, covering child and adult safeguarding. This exceeded the requirements of the Royal College of Paediatrics and Child Health intercollegiate guidance for child safeguarding
- Medical records were mostly electronic and kept safely.

However,

- There was no safety thermometer performance and quality dashboard on display for outpatients, although this was being developed
- Sickness was higher than the trust target rate. Outpatients specialties had strengthened their procedures around short-term sickness
- The process around fridge checks needed to be reinforced. The outpatient endocrine fridge was checked against parameters of 2C to 8C. Records showed that the fridge temperature had risen beyond 8C with no action taken

## Is the service effective?

We do not rate Effective for outpatients.

- Outpatient specialties demonstrated a strong approach to working with other services to deliver joined up holistic treatment for patients. A range of 24 multidisciplinary teams worked in cancer services to give patients individualised treatment. The outpatient services added to the variety of clinics they could offer through Clinical Nurse Specialists who were highly trained
- Clinical treatment was based on evidence, national guidance and good practice. Processes around consent were appropriate for outpatients
- Outpatient services were monitoring patient pain levels and providing analgesia where necessary in response to an audit of patient pain
- Staff were encouraged to develop their skills and this was supported by the outpatient clinical educator role, and mentoring from experienced nurses
- Some specialties were engaged with health promotional activities with outpatients directly or with GPs

However,

- Services did not work seven days a week, although some clinics offered appointments at the weekend or during the evening

# Outpatients

## Is the service caring?

**Good** ●

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with our previous rating.

We rated it as good because:

- Clinicians and nurse were kind and reassuring with outpatients. They displayed understanding of the needs of older patients, people living with dementia and learning difficulties
- The service delivered good emotional support to outpatients. Clinical nurse specialists provided support to patients with life changing diagnoses in outpatients and cancer services. An Eye Clinic Liaison Officer gave practical help to patients adjusting to sight loss
- Outpatients were actively involved in their own care and clinicians based their consultations on the patient's own experience
- Chaperones were automatically provided because a nurse always attended the consultation with the consultant or doctor.

However,

- The queuing system before arrival at fracture clinic meant that frail or injured outpatients had to stand for up to 20 minutes before proceeding to x-ray
- Patient privacy was not always maintained. A drugs storage room doubled as a room where staff took blood samples from patients and this process was interrupted by members of staff entering to remove supplies.

## Is the service responsive?

**Requires improvement** ●

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with our previous rating.

We rated it as requires improvement because:

- For the period July 2017 to June 2018 the trust performed worse than the 85% operational standard with a rate of 76.0% for patients receiving their first treatment within 62 days of an urgent GP referral. The England average for this time was 82.1%. Trust performance was 79.6% in August 2018. At this hospital 65.3% of patients referred by their GPs were treated within 62 days
- The service did not have a systematic approach to identifying and planning for the access needs of diverse groups of patients. Information was not always tailored to outpatient needs or supplied to people in the right format. For example, it was not always easy for older people to find their way to the appropriate waiting area and the format of patient appointment letters did not help, because there was no internal plan of the hospital. The electronic patient appointment system did not flag up vulnerable outpatients before their arrival
- The service did not have a clear access policy to clarify their approach to appointments and non-attendance to outpatients

# Outpatients

- Patient flow did not work smoothly in the fracture clinic area.

However:

- From August 2017 to July 2018 the trust's overall referral to treatment time (RTT) for incomplete pathways was better than the England average. Specialties with backlogs of outpatients had action plans in place to increase their capacity to offer appointments and treat outpatients.
- The cancer service had improved its two-week wait performance since June 2018 and had worked to speed up pathways and increase radiology reporting capacity. Overall the cancer service performed better than the operational standard of 96% for patients waiting less than 31 days before receiving their first treatment following a diagnosis, for July 2017 to June 2018. With performance of 97.4% the trust performed slightly less well than the England average of 97.5%. An action plan was in place to provide more appointments for outpatients.
- Access and flow in outpatients had improved since our last inspection. The service had the technology to monitor patients waiting times in clinics and investigated the root cause when patients had waited more than 60 minutes. This led to a problem-solving approach to delays

## Is the service well-led?

**Good** ●

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with our previous rating.

We rated it as good because:

- Leadership arrangements in outpatients were clear and these were supported by improved governance structures
- The vision and initiatives in outpatients to work with partners, develop capacity with HGS and to use digital technology to meet patient demand reflected the aims of the June 2018 draft trust strategy
- Since our last inspection, governance, risk management and performance management in outpatients and cancer service had improved. Task and Finish groups addressed specific improvement projects in outpatient services, and risk and quality were managed at specialty and divisional level.
- Outpatients and cancer specialties developed action plans and trajectories to address underperformance and recover backlogs and recruited to areas where they lacked capacity. There were specialty level, divisional level and corporate meetings to monitor performance and progress on action plans in outpatients and cancer services
- Patient list monitoring processes were in place, supported by technology which enabled staff and leaders to clearly identify where patients were on their treatment pathway. Risks to follow up patients waiting to be seen were appropriately managed
- The service planned awaydays with the newly acquired trust to develop joint plans and a positive culture of continuous improvement
- The service engaged with the public and learnt from patient feedback
- Many of the outpatients and cancer services were innovative. For example, the cancer service was active in the 100,000 Genomes project and had tumour boards in place. The ophthalmology specialty was nominated in the UK Ophthalmology Awards for its Uveitis service.

However:

# Outpatients

- Although patient groups were engaged in suggesting improvements to services there was less evidence of staff suggestions improving services.

## Outstanding practice

We found six areas of outstanding practice. See outstanding practice section above.

## Areas for improvement

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

# Solihull Hospital

Lode Lane  
Solihull  
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B91 2JL  
Tel: 01214242000

## Key facts and figures

Solihull Hospital, based near to Solihull town centre, provides a range of outpatient, inpatient and emergency care services for its local community. It is also the regional centre for dermatology (the treatment of skin conditions).

## Summary of services at Solihull Hospital

### Not sufficient evidence to rate ●

Solihull Hospital was previously managed by Heart of England NHS Foundation Trust. On 1 April 2018 a merger by acquisition took place of Heart of England NHS Foundation Trust by University Hospitals of Birmingham NHS Foundation Trust. As such Solihull Hospital is now part of University Hospitals of Birmingham NHS Foundation Trust.

We have not taken the previous ratings of services at Heart of England 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 eight core services, therefore we are unable to provide an aggregated location rating. 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 of the core service ratings to provide overall key question and location rating for Solihull Hospital.

For an overview of our findings at this inspection please see overall summary above.

# Urgent and emergency services

Requires improvement 

## Key facts and figures

University Hospitals Birmingham NHS Foundation Trust acquired Heart of England NHS Foundation Trust on 1 April 2018 under its existing registration with the CQC. As such, our legal position is that the provider still exists but with added locations. We included data from the pre-acquisition period for University Hospitals Birmingham NHS Foundation Trust because it related to the same legal entity we have used this to form part of our judgement.

Where we have included data from the acquired Heart of England 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.

At Solihull Hospital there is a primary-care service, seven-days a week from 10am to 10pm.

There is also an out of hours GP deputising service (BADGER) that operates from within each hospital site from 6.30pm to 10.30pm Monday to Friday and 10am to 10pm at weekends and Bank Holidays, patients can be transferred to this service following initial assessment if they meet the agreed criteria. A clinical navigator is based in minors and triages all ambulance patients presenting in minors to the correct stream to ensure the patient is seen in the correct stream for their clinical needs.

*(Source: Acute PIR – Context acute QEB / Context acute HGC tabs)*

We visited Solihull Minor Injury Unit as part of the inspection and this appendix relates to that site.

The inspection took place over two days on the 10 and 11 October 2018.

During the inspection:

- We looked at forty-two patient records,
- Spoke with eight patients
- Spoke with 13 staff.

We spoke with departmental leads, a matron, emergency nurse practitioners, health care practitioners, GP's, a consultant, radiology staff, a pharmacist and reception staff.

## Summary of this service

We rated it as requires improvement because:

- Leaders did not always have enough oversight to recognise risks within the department.
- The divisional risk register did not reflect all the risks within the unit.
- At the time of the inspection staff were not completing initial assessments of patients to detect those at risk of deterioration or potentially serious conditions.
- Staff did not consistently record paediatric pain scores.
- There was no clear policy around children who were not acutely unwell attending the unit at night.

# Urgent and emergency services

- Trust wide data showed that waiting times from referral to treatment and percentage of patients admitted, transferred or discharged within four hours at the trust were worse than the England average.
- There were processes in place for the induction of agency staff, however checklists to show information had been given to staff were not fully completed.
- Children had their own waiting area separate from the main waiting room, however adults waited for x-rays in a separate seating area on the opposite side of the room.
- Recruitment was ongoing and remained a challenge. Bank and agency staff were used to fill staffing gaps.
- There was a lack of patient confidentiality in the reception area when people were booking in.
- Staff felt leaders were not approachable and that they were listened to; they also commented on low staff morale.
- There were no leaflets in other languages.

However:

- There were good safeguarding processes in place and staff met trust targets for safeguarding training.
- There were clear protocols and pathways in place for sick adults and children who needed further support.
- There were improved outcomes for patients in some areas such as patients with an Achilles tendon rupture.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff were compassionate, listened to patients, were empathetic and involved them in decisions about their care and treatment.
- A consultant led review clinic ran within the department review clinic on Mondays to Friday from 10am to 12pm
- The service had close links with other relevant services such as the pharmacy and the safeguarding team.
- Monthly directorate meetings took place. Meetings were attended by a variety of professionals including clinical leads, consultants and matrons.
- Risks were discussed during emergency nurse practitioner meetings. There was a divisional risk register in place.

## Is the service safe?

**Requires improvement** ●

We rated it as requires improvement because:

- At the time of the inspection staff were not completing initial assessments of patients to detect those at risk of deterioration or potentially serious conditions. We raised our concerns with the executive team and actions were taken at once. We returned to the unit unannounced one week later and were assured our concerns were resolved.
- Children had their own waiting area separate from the main waiting room, however adults waited for x-rays in a separate seating area on the other side of the room.
- Some areas of the waiting rooms were not visible to reception staff. This meant reception staff did not always see what was happening in the waiting area.
- We found gaps in recording on resuscitation trolley checklists and resuscitation trolleys were not tamperproof. However, all items in trolleys were in sealed bags.



# Urgent and emergency services

- Vacancy rates for nurse staffing was 22% this was significantly higher than the trust target of 5%.
- Turnover rates for nurse staffing were 11% this was higher than the trust target of 8%.
- Sickness rates for nurse staffing were 6% this was higher than the trust target of 4%.
- The trust had less whole time equivalent qualified nursing staff than it planned from March 2018 to June 2018. Recruitment was ongoing and remained a challenge. Bank and agency staff were used to fill staffing gaps.
- There were gaps in recording in some patient records and paper records were not kept securely.
- Learning from incidents was not a standard agenda item in the emergency care practitioner meetings.

However:

- The MIU was primarily staffed by emergency care practitioners. A GP was provided by an external provider and consultants rotated from other sites. However, the trust's 90% completion target was met for 10 of the 12 mandatory training modules for which one medical staff was eligible.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the risk of infection.
- Systems were in place to ensure known risks were flagged up to reception staff.
- There were pathways and protocols in place for patients who needed additional care and support. A well-stocked resuscitation bay was available for emergencies.
- There were arrangements in place for 24-hour medical cover with medical staff from the acute medical unit being available through the night if needed. Locum and bank staff were used to cover vacant shifts.
- The service followed best practice when prescribing, giving, recording and storing medicines. Audits identified areas for improvement and these were acted upon.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. However, we were not assured lessons learned from incidents were shared amongst staff appropriately.

## Is the service effective?

**Good** ●

We rated it as good because:

- There was improved outcomes for patients with an Achilles tendon rupture. Patients presenting with suspected renal colic had good analgesia administration, blood tests, urinalyses and radiological interventions.
- Staff worked together as a team to benefit patients. GP, s, emergency nurse practitioners and other healthcare professionals supported each other to provide good care.
- The minor injury unit was open 24-hours, a day seven-day a week. Supporting services had varied operating times.
- An ambulatory care service ran from 8am to 8pm seven days a week.
- 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 health and those who lacked capacity to make decisions about their care.
- Snacks and drinks were available to patients in the minor injury unit. Staff could access food for patients if necessary.

# Urgent and emergency services

- Staff gained verbal consent from patients and understood legislation around mental capacity.

However;

- The service provided treatment based on national guidelines and evidence of its effectiveness. However, guidance and policy was not always followed or checked by managers to ensure it was being followed.
- Staff did not consistently record paediatric pain scores. The trust took part in the Royal College Emergency Medicines pain in children clinical audit 2017/18 where they did not meet the required percentage in any of the five standards set.
- No staff group met the trust target for appraisal rates which was 85%.
- There were processes in place for the induction of agency staff, however checklists to show information had been given to staff were not fully completed.

## Is the service caring?

**Good** 

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.
- Staff listened, gave good explanations, engaged with patients and answered their questions.
- Staff spoke to children in language they could understand.
- Staff were aware of peoples' religious needs and knew what services were on site.

However:

- There was at times a lack of patient confidentiality in the reception area when people were booking in

## Is the service responsive?

**Requires improvement** 

We rated it as requires improvement because:

- There was limited support and accessible information for people living with a learning disability or whose first language was not English.
- Waiting times from referral to treatment were slightly worse than the national average with patients waiting more than one hour (median time) from May 2018 to July 2018.
- The trust did not meet the standard for the percentage of patients admitted, transferred or discharged within four hours from August 2017 to July 2018 and performed worse than the England average most months except in December 2017.

# Urgent and emergency services

- The monthly percentage of patients that left the trusts urgent and emergency care services before being seen for treatment was worse than the England average between August 2017 to July 2018.
- The median time for total time spent in A&E was higher than the England average from April to July 2018.
- Complaints were not a standard agenda item in emergency department practitioner meetings.

However:

- The facilities and premises were mostly appropriate for the services that were planned and delivered. There were adequate seating spaces available for patients who were waiting to be seen. The trust planned and provided services in a way that met the needs of local people.
- A consultant led review clinic ran within the department Monday to Friday from 10am to 12pm.
- There was an older peoples' assessment and liaison service (OPAU) that would visit the unit to carry out assessments on older people if additional needs were found.
- The unit could access the mental health team who could give support to people around their mental health needs

## Is the service well-led?

**Requires improvement** ●

We rated it as requires improvement because:

- Systems and processes were not always established and operated effectively.
- Staff feedback on the leadership team was varied with four staff members telling us they did not feel supported, that leaders were not approachable and that they were not listened too; they also commented on low staff morale.
- There was no clear policy around children who were not acutely unwell attending the unit at night. Leaders told us they did not see children at night; however, data showed and staff told us that children were still presenting.
- Leaders did not always have enough oversight to recognise risks within the department.
- The divisional risk register did not contain all the risks from the department. The unit did not have its own risk register.

However:

- There was a clear leadership structure in place, leaders worked closely together and rotated across hospital sites.
- The trust had a vision for what it wanted to achieve and strategic priorities in place. However workable plans had not yet been developed or implemented.
- Staff felt supported by colleagues and worked with a lot of autonomy.
- Monthly directorate meetings took place. Meetings were attended by a variety of professionals including clinical leads, consultants and matrons.
- Risks were discussed during emergency nurse practitioner meetings. There was a divisional risk register in place.

## Areas for improvement

We found 22 areas for improvement. See area for improvement section above.

# Medical care (including older people's care)

Good 

## Key facts and figures

University Hospitals Birmingham NHS Foundation Trust acquired Heart of England NHS Foundation Trust on 1 April 2018 under its existing registration with the CQC. As such, our legal position is that the provider still exists but with added locations.

The medical care service at the trust provides care and treatment for ten specialities across four sites; Queen Elizabeth Hospital Birmingham, Birmingham Heartlands Hospital, Good Hope Hospital and Solihull Hospital. The trust had 1,579 inpatient medical beds across the four sites, with 155 beds available at Solihull Hospital.

Our inspection at Solihull Hospital, 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 our inspection

- We visited Ward 20A / CAU, Ward 17, Ward 8, Ward 20B, AMU Short Stay/ AMU Assessment, Ward 19, Pharmacy, oncology day ward and endoscopy department.
- We Spoke with 32 staff members; including domestic staff, matrons, doctors, nurses, divisional service leads, ward managers and allied health professionals.
- We Spoke with 11 patients across all wards and 4 family members.
- We Reviewed 18 medical and nursing care records.
- We Reviewed 11 records for sepsis screening pathways.

## Summary of this service

We rated it as good because:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Systems were in place to assess and monitor patient risk.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors.
- The service generally managed patient safety incidents well. Staff recognised incidents and in general reported them appropriately.
- The service had systems in place to ensure that care and treatment was based on national guidance and evidence of its effectiveness. Patient care was delivered in line with trust policies and pathways based on national guidance including, National Institute for Health and Care Excellence (NICE) and Royal College of Physicians guidance.
- 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.
- Systems were in place to ensure staff were competent for their roles. Managers appraised staff's work performance and completed competency assessments as required.

# Medical care (including older people's care)

- Staff cared for patients with compassion. Feedback from patients 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. A new oncology day ward had been created at Solihull Hospital to improve the quality of care given to patients from across the trust.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The staff at Solihull Hospital demonstrated a cohesive and caring attitude to their work.
- The service engaged well with patients and staff. We saw copies of the recent news @ UHB publication that was specific to Solihull Hospital and Community Services.
- We saw a garden attached to ward 8 that was designed to support patients in recovery. The area was maintained by the trust estates department and funded by the local garden centre that supplied equipment and plants to support the ward with the rehabilitation process.
- Staff on the oncology ward and day unit, had introduced resources to support children affected by cancer.

However;

- The service provided mandatory training in key skills to all staff, however, medical staff across Solihull Hospital only achieved the trust target in four out of the 12 subjects. Four subjects were below 70% compared to the trust target.
- Although systems were in place to assess risks to patients, we found on occasions that there was inconsistency in recording information about sepsis.
- The service did not always have sufficient numbers of suitably qualified permanent staff with the right qualifications, training and experience to keep people safe from avoidable harm and abuse.

## Is the service safe?

**Requires improvement** ●

We rated it as requires improvement because:

- The service provided mandatory training in key skills to all staff, however, medical staff across Solihull Hospital only achieved the trust target in four out of the 12 subjects. Four subjects were below 70% compared to the trust target.
- Although systems were in place to assess risks to patients, we found on occasions that there was inconsistency in recording information about sepsis. We found that in one case there was no information recorded on the sepsis paperwork patient notes.
- The service did not always have sufficient numbers of suitably qualified permanent staff with the right qualifications, training and experience to keep people safe from avoidable harm and abuse. Solihull Hospital used bank and agency staff to fill the vacancies that occurred on wards.

However;

- Data shows that in most cases, Solihull Hospital met the trust target of 90% completion rate in mandatory training for nursing staff and allied professionals. We saw plans on each ward that indicated when staff would be out of date and any future training that had been planned.

# Medical care (including older people's care)

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Systems were in place to assess and monitor patient risk. An effective early warning system was in place to identify deteriorating patients and appropriate action was taken in response to this.
- All areas that we visited appeared visibly clean and tidy. We saw that cleaning was taking place throughout the day and staff followed a schedule to ensure that all areas were routinely cleaned.
- The service generally managed patient safety incidents well. Staff recognised incidents and in general reported them appropriately. However, we found two examples where learning from an incident was missed or could have been improved.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

**Good** 

We rated it as good because:

- The service had systems in place to ensure that care and treatment was based on national guidance and evidence of its effectiveness. Patient care was delivered in line with trust policies and pathways based on national guidance including, National Institute for Health and Care Excellence (NICE) and Royal College of Physicians guidance.
- The endoscopy unit was accredited by the Joint Advisory Group (JAG) for GI Endoscopy in May 2018.
- Staff gave patients enough food and drink to meet their needs and improve their health. Patients were monitored for their intake of fluids and food and we saw that patient information was noted on food and hydration charts within patient records.
- Systems were in place to ensure staff were competent for their roles. Managers appraised staff's work performance and completed competency assessments as required.
- 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. We attended three board rounds on different wards, during inspection and found that they were consultant led and attended by a multi-disciplinary team that included occupational therapists, doctors, nurses, physiotherapists and senior nursing staff.
- 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. We saw a comprehensive guide to supporting people living with dementia, had been developed by the trust.

However;

- We saw patients that had DoLs in place and noted that in two cases that the information had not been updated in the patient record.

## Is the service caring?

**Good** 

# Medical care (including older people's care)

We rated it as good because:

- Staff cared for patients with compassion and often went the extra mile to support patients. Feedback from patients confirmed that staff treated them well and with kindness. We saw staff assisting patients in doing their hair and painting finger nails whilst encouraging them to communicate with each other or staff.
- Staff ensured they were familiar with each patient's family, social arrangements and their support network.
- We saw friends and family test (FFT) cards available outside every ward and there was a specific box for people to post their replies. All medical wards had a recommended rate of over 95% for April to June 2018.
- We observed interactions between a consultant and a patient living with dementia. The consultant was kind, understanding and supportive, taking time to communicate and inform the patient in a way that exceeded expectations.
- Staff have introduced resources to support children affected by cancer.
- We spoke to patient and family members that told us they were informed of all aspects of their treatment.

## Is the service responsive?

**Good** 

We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. A new oncology day ward had been created at Solihull Hospital to improve the quality of care given to patients from across the trust.
- The service took account of patients' individual needs. We found that on some wards, such as the care for the elderly ward, there were therapy support workers who were employed to assist patients to "eat, drink and move".
- We saw a garden attached to ward 8 that was designed to support patients in recovery. The area was maintained by the trust estates department and funded by the local garden centre that supplied equipment and plants to support the ward with the rehabilitation process.
- There was a multi-faith room available for patients to attend services or to use individually at any time of the day or night.
- There were noticeboards on every ward to display information to staff and patients. Some were specific to a subject, for example, we saw a diabetes noticeboard with information for patients.
- 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** 

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. We found examples where leaders had gone above and beyond what was expected of them, to support patients and staff.

# Medical care (including older people's care)

- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The staff at Solihull Hospital demonstrated a cohesive and caring attitude to their work.
- The service used a systematic approach to continually improve the quality of care. The governance structure was embedded. However, we were told that a review of all process was under way following the acquisition to develop a consistency across all sites.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The IT teams across the trust are being reviewed to ensure a consistency in the systems across the trust.
- The service engaged well with patients and staff. We saw copies of the recent news @ UHB publication that was specific to Solihull Hospital and Community Services.
- The trust launched a “Board of Directors” unannounced governance visit programme in June 2018. This allowed senior team members to assess and contribute to the work being done at ward level.
- On some wards there were certificates given monthly to staff that had been nominated by patients or other staff, for their contributions.
- Staff were consulted about the development and construction of the new (May 2018) oncology day unit at Solihull Hospital.

## Areas for improvement

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



Good 

## Key facts and figures

Surgical services at the University Hospitals Birmingham NHS Foundation Trust are provided at the Queen Elizabeth hospital, Good Hope hospital, Heartlands hospital and Solihull hospital. This evidence appendix focuses on surgical services provided at Solihull hospital. Surgical services at the other sites are reported in separate evidence appendices.

However, as the management team also have responsibility for services at Good Hope hospital and Heartlands hospital and some staff also provide care and treatment at these sites, there are inevitably some elements of the report that are the same across each of the three sites.

Solihull hospital has two surgical wards, a day procedures unit and operating theatres. At the time of the inspection, emergency surgery was not undertaken at the Solihull site. All surgery was planned surgery.

University Hospitals Birmingham NHS Foundation Trust acquired Heart of England NHS Foundation Trust on 1 April 2018 under its existing registration with the CQC. As such, our legal position is that the provider still exists but with added locations.

We included have data from the pre-acquisition period for University Hospitals Birmingham NHS Foundation Trust. Because it related to the same legal entity we have used this to form part of our judgement.

Where we have included data from the acquired Heart of England 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.

Solihull hospital provides surgical inpatient care in the following areas:

Ward 14: Elective urology/general surgery and urology day case/treatment centre

Ward 15: Elective orthopaedics

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

We carried out an inspection from 15 October 2018 to 17 October 2018. Our inspection was unannounced. Prior to the inspection we reviewed information we had about the service and information from stakeholders.

The surgical inspection team consisted of an inspector, an assistant inspector, two specialist advisors and a pharmacy advisor. We visited the areas caring for surgical patients. These were:

- Ward 14
- Ward 15 and 16
- Day procedures unit
- Operating theatres and recovery
- Pre-assessment clinic

During the inspection visit the inspection team:

- Spoke with 10 patients who were users of the service and a patient's relative

# Surgery

- Spoke with the managers or the nurse in charge for each of the wards and clinical areas
- Spoke with 35 members of staff including senior managers, doctors, nurses, health care assistants, nurses, student nurses, administrative staff, housekeeping assistants, and allied health professionals
- Reviewed parts of 12 patient care records relating to assessments, care plans, medicines administration and observation charts

## Summary of this service

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Mandatory training completion levels exceeded trust targets for both medical and nursing staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had a good knowledge of their responsibilities to report safeguarding concerns and make referrals. They were supported by the trust safeguarding team to do this.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Audits were completed to ensure staff adhered to national guidance.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Audits were completed to make sure staff followed guidance
- Staff gave patients enough food and drink to meet their needs and improve their health. Patients had access to specialist advice and nutritional support as required.
- 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. Performance in national outcome audits was mostly positive with good outcomes in the national vascular registry, the national bowel cancer audits and the national joint registry.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and monitor the effectiveness of the service.
- Multidisciplinary team working was effective. Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide coordinated care. We observed therapies staff were based on some wards and staff communicated well with each other.
- Staff gained consent from patients to provide their care and treatment. Staff understood their responsibilities under the Mental Capacity Act (2005) and followed the trust's policies and procedures when patients were not able to give their consent.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff maintained patients' privacy and dignity and showed concern about their welfare.
- Staff provided emotional support to patients to minimise their distress. Patients had access to specialist nurses and a multi-faith chaplaincy service.

# Surgery

- Staff involved patients and those close to them in decisions about their care and treatment. Patients were aware of plans for their care and treatment and said they had been provided with the information they needed to help them make decisions about their care.
- Patients could access the service when they needed it. Waiting times from referral to treatment were approximately the same as the national average. The service had a plan in place for each specialty to improve referral to treatment times.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. The number of complaints received for surgical services at Solihull hospital was low.
- The trust planned and provided services in a way that met the needs of local people. Following the merger of the two trusts the service was moving towards integration of surgical services whilst considering local needs.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. We found examples of discussion at specialty and divisional level to identify improvements to the quality, safety and effectiveness of care.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Risks were clearly identified in the divisional risk registers.
- The trust collected, analysed, managed and used information well to support its activities. Most records were paper based and when electronic systems were used, security safeguards were in place.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- Our inspection identified some concerns with the suitability of the premises and equipment and maintenance. The airflow exchange in parts of the operating theatres did not meet with Department of Health guidance. Storage areas were limited and some pieces of equipment were found in corridors and spaces designed for patients. Equipment suitable for the care of bariatric patients was not available at Solihull hospital and therefore equipment had to be supplied from another of the trust hospital sites, or the patient cared for at an alternative site. We found some consumables stored on the wards that were past their expiry dates and a resuscitation trolley in the day procedures unit was not always checked daily when the unit was operational.
- Staff did not always complete the necessary risk assessments for each patient. Assessment of patient's risk of venous thrombo-embolism (VTE) were not consistently completed. Staff adherence to the use and principles of the surgical safety checklist was variable and could be improved. The consistent use of the checklist is key to eliminating surgical errors.
- Medicines were not always managed safely. The temperature of refrigerators used for medicines storage on the wards were not monitored consistently and when they were above recommended limits, action was not always taken to report this to pharmacy. Systems in place for antibiotic stewardship were not fully established.
- Managers investigated incidents however, they did not always ensure that lessons learned were fully implemented.
- There was a lack of audit of practice in theatres against the national standards for safe per-operative practice.

# Surgery

- Patient feedback about the quality of the food and choice was variable and they told us this affected the amount they ate.
- There was limited access to a face to face interpreter and important information was communicated by telephone. Staff awareness of the adjustments that could be made for patients with complex needs was sometimes limited.
- However, complaints were not always closed within the 30 working day timeframe stipulated in the trust complaints policy.
- Staff above band seven were mainly based on other hospital sites and this sometimes impacted on their visibility and support.
- There was little engagement or understanding of governance issues below band seven level or by junior doctors.

## Is the service safe?

### Requires improvement

We rated it as requires improvement because:

- Our inspection identified some concerns with the suitability of the premises and equipment and maintenance. The airflow exchange in parts of the operating theatres did not meet with Department of Health guidance. Storage areas were limited and some pieces of equipment were found in corridors and spaces designed for patients. Equipment suitable for the care of bariatric patients was not available at Solihull hospital and therefore equipment had to be supplied from another of the trust hospital sites, or the patient cared for at an alternative site. We found some consumables stored on the wards that were past their expiry dates and a resuscitation trolley in the day procedures unit was not always checked daily when the unit was operational.
- Staff did not always complete the necessary risk assessments for each patient. Assessment of patient's risk of venous thrombo-embolism (VTE) were not consistently completed. Staff adherence to the use and principles of the surgical safety checklist was variable and could be improved. The consistent use of the checklist is key to eliminating surgical errors.
- Medicines were not always managed safely. The temperature of refrigerators used for medicines storage on the wards were not monitored consistently and when they were above recommended limits, action was not always taken to report this to pharmacy. Systems in place for antibiotic stewardship were not fully established.
- Managers investigated incidents however, they did not always ensure that lessons learned were fully implemented.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Mandatory training completion levels exceeded trust targets for both medical and nursing staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had a good knowledge of their responsibilities to report safeguarding concerns and make referrals. They were supported by the trust safeguarding team to do this.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Audits were completed to ensure staff adhered to national guidance

# Surgery

## Is the service effective?

**Good** ●

We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Audits were completed to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. Patients had access to specialist advice and nutritional support as required.
- 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. Performance in national outcome audits was mostly positive with good outcomes in the national vascular registry, the national bowel cancer audits and the national joint registry.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and monitor the effectiveness of the service.
- Multidisciplinary team working was effective. Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide coordinated care. We observed therapies staff were based on some wards and staff communicated well with each other.
- Staff gained consent from patients to provide their care and treatment. Staff understood their responsibilities under the Mental Capacity Act (2005) and followed the trust's policies and procedures when patients were not able to give their consent.

However,

- There was a lack of audit of practice in theatres against the national standards for safe peri-operative practice.
- Patient feedback about the quality of the food and choice was variable and they told us this affected the amount they ate.

## Is the service caring?

**Good** ●

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 maintained patients' privacy and dignity and showed concern about their welfare.
- Staff provided emotional support to patients to minimise their distress. Patients had access to specialist nurses and a multi-faith chaplaincy service.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients were aware of plans for their care and treatment and said they had been provided with the information they needed to help them make decisions about their care

# Surgery

## Is the service responsive?

**Good** ●

We rated it as good because:

- Patients could access the service when they needed it. Waiting times from referral to treatment were approximately the same as the national average. The service had a plan in place for each specialty to improve referral to treatment times.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. The number of complaints received for surgical services at Solihull hospital was low.
- The trust planned and provided services in a way that met the needs of local people. Following the merger of the two trusts the service was moving towards integration of surgical services whilst considering local needs.

However:

- There was limited access to a face to face interpreter and important information was communicated by telephone. Staff awareness of the adjustments that could be made for patients with complex needs was sometimes limited.
- However, complaints were not always closed within the 30 working day timeframe stipulated in the trust complaints policy.

## Is the service well-led?

**Good** ●

We rated it as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. We found examples of discussion at specialty and divisional level to identify improvements to the quality, safety and effectiveness of care.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Risks were clearly identified in the divisional risk registers.
- The trust collected, analysed, managed and used information well to support its activities. Most records were paper based and when electronic systems were used, security safeguards were in place.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- Staff above band 7 were mainly based on other hospital sites and this sometimes impacted on their visibility and support.

# Surgery

- There was little involvement in or understanding of governance issues in staff grades below band 7 level or by junior doctors.

## Areas for improvement

We found seven areas for improvement. See area for improvement section above.

Good 

## Key facts and figures

University Hospitals Birmingham NHS Foundation Trust acquired Heart of England NHS Foundation Trust on 1 April 2018 under its existing registration with the CQC. As such, our legal position is that the provider still exists but with added locations.

We included data from the pre-acquisition period for University Hospitals Birmingham NHS Foundation Trust.

Because it related to the same legal entity we have used this to form part of our judgement.

Where we have included data from the acquired Heart of England 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.

Maternity services have been provided by University Hospitals Birmingham NHS Foundation Trust from April 2018.

Prior to this date they were provided by Heart of England NHS Foundation Trust.

The trust has 145 maternity beds across three sites:

### **Good Hope Hospital**

- Delivery suite – 20 beds plus two pool rooms and a HD
- Ward 4 – 11 beds, mix of induction and inpatient
- Ward 5 – 22 postnatal beds

### **Birmingham Heartlands Hospital**

- Aspen Ward – 19 beds plus seven transitional care beds
- Delivery suite – 23 beds plus six induction beds
- Cedar Ward – 19 postnatal beds
- Maple Ward – 26 postnatal beds
- Willow Ward – 3 postnatal beds
- Eden Ward – bereavement suits with two beds

### **Solihull Hospital**

- Three birth rooms
- Two postnatal rooms

Queen Elizabeth Hospital does not provide any maternity services.

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

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 postnatal period.



# Maternity

The trust reported that their maternity services are working closely with local specialist trusts in the BUMP (Birmingham & Solihull United Maternity and Newborn Partnership project) looking at access, choice and continuity of care across the organisations.

*(Source: Acute PIR – Context acute HGS tab)*

## **Heart of England NHS Foundation Trust**

We included this data item from the acquired Heart of England NHS Foundation Trust where no more recent data was available. We only provided this for contextual purposes and it did not form part of our judgement.

From April 2017 to March 2018 there were 9,348 births at the trust.

The Netherbrook birth unit had 142 births from April 2017 to March 2018.

The Netherbrook birth unit offers a friendly low risk environment with an emphasis on midwifery led care, there are no obstetric medical facilities at the location. The birth unit accepts women who have been assessed as low risk in their pregnancy. If complications arise during the labour, birth or postnatal period women and/or their baby would be transferred as an emergency in an ambulance to the Good Hope Hospital maternity unit where high risk obstetric care is available.

There is a team of core midwives and maternity support workers (MSW) who staff the unit with one midwife and a MSW during the night and one midwife during the day. When a woman is admitted staffing is increased to two midwives, the second midwife is provided by the Solihull, Good Hope and Heartlands community midwives.

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

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

During this inspection we:

- Spoke with 22 staff members; including service leads, matrons, midwives, non-registered and administrative staff.
- Spoke with three women and their partner who were using the service. There were no births during our inspection.
- Checked 15 pieces of equipment.
- Reviewed eight medical records.
- Reviewed two prescription charts.

## **Summary of this service**

We rated it as good because:

- There were clearly defined and embedded systems and processes to keep women and babies safe and safeguard from abuse. Staff were aware of how to make a referral and where to access support if necessary.
- Women received risk assessments and the service responded appropriately to changing risks to women who used the services.
- Staffing levels and skill mix were planned and reviewed to keep women safe at all times. Unexpected staff shortages were reviewed and responded to.
- Staff understood their responsibilities to raise concerns and report incidents and near misses managers encouraged staff to do so.

# Maternity

- Staff we spoke to said learning from serious incidents was shared with staff in the maternity governance meeting, the newsletter and by email.
- Staff were assessing women and babies' nutrition and hydration needs appropriately.
- Community midwives we spoke with told us they followed the guidelines for babies with jaundice and weight loss. They were able to check jaundice levels and baby weights in the community to prevent unnecessary admissions, midwives would refer any concerns or anomalies to the paediatricians in the hospital to ensure those babies had a medical review.
- Information about care and treatment was collected and monitored. The service benchmarked antenatal screening data against other maternity services. This information would be used to improve services if they were identified as an outlier.
- Women, babies and their families were supported and treated with dignity and respect.
- Staff treated women with kindness during all interactions we observed. They responded compassionately when women needed their support.
- Feedback from women who used the service was positive. Staff encouraged women to feedback their experiences.
- The service was planned and provided services in a way that met the needs of people. Staff were flexible with where appointments were held to suit the needs of the women and their families.
- Facilities and premises were appropriate for the services being delivered.

However:

- Some midwives informed us that the senior leadership team were not visible and some staff told us they had no idea who the key midwifery leaders were.
- Staff did not confirm that the executive team were visible and during the changes proposed regarding the future of the birth unit they had not visited during these difficult times.
- Staff we spoke with did not feel actively engaged or empowered.
- Most staff we spoke with described one key member of the senior leadership team as unapproachable, and following an initial introductory meeting felt their behaviours were dismissive and intimidating. Staff said that they would not be comfortable approaching this leader directly with a concern.
- The three sites have been merged for 12 years however there remains silo working for example the service did not hold joint clinical governance meetings. This meant that each site would not be aware of issues within their service and could lead to practices being different.
- Across the service there were a large number of incidents not graded appropriately which meant that they would not get the investigation and duty of candour that was required

## Is the service safe?

**Good** ●

We rated it as good because:

- There were clearly defined and embedded systems and processes to keep women and babies safe and safeguard from abuse. Staff were aware of how to make a referral and where to access support if necessary.

# Maternity

- There were reliable systems in place to ensure standards of cleanliness were met and protect people from a healthcare-associated infection.
- The service had systems, processes and practices in place to manage the environment and equipment to keep people safe.
- We observed good standards of medicines management when prescribing, giving and documenting medicines.
- Staff kept detailed records of women's care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff could access the information they needed to assess, plan and deliver care and treatment to women.
- Women received risk assessments and the service responded appropriately to changing risks to women who used the services.
- Staffing levels and skill mix were planned and reviewed to keep women safe at all times. Unexpected staff shortages were reviewed and responded to.
- Staff understood their responsibilities to raise concerns and report incidents and near misses managers encouraged staff to do so.
- Staff we spoke to said learning from serious incidents was shared with staff in the maternity governance meeting, the newsletter and by email.
- Staff could describe their responsibilities regarding the duty of candour (DoC) regulation and when this needed to be implemented.

However:

- Community midwives we spoke with felt pressured at times when they were called out of hours, due to their workload the following day. They were concerned that the working time directive was not always adhered to.

## Is the service effective?

**Good** 

We rated it as good because:

- Staff were assessing women and babies' nutrition and hydration needs appropriately.
- Community midwives we spoke with told us they followed the guidelines for babies with jaundice and weight loss. They were able to check jaundice levels and baby weights in the community to prevent unnecessary admissions, midwives would refer any concerns or anomalies to the paediatricians in the hospital to ensure those babies had a medical review.
- Information about care and treatment was collected and monitored. The service benchmarked antenatal screening data against other maternity services. This information would be used to improve services if they were identified as an outlier.
- All staff we spoke with said they had the correct qualifications and skills to carry out their roles effectively.
- Staff worked together as a team to meet the needs of the women accessing the maternity service.
- Staff obtained consent to care and treatment in line with legislation, the Children's Act 1989, the Mental Health Act 1983 and the Mental Capacity Act 2005.

# Maternity

However:

- Although not all guidelines had been recently reviewed, we saw there was a trajectory and service leads were sighted on it. We observed that the service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service was not achieving its key performance indicators for the neonatal baby examinations.
- The trust did not submit training attendance for Mental Capacity Act and Deprivation of Liberty training.

## Is the service caring?

**Good** ●

We rated it as good because:

- Women, babies and their families were supported and treated with dignity and respect.
- Staff treated women with kindness during all interactions we observed. They responded compassionately when women needed their support.
- Feedback from women who used the service was positive. Staff encouraged women to feedback their experiences.
- Women were supported and involved in making decisions about the care they received.
- Staff communicated to women and their families in a way that they could understand their care, treatment and advice.

## Is the service responsive?

**Good** ●

We rated it as good because:

- The service was planned and provided services in a way that met the needs of people. Staff were flexible with where appointments were held to suit the needs of the women and their families.
- Facilities and premises were appropriate for the services being delivered.
- Information leaflets were available covering a variety of pregnancy related topics. However, there was limited availability of accessible information in different languages, picture formats, and cue cards.
- Staff took into account women's' individual needs and we observed detailed assessments and care plans in all of the records we reviewed.
- Specialist midwives were employed to support infant feeding, antenatal screening, fetal medicine, bereavement and education.
- There was a team of midwives managed by the named safeguarding midwife to support women with the following issues; domestic abuse, teenagers, alcohol and substance misuse, vulnerable, homeless and asylum-seeking women and female genitalia mutilation.
- Women were able to access care and treatment in a timely way.

However:

# Maternity

- Leaflets were not available in different languages

## Is the service well-led?

### Requires improvement

We rated it as requires improvement because:

- Some midwives informed us that the senior leadership team were not visible and some staff told us they had no idea who the key midwifery leaders were.
- Staff did not confirm that the executive team were visible and during the changes proposed regarding the future of the birth unit they had not visited during these difficult times.
- Staff we spoke with did not feel actively engaged or empowered.
- Most staff we spoke with described one key member of the senior leadership team as unapproachable, and following an initial introductory meeting felt their behaviours were dismissive and intimidating. Staff said that they would not be comfortable approaching this leader directly with a concern.
- The three sites have been merged for 12 years however there remains silo working for example the service did not hold joint clinical governance meetings. This meant that each site would not be aware of issues within their service and could lead to practices being different.
- Across the service there were a large number of incidents not graded appropriately which meant that they would not get the investigation and duty of candour that was required.
- The service did not always fully engage staff in the service's future development. They were unsure regarding when the changes to the unit were going to start and the long term future of the unit.
- Not all areas minuted their meetings. We were not able to review meetings from the maternity led unit.

However:

- Staff were positive about managers at local level and said that they were visible on the birth unit.
- Managers we spoke with were proud of their staff and the care that they gave to women and babies.
- All staff we spoke with were aware of the trust vision and could describe them. Posters displaying the trust vision were within all departments.
- The service worked collaboratively with clinical commissioning groups, other stakeholders, and service users to establish a local maternity system (LMS) known as 'BUMP', in response to national recommendations.
- Local managers across the service continually promoted a positive culture that supported and valued staff.
- Each area had a practice board displaying key messages relating to quality and risk. Changes were shared by email, lessons of the month, and there was a monthly presentation of the top risks in the service on the midwifery study days.
- The trust had appointed maternity safety champions, in line with national recommendations (Department of Health 'Safer Maternity Care: Next steps towards the national maternity ambition', October 2016).
- The service collected, analysed, managed and used information to support its activities, using secure electronic systems with security safeguards

# Maternity

## Areas for improvement

We found 14 areas for improvement. See area for improvement section above.

# Community health services

## Background to community health services

University Hospitals Birmingham NHS Foundation Trust is one of the largest teaching hospital trusts in England, serving a regional, national and international population.

On 30 June 2004, the trust received authorisation to become one of the first NHS Foundation Trusts in England. In September 2016 the trust announced plans to merge with the Heart of England NHS Foundation Trust. The merger by acquisition took place on 01 April 2018. The combined organisation has a turnover of £1.6bn and provides acute and community services across four main hospitals:

- The Queen Elizabeth Hospital Birmingham
- Birmingham Heartlands Hospital
- Good Hope Hospital
- Solihull Hospital

The trust also runs Birmingham Chest Clinic, a range of community services and a number of smaller satellite units, allowing people to be treated as close to home as possible.

## Summary of community health services

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For summary of community health services please see above.

# Community health services for children and young people

Requires improvement 

## Key facts and figures

University Hospitals Birmingham NHS Foundation Trust acquired Heart of England NHS Foundation Trust on 1 April 2018 under its existing registration with the CQC. As such, our legal position is that the provider still exists but with added locations. The community children and young people's service was previously part of the Heart of England Trust NHS Foundation Trust.

The trust provided a community paediatrics service within Solihull. The service provided children's community nursing team which provided nursing and family support to children and young people, with complex health needs, children with identified long-term health needs or short term nursing need and end of life care at home. A learning disability team- provided support and management strategies to children and young people with moderate to severe learning disability at home, school and their community; Special school nursing- for children and young people age between two and 19 registered at one of the four Solihull special schools supporting general health and supporting school attendance of children with significant and complex needs; Community based paediatricians – support palliative care, adoption and fostering medicals , behavioural and developmental paediatrics including medical input within the community, special schools and the autism service, child protection medicals and designated safeguarding doctor; Community therapies (physiotherapy, speech and language therapy, dietetics: Special assessment service(for assessment, diagnosis and treatment for autistic spectrum disorders ) and the autism service.

Our inspection was announced (staff knew we were coming) 48 hours before we visited to ensure that everyone we needed to talk to was available and we could accompany staff visiting children.

Before the inspection we reviewed performance information about the service.

We visited each community children's service (based from trust headquarters), and met staff within each service and visited children using each service with staff, visited each of the four special schools within Solihull and visited community therapy clinics.

During this inspection:

- We talked with five children.
- We spoke with eight relatives.
- We spoke with and 29 staff: nurses, doctors, physiotherapists, education staff and managers.
- We observed care and treatment and looked at 27 children and young people's care records.
- We attended three multidisciplinary meetings.

## Summary of this service

This is the first inspection of this service. We rated it as requires improvement because:

- Staff had not recognised or reported incidents which meant appropriate investigation and learning had not been undertaken.
- Robust arrangements were not in place for administration of non-prescription and as required medicines.
- Essential equipment to weigh children and young people was not available.



# Community health services for children and young people

- Whilst most of services had sufficient staff, long term staff absence within the learning disability nursing service had impacted adversely on children's access to care and treatment.
- There was a need to ensure transition arrangements between children's and adults services met best practice.
- The referral to treatment wait for the special assessment service, autism service and occupational therapy service had consistently exceeded the required waiting time and were not in line with good practice.
- There was a need for greater insight and engagement from more senior managers within the trust to ensure safe, high-quality and sustainable service was provided.
- Arrangements for governance and performance management did not always operate effectively.

## However:

- Staff went beyond expectations to treat children, young people and their loved ones with kindness and compassion.
- Children, young people, and their loved ones were active partners in their or their children's care.
- The service provided mandatory training in key skills for staff and most staff had completed it.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff understood how to protect patients from abuse and had training on how to recognise and report abuse and they knew how to apply it.
- Staff had the qualifications, skills and experience and ongoing training and their competence was monitored appropriately.
- There was effective multidisciplinary working to provide high quality and effective care.
- The service was responsive to the individual needs of children, young people and their families.
- The service and its staff were committed to improving and developing services and learning when things go well.

## Is the service safe?

### Requires improvement

We had not previously inspected this service. We rated it as requires improvement because:

- Staff recognised most incidents and reported them appropriately however, other key incidents had not been reported. A failure to report all incidents meant appropriate investigation and learning was not in place.
- The service prescribed, gave, recorded and stored most medicines appropriately. However, there was a need to ensure robust arrangements for administration of non-prescription and as required medicines.
- The service generally had sufficient staff with the right qualifications, experience and training to keep children and young people safe from avoidable harm and abuse and to provide the right care and treatment. However, in some services and particularly the learning disability nursing service due to smaller staffing groups it struggled during staff absence to provide the timely care and treatment.
- Staff kept appropriate and up to date records of children and young peoples' care and treatment. Whilst paper patient records were available access to electronic records in one special school meant full and up to date records were not available to fully review and assess children.

# Community health services for children and young people

- The service mostly had suitable equipment to meet children and young people's needs. However, the lack of essential suitable scales to weigh children may mean they did not receive appropriate treatment.

However:

- The service provided mandatory training in key skills for all staff and most staff had completed it.
- Staff understood how to protect patients from abuse and had training on how to recognise and report abuse and they knew how to apply it.
- The service mainly controlled infection risk well although there was a need to ensure staff highlighted when improvements were required to further protect people against the spread of infection.
- There were treatment plans in place for emergency situations and staff understood their roles if one should happen.

## Is the service effective?

**Good** ●

We had not previously inspected this service. We rated it as good because:

- The service 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 worked together as a team to benefit children and young people. Community paediatricians, community nurses and other health professionals supported each other to provide high quality and effective care.
- There were appropriate arrangements in place to seek and confirm consent to care and treatment for children, young people and adults who had parental responsibilities.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support children and young people experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff ensured that children and young people had food and drink including specialist feeding when necessary to meet their needs and improve their health.
- Pain relief was administered although a formal assessment tool to assess pain was not available.

However

- Whilst the service provided most care and treatment based on national guidance and evidence of its effectiveness there was a need to improve transition arrangements between services.

## Is the service caring?

**Good** ●

We have not previously inspected this service. We rated it as good because:

# Community health services for children and young people

- Staff went beyond the expectations of children, young people and their families in providing care and support. They gave their own time freely to ensure patients always had expert care, even beyond normal working hours, and to raise funds for patient treats.
- Staff were highly motivated and inspired to offer care that was kind and promoted the dignity of children and young people. This caring and compassionate approach was embedded into everything staff did and was led by the matron.
- Children, young people and their families valued their relationship with staff. They felt really cared for and that they and their emotional and social needs mattered.
- Children, young people and their loved ones were active partners in care. Staff were committed to working in partnership, ensuring all patients and family members took part in decision-making. They taught parents and carers to manage their family members' care where possible, to maintain independence.

## Is the service responsive?

**Good** 

This was the first inspection of the service We rated it as good because:

- Services were provided in a way that met the needs of children, young people and their families.
- The service was responsive to the individual needs of children, young people and their families.
- Learning disability nurses provided information in easy read and pictorial format to meet the needs of children, young people. For example, we information given about using 'kind words' in pictorial format when parents said their children had been unkind and nasty to each other
- The service treated concerns and complaints seriously, investigated them and when appropriate learned lessons from the results, which were shared with staff.

However

- Most children and young people had timely access to services. However, the referral to treatment wait for the special assessment service, autism service and occupational therapy service had consistently exceeded the required waiting time and were not in line with good practice.

## Is the service well-led?

**Requires improvement** 

This is the first inspection of this service. We rated it as requires improvement because:

- Managers within children's community service had the right skills and abilities to provide the service. However, there was a need for greater insight and engagement from more senior managers within the trust to ensure safe, high-quality and sustainable care was provided.
- The trust had an identified vision but clear plans were not in place to identify how the community children's and young people's services should to deliver it.
- Managers within the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. However, staff did not feel their service was understood or valued by others outside the service.

# Community health services for children and young people

- The arrangements for governance and performance management did not always operate effectively.
- There were systems in place to identify risk but they were not consistently used. This meant senior managers may not be fully sighted about the risk or appropriate plans in place to eliminate risk.

However:

- The service engaged well with children and their parents and carers, staff and other organisations to manage services.
- The service and its staff were committed to improving and developing services and learning when things go well.

## Areas for improvement

We found 10 areas for improvement. See area for improvement section above.

# Community end of life care

Requires improvement ●

## Key facts and figures

University Hospitals Birmingham NHS Foundation Trust acquired Heart of England NHS Foundation Trust on 1 April 2018 under its existing registration with the CQC. As such, our legal position is that the provider still exists but with added locations.

We included data from the pre-acquisition period for University Hospitals Birmingham NHS Foundation Trust. Because it related to the same legal entity we have used this to form part of our judgement.

Where we have included data from the acquired Heart of England 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.

University Hospitals Birmingham NHS Foundation Trust and Heart of England NHS Foundation Trust underwent a merger by acquisition in April 2018, therefore all national datasets contained within this appendix relate to this period onwards.

Information about the sites and teams, which offer community health services for end of life care at this trust, is shown below. The Marie Curie Hospice was not a registered location of UHB (didn't belong to UHB) it was where the Specialist Palliative Care team, employed by UHB were based.

Location / site name	Team/ward/satellite name	Services provided	Address (if applicable)
Marie Curie Hospice	Palliative care team	Specialist palliative care	Marie Curie Hospice, Marsh Lane, Solihull B91 2PQ

Palliative and end of life care services were delivered within people's own homes with access to the acute Trust, neighbouring Trusts and the local hospice.

Care was delivered by community GPs, hospital doctors, nurses, community nurses, the specialist palliative care team (SPCT), health care assistants and allied health professionals.

The teams worked closely with other health professionals in the hospital and community to ensure that all appropriate patients, including those with non-malignant disease, achieved the best possible quality of life.

Specialist support includes a telephone triage service, holistic assessment and care planning, provision of information on disease process, treatment, medication, local and national services, symptom control; spiritual and psychological support for patient/carer, non-medical prescribing and bereavement support.

# Community end of life care

Palliative and end of life care was an integrated service provided by community nurses with the support of a dedicated specialist palliative care team (SPCT) employed by the trust. Throughout this report we refer to the community adults team and specialist palliative care team, however we did not inspect community adult services at this inspection.

This was our first inspection of this service since acquisition.

Our inspection was announced with 48 hours' notice this was 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 our inspection:

- We visited people in their own homes,
- Visited three GP practices, two clinics and a primary care centre.
- Visited the local hospice.
- Attended a multi-disciplinary meeting and Gold Standard Framework (GSF) meeting. A GSF meeting is a meeting which is part of the GSF framework used by a number of GP practices, care homes and hospitals to enable earlier recognition of patients with life-limiting conditions, thereby helping them to plan ahead to live as well as possible until death.
- We spoke with seven patients, five care givers two relatives.
- We spoke with 25 members of staff including clinical nurse specialists from the community specialist palliative care team (SPCT) community nurses and healthcare assistants.
- We looked at seven sets of medical and nursing records and reviewed five not for resuscitation in the event of cardiac or respiratory arrest orders, (DNACPR) which were called ReSPECT forms.

## Summary of this service

For this inspection, we rated end of life care services as Good for safe, caring and responsive. We rated the service as Requires Improvement for effective and well led.

Overall, we rated the service as requires improvement because:

- Patient outcomes were not regularly monitored and reviewed to ensure the end of life care service was meeting the needs of patients.
- There were no audits to identify the ratio of cancer to non-cancer patients treated by the service.
- The service did not monitor or audit patients preferred place of care or death. However, they did provide a rapid response team to support patients to be discharged.
- Two of the five of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders we viewed were not completed correctly as they did not include a mental capacity assessment, despite stating the patient 'lacked capacity'. We were therefore not assured that the Mental Capacity Act legal requirements were always implemented for people who had DNACPR orders.
- There was no end of life care strategy for community end of life care services.

# Community end of life care

- The trust did not have a specific strategy for end of life care which incorporated planning to meet the needs of the local population.
- The trust did not have a service improvement lead for community end of life care services.
- There was no end of life care regional steering group.

However:

- Staff had a good understanding of how to protect patients from abuse and could describe what safeguarding was and the process to refer alerts.
- Overall, we found the standards of cleanliness and hygiene were good and staff demonstrated a good knowledge of procedures for the management, storage and disposal of clinical waste, environmental cleanliness and the prevention of healthcare acquired infection.
- Comprehensive risk assessments were carried out for patients and risk management plans developed in line with national guidance.
- We saw good examples of good multi-disciplinary working and involvement of other agencies and support services.
- From to , the trust reported no never events in community health services for end of life care.
- All patients, their relatives and care givers told us they were fully included in discussions around their plan of care.
- There were systems in place to ensure that staff affected by the experience of caring for patient at end of life were supported. For example, members of the SPCT had access to a clinical psychologist based at the local hospice, through a self-referral system as well as a psychologist who provided clinical supervision to individuals or groups, as required.

## Is the service safe?

**Good** ●

We rated it as good because:

- There were comprehensive risk assessments completed and evidence that risk assessments continued throughout the patient's treatment.
- Staff demonstrated good practice with regards to hand hygiene and infection control.
- Staff understood their roles and responsibilities regarding safeguarding vulnerable adults and children. Nursing staff had received appropriate levels of safeguarding training and could tell us about examples of where they had identified and raised concerns.
- There was sufficient equipment available to meet the needs of people receiving end of life care.
- Medical and nursing notes for patients who were receiving end of life care were accurate, complete, legible and up to date.

## Is the service effective?

**Requires improvement** ●

# Community end of life care

We rated it as requires improvement because:

- The trust did not participate in the National Care of the Dying audit for community end of life care. The trust did not audit patients preferred place of care or death or participate in any national audits or benchmarking exercises apart from the National Minimum data set which ceased in 2017. This meant patient outcomes were not regularly monitored and reviewed to ensure the end of life care service were meeting the needs of patients.
- There were minimal local audit outcomes or actions as required to continuously improve end of life care standards. Patient outcomes were not regularly monitored and reviewed to ensure the end of life care service was meeting the needs of patients.
- Two of the five of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders we viewed were not completed accurately as they did not include a mental capacity assessment, despite stating the patient 'lacked capacity'. We were therefore not assured that the Mental Capacity Act legal requirements were always implemented for people who had DNACPR orders
- During our inspection we found the trust did not have a process for identifying non-cancer patients requiring end of life or palliative care support. This meant they were unable to identify the percentage of non-cancer patients treated and the percentage of cancer patients treated for palliative and or end of life care.

However

- Staff supported patients who were end of life or palliative to maintain healthy choices and healthy lifestyles. Information about healthy diets was readily available and given to all patients. Staff were proactive in assessing the patient's nutrition and hydration needs.
- Pain relief was reviewed for effectiveness and changes were made as appropriate to meet the needs of individual patients. The community teams used a pain tool to assess patients' level of pain. We also observed staff ask patients whether they were experiencing any pain as well as exploring the type of pain.
- There was good multidisciplinary working which included other health and social care agencies.
- There were good consent processes in place. We saw in the patient records we looked there were copies of signed consent forms and that consent to treatment was obtained appropriately.

## Is the service caring?

**Good** ●

We rated it as good because:

- Without exception, staff cared for patients with compassion. We saw several examples of staff from all disciplines being supportive and kind to patients and their relatives.
- Feedback from care givers and relatives told us that staff treated patients with dignity and respect, they explained what was happening and were caring. One care giver described the community nurses as "family"
- Relatives and care givers felt included in their plan of care. Staff involved patients and those close to them in decisions about their care and treatment.



# Community end of life care

## Is the service responsive?

**Good** ●

We rated it as good because:

- The trust worked closely with a local hospice to ensure the end of life care pathway was seamless for patients who required the service. For example, although the SPCT were employed by the trust, they were based at the local hospice. This meant end of life care services for community patients worked together in one hub.
- The service operated a 24-hour, seven-day rapid response team, to enable patients to be discharged from hospital whilst awaiting other home care services.
- The specialist palliative care team (SPCT) commenced a triage service in 2017 based at the local hospice. The triage service operates 9-5 Monday to Friday and triages all calls concerning palliative and end of life care from both professionals and members of the public.
- From April 2017 to March 2018 there were no complaints about community health services for end of life care.

## Is the service well-led?

**Requires improvement** ●

We rated it as requires improvement because:

- The trust did not have a service improvement lead for the community end of life care service and there was no end of life care regional steering group
- The trust did not have a community end of life care strategy or vision that included prioritised and timebound actions with appropriately allocated leads.
- There was limited monitoring of quality measures, for example the lack of monitoring of a patient's preferred place of care in the last months/days of life. There was no auditing of the individualised care plans for the last days of life and no evaluation.
- The trust did not audit pain relief for end of life care or the use of anticipatory medication.

However

- Schwartz rounds had been introduced by the SPCT. This is an evidence-based forum for staff from all backgrounds to attend regular meetings to talk about the emotional and social challenges of caring for patients. The aim is to offer staff a safe environment in which to share their stories and offer support to one another
- As part of our inspection, we attended the community nursing service organised a 'You make my day' event for both staff, patients and care givers. The event was organised to let everyone how valued they were.
- There was good collaboration and multi-disciplinary working with the local hospice.

## Areas for improvement

We found seven areas for improvement. See area 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

Diagnostic and screening procedures  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### Regulated activity

Diagnostic and screening procedures  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Diagnostic and screening procedures  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Diagnostic and screening procedures  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

## Requirement notices

### Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Simon Brown and Michelle Dunna, Inspection Managers led this inspection. Carolyn Jenkinson, Head of Hospital Inspection and Dr Nigel Acheson, Deputy Chief Inspector, supported our inspection of well-led for the trust overall.

The combined team (core services and well-led) included 23 further inspectors, three of whom were mental health inspectors, 28 specialist advisors, three assistant inspectors and one inspection planner.