

George Eliot Hospital NHS Trust

Inspection report

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Ratings

Overall trust quality rating

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

Are resources used productively?

Requires improvement 

Combined quality and resource rating

Requires improvement 

Summary of findings

Our reports

The ratings in the table above are from our inspection in February 2019. See ‘What we inspected and why’ below.

We award the Use of Resources rating based on an assessment carried out by NHS Improvement.

Background to the trust

CQC temporarily suspended all routine inspections on 16 March 2020 to support and reduce the pressure on health and social care services during the COVID-19 pandemic. CQC, as well as providers, want to be able to prioritise keeping people safe during this time.

This inspection was already underway at the time of the suspension and therefore could not be completed in the usual way. This report includes the findings from the completed service level inspection, but the well-led inspection was not completed.

CQC is only able to update findings on well-led at the overall trust level or update the other trust-level ratings when we have inspected the well-led component. As a result, the ratings for the overall trust and five key questions included in this report are from a previous inspection.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as

What this trust does

George Eliot Hospital NHS Trust was opened in 1984 and provides a range of hospital and community based services to more than 300,000 people across Nuneaton and Bedworth, North Warwickshire, South West Leicestershire and North Coventry.

The hospital offers services at all these locations;

- George Eliot Hospital
- Pine Clinic
- Stratford Healthcare

The main hospital site is George Eliot Hospital which is in Nuneaton.

George Eliot Hospital provides services including urgent and emergency care for adults and children and young people 24 hours a day, seven days a week.

There are approximately 358 beds, including eight critical care beds, 12-day case beds and a coronary care unit with 11 beds. There are 14 inpatient wards. There are no children's inpatient beds. The trust has eight operating theatres providing planned and emergency surgical facilities for trauma and orthopaedics, general surgery (including breast and colorectal surgery), urology and gynaecology. They also offer a wide range of day case procedures, for adults and children aged 2 to 16 years old.

The number of staff employed by the hospital as of December 2019, was 2,056.

Summary of findings

From November 2018 to October 2019 there were 79,582 attendances at the trust's urgent and emergency care services and 292,241 first and follow up outpatient appointments. For the same period, there were 2,158 babies delivered at the trust, 37,592 inpatient admissions and 764 inpatient deaths.

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.

On 3, 4 and 5 March 2020, we inspected one core service at George Eliot Hospital. We inspected surgery. Although this core service was rated good overall at our last inspection, we inspected this service because we had concerns.

What we found

Overall trust

We have not updated trust-level ratings following this core service inspection because we were not able to complete the trust-level well-led inspection. This is due to suspension of routine inspections during the COVID-19 pandemic. Refer to the previous inspection report for the detailed findings on which the ratings are based.

Use of resources

Our rating for use of resources stayed the same. We rated it as requires improvement.

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at www.cqc.org.uk/provider/RLT

Ratings tables

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

Areas for improvement

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

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

Summary of findings

What happens next

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

Areas for improvement

Actions the trust **MUST** take to improve:

- The trust must ensure that patients receive timely treatment. Regulation 17 (2)(a)

Actions the trust **SHOULD** take to improve:

- The trust should ensure that cancelled surgical procedure patients are treated within 28 days of their cancellation as per national guidance. (Regulation 12)
- The trust should improve the standards for the fractured neck of femur data. (Regulation 12)

Is this organisation well-led?

We did not inspect trust-wide well-led at this inspection. See the section headed 'What we inspected and why' for more information.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement Feb 2019	Requires improvement Feb 2019	Good Feb 2019	Requires improvement Feb 2019	Requires improvement Feb 2019	Requires improvement 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
George Eliot NHS Hospital	Requires improvement Feb 2019	Requires improvement Feb 2019	Good Feb 2019	Requires improvement Feb 2019	Requires improvement Feb 2019	Requires improvement Feb 2019
Overall trust	Requires improvement Feb 2019	Requires improvement Feb 2019	Good Feb 2019	Requires improvement Feb 2019	Requires improvement Feb 2019	Requires improvement 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 George Eliot NHS Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Feb 2019	Requires improvement Feb 2019	Good Feb 2019	Requires improvement Feb 2019	Inadequate Feb 2019	Requires improvement Feb 2019
Medical care (including older people's care)	Requires improvement Feb 2019	Requires improvement Feb 2019	Good Feb 2019	Requires improvement Feb 2019	Requires improvement Feb 2019	Requires improvement Feb 2019
Surgery	Good ➡️⬅️ May 2020	Good ➡️⬅️ May 2020	Good ➡️⬅️ May 2020	Requires improvement ➡️⬅️ May 2020	Good ➡️⬅️ May 2020	Good ➡️⬅️ May 2020
Critical care	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
Maternity	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019
Services for children and young people	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019
End of life care	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019
Outpatients	Requires improvement Oct 2017	N/A	Good Oct 2017	Requires improvement Oct 2017	Requires improvement Oct 2017	Requires improvement Oct 2017
Diagnostic imaging	Requires improvement Oct 2017	N/A	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017
Overall*	Requires improvement ➡️⬅️ May 2020	Requires improvement ➡️⬅️ May 2020	Good ➡️⬅️ May 2020	Requires improvement ➡️⬅️ May 2020	Requires improvement ➡️⬅️ May 2020	Requires improvement ➡️⬅️ May 2020

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

George Eliot NHS Hospital

Eliot Way
Nuneaton
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Key facts and figures

George Eliot Hospital provides services including urgent and emergency care for adults and children and young people 24 hours a day, seven days a week.

There are approximately 286 beds, including eight critical care beds, 12-day case beds and a coronary care unit with 11 beds. There are 14 inpatient wards. There are no children's inpatient beds. The trust has eight operating theatres providing planned and emergency surgical facilities for trauma and orthopaedics, general surgery (including breast and colorectal surgery), urology and gynaecology. They also offer a wide range of day case procedures, for adults and children aged 2 to 16 years old.

The number of staff employed by the hospital as of December 2019, was 2,056.

From November 2018 to October 2019 there were 79,582 attendances at the trust's urgent and emergency care services and 292,241 first and follow up outpatient appointments. For the same period, there were 2,158 babies delivered at the trust, 37,592 inpatient admissions and 764 inpatient deaths.

Summary of services at George Eliot NHS Hospital

Requires improvement   

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

We only inspected surgery during this inspection. Please see surgery location report for our findings.

Surgery

Good   

Key facts and figures

The trust has eight main operating theatres across the George Eliot Hospital. The trust has three surgical wards and a day procedures unit. The trust has 12-day case and 83 inpatient beds.

The trust provides a clinically led directorate infrastructure including general surgery, colorectal and breast surgery, urology, trauma and orthopaedics, upper GI surgery, ophthalmology, special dental care. Ear, nose and throat (ENT), outpatient services and plastic surgery and oral surgery outpatient and day case service is provided at the trust with an SLA agreement with a neighbouring acute NHS trust, who provide the consultants.

Neurosurgery, vascular and paediatric orthopaedics outpatient services is delivered by a neighbouring acute NHS trust, George Eliot Hospital only provides the accommodation.

(Source: Routine Provider Information Request (RPIR) – Sites tab, Acute Provider Information Request (RPIR) – Context acute tab)

The trust had 14,837 surgical admissions from October 2018 to September 2019. Emergency admissions accounted for 3,556 (24.0%), 9,826 (66.2%) were day case, and the remaining 1,455 (9.8%) were elective.

(Source: Hospital Episode Statistics)

We visited three theatres, the recovery areas and the anaesthetic room. We also observed board rounds, theatre and ward planning meetings and team briefs.

We carried out focus groups prior to the inspection, with staff including nurses and managers. We spoke with 38 members of staff including senior managers, ward sisters, and managers as well as registered nurses, student nurses, allied health professionals and doctors and health care assistants. We also spoke to six patients and five relatives.

We observed care and treatment and looked at 22 patient care records and six prescription charts. All records we reviewed were chosen at random.

The service was last inspected in November 2018, when it was rated GOOD, with the report published in February 2019.

Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.

Surgery

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- People could not always access the service when they needed it and had to wait too long for treatment.

However,

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

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 understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

Surgery

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Good  ➡ ➡

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

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

Is the service caring?

Good  ➡ ➡

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.

Surgery

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement   

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

- People could not always access the service when they needed it and did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not line with national standards.

However,

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

Is the service well-led?

Good   

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

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

Surgery

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

Areas for improvement

We found three areas for improvement in this service. See the areas for improvement section above.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity	Regulation
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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
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Our inspection team

Bernadette Hanney, Head of Hospital Inspections, led this inspection. The team included one inspection manager, one inspector, and two specialist advisors.

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