

The University Hospitals of North Midlands NHS Trust

Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust

Requires improvement



Are services at this trust safe?

Requires improvement



Are services at this trust effective?

Requires improvement



Are services at this trust caring?

Good



Are services at this trust responsive?

Inadequate



Are services at this trust well-led?

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

The University Hospitals of North Midlands NHS Trust was created on 1 November 2014, following the integration of University Hospital of North Staffordshire NHS Trust with Stafford Hospital from the Mid Staffordshire NHS Foundation Trust. The trust has strong links with Keele University and Stafford University and is a University teaching hospital. The trust continues to work towards foundation trust status, with a view to becoming a Foundation Trust by 2017-2019.

We recognise that the leadership of the new trust has had the significant task of bringing together two organisations at a challenging time. We have seen that progress has been made but there is still more to be achieved.

The trust provides general acute hospital services for approximately 700,000 people living in and around Staffordshire. The trust also provides specialised services, such as Trauma, for three million people in a wider area.

The trust has had a challenging winter managing its delivery of acute services, specifically in meeting the A&E targets. This has been the subject of a joint risk summit with stakeholders in January 2015.

We inspected this service in April 2015 as part of the comprehensive inspection programme. We inspected all core services provided by the trust at both hospital sites.

We visited the trust on 22, 23 and 24 April 2015 as part of our announced inspection. We also visited unannounced to the trust until Tuesday 5 May 2015. Our unannounced visit included A&E, Medical Care Services and Critical Care.

Overall we have rated this trust as requires improvement. We saw that services were caring and compassionate. We saw a number of areas that required improvement for them to be assessed as safe and effective. We saw that leadership of services at the trust also required improvement at both a local and an executive level. The responsiveness of services was assessed as inadequate.

Our key findings were as follows:

- Staff were caring and compassionate towards patients and their relatives, we saw a number of outstanding examples of good care right across the trust.

- There was a strong culture of incident reporting and staff were encouraged and supported by their managers to engage in this. This made staff feel empowered.
- Achieving safe staffing levels was a constant challenge for the organisation and there was a heavy reliance on agency and locum staff to support this.
- Systems and processes did not support patients flow through the organisation.

We saw several areas of outstanding practice including:

- Outstanding work being done on the Specialised Neurological Unit at the County Hospital to improve the outcomes for patients.
- A range of initiatives in services for children and young people to enhance their patient experience.
- Diagnostic imaging services had received accreditation from the Royal College of Radiologists through the imaging services accreditation scheme (ISAS).

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Review systems and processes to ensure patients flow through the organisation in a timely manner.
- Address high waiting times in the emergency department.
- Review the capacity and adequacy of the critical care services.
- Review the sustained use of recovery to accommodate critically ill patients.
- Implement the individualised care plan as soon as possible so that patients who are actively dying are supported holistically. This would also support the nursing staff to meet all the needs of the patients.
- Review systems and processes to ensure staff are engaged with the plans for service integration and communication networks between senior management and front line staff are improved.

Summary of findings

- Review pathways between County Hospital and Royal Stoke to ensure patients transferred from the emergency department are kept safe and patients who transferred for treatments and procedures are done so efficiently and effectively.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Background to The University Hospitals of North Midlands NHS Trust

The University Hospitals of North Midlands NHS Trust operates from two sites; The Royal Stoke University Hospital and The County Hospital (formerly Stafford Hospital). The trust provides 1,508 beds consisting of 1,380 general and acute beds, 97 critical care beds and 91 maternity beds.

The trust was created on 1 November 2014 when the University Hospital of North Staffordshire NHS Trust merged with Stafford Hospital from the Mid Staffordshire NHS Foundation Trust. At the time of our inspection, the trust was in the midst of a significant programme of change to relocate services between the two sites and to bring together two working populations.

CQC recognise that the leadership of the new trust has had the significant task of bringing together two organisations at a challenging time. We have seen that progress has been made but there is still more to be achieved.

The trust provides general acute hospital services for approximately 700,000 people living in and around Staffordshire. The trust also provides specialised services, such as Trauma, for three million people in a wider area. The population of Staffordshire has average life expectancy. Key health concerns are alcohol-related harm, obesity/excess weight in adults and incidence of hip fractures in people aged 65 or older.

The Staffordshire county health profile shows the county is relatively prosperous, as a whole. East Staffordshire was the 149th most deprived local authority, Staffordshire Moorlands the 185th, Stafford 232nd, South Staffordshire 250th, Cannock Chase was the 123rd most deprived authority and Newcastle-under-Lyme the 152nd. The City of Stoke-on-Trent, which was the 16th most deprived local authority (1st is the most deprived, 326th the least).

Our inspection team

Our inspection team was led by:

Chair: Diane Wake, Chief Executive, Barnsley Hospital NHS Foundation Trust.

Head of Hospital Inspections: Tim Cooper, Care Quality Commission

The team included CQC inspectors and a variety of specialists, including:

Chief Operating Officer, director of clinical quality, safeguarding children specialist, medical consultants,

consultant radiologist, radiology manager, clinical oncologist, speciality registrars, consultant obstetrician and gynaecologist, consultant anaesthetist, consultant paediatrician, specialist nurses, speciality matrons, head of A&E nursing, senior nursing sisters.

The team also included other experts called Experts by Experience as members of the inspection team. These were people who had experience as patients or users of some of the types of services provided by the trust.

How we carried out this inspection

We inspected this service in April 2015 as part of the comprehensive inspection programme.

We visited the trust on 22, 23 and 24 April 2015 as part of our announced inspection. We also visited unannounced to the trust on Friday 1 May and Tuesday 5 May 2015. Our unannounced visit included A&E, Medical Care Services and Critical Care.

Summary of findings

We held two public listening events before the inspection; one in Stafford on 13 April 2015 and one in Stoke on 15 April. These events provided the opportunity for people using services, relatives and members of the public to come and talk to us about their views and share their experiences. Approximately 80 people attended across the two events. A number of people contacted CQC directly through other methods.

During our visits to the trust we held 14 planned focus groups to allow staff to share their views with the inspection team. These included all of the professional

clinical and non-clinical staff. We also held a “drop-in” focus group for any staff unable to attend the other planned sessions. Through these groups we spoke to 232 members of staff.

We met with the trust executive team both collectively and on an individual basis, we also met with ward managers, service leaders and clinical staff of all grades. We also spoke to patients and their relatives and carers we met during our inspection.

We visited many clinical areas and observed direct patient care and treatment.

What people who use the trust’s services say

The Friends and Family test (inpatient) for the period November 2014 to February 2015 rated the trust above the England average. The Friends and Family test (A&E) for the same period found the trust worse than the England average.

The CQC adult inpatient survey for 2014, received responses from 391 patients who had been a patient between September 2014 and January 2015. The trust was comparable with other trusts on 55 questions but worse than others on 5 questions about food, expectations after surgery and leaving hospital.

The cancer patient experience survey for the former University Hospital of North Staffordshire rated the trust as comparable with others on the majority of indicators, with seven out of 34 rated as worse than other trusts (in

the bottom 20% of trusts). The former Mid Staffordshire NHS Foundation Trust was also rated as comparable for most indicators but 12 out of 34 were better than other trust (in the top 20% of trusts).

From our public listening events we heard praise for some of the trusts services, especially those at The County hospital site from the local population of Stafford. We also heard many concerns about the future of services at that hospital. People told us of their concerns of the increase travel when services move to Royal Stoke. They saw this as an increased risk. We heard a wide range of comments about the Royal Stoke site and from many people who had challenges with services provided and many examples were presented to us where services had not met their needs.

We used all of this information to help direct the inspection team and focus the inspection on areas important to all service users.

Facts and data about this trust

As at December 2014, the trust employed 8,848 whole time equivalent staff. This figure can be broken down into 1,079 medical staff, 2,789 nursing staff and 4,980 other staff.

As this is a new trust, only in existence since 1 November 2014, a full year of data was unavailable. The trust had revenue of £600m with a budget surplus of £3.9m in 2014/15. There is an underlying deficit of £16.9m in 2015/16. For 2013/2014, inpatient admissions were 133,186 for the

former North Staffordshire Trust and 53,005 for the former Mid Staffordshire trust. Outpatient attendances were 612,497 and 297,042 respectively and there were a combined total of 194,954 emergency department attendances.

During 2013/2014 there were three Never Events reported, one at the former Mid Staffordshire trust and two at the former North Staffordshire Trust. There were a total of 188 serious incidents reported across both trusts,

Summary of findings

27% were slips, trips or falls and 21% were pressure ulcers. There were a total of 14,235 incidents reported by both former trusts via the NRLS (national reporting and learning service), 90% of these were classified as “no harm” or low harm incidents. Each of the former trusts reported a similar rate of incidents per 100 admissions compared to the England average.


In the period April 2013 to November 2014, there were 6 cases of MRSA at the former University Hospital of North Staffordshire and 2 cases at the former Mid Staffordshire trust, this was in line with the England average. There were 96 and 48 cases of C-Diff respectively, which was also in line with the England average.

The emergency department at Royal Stoke has consistently and frequently failed the 4 hour waiting time target, its performance has been some of worst in England. Since 1 November 2014, the emergency department at the Royal Stoke site has achieved an average compliance against the 4 hour wait of 66.5%. The County achieved 88% in the same period.

The trust accounted for two thirds of 12 hour plus trolley waits in England during 2014/15, despite seeing only 1% of A&E attendances for the country.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>There are periods of understaffing and a high reliance on bank, agency and locum staff in some parts of the organisation.</p> <p>Staff on the wards and in the departments were aware of their safeguarding responsibilities and up take on training was broadly in line with trust targets. Figures showed that take up of enhanced child protection training was low</p> <p>Monitoring of safety systems and processes was not always robust, which could not always assure that people were kept safe.</p> <p>The trust is aware of its responsibilities to open with people when things go wrong and we saw evidence of that during our inspection. Openness and transparency about safety is encouraged, staff understand and fulfil their responsibilities to raise concerns and report incidents. When things go wrong, investigations are carried out and lessons are learnt.</p> <p>Duty of Candour</p> <ul style="list-style-type: none">• The trust understood and had a system in place in order to meet the statutory duty of candour, which they were using.• The trust told us they are working through the practical implications of the new requirement and had revised some of the complaints template letters to include the level of harm.• We were told that the trust board and non-executives were aware of their responsibilities• Managers, consultants and senior nursing staff understood their responsibilities under Duty of Candour and the importance of informing patients about care or treatment which had fallen below expected standards.• We saw evidence of how this was put into practice and it had become department policy in relation to patients who had waited in excess of 12 hours following the decision to admit them to the hospital, and a recent incident in ophthalmology where over 80 patients were contacted.• At County Hospital we identified an issue during our inspection where the efficacy of some children's vaccines had been compromised due to them being stored incorrectly. We saw the trust take steps to identify and contact the relevant families immediately to explain what had happened. <p>Safeguarding</p>	<p>Requires improvement </p>

Summary of findings

- The trust had a policy for Vulnerable Adults which was due for review September 2016. It included contact details and a flow chart and the expectation of staff to attend mandatory training regarding vulnerable adults.
- The chief nurse is the trust lead for safeguarding. Child protection and adult safeguarding are managed by the same senior nurse in the trust
- The Trust policy on mandatory training states that 95% of staff should have completed vulnerable adult awareness training (equivalent to level 0) and child protection awareness training (equivalent to level 1). This training is on a 3-year cycle. We found in most areas staff had achieved or were close to this target.
- We asked the trust to tell us how many staff had undertaken additional child protection safeguarding training, over and above the mandatory minimum, where they treat children as part of their roles. Data provided was unclear but indicated that across the emergency medicine, maternity and children's directorates a total of 26% of all staff have completed this training. The trust have not identified which staff within these areas require this training so we cannot assess whether this is compliant with trust targets.
- During interview, safeguarding managers told us there was poor compliance with safeguarding training and estimated that about 4000 staff need training.
- There had been 32 adult safeguarding referrals made in the last 12 months by the trust. The main themes had been regarding pressure ulcers and discharge planning
- The trust had a safeguarding team who provided training for staff and were also available for advice either by phone or through visiting the department. The team ensured that safeguarding incidents were escalated to senior managers where required, and provided regular feedback to individuals and teams who had reported incidents.

Incidents

- There was an effective incident reporting culture in the trust. Staff felt confident to report incidents and knew how to do this. Staff were encouraged and supported by managers to report incidents, near misses or concerns. The trust used an electronic reporting system (Datix) which the trust also used to collect information on reported incidents and used this analyse trends.
- The rate of incidents reported for this trust is similar to the national average. 90% of these were no or low harm.

Summary of findings

- We saw that incidents were investigated appropriately using root cause analysis methodology (RCA). Reviews of incidents were robust and challenging, but not designed to discourage reporting; an open culture existed.
- Trends in incidents were reviewed at monthly Quality Safety Forum meetings, chaired by the Chief Nurse for the trust.
- Infection rates for MRSA and C.diff are comparable to national averages.
- Most staff told us they received feedback on incidents and concerns they raised through team meetings and bulletins.
- Two never events had been reported by the trust in the period November 2013 to October 2014. These related to a maternity incident and misplaced nasogastric tube at Royal Stoke.
- We saw that mortality and morbidity information was reviewed through a trust-wide mortality review group which fed into divisional forums.
- The mortality report (hospital wide) for February 2015 relating to November 2013 to October 2014. Identified that the HSMR figures for the rolling twelve month period were 99.58 for Mid Staffordshire Foundation Trust (MSFT) and 92.05 for the University Hospital of North Staffordshire (UHNS). The crude mortality rate remains consistent at 3.79% for UHNS and 2.85 for MSFT. With regards to weekend mortality both were within expected ranges. The SHMI published in February was 1.02 for UHNS and within expected ranges.

Staffing

- The chief nurse told us the trust applied the NICE guidance to nurse staffing levels. We saw that some but not all wards and departments displayed planned and actual staffing levels for patients and the public to see. We noted that the actual staffing levels did not always reflect what was planned.
- In some parts of the organisation wards were struggling with high levels of nursing vacancies and sickness was problematic. There was over-reliance on agency and bank staffing to make staffing levels safe. This was particularly a problem at times on some medical wards at County Hospital.
- Medical staffing skill mix was broadly in line with England averages. Most areas we visited were well staffed but we noted there high numbers of vacant consultant and registrar posts in the emergency department. Locum doctors were used to make up the shortfall. There was also a high reliance on locums on the medical wards at County Hospital. We were assured that the trust has implemented robust systems for ensuring that locums and other agency staff are orientated to the wards as safely and quickly as possible.

Summary of findings

Are services at this trust effective?

Outcomes for people who used services are inconsistent and do not always meet expectations when compared with similar services. Outcomes are not always monitored and the results of monitoring are not always used to improve quality in a timely manner.

Care and treatment was mostly reflected current evidence based guidance, standards and best practice with some notable exceptions.

Staff on wards and in departments mostly had the right qualifications and skill to do their job. Many staff told us the pressure on the service limited their opportunities to access training. Staff we spoke with had received an appraisal in the last 12 months and had been supported in revalidation.

We observed some good examples of multi-disciplinary working across the trust and staff told us they felt empowered to deliver care.

Systems to manage care records do not yet enable staff to share information between hospital sites, this can impact on the effectiveness of care delivered.

Staff showed an awareness of the Mental Capacity Act and their role and responsibilities under that. Documentation showed that there was a lack of consistency in how people's mental capacity was assessed, specifically in relation to end of life care.

Evidence based care and treatment

- Trust policies and procedures were based on nationally available best practice standards and evidence-based guidance.
- Staff followed these policies and procedures and they were readily available.
- Treatment plans and care pathways reflected evidence-based guidance and national best practice. The notable exception to this was in end of life care where there has been an absence of national evidence-based or best practice to follow since withdrawal of the Liverpool Care Pathway in July 2014. The trust has not had a clearly defined individualised care and treatment plan or over-arching strategy in place for the actively dying patient. Furthermore, the trust does not expect their current plans to be fully implemented for another 12 to 18 months.

Patient outcomes

- The trust participated in a range of national and local audits.
- The outcomes for patients across a range of specialities varied, when compared the similar services. For example, outcomes for

Requires improvement



Summary of findings

patients using maternity services were good, as were outcomes for patients in medicine. However, in surgery, emergency services and end of life care, outcomes results for audits in these specialties were mixed.

- Where outcomes were below expected levels there was some evidence of the information being used to take action but this was limited.

Competent staff

- Staff spoke positively about training that had been made available and there was a positive attitude towards training and development amongst staff and managers.
- Many staff told us that due to pressure on the wards, their opportunity to take up training and development was limited. Staff would not attend training as this would leave their work area understaffed.
- We found there were gaps in gynaecology services and critical care. Gynaecology patients are accommodated on general surgical wards and nursing staff on these wards told us they had not received particular training to care for these patients and were concerned about their lack of specific skills. The intensive care core standards require units to have at least 50% of staff with the relevant post registration qualification. At Royal Stoke, only 21% of staff had such qualifications

Multidisciplinary working

- We saw that the trust encouraged a multidisciplinary working methodology. Doctors reported good working practices in the trust for multidisciplinary working.
- We saw many examples of coordinated care, for example at County Hospital, staff hold a multidisciplinary meeting every morning on ward 10, involving doctors, the nurse co-ordinator, occupational therapists, physiotherapists and social care and dementia liaison leads. Each patient was discussed during these meetings and the nurse co-ordinator then passed the information on to the nurses dealing with individual patients.

Access to information

- Many patients receive care across both hospital sites. Patients and staff told us there were communication problems between information systems because they do not interact; consequently neither site can view the other's records and test results. This can lead to delays in treatment and care for some patients and impact on the staff's ability to deliver effective care. The trust told us they have an allocation of £8.5million to address the issue.

Summary of findings

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Staff on wards and in departments were mostly able to demonstrate they understood their responsibilities under the Mental Capacity Act. The trust had developed policies, procedures and tools to support staff and ensure decisions are made in accordance with legislation and appropriately recorded.
- We did not see this tool used as part of discussion held with patients and relatives regarding “do not attempt cardio pulmonary resuscitation” decisions, where patient's capacity was in question. In every case where the DNACPR had identified that the patient lacked capacity there was no associated mental capacity assessment.

Are services at this trust caring?

Feedback from patients and relatives was positive about how the staff treated them. We found that people were treated with dignity, respect and kindness during their interactions with staff and they felt emotionally supported. We found many examples of staff spending time with patients to explain their care and treatment in a positive and compassionate way.

Care for children and young people was outstanding, staff went the extra mile to provide compassionate care and involve children in their care and treatment.

Compassionate care

- We observed that staff were attentive and caring. Patients on the wards and in the departments confirmed this view to us.
- Staff took steps to ensure that dignity and privacy was respected and preserved at all times, for example, drawing curtains and speaking in lowered voices.
- We saw many examples of compassionate care, delivered in a timely and appropriate manner. We were particularly impressed with some of the care delivered to children at Royal Stoke where staff had gone that extra mile to care for children with long term conditions.

Understanding and involvement of patients and those close to them

- Staff communicated with patients and relatives in a way that ensured they understood their care and treatment.
- Patients told us they felt staff on the wards and in departments listened to their concerns and provided additional support where needed, for example, involving independent advocates.

Good



Summary of findings

- Patients were confident that doctors were able to explain their treatment to them and then could ask any questions they had.
- Patients felt involved in decisions about their care.

Emotional support

- Patients told us they felt supported by the nursing staff, despite being very busy at times.
- Patients felt that staff were able to give them sufficient time to come to terms with their condition and supported them through it.
- A number of patients gave us specific examples of how staff had been able to allay their anxieties about coming into hospital and how they found that reassuring.
- Spiritual support was provided by the chaplaincy service and patients who were dying were able to access counselling services.

Are services at this trust responsive?

Services are not planned and delivered in a way that meets people's needs. The trust's constant struggle with capacity issues means that in a number of areas services are unable to meet people's needs or are inappropriate. People are frequently and consistently not able to access services in a timely way and experience unacceptable waits. We found that systems and processes are not sufficient to support patient flow through the organisation.

The trust had failed to meet the national standard of 95% of patients being seen within 4-hours of arrival for over two years and had very high numbers of patients waiting over 12-hours following the decision to admit.

There were not enough beds for critical care patients and high numbers of patients were cared for in the recovery unit.

The trust has a backlog of 18,000 patients who had waited for a follow up out-patient appointment.

Service planning and delivery to meet the needs of local people

- The Trust Special Administrator (TSA) published the final report on the future of services to the people of Stafford in December 2013. The report included a number of key recommendations which the new trust has set about implementing. Acute surgical services has re-located to Royal Stoke from County Hospital, as has consultant led maternity services and level three critical care. Paediatric services will follow in May 2015.

Inadequate



Summary of findings

- Commissioners and other key relevant stakeholders have been involved in the planning processes and trust has engaged with the local population.
- It was clear throughout our inspection that the trust is committed to ensuring services meet the needs of local people and that many services are in a period of transition to achieve this.

Meeting people's individual needs

- The needs of people for whom English was not their first language were met either by the use of an interpreter or language line. We noted that patient information leaflets were only available in English and not in other languages.
- We saw that the trust provides a number of services that address the specific needs of certain groups. For example, the alcohol liaison team in the emergency department at Royal Stoke and the substance misuse team in maternity services.

Dementia

- The trust has developed a dementia care strategy, care pathway and framework. These documents set out the Trust's commitment to delivering objectives within the National Dementia Strategy and aims to improve the standards of care for people living with dementia, their families and carers.
- The trust had a specialist team for people living with dementia who are able to provide direct support to patients and training and support for staff on wards and in departments
- The trust told us all patients over 75 years are asked a 'screening' question and depending upon the response are assessed using the 6 Item Cognitive Impairment Test (6CIT) and the nursing risk assessment paperwork also incorporates the 6CIT assessment. This helps staff identify patients who may be living with dementia.
- The Trust has a Dementia Working Group which meets bi-monthly and is supported by the named medical lead for dementia, chaired by the Deputy Chief Nurse. The senior dementia pathway nurse also sits on the Stoke and Staffordshire Dementia Steering group and represents the Trust at both Stoke and Staffordshire Dementia Action Alliance.

Access and flow

- The flow of patients in, through and out of the trust was a significant challenge. Patient movement within the hospital did not work well, we saw teams worked in silos and did not work responsively together. Management of beds was ring fenced to certain patients in two areas.

Summary of findings

- The trust were persistently unable to move patients out of the emergency department. We observed systemic issues with protocols for referral and bed occupancy which impacted on the department's ability to facilitate patient flow.
- National standards require that 95% of patients should be seen within four hours of arrival at the emergency department. Since December 2013, the department has failed to meet this standard and its performance has been amongst the worst in England. Between April and December 2014, the average percentage of patients waiting 4-hours or less was 84.5%. In December 2014, only 75% of patients were seen within four hours.
- NHS England has placed contractual obligations on trusts in relation to patient waiting times following a decision to admit them to hospital. This requires that patients should not have to wait longer than 12-hours from the decision to admit, to be transferred to a ward. The trust had had a total of 731 patients waiting in excess of 12-hours (up to February 2015); this figure accounted for two-thirds of all the breaches of this target in England during 2014/15, despite seeing only 1% of total A&E attendances.
- The bed occupancy within the trust had been significantly higher than the national average of 88% over the past year at 92% across all specialties and 99% for adult bed occupancy. Eighty-five percent is the generally accepted level that bed occupancy can start to affect the quality of care provided to patients, and the overall management of the hospital.
- The trust faces significant challenges when discharging patients. Between April 2013 and November 2014, there were 4,756 delayed transfers of care at The County Hospital and 11,273 at Royal Stoke. At County, over one-third of the delays were due to patients awaiting care packages in their own home, this is three times the figure for England. At Royal Stoke, almost half the patients who were ready to be discharged were waiting for further NHS non-acute care, this is two and a half times the figure for England.
- Since February 2015 the trust have contracted with an external care provider to help them facilitate discharge for some patients and prevent them staying in hospital unnecessarily. The trust feel this is a cost effective way to help patients to get home.
- We saw some patients were cared for in environments that were inappropriate, for example, critical care patients in recovery at Royal Stoke, high numbers of patients cared for in

Summary of findings

CDU at County Hospital There was no dedicated gynaecology assessment unit and women were seen on the Surgical Assessment Unit (SAU). Women accessed the SAU via Accident and Emergency or by GP referral.

- The critical care outreach service had a remit to facilitate timely admission and discharge from critical care units, prevent readmission to critical care and promote continuity of care for patients who had been critically ill. The outreach team at the time of our inspection were unable to fulfil this due to a need to provide care to level three patients in recovery.
- Length of stay in medicine and surgery were longer than national average.
- Patients who are transferred from County Hospital to Royal Stoke, go via the Emergency Department, rather than directly to the speciality they require. Many staff and patients told us that this arrangement delays the pathway of care as well as providing patients with a less than satisfactory experience. The Chief Executive explained that transfer rates were more than twice what had been expected, especially for medical patients. The Chief Executive recognised this was an issue and told us the trust plan to review this.
- In December 2014, the surgical division failed to reschedule all cancelled operations within 28 days. Staff told us that operations were often cancelled due to lack of theatre capacity, acuity of patients, staffing or inefficient planning.
- During our listening events with patients, we were told that some clinics book a number of patients for the same time; this is called block booking. During the inspection this was confirmed to us by our observations and from talking to staff. This means many patients arrive at once, and provide a poor patient experience with longer waits than necessary.
- At the time of our inspection, the trust had in the region of 28,000 patients who are waiting for a follow up appointment and that appointment is overdue. If these, approximately 10,000 are less than 4 weeks overdue (which the trust allows as a tolerance for patient choice of appointment). These leaves a backlog of 18,000 patients who have gone more than 5 weeks past their due appointment date. The trust have implemented a number of actions to address this including clinical validation led by the clinical leads and working with the local CCGs to facilitate a joint clinical review of selected patients.
- The discharge process was not responsive where patients wanted to go home to die. We spoke with one family member who recounted the experience of their relative who had wanted to die in their care home. However the discharge was delayed

Summary of findings

and when the transport arrived after a few days, doctors reassessed and said they were too ill to leave. Staff confirmed that patients waited up to a week, even when they had been identified as requiring fast track discharge.

Learning from complaints and concerns

- For the period January 2014 to February 2015, 839 complaints were received regarding the Royal Stoke site half of these complaints were classified as “all aspects of clinical treatment”. The trust were unable to break this data into further detail for us and recognise this is something that could be improved.
- There were 262 complaints received by The County hospital during the same period. 70% were classified as “care and treatment”.
- The key themes raised by complainants were issues relating to cancelled operations, the transfer of services between the two hospital sites, staff attitude, out-patient appointment times, clinic delays, and car parking.
- Prior to June 2014, complaints were managed within the divisions but since then, teams have been brought together and centralised. The team now also manage complaints regarding the County Hospital site. The trust felt that a centralised complaint team will improve the responsiveness of the service.
- Draft response letters were always reviewed and signed by the Chief Executive or in their absence, the Chief Nurse, Medical Director or Deputy Chief Nurse.
- The trust also provides a PALs service. There were approximately 2,500 PALs contact on each site in the last 12 months.
- Staff were encouraged to resolve issues quickly as they arose on the wards and in the departments rather than referring to the formal process.
- There were clear governance systems in place around the management of complaints and processes for learning through quality and safety forums weekly quality panel meetings. and quality in divisions

Are services at this trust well-led?

We recognise that the leadership of the new trust has had the significant task of bringing together two organisations at a challenging time. We have seen that progress has been made but there is still more to be achieved.

Requires improvement



Summary of findings

The trust has developed a high level vision for the organisation which was launched at the same time as the new trust was created to aid the integration process. The vision is not yet embedded in the organisation and not all staff were aware of the vision and how it affects them.

Governance arrangements were in place at divisional and trust-wide level and the trust was in the process of aligning systems across both sites to ensure consistency. Staff spoke positively about local leaders and felt valued and supported by them.

Many staff felt that engagement with senior and executive leaders could be improved, especially for those staff involved with significant organisational change. Staff satisfaction was mixed and morale was low in some parts of the organisation. We found a number of examples where teams were working in silos and cross-directorate working between clinicians could be improved. This was having a significant impact on patient flow through the organisation and particularly through the emergency department.

The trust leadership has not made sufficient progress on developing strategies and pathways for end of life care. Since the withdrawal of the Liverpool care pathway the trust has failed to implement a suitable replacement.

The trust has and continues to engage with the public and local key stakeholders as services are integrated across the two hospital sites.

Vision and strategy

- The trust has developed a relatively new high level vision and strategy that outlines what the trust believes are feasible goals they wants to achieve by 2025. The key goal is to be a “world class service” and a place our families would choose.
- It became clear through our discussions with staff that the vision is not yet embedded and staff and some managers were not clear on the role they had to play in achieving it.
- We were unable to see how the wider 2025 Vision was translated to active steps for each member of staff for their immediate action.
- At executive level, the focus is very clear. Board meetings are structured around the key goals of the vision and divisional plans and objectives are also being restructured.
- There are regular staff bulletins which are structured around the vision and the board are planning visits to services where staff can discuss the vision directly with board members.

Summary of findings

- There is some transformational work being implemented alongside key developments which are intended to integrate services across the two hospital sites, as with the vision, this work did not appear to be embedded in the organisation and some staff were not clear on the future strategy.
- The chief executive told us that it was important to them that integration was completed as quickly and safely as possible and has made a commitment to do this. It has been working on the TSA model and has made a commitment to ensuring that some services are moved to and not just away from the County site.

Governance, risk management and quality measurement

- The trust's Patient Care Improvement Programme (PCIP) sets out their strategic ambitions with regards to patient experience, safety and clinical effectiveness and operational effectiveness. The programme is supported by six enabling strategies which link in to the values and overall strategy.
- The management team have developed a suite of relatively new quality assurance reports which are used to provide assurance to the board and the quality assurance committee on a monthly and quarterly basis.
- Patient experience is reported to the board on a quarterly basis. This includes complaints data, and safeguarding information.
- As part of the integration process, the trust, in conjunction with other key stakeholders, developed a “double lock” model, which provided internal and external assurance around the systems, processes and plans for integration. The trust felt this model has been effective and intend to use it in all future service developments. The model enables transparency around the issues and provides a level of confidence in the robustness of service developments.
- The trust has an annual programme of clinical audit which encompasses corporate, divisional and local audits, as well as national audits. Last year, the trust complete 112 clinical audits, this included 23 patient experience audits.
- The trust was working in partnership with Teesside University to roll out the Excellence in Practice Accreditation Scheme (EPAS). The Elderly Care Wards, Emergency Department and the critical care Unit had all achieved the EPAS award at gold, platinum and silver levels respectively.
- There are a range of weekly, monthly and bi-monthly quality focused meetings which provide assurance to the board through a network of reports and minutes.

Summary of findings

- The trust has implemented ward-based quality nurses over the last three years. The intended role of the quality nurse is to monitor quality through a range of activities such as audit, education and practice development; they are allocated 15 hours per week to undertake this role. We found that what the nurses were actually doing varied between wards, some staff had protected time to carry out these duties; others did not.

Leadership of the trust

- Staff were very positive about local leaders at both hospital sites. Staff told us at a local level and within their immediate areas they felt supported by managers, they felt they could raise concerns and that they would be listened to. Matrons were well regarded by nursing staff. Staff told us that local leaders supported them in achieving the best care they could for their patients and gave them direction.
- Staff felt that trust managers at executive level could be more visible, especially in periods of substantial change. It was clear from our focus groups at County Hospital felt isolated and that trust senior managers had not engaged with them.

Culture within the trust

- The Chief Executive told us he was most proud of the staff and described them as “magnificent” over a really difficult winter period.
- In all the areas of the two hospitals we visited we found a culture of caring, compassion and a genuine desire to provide good, safe care to patients.
- The trust executive team acknowledged the challenge of bringing two hospitals together and trying to develop one culture. Staff at County Hospital felt there was a “them and us” culture and that the Royal Stoke approach was imposed upon them. We did see a genuine desire from the executive to draw the best from both organisations, for example, some tools and processes developed at County Hospital around falls and complaints was being implemented across the trust. We do recognise that this was early in the bringing together of two hospitals and there remains much to do to achieve full integration.
- Staff we spoke to were very positive about working at the trust, but in some parts of the organisation staff morale was low, as they were concerned about the impact of integration.

Fit and Proper Persons

- All board members were aware of the principles of the Fit and Proper Persons test and were aware of the requirement.

Summary of findings

- We saw regular Trust Board meetings were being held. A paper was being presented at this meeting to ensure that the trust would be compliant. This confirmed and finalised the existing arrangements.
- No new executive appointments had been made since the regulations came into place in November 2014. However the process that the trust adopted to appoint staff was in line with the new regulations.
- The TDA have a lead role in this area. They confirmed that they carry out appropriate checks at the appointment and re-appointment of directors.
- We reviewed a sample (5 out of 9) of executive directors personal files in reference to the Fit & Proper Person test and found all documentation to be satisfactory

Public and staff engagement

- The trust have developed a communication strategy, parallel to the 2025 Vision, which sets out how the organisation plans to engage with staff and ensure they connect with the vision. When the vision was launched there were an number of initiatives including presentations, displays and promotions in the staff canteen and information on the intranet.
- To support the integration programme, the trust has appointed a number of “integration champions” across the organisation. Staff attend regular meetings where information about service development is shared and staff go back to their departments to feedback to their teams. Not all areas had a champion in place as it was on a voluntary basis, but where they were in place staff spoke positively about the impact of this role.
- The NHS staff survey results recorded in March 2015 indicated staff were amongst the top 20% of acute trusts nationally who felt secure raising concerns about unsafe clinical practice. The results also showed that staff were able to contribute to improvements at work, feel they made a difference to patients and were satisfied with the quality of patient care they delivered.
- 18 of the 29 national key indicators place the hospital as average or better than the England average with five scoring in the top 20% compared to other acute hospitals nationally. Improvements in the 2014 results included staff indication that they have received more equality and diversity training in the last twelve months.
- Throughout the period of integration, the trust have engaged with the public on changes to services and listened to and acknowledged their concerns. They have met with local groups

Summary of findings

and two local Healthwatch organisations to ensure that key messages are delivered. The trust have also commissioned local Healthwatch to carry out surveys to assess public satisfaction with services.

Innovation, improvement and sustainability

- As part of the integration plan, a significant capital investment is being made at County Hospital. This will see major structural changes made to the wards and departments to modernise facilities for patients and staff. As part of this improvement programme, the trust have appointed a nurse matron to the project team to ensure developments are patient and clinically focused and meet current and future needs of the service.
- We saw a positive culture of innovation and a number of examples of services developments and improvements.
- Clinicians were engaged in service development and improvement and were supported to highlight areas for improvement.
- The trusts research and development department actively pursue innovation and development through a number of initiatives and research programmes.

Overview of ratings

Our ratings for The Royal Stoke University Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Requires improvement	Good	Inadequate	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Requires improvement	Requires improvement	Good	Inadequate	Requires improvement	Requires improvement
Maternity and gynaecology	Good	Good	Good	Requires improvement	Good	Good
Services for children and young people	Good	Good	Outstanding	Good	Good	Good
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Inadequate	Requires improvement	Requires improvement

Overview of ratings

Our ratings for The County Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Good	Good	Good	Requires improvement	Good	Good
Critical care	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Services for children and young people	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement
Outpatients and diagnostic imaging	Good	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for The University Hospitals of North Midlands NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Requires improvement	Good	Inadequate	Requires improvement	Requires improvement

Notes

Outstanding practice and areas for improvement

Outstanding practice

- We saw outstanding work being done on the Specialised Neurological Unit at the County Hospital to improve the outcomes for patients, this included innovative practice using Wii technology to stimulate and engage with patients, provided medical note writing training for support workers to enhance understanding and quality of documentation. Training for support workers to identify which patients would benefit from specific therapy.
- The Alcohol Liaison team at Royal Stoke had reduced hospital stay for patients with alcohol related issues by an average of 1 day per patient. This equated to 2762 hospital days saved during the last two years. In monetary terms this meant the trust saved over £4.25million during the same period. This was also seen as outstanding practice.
- A specialist one stop clinic had been developed for pregnant women with substance misuse issues where they could obtain the script for their medicines and then see the consultant and specialised midwife for their antenatal care. The rate of women who did not attend for antenatal care had reduced from 98% to 20%. We were told that the outcomes for women who attended the clinic had improved year on year.
- Development of a Frailty Passport to identify patients who require extra support during their stay in hospital.
- The trust was working in partnership with Teesside University to roll out the Excellence in Practice Accreditation Scheme (EPAS). The Elderly Care Wards, Emergency Department and the critical care Unit had all achieved the EPAS award at gold, platinum and silver levels respectively.
- There were a range of initiatives in the children's service at Royal Stoke:
 - Children on ventilators and having chemotherapy were taken on days out by staff.
 - Neonatal care staff had developed 'Helping hands', an online forum support group for parents with neonatal babies.
 - Oncology staff used a 'Beads of Courage' programme which is designed to support children going through their treatment. The beads are used as meaningful symbols of courage that commemorate different milestones.
 - Staff developed diaries for critically ill children to be able to take home with them when they leave. They recognised recent research that showed diaries were important for the psychological wellbeing of the parents and children after discharge. Staff wrote compassionate remarks in the diaries and added photographs to show the child's journey.
 - Staff in the children's intensive care unit have been working with children on long term ventilation to improve their outcomes and wean to just night time ventilation which made a significant difference to the children's overall wellbeing and quality of life.
- Diagnostic imaging services had received accreditation from the Royal College of Radiologists through the imaging services accreditation scheme (ISAS). ISAS is a patient focused developmental scheme that helps imaging services improve continuously in four domains – clinical; facilities, resources and workforce; patient experience; and safety. The standard was developed, and is regularly reviewed and updated, by radiologists, radiographers and lay people. Imaging services join the scheme assess their own performance against the standards, make improvements where necessary and then be assessed against the standard to become accredited

Areas for improvement

Action the trust MUST take to improve

- The trust must review the arrangements for patient flow through the emergency department at Royal

Stoke to ensure the systems and processes in place throughout the hospital are contributing to moving patients through the hospital, especially referral protocols.

Outstanding practice and areas for improvement

- The trust must review staffing arrangements in medicine and the emergency department at Royal Stoke to ensure there are sufficient numbers of nurses and that the planned and actual staffing levels for each shift are displayed.
- The trust must ensure that there are sufficient number of resuscitation trolleys available throughout the Royal Stoke hospital, that they are appropriately stocked and are checked as regular intervals
- The trust must review the capacity and adequacy of the critical care services at Royal Stoke to ensure that level 2 and level 3 patients are cared for in appropriate and safe environment by nursing staff with sufficient experience and qualifications as set out in the Intensive Care Core Standards and there are safe arrangements for responding to medical emergencies out of hours.
- The trust must continue to work with local stakeholders to reduce the backlog of patients waiting for follow up out-patient appointments and continue to work to assure themselves that patients are not affected by excessive waiting times for the appointment.
- The trust must ensure that the outreach team at Royal Stoke are sufficiently resourced to be able to response to deteriorating patients and support ward staff.
- The trust must implement the individualised care plan as soon as possible so that patients who are actively dying are supported holistically.
- The trust must improve the discharge process for patients who wish to go home to die so that fast track discharges can be completed within agreed timescales so that patient's preferences regarding place of death can be met. This information should be routinely recorded and monitored.
- The trust must review pathways between County Hospital and Royal Stoke to ensure patients transferred from the emergency department are kept safe and patients who transferred for treatments and procedures are done so efficiently and effectively.
- The trust must ensure that arrangements for medicines that require storage in fridges are done so safely and effectively. All fridges must be maintained and/or replaced to ensure medicines are stored at the correct temperature. Plans should be in place in order to monitor the fridge temperature on a daily basis and clear actions taken when temperatures are not within agreed limits.
- The trust must ensure that all staff are suitably trained and knowledgeable about the Mental Capacity Act 2005 and their responsibilities around it to ensure that patients who lack capacity are protected from decisions being made about their care and treatment without their input and their capacity is appropriately recorded.
- The trust must ensure that staff who require child protection training at level 2 and above are identified and that training is planned and undertaken so that the trust can be assured that children are protected from the risk of harm.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Care for patients at the end of their lives was not person-centred as care and treatment was not designed with a view to achieving their preferences and ensuring their needs were met. Regulation 9(2)(b) HSCA 2008 (Regulated Activities) Regulations 2010 Person-Centred Care

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Care and treatment was not provided in a safe way as the persons providing care or treatment did not all have the qualifications, competence, skills and experience to do so safely. Regulation 12(2)(c) HSCA 2008 (Regulated Activities) Regulations 2010 Safe Care and Treatment.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met: Care and treatment was not provided in a safe way as the persons providing care or treatment did not all have the qualifications, competence, skills and experience to do so safely. Regulation 12(2)(c) HSCA 2008 (Regulated Activities) Regulations 2010 Safe Care and Treatment.