

Burton Hospitals NHS Foundation Trust

Quality Report

Queen's Hospital
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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?

Good



Are services at this trust caring?

Good



Are services at this trust responsive?

Requires improvement



Are services at this trust well-led?

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

Burton Hospitals NHS Foundation Trust was formed in 1993 and achieved foundation status in 2008. The trust consists of three sites Queen's Hospital in Burton, Sir Robert Peel Community Hospital in Tamworth and Samuel Johnson Community Hospital in Lichfield.

In July 2013 the trust was one of 11 placed in special measures by Sir Bruce Keogh following a review into hospitals with higher than average mortality rates. CQC inspected the trust in April 2014 and although some progress had been made against the Keogh action plan, the trust was rated as 'requires improvement' with medical care and the well-led domain rated as 'inadequate'; the trust remained in special measures.

We visited the hospital sites on 7, 8 and 9 July 2015 as part of our announced inspection. We also visited unannounced to Queen's Hospital on Friday 24 July 2015.

Overall we have rated this trust as requires improvement, but we acknowledge that the trust has made significant improvements in the last twelve months. We saw that services were caring and compassionate. We also saw that people have good outcomes because they receive effective care and treatment that met their needs. We saw a number of areas that required improvement for them to be assessed as safe and responsive. We also saw that leadership of services in some areas also required improvement.

Our key findings were as follows:

- The hospital had made significant progress since our last inspection in April 2014. Improvements in safety and leadership were evident, but there was still more work to be done.
- Staff were caring and compassionate towards patients and their relatives. Patient's dignity and privacy was ensured and we saw many examples of good care right across the trust for staff at all levels.
- There was a strong open culture and staff were encouraged and supported to report incidents. There were clear systems in place to ensure lessons were learnt and services developed as a result

- Nurse staffing was a challenge in a number of areas for the trust. There was heavy reliance on agency staff to ensure staffing levels were kept safe. The trust was working hard to address this.
- The five steps to safer surgery (part of the World Health Organisation (WHO) surgical safety checklist) was embedded and the latest audit report showed high levels of compliance.
- Dementia care had been further embedded within the trust. Nurses, nursing assistants and volunteers had been trained as dementia champions; they encouraged others to make a positive difference to people living with dementia.
- The numbers of patients using the day-case unit at the Sir Robert Peel Community Hospital had declined and there were concerns regarding the long term sustainability. A decision to close the unit was postponed until 2016, following consultation with staff and the local community.

We saw several areas of outstanding practice

- Critical care had developed an organ donation group to improve and promote organ donation within the hospital and the local community.
- The maternity service was awarded the Excellence in Maternity Care award by CHKS in 2014. The quality of care at Burton Hospitals NHS Foundation Trust was judged to be the best out of 148 NHS maternity providers in England, Wales and Northern Ireland.
- Innovative practice to increase hand hygiene, using the latest technology monitoring the use of alcohol sanitising gel.

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

Importantly the trust must:

- The trust must ensure that ward assurance targets, such as hand hygiene practice and recording of patient observations, is achieved at a consistent level in the emergency department.
- The trust must review the use of agency staff on surgical wards to ensure staffing levels and skills mix are maintain and all staff have access to the relevant records.

Summary of findings

- The trust must develop a clear vision and strategy for critical care services which is shared with staff and clinical leaders and demonstrates how the service will develop in the medium and long term.
- The trust must ensure that all identified learning points from the investigations into recent Never Events are fully implemented and signed off to ensure that learning and changes to practice have been put in place.
- The trust must develop a strategy and long term vision for gynaecology services at the trust to ensure that patient services can improve and develop.
- The trust must ensure that a rapid discharge pathway for end of life patients is formalised to ensure that people can leave hospital in an effective way that meets their wishes.
- The trust must review policies and procedures for planning and booking outpatient clinics to ensure that waiting times for appointments are minimise and patients are not subject to long delays in waiting for appointments. Waiting times in outpatient clinics should be re routinely monitored.
- The trust must review arrangements for access to x-ray imaging after 5pm weekdays and on Saturday afternoons and Sundays for minor injury unit patients at the two community hospitals.
- The trust must support the two minor injury units to audit its performance in order to assess the effectiveness of their own practice and to identify and manage risks.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Burton Hospitals NHS Foundation Trust

Burton Hospitals NHS Foundation Trust gained trust status in 2008 and is the principle provider of acute hospital services for the residents of Burton Upon Trent, and surrounding areas. The trust provides services from three locations; Queen's Hospital, Sir Robert Peel Community Hospital and Samuel Johnson Community Hospital. The trust also has a treatment centre which provides day case ophthalmology, outreach and community-based clinics to the population.

The trust serves a population of more than 360,000 people in Burton upon Trent and surrounding areas, including South Staffordshire, South Derbyshire and North West Leicestershire. A full range of services are provided at the Queen's Hospital site, including critical care. At the two community hospitals services include minor injuries, medical care, outpatients with day surgery services at Sir Robert Peel and a midwife led maternity unit at Samuel Johnson.

The trust employs around 2,700 staff and has 544 inpatient beds across the three locations. There were

41,147 total inpatients between April 2014 and March 2015 and 226,595 outpatient attendances across all three sites in the same period. There were 114,390 attendances at the accident and emergency and minor injuries units.

The trust was included in Professor Sir Bruce Keogh's review of trusts in 2013 with higher than expected mortality rates. The overview report 'Review into the Quality of Care and Treatment provided by 14 Hospital Trusts in England' is available on the NHS Choices website. A number of areas of good practice were identified as part of the review; the report also identified a number of areas of concern. The trust was inspected by CQC in April 2014, where it was found that progress against some of the key action from the Keogh review had been slow.

This inspection follows up the recommended actions from the Keogh review and also considers the findings from our inspection in April 2015.

Our inspection team

Our inspection team was led by:

Chair: Dr Mike Lambert, Consultant, Norfolk & Norwich University Hospitals NHS Foundation Trust.

Head of Hospital Inspections: Tim Cooper, Care Quality Commission

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

director of nursing, emergency department head of nursing, matron for surgery, senior nurses, senior paediatric nurse, critical care consultant nurse,

supervisor of midwives, staff nurses, lead paramedic, chartered physiotherapist, operational managers, governance and quality experts, consultant in clinical oncology, consultant physicians, consultant paediatrician, critical care consultant, specialist gynaecology consultant, consultant urologist, consultant general and vascular surgeon and medical registrar.

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 July 2015 as part of the comprehensive inspection programme.

We visited the trust on 7, 8 and 9 July 2015 as part of our announced inspection. We also visited unannounced to the trust on Friday 24 July 2015.

Summary of findings

We did not hold a public listening event prior to this inspection as we were looking to assess changes and progress over a very defined period of time, however we did meet with Staffordshire Healthwatch to seek the views that they had recently formed on the trust. Additionally, number of people contacted CQC directly to share their views and opinions of services.

During our visits to the trust we held 10 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. Through these groups we spoke to well over 300 members of staff.

What people who use the trust's services say

The Friends and Family test (inpatient) for the period June to November 2014 showed that more people consistently would recommend the trust than the England average. The Friends and Family test (A&E) for the same period also found levels of recommendation were consistently better than the England average.

The CQC adult inpatient survey for 2013, found the trust comparable with other trusts on all questions, except for "how long was the delay" where the trust performed better than other trusts.

The cancer patient experience survey for 2014 rated the trust as comparable with others on the majority of indicators, with four out of 70 rated as worse than other trusts (in the bottom 20% of trusts) and 24 out of 70 rated as better than other trusts (in the top 20%).

From direct patient feedback prior to the inspection and information from Healthwatch colleagues we had very positive feedback about the hospitals and the services provided by the trust.

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 April 2015, the trust employed around 2,700 whole time equivalent staff. Of these, 308 were medical staff and 887 nursing staff. There were 544 inpatient beds across the three locations, 52 beds at Samuel Johnson (including 6 maternity beds) and 39 beds at Sir Robert Peel. At Queen's Hospital, there were 8 critical care beds, 48 maternity beds and 397 general medical and surgical beds. There were 41,147 total inpatients admissions between April 2014 and March 2015 and 226,595 outpatient attendances across all three sites. There were 114,390 attendances at the accident and emergency and minor injuries units. The trust had revenue of £183 million with a budget deficit in 2014/2015 of £10.6 million.

The trust serves a population of more than 360,000 people in Burton upon Trent and surrounding areas, including South Staffordshire, South Derbyshire and North West Leicestershire. East Staffordshire district was ranked 124th of 326 local authorities in the English indices of deprivation in 2010.


During 2014/2015 there were two Never Events reported by the trust, both relating to maternity services.

There were a total of 89 serious incidents reported between May 2014 and April 2015, 26% were slips, trips or falls and 11% were grade 3 pressure ulcers. There were a total of 4,229 incidents reported via the NRLS (national reporting and learning service), 91% of these were classified as "no harm" or low harm incidents. The trust reports a relatively low number of incidents per 100 admissions when compared to the England average. In the period August 2013 to March 2015, there were 3 cases of MRSA reported. There were 31 cases of C-Diff in the same period.

The emergency department's performance against the 4-hour waiting time target was generally similar to the England average. The percentage of patients waiting 4 to 12 hours from decision to admission was generally lower than England average.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>Nursing and medical staffing levels are challenged in some parts of the organisation although the trust is aware and taking steps to mitigate the associated risks.</p> <p>There were two Never Events at the trust in the past 12 months; we saw that a thorough investigation had been carried out but not all learning had been fully implemented and signed off.</p> <p>There was a positive culture of reporting incidents and learning from them, safety concerns are reported and investigated. Staff are aware of their safeguarding responsibilities and there is a good level of training amongst staff.</p> <p>The trust had systems in place to ensure it complied with its responsibilities under duty of candour but awareness amongst staff was patchy.</p> <p>Duty of Candour</p> <ul style="list-style-type: none">• Since November 2014, NHS hospitals had to comply with the regulation which compels trusts' to inform patients and or relatives when care has not been optimum even if the patient or relative was not aware of an incident or near miss. This is particularly where a 'reportable patient safety incident' occurs.• The trust's current policy on 'Being Open' was revised in March 2015 in response to the contractual obligations of the Duty of Candour requirements. As well as setting out the duties and processes, the policy sets out how the trust will monitor compliance.• There was inconsistent understanding and recognition of duty of candour on the wards and in departments. In some areas, managers and staff we spoke to did not recognise the term but some were aware of the trust's policy on being open and were able to describe some elements of this. In other areas, staff were well aware and were able to give us examples of where they had followed duty of candour processes.• The hospital had recently advertised that training days were available to all staff on how to complete a root cause analysis and the importance of duty of candour. <p>Safeguarding</p>	<p>Requires improvement </p>

Summary of findings

- There were safeguarding policies and guidelines for the protection of vulnerable adults and children. The hospital had a designated safeguarding lead who provided advice for staff.
- Staff demonstrated a good knowledge of the trust's safeguarding policy and the processes involved for raising a safeguarding alert. Staff told us they were well-supported and would seek advice if they had safeguarding concerns.
- Staff we spoke with were able to describe situations in which they would raise a safeguarding concern, and how they would escalate their concerns.
- The maternity services information system was able to identify any woman for whom there was a safeguarding concern. Any safeguarding plans were also uploaded to the information system. If a woman presented herself for treatment that was not known to the service, staff informed the local safeguarding board who then made enquiries with the social services department in the woman's home locality. There were good working relationships with the Staffordshire Safeguarding Children Board (SSCB).
- The trust target level for training was 90%. Figures provided by the trust showed that 97% of all staff had attended safeguarding adult's level one and 91% had attended safeguarding adults level two training. Some groups of staff within the trust had not met this target, most notably medical staff in the emergency department and in medicine.
- Ninety-seven percent of all staff had completed child protection level-one training, 89% had completed level-two and 84% level-three training. All staff in maternity and children's services had achieved the target for level one, two and three training. Medical and nursing staff in the emergency department had not met the target.
- PREVENT training was provided and compliance with completion was 95% for all staff groups. PREVENT is part of the Governments counter-terrorism strategy and raising awareness of it in healthcare is a key component of it.

Incidents

- The trust had a robust serious incident management policy in place. There was an effective incident reporting culture in the trust. Staff felt confident to report incidents and universally knew how to do this. Staff were encouraged and supported by managers to report incidents, near misses and concerns. The trust used an electronic reporting system which was also used to analyse trends.

Summary of findings

- Staff and managers we spoke to were able to describe many examples of learning from incidents and developing practice. Staff safety briefings were common place across the trust. Ninety-four percent of all staff had completed mandatory adverse incident reporting training.
- Between April 2014 and May 2015, the trust reported a total of 4,091 incidents. Of these, 3,743 were categorised as low or no harm (91%). The rate of incidents reported by this trust is below the national average.
- The admission onto the ward of all children and young people receiving child and adolescent mental health services (CAMHS) was automatically recorded as a serious incident by staff. We were told by the staff that this was because management wanted a way of recording how many patients were being admitted. Due to this process, numbers of incidents were higher than expected. For example in June, 26 incidents were reported by the paediatric wards and 11 of those were the arrival of CAMHS patients.
- There were two never events in the maternity unit at Queen's Hospital in October 2014, one retained surgical swab following caesarean section that required further surgery to remove it. The other was one retained vaginal swab. We saw the root-cause analysis reports for these incidents. A risk summit meeting was held to discuss the outcome of the investigations and actions planned.
- Lessons learned were circulated through a trust wide process from the serious incident group and the directorates and trust wide by the medical director. Duty of candour had been applied; patients had been offered explanations, apologies and informed of the outcome of investigations.
- At the time of our inspection, the policy and standard operating procedure for the use of swabs in maternity written as a result of these incidents had not been signed off and adopted by the trust clinical management committee.
- A new mortality electronic database and review system had recently been developed to ensure a standardised approach to mortality reviews across the trust. This database was accessible to personnel across the trust to assist with learning from reviews. Monthly meetings were held and feedback provided to staff for learning and development.
- A robust process was in place to review mortality and morbidity information in line with nationally recognised methods and indicators. The Hospital Standardised Mortality Ratios (HSMR) and Standard Hospital Mortality Index (SHMI) are indicators that measures whether the mortality rate at a hospital is higher or

Summary of findings

lower than you would expect. The HSMR has been improving since May 2014 (as at February 2015, the index score was 104) and the SHMI is also improving and continues to be as expected (as at January 2015, the index score was 98).

Nurse Staffing

- The trust employed 887 nursing staff and over 600 healthcare assistants.
- The trust uses the NICE endorsed Safer Staffing Care Tool to assess acuity and set nurse staffing levels. We noted that planned and actual staffing levels were displayed on wards and in departments. We saw that planned levels were achieved, with a heavy reliance on bank and agency staff.
- The emergency department, critical care and surgical services had significant levels of vacancies which were impacting on their ability to deliver services but the trust assured us it was pro-actively recruiting and had had some success overseas but these staff were not in post yet.
- The trust risk register recorded a moderate risk regarding the lack of experienced staff in the emergency department. We saw there were effective control measures identified to manage this.
- Staffing in surgical services was also recorded as a concern on the trust's risk register. Steps to mitigate some of the risk had been taken, such as a review of the nursing establishment to ensure a consistent safe level of staffing was applied across all surgical wards. Managers described their reliance on agency staff as a major challenge for surgical services.
- The trust's enhanced care team provided additional support on the wards for those patients who required one to one support. There was a standard operating procedure in place for staff to risk assess and request additional nursing support for patients.
- The trust had an escalation process in place that ward staff followed when shortfalls in nursing numbers were identified. This included utilising bank or agency staff to ensure that there were adequate numbers of registered nurses to meet patients' needs. When bank and agency staff were used they received local induction prior to working in the department and their competency was checked.

Medical Staffing

- There were over 300 medical staff at the trust, 128 were consultant or equivalent grades. As a proportion of all medical staff, this is in line with the England average. The trust has proportionally less middle grade doctors but more registrars when compared to the England average.

Summary of findings

- The risk register recorded a moderate risk regarding recruitment of medical staff in the emergency department. Changes had been made to mitigate some of the associated risk such as the introduction of a third shift to address peaks of activity and changing the shift patterns slightly of middle grade staff. Despite this the emergency department was struggling to replace the locums with permanent staff.
- There was a shortfall in medical registrar staffing levels which caused workload issues for those on call such as delays in responding to ward staff requests, support from other members of the multi-disciplinary team mitigated some of the associated risks.
- We also noted a heavy reliance on long term locum doctors in surgical services.
- We observed a number of medical handovers across the hospitals sites and saw they were consultant led, robust and comprehensive. Electronic and paper records of the handover were maintained.

Are services at this trust effective?

Care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. Outcomes for people are monitored and generally in line with similar trusts. Multi-disciplinary working is effective and care is coordinated, staff work collaboratively to deliver effective care.

Consent to care and treatment is obtained in line with legislation. The trust has systems and tools in place to seek consent from patients who lack capacity but we did not see these tools in use when capacity was being assessed for do not attempt resuscitation (DNACPR) orders as the assessment was not being documented.

Evidence based care and treatment

- Trust policies and procedures were based on nationally available best practice standards and evidence-based guidelines. Staff followed these policies and procedures and they were readily available.
- Treatment plans and care pathways reflected evidence-based guidelines and national best practice. We saw care pathways based on NICE guidance for stroke, heart failure, diabetes and respiratory conditions. The trust had a pathway for patients with sepsis to enable early recognition, prompt treatment and clinical intervention.

Good



Summary of findings

- Patients followed an enhanced recovery programme for hip and knee replacement surgery and an enhanced pathway for colorectal patients. This was an evidenced-based approach which allowed patients to play an active role in their care
- At the time of CQC's inspection in 2014, the trust was trialling the AMBER care bundle on three wards, during this inspection we found it implemented widely across the organisation but more work was needed before the care bundle was used consistently. The trust also had plans to implement the recommendations of the NHS Leadership Alliance for the Care of Dying People.

Patient outcomes

- The trust took part in all the national clinical audits they were eligible for, and had a formal clinical audit programme where national guidance was audited and local priorities for audit were identified.
- The outcomes for patients across a range of specialties varied, when compared with similar services. For example, the trust achieved some good outcomes in the Sentinel Stroke National Audit Programme (SSNAP) audit and the Myocardial Ischaemia National Audit Project (MINAP) audit but less well in the National Diabetes Audit (NaDIA).
- The Intensive Care National Audit and Research Centre (ICNARC) results for July to December 2014 showed the trust was better than the England average for six of the eight case mix programme indicators and in line with the England average for the other two. However, we did not see any evidence that data was being used to develop and improve services.
- The endoscopy unit at Queen's Hospital had received Joint Advisory Group (JAG) Accreditation for Gastrointestinal Endoscopy in Feb 2015. This is the formal recognition that an endoscopy service has demonstrated that it has the competence to deliver against the measures in endoscopy standards. The endoscopy unit at Sir Robert Peel Community Hospital were working towards accreditation.

Multidisciplinary working

- We observed and were told about good multi-disciplinary working across all core service areas. A multi-disciplinary approach was actively encouraged and we saw many examples of co-ordinated care as a result of this.

Summary of findings

- The trust had developed a multi-disciplinary 'frailty team', this included therapists and access to other therapists to reduce the need for admissions of patients over 75 years. The team covered the emergency department, acute assessment unit and short stay ward.
- The ward based physiotherapists and occupational therapists (OT) supported nurses in the patient rehabilitation pathway on the medical wards and promoted safe patient independence during their rehabilitation programme.
- Effective team working between ward and theatre staff was observed; interactions, interventions and treatment were recorded. This was a significant improvement from the external theatre governance review in 2014 where the external reviewers had commented that staff did not work as a team and they did not communicate effectively with one another.
- We saw good joined up working for young people transitioning to adult services. There were formal transitional arrangements and joint clinics taking place.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- We observed and patients told us they were, whenever possible, asked for their consent for procedures appropriately and correctly.
- Staff on wards and in departments were 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. MCA and DoLS training had been delivered to 562 staff across the trust since March 2014.
- The trust had also developed a tool for adults who were unable to consent to investigation or treatment. We did not see this tool used where patients were considered to lack capacity.
- Nurses and junior doctors told us that consultants assessed patients' mental capacity and informed them verbally of the decision. All of the nursing and medical staff we spoke with knew how a patient's capacity to consent should be assessed and demonstrated a sound understanding of the Mental Capacity Act 2005.
- Evidence of the assessments was not being recorded in line with the trust's policy. When we informed the trust, they asked their safeguarding team to immediately review all patient DNACPR documentation to review MCA status and ensure appropriate actions were taken.

Summary of findings

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.

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.

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.
- 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.
- There was a bereavement link nurse for patients who had suffered a death of a child. The link nurse worked with the trust bereavement team and staff to support patients.
- Spiritual support was provided by the chaplaincy service and patients who were dying were able to access counselling services.

Good



Summary of findings

Are services at this trust responsive?

Services were not consistently delivered in a way that responded to people's needs, particularly on ward 44 and when facilitating early discharge for dying patients. Increasing demand for services had put the emergency department under pressure but the trust had taken a whole systems approach to resolving the issues.

Steps were taken to meet patients individual needs but adequate provision for patients with mental health needs was a challenge for the trust. There were more medical patients than medical beds which meant that many patients were on wards not intended for medical patients and many patients were subject to multiple bed moves. There was no pathway for gynaecology patients and the shortfall in services was compounded by the high number of medical outliers on the ward. Outpatient clinics were overbooked and regularly overran. The trust did not routinely record the time patients were delayed in clinic.

Performance against national targets for access to treatment was generally good, although there were some exceptions. The needs of patients living with dementia were met, staff were supported by a network of dementia champions, a frailty team and a robust dementia strategy.

Service planning and delivery to meet the needs of local people

- The emergency department was under increasing pressure from demand for services. A number of initiatives had been implemented to address this including an acute admissions centre where local GP's could make direct referrals, development of the multi-disciplinary 'frailty team' and work to improve relationships with the Community Intervention Team.
- Services on ward 44 were not planned in a proactive way to respond to patient's needs. Staffing shortages and limited physiotherapy input had put pressure on the service.
- Service level agreements were in place with Derby Hospital and University Hospital North Midlands covering vascular, dental and plastic surgery provision.
- There was no expert clinical advisory group for end of life care in any of the three clinical commissioning groups the trust dealt with but senior managers were aware of the issues staff faced when trying to facilitate an early discharge and were working on building professional relationships.
- The trust had positive working relationships with community services and local GP's.

Meeting people's individual needs

Requires improvement



Summary of findings

- We saw information written in a number of South Asian languages and also in Polish available across the hospitals. This included the patient advice and liaison service (PALS) leaflet and feedback form. Staff confirmed they had access to translation and interpreter services through the trust if they needed them.
- The needs of patients with mental health issues were not always met in the emergency departments. There was a psychiatric liaison officer at Queen's Hospital, funded by the local mental health trust through which referrals could be made between 9am and 3pm. Staffordshire crisis team took over out of office hours. Relationships with mental health teams were good at the Sir Robert Peel Community Hospital but more challenged at the Samuel Johnson Community Hospital. The trust noted it had difficulty in accessing out of hours crisis team, (only 2 staff normally covering Staffordshire) and delays transferring to an EMI.
- Staff across the hospital sites demonstrated they knew how to care for people with learning disabilities. Staff described how they had access to communication aids how they would liaise closely with the patient's carers/family to ensure the patient's individual needs were met. All trust staff received learning disabilities awareness training during 2011 and it is now part of corporate induction training for new staff.
- A patient with learning disabilities explained to us how kind the staff had been and how well they involved them in their care. We spoke with a carer who supported a patient with learning difficulties. They told us all appointments were well structured and tailored towards the person's needs.

Dementia

- In November 2014 a three year dementia strategy was launched by the trust, building on existing work to improve care and experience for people living with dementia. The strategy, informed by patients, carers, staff and stakeholders, responded to the needs of local people as well as the priorities set out in the National Dementia Strategy and the Prime Minister's Challenge on Dementia.
- The use of the 'forget me not' care bundle supported people living with dementia. The enhanced care team delivered intensive training for staff to look after patients with dementia. Activity boxes were available on each medical ward for use by patients including those on one-to-one observation.
- We saw the 'This is Me' document in use across a number of wards and departments. The document was usually completed

Summary of findings

by relatives and enabled the staff to meet the patients individual needs when they were unable to communicate with the staff. Carers were encouraged to be present on the ward to assist with rehabilitation process.

- Dementia awareness training is part of all staff's mandatory induction training plan.
- Each ward and department has a dementia champion. A dementia champion encourages others to make a positive difference to people living with dementia. They do this by giving them information about the personal impact of dementia, and what they can do to help. They meet monthly to discuss the progress of the dementia strategy and share learning.

Access and flow

- The trust's achieved the national standard of seeing, admitting or discharging 95% of patients within four hours of their arrival in the emergency department in quarter 1 and quarter 2 of 2014/2015. Performance fell just below standard in quarter 3 (93.8%) and in quarter 4 (94.3%). Quarter 1 for 2015/2016 was also slightly below the standard at 94.6%.
- The trust's performance recovery plan focused on a whole hospital approach as well as working with the local health community and other stakeholders.
- Referral-to-treatment (RTT) 18 week performance for general medicine, dermatology and geriatric medicine was consistently above the target and better than the England average between June 2014 and May 2015.
- RTT performance for surgical specialties was often below standard, but similar to England average. Between June 2014 and May 2015, the surgical services achieved the 90% target five out of the twelve months.
- Medical bed occupancy for medical care services exceeded 100% meaning there were more medical patients than there were medical beds available. Consequently, medical patients were placed on other speciality wards such as surgery.
- The target number of moves to a different ward or unit after 9.00pm was zero however we saw between April 2014 and March 2015 the actual number of moves was 373.
- Patient flow was disrupted by medical outliers who were placed in surgical beds across the trust. Medical outlier is the term used to describe patients who are admitted to a ward different from the internal medical ward. Medical outliers were identified on a computerised list which listed their consultant. During our visit there were 28 medical patients being treated on surgical wards.

Summary of findings

- There was an established medical team who specifically looked after medical patients being cared for on non-medical wards but ward managers on the surgical wards shared concerns that these patients were not consistently reviewed.
- There was no clear pathway for patients needing emergency gynaecology care and treatment. The existing pathway was focussed on the capacity of the service. Ward 14 was a surgical ward for ENT and gynaecology patients. We saw evidence that 325 outliers had been placed on Ward 14 between January 2015 and June 2015. This further impacted on the effectiveness of the gynaecology pathway.
- The trust had developed initiatives to improve patient flow such as a daily board round each morning and afternoon to coordinate patient care and prioritise discharge at the patient board and members of the discharge team now attended ward rounds. Operational meetings were held up to five times a day to establish the availability of beds on the wards to review the flow of patients.
- The trust monitored the number of times patients moved wards, specifically as night. The target number of moves to a different ward or unit after 9.00pm was zero however we saw between April 2014 and March 2015 the actual number of moves was 373.
- The palliative care lead staff told us that the trust did not have a formal rapid discharge pathway. and work on this project was in progress. They told us that at present clinical nurse specialists worked closely with discharge coordinators to try to facilitate same day or next day discharges but that the procedure was not yet formalised and work was in progress to improve the process.
- We found outpatient clinics overbooked appointments. On the day of our inspection, ten appointments had been booked over the capacity of the department; staff told us this was a regular occurrence. Overbooking led to delays up to an hour and half on occasions.
- Patients were mostly kept informed when outpatient appointments were running late and the reason why (for example why some patients had been seen before others) and we saw this in action on a wipe boards. However, this was not the case for all patients we met.
- We asked the trust for their analysis of waiting times, they advised that this information was not yet captured in the main outpatients department but systems were being developed which would enable the analysis to be done in future.

Learning from complaints and concerns

Summary of findings

- Between April 2014 and March 2015, the trust received 245 formal complaints. This was a 48% decrease on the previous year. Staff told us they were encouraged by managers to try and deal with concerns at a local level before they escalated into a formal complaint. Managers told us they felt this had led to the significant drop in formal complaints.
- Staff knew they could escalate issues to the senior sisters or to Patient Advice and Liaison Service (PALS). All staff we spoke with were able to describe the process they would follow if a patient wished to make a formal complaint.
- The trust has an up to date complaints policy and procedure in place. The policy states that complainants will be provided with formal response with 25 working days. Analysis shows that this target was only achieved for 11% of all complaints. The average response time was 62 days. Fourteen percent of complaints were re-opened.
- Over half of all complaints were with regard to medical care and treatment (28%) and communication (27%)
- We noted that complaints and PALS leaflets, including feedback forms, were available throughout the hospital sites and notice boards also explained the complaints process.
- Complaints and concerns were routinely discussed at team meetings and included in staff information bulletins. Staff were able to give us examples of where services had changed as a result of patient feedback.

Are services at this trust well-led?

The trust had a clear vision and values but this was not universally shared across the organisation. Arrangements for governance and performance management have improved as a result of recent reviews but we noted that some services did not have a clear vision in strategy for the development of its service.

The pace of change was not as rapid as expected. The senior management team had responded positively to previous inspections but cultural attitudes amongst some staff had prevented them from taking issues on board. Accountability had been insufficient and we could not see any evidence as to what plans the trust had in place beyond special measures.

Staff spoke positively about the trust and were keen to demonstrate how much had changed and improved since previous inspections. Staff described an open culture that empowered them to work collaboratively to meet patient's needs. However, we saw that the aspiration for continuous improvement was not always at the forefront of the trusts conversations; with a number of staff unable to describe the real successes of the trust.

Requires improvement



Summary of findings

Vision and strategy

- The trust was inspected in July 2013 as part of the Keogh inspections due to previously high mortality rates. Following the Keogh inspection the trust were placed into special measures action plans were drawn up by the executive team to address the shortfalls.
- In April 2014 CQC completed a comprehensive inspection of the trust. At that time the trust were found to be underperforming in most areas with an overall judgement of requiring improvement. This resulted in the trust remaining in special measures. An improvement director was appointed by Monitor to assist the trust executive team in developing and initiating a recovery programme.
- Throughout this period the trust retained its original vision, values and goals; to become the local healthcare provider of choice. This approach enabled staff to concentrate on the improvements required within their own specialities.
- Staff we spoke with at all levels of the trust were aware of the vision and believed the work they did contributed to it. However, we found that some areas of practice failed to fulfil the trust's own vision such as lack of strategy for gynaecology pathway, and no clear vision for critical care.
- The trust values were understood by staff. The acronym PRIDE helped staff recall the values, Passion, Respect, Innovation, Determination and Excellence.

Governance, risk management and quality measurement

- Governance arrangements were in place at divisional and trust wide level. A range of weekly, monthly and quarterly quality focused meetings provided assurance to the board through a network of reports and minutes. Quality assurance reports were submitted to the Board on a monthly basis as were patient experience reports including complaints data and safeguarding information.
- As part of the support provided under special measures the trust were buddied with The University Hospital Birmingham. The buddying included mentoring of senior managers, review of governance and procedures and data audits. Input from the improvement director and review of external reports and audits led to improvements to governance systems. Operational procedures were changed to ensure best practice and improve services. The trust now had effective governance frameworks.
- The trust had an annual programme of clinical audit which included corporate, divisional and local audits in addition to national audits.

Summary of findings

- Previously, the board had been less aware of some of the challenges facing the trust. Following the Keogh review and the CQC 2014 inspection, the board were now more sighted on the challenges that lay ahead. The board recognise there is still more work to do to ensure they are able to anticipate challenges and issues before they pose a problem to the organisation.
- The council of governors were proud of the improvements the trust had made since the last CQC inspection. Their own role had developed and council members were now represented on quality assurance and strategy meetings, supported by the non-executive directors.

Leadership of the trust

- Staff spoke positively about local leaders and felt valued and supported by them. Senior managers were visible to staff and had an open door policy.
- Following the various reviews and audits completed as part of the recovery programme, a number of senior and middle management post holders changed. Some as a result of interim staff being replaced by substantive post holders. This provided teams with greater stability and the trust with the opportunity to implement long-term strategies to achieve its goals.
- Executive roles had changed and new members of the board had been appointed. It was too early to determine if these appointment would provide the right balance of challenge and support needed.
- We saw that the newly appointed Medical Director was beginning to address key issues of medical leadership. We saw that together with the Director of Nursing role this provided a strong clinical leadership team to drive improvements in the quality of care delivered.
- It was clear during the inspection that the trust leadership is clearly focused on the current agenda of ensuring the organisation moves out of special measures. The challenge for leadership teams going forward is how they would refresh this approach if the trust were to achieve this goal. We did not see any evidence that the trust had set any clear and realistic goals beyond special measures or developed a leadership plan as to how they would do this.
- Staff were very positive about local leader's at all three sites. Senior managers were based at Queens Hospital but staff at all three hospitals reported that managers were visible with regular visits and easily contactable and approachable when needed.

Summary of findings

- Staff said they felt supported by their managers. They were provided with an environment where they could develop their knowledge and skills.

Culture within the trust

- The board responded positively to the Keogh and CQC inspections but implementation of changes was slow, partly due to vacancies in senior management posts but also due to a lack of insight within some sections of staff who were reluctant to see what needed to change.
- The Council of Governors reported that changes in culture began to take place only in the last eight months or so. The Council members had not felt actively engaged with the board, they were not included in many meetings and those they were invited into they were only able to observe.
- Staff reported that they felt more empowered and valued in their roles. The external theatre governance review in 2014 noted some serious issues amongst staff based upon a negative culture within theatres. The 2015 facilitated theatre governance review commented that managers were actively working to support the change in culture. Notice boards had been improved and were being well used for informing staff of progress.
- During the inspection we observed that staff felt comfortable in raising concerns, challenging senior members of staff and reporting incidents.
- Staff were proud of their work and proud to work for the trust. Most staff told us that there had been improvements in services as a result of the previous inspections. All the staff believed the trust was performing better as a result of the scrutiny it had been under.

Fit and Proper Persons

- All board members were aware of the principles of the Fit and Proper Person test and were aware of their responsibilities.
- The board had appointed a new Director of Medicine who took up post a month prior to our inspection. We saw that the Fit and Proper Person process had been followed during the recruitment process.
- We reviewed a sample of executive director's personal files in relation to the Fit and Proper Person test. We found all the documentation to be satisfactory.

Public engagement

Summary of findings

- The trust has a comprehensive website where it published not only information about the three hospitals and the services it provides, but also news articles including references to the Keogh and CQC inspections and the action plans they developed in response.
- The trust has very strong links with the community through the council of governors.
- The trust work closely with one local school with staff visiting the school explaining their role and highlighting the work of the trust. This has been very popular and the trust are considering expanding this to other schools and colleges. They believe this will ultimately assist with recruitment, but also help it achieve its vision.
- The trust have positive relationship with local HealthWatch, and have commissioned them to undertake a number of staff and patient reviews which were used to direct the recovery programme.

Staff engagement

- The trust have a network of team meetings, quality assurance and strategy meetings. These are used to cascade information from the board, and to enable issues from staff to be escalated.
- The trust intranet and email system is available to most staff, and this medium is used to disseminate information to the trust as a whole or to individual teams or people.
- The NHS staff survey showed no negative areas of staff satisfaction and results were in line with England averages. This is a positive achievement given the changes and scrutiny under which staff found themselves.
- The trust have an annual award ceremony for staff and departments who have excelled, this ceremony has been named the PRIDE awards, to reflect the values of the trust.

Innovation, improvement and sustainability

- The trust has made significant improvements including re assigning executive roles and appointing new executive officers. The trust leadership is now better placed to negotiate with neighbouring trusts to share facilities and to compete for commissioning new or extended services.
- Staff told us they were given opportunities to implement ward level changes without going through the senior management structure. Staff told us that they felt that they could contribute and generate ideas for improvement and sustainability. We saw this in action in many of the areas we visited.

Overview of ratings

Our ratings for Queen's Hospital, Burton Upon Trent

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

Our ratings for Samuel Johnson Community Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Minor injuries unit	Good	Good	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Overview of ratings

Our ratings for Sir Robert Peel Community Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Minor injuries unit	Good	Good	Good	Good	Requires improvement	Good
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Our ratings for Burton Hospitals NHS Foundation Trust

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

Notes

Outstanding practice and areas for improvement

Outstanding practice

- Critical care had developed an organ donation group to improve and promote organ donation within the hospital and the local community. There was representation from spiritual services, donor recipients, donor families, consultants and critical care theatre and emergency department staff. Consultants from critical care also spoke to local 6th form students to explain the principles of organ donation.
- The maternity service was awarded the Excellence in Maternity Care award by CHKS in 2014. The quality of care at Burton Hospitals NHS Foundation Trust was judged to be the best out of 148 NHS maternity providers in England, Wales and Northern Ireland.
- The trust had been awarded and maintained UNICEF Baby Friendly Initiative stage three accreditation. This meant that the trust supported women and babies with their infant feeding choices and encouraged the development of close and loving relationships between parents and baby.
- Children's services had used a variety of methods to ensure that patients and their relatives were able to feedback. Methods included questionnaires, comments boards, and social media. There were numerous examples of where this had led to service improvements or changes such as the development of the parent's room on the children's ward.
- Patients arriving in the emergency department by ambulance were automatically weighed as they crossed the threshold. This meant that nutritional assessments and medication dosage would be accurate.
- We saw innovation in practice on ward 11 (male surgical ward) where the infection control nurses had worked with staff to reduce infection control risks and increase hand hygiene. The team implemented technology which counted the use of alcohol sanitising gel and compared it against the target of how often it should be used. This was in response to hand hygiene audits which needed improvement.

Areas for improvement

Action the trust MUST take to improve

- The trust must develop a clear plan to address the risk it had identified concerning no accommodation appropriate to support patients with mental ill health while they waited for assessment.
- The trust must ensure that ward assurance targets, such as hand hygiene practice and recording of patient observations, is achieved at a consistent level in the emergency department.
- The trust must improve the uptake of statutory and mandatory training among emergency department staff to a consistently level.
- The trust must take steps to minimise the number of medical outliers across the hospital to ensure patients are care for in an appropriate environment by staff with the right skills to meet their needs.
- The trust must review the number of bed moves made by patients, especially at night to minimise disruption and improve patient experience.
- The trust must review the use of agency staff on surgical wards to ensure staffing levels and skills mix are maintain and all staff have access to the relevant records.
- The trust must develop a clear vision and strategy for critical care services which is shared with staff and clinical leaders and demonstrates how the service will develop in the medium and long term.
- The trust must ensure that all identified learning points from the investigations into recent Never Events are fully implemented and signed off to ensure that learning and changes to practice have been put in place.
- The trust must develop a strategy and long term vision for gynaecology services at the trust to ensure that patient services can improve and develop.
- The trust must develop a clear pathway for gynaecology patients to ensure their care is delivered safely and responds to their needs.

Outstanding practice and areas for improvement

- The trust must ensure that a rapid discharge pathway for end of life patients is formalised to ensure that people can leave hospital in an effective way that meets their wishes.
- The trust must review policies and procedures for planning and booking outpatient clinics to ensure that waiting times for appointments are minimised and patients are not subject to long delays in waiting for appointments. Waiting times in outpatient clinics should be routinely monitored.
- The trust must ensure managers are sighted on issues affecting the responsiveness of outpatient services and risks are identified and actioned.
- The trust must review arrangements for access to x-ray imaging after 5pm weekdays and on Saturday afternoons and Sundays for patients at both minor injuries units.
- The trust must support both minor injuries units to audit its performance in order to assess the effectiveness of their own practice and to identify and manage risks.
- The trust must review arrangements for responding to patients with mental health needs in the minor injuries unit at Samuel Johnson Community Hospital.
- The trust must review the service arrangements and leadership of ward 44 to ensure that service are provided in a timely and consistent manner and patients are able to access rehabilitation services effectively.
- The trust should review the staffing on ward 44 considering the acuity of the patients.
- The trust should review arrangements for young people and children who require CAMHS services to ensure their needs are met and they are cared for in a safe environment.
- The trust should ensure that consent documentation for adults who are unable to consent to investigation or treatment is completed, in line with the 'Do Not Attempt Resuscitation' policy, for every patient who has been assessed as lacking the mental capacity to give consent.
- The trust should develop a long-term strategy for staffing both minor injuries units overnight to ensure staff and patients are kept safe.
- The trust should review the use of cloth fabric curtains in the Sir Robert Peel minor injuries unit treatment rooms to improve infection control.
- The trust should review arrangements for the storage of stock in the minor injuries unit at Samuel Johnson Community Hospital to ensure it is not stored in a manner that could be a potential hygiene risk.
- The trust should ensure the number of women needing medical assistance in labour or after birth at Samuel Johnson Community Hospital is routinely recorded as well as their outcomes in order to assess the effectiveness of their own practice.
- The trust should review the scanning facilities for pregnant women at Samuel Johnson Community Hospital to ensure the service is responding to and meeting local need.

Action the hospital SHOULD take to improve

- The trust should carry out an interim assessment of control measures needed while the work was scheduled to remove the ligature point in the crutches store room in the emergency department.
- The trust should address the risk of the Middle East respiratory syndrome coronavirus (MERS) being brought into the ED.
- The trust should ensure all staff are aware of their responsibilities under Duty of Candour regulations in order to meet with legal requirements.