

University Hospitals Plymouth NHS Trust

Inspection report

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

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

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

Ratings

Overall trust quality rating

Requires improvement 

Are services safe?	Requires improvement 
Are services effective?	Requires improvement 
Are services caring?	Outstanding 
Are services responsive?	Requires improvement 
Are services well-led?	Requires improvement 
Are resources used productively?	Requires improvement 

Summary of findings

Combined quality and resource rating

Requires improvement 

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

Background to the trust

Background information

University Hospitals Plymouth NHS Trust is the largest hospital trust in the south west peninsula. It is an NHS teaching trust and works in partnership with the Peninsula College of Medicine and Dentistry. The trust provides healthcare to people living in and visiting the south west peninsula and provides training and education for a wide range of healthcare professionals.

The trust has an integrated Ministry of Defence Hospital Unit on the Derriford Hospital site, which has a tri-service staff of approximately 220 military personnel working within a variety of posts. This includes consultants, doctors, nurses, and trainee medical assistants.

The trust provides services for patients at main sites and through clinics at other local hospitals and care centres. The largest range of the trust services are provided at Derriford Hospital.

Overall summary

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



What this trust does

The trust provides a full range of acute hospital services, as well as additional specialist work such as spinal and neurological surgery. The trust's emergency department is a designated major trauma centre for adults.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Summary of findings

This inspection looked at four core services: Maternity, Medical care, Diagnostic imaging and Surgery.

What we found

Overall trust

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

- We rated safe, effective, responsive and well-led as requires improvement. Caring was rated as outstanding.
- Medical care remained the same and was rated as requires improvement. Safe, effective and responsive all remained the same and were rated as requires improvement. Well-led went down one rating and was rated as requires improvement. Caring stayed the same and was rated as good.
- Surgery went down one rating to requires improvement. Safe, effective and well-led went down one rating to requires improvement. Responsive stayed the same and was rated requires improvement. Caring stayed the same and was rated as good.
- Maternity went up one rating to good. Safe and well-led went up one rating to good. Effective and responsive stayed the same and were rated as good. Caring went up one rating and was rated outstanding.
- Diagnostic imaging went up one rating to requires improvement. Responsive and well-led went up one rating to requires improvement. Safe stayed the same and was rated as requires improvement. Caring stayed the same and was rated as good. Effective was not rated.
- The remaining core services were not inspected at this inspection and their previous ratings are therefore unchanged.

Are services safe?

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

- In medical care, staff were not always up-to-date with mandatory and safeguarding training. Cleaning records were not always up-to-date, equipment safety checks were not always completed and there were not always enough staff to keep patients safe. However, detailed records of patients' care and treatment were available, patient safety incidents were managed well, and medicines were safely prescribed, administered, recorded and stored.
- In surgery, there were not always enough staff to keep patients safe, staff were not up-to-date with mandatory training, VTE risk assessments were not always completed and checks of equipment were not always being carried out. However, staff understood how to protect patients from abuse, patient's records were detailed and up-to-date, and there was a positive incident reporting culture.
- In maternity, staff understood how to protect women and babies from abuse, infection risk was well-controlled, staffing levels were regularly reviewed and there were safe processes for prescribing, administering, recording and storing medicines. However, staff were not all up-to-date with mandatory training, processes to identify changing risks and deteriorating health were not always followed, and safety thermometer results were not displayed.
- In diagnostic imaging, not all staff had completed mandatory training, infection prevention and control policies were not always followed, emergency equipment was not always checked, there was ageing equipment and there were not enough staff to keep patients safe. However, staff understood how to protect patients from abuse, risk assessments were completed, patient records were clear and up-to-date, and safety incidents were well-managed.

Are services effective?

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

Summary of findings

- In medical care, appraisals were not always completed, patients were not always reviewed by a consultant in a timely way at weekend and consent was not always recorded in line with guidance and legislation. However, care and treatment were provided in accordance with evidence-based practice, pain was well-managed, and staff worked well together.
- In surgery, many of the audits showed a deterioration and yearly appraisals were not being completed. However, care and treatment were provided in accordance with evidence-based practice, pain was well-managed, and patients were supported to make informed decisions about their care and treatment.
- In maternity, care and treatment was provided in accordance with evidence-based practice, pain was well-managed, there was strong multidisciplinary working and women were supported to make informed decisions about their care and treatment. However, there was variable understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- In diagnostic imaging, trust policies and local rules were not always reviewed, accreditation was not maintained, and seven-day services were not available due to staff shortages. However, staff ensured patients were comfortable, the effectiveness of care and treatment was monitored, and staff worked well together.

Are services caring?

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

- In medical care, staff treated patients with compassion and kindness, respecting their privacy and dignity and taking account of their needs. Staff gave emotional support to patients and helped patients and those close to them understand and be involved in decisions about their care.
- In surgery, staff treated patients with compassion and kindness, respecting their privacy and dignity and taking account of their needs. Staff gave emotional support to patients and helped patients and those close to them understand and be involved in decisions about their care.
- In maternity, women were treated consistently with compassion and kindness, respected and valued, and emotionally supported. Feedback from women was consistently positive and staff supported women to be involved in their care and treatment.
- In diagnostic imaging, staff treated patients with compassion and kindness, provided emotional support to patients and helped patients and those close to them understand and be involved in decisions about their care.

Are services responsive?

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

- In medical care, demand was outstripping capacity for beds and medical outliers were not always being well-managed. However, the service worked well with the wider system to plan care and took account of patients' individual needs.
- In surgery, people could not always access services when they needed them, there were high numbers of cancelled elective operations, and premises did not always ensure dignity and confidentiality for patients. However, the service was inclusive and took account of patients' individual needs and complaints were responded to in a timely way.
- In maternity, services were planned and provided to meet the needs of local people, mental health support was available 24 hours a day, seven days a week, and care was coordinated with other services and providers.
- In diagnostic imaging, the needs of the community were not always met, routine audits were not always being completed, national standards for diagnostic tests were not being met and learning from complaints was not always shared with staff. However, the service was inclusive and took account of patients' individual needs.

Summary of findings

Are services well-led?

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

- In medical care, leaders were not always visible, and staff did not always feel valued. Governance and risk management processes did not operate effectively. However, leaders had the integrity, skills and abilities to run the service, collected reliable information and used it to improve services, and had a good understanding of quality improvement methods.
- In surgery, governance processes were not always effective, and staff were not always clear about their roles and accountabilities. The service did not always collect reliable data and analyse it. Data or notifications were not always consistently submitted to external organisations as required. There was not always effective participation in and learning from internal and external reviews. Operational pressures adversely affected staff well-being and development. Minutes of mortality and morbidity meetings were not standardised. However, staff felt respected, supported and valued. Leaders and staff actively engaged with the public, staff, patients and stakeholders.
- In maternity, leaders had the integrity, skills and abilities to run the service. There was a clear vision and a strategy to deliver it. Staff felt respected, valued and supported. Leaders operated effective governance systems and used information systems to manage performance.
- In diagnostic imaging, there was no clinical lead or senior clinical support for radiologists in one modality. There were several vacancies in middle management, there was no vision and strategy for the service, and there was limited evidence of learning from incidents and complaints. However, staff reported a slowly improving culture and good teamwork.

Use of resources

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

NHS England and NHS Improvement undertake the Use of Resources assessments. The report is available on our website.

Combined quality and resources

Our rating of combined quality and resources stayed the same. We rated it as requires improvement.

Please see the use of resources report on our website.

Ratings tables

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

Outstanding practice

We found four examples of outstanding practice. For more information, see the 'Outstanding practice' section of this report.

Areas for improvement

We found areas for improvement including 33 breaches of legal requirements the trust must put right. We found 58 things the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

Summary of findings

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

Action we have taken

We issued 33 requirement notices to the trust. This meant the trust had to send us a report saying what action it would take to meet these requirements.

For more information on action we have taken, see the sections on 'Areas for improvement' and 'Regulatory action'.

What happens next

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

Outstanding practice

Overall trust (well-led)

- The trust had invited several complainants to talk about their experiences as part of the complaints training programme, and another complainant was due to talk at the nurse preceptorship training. We were told this had been impactful for staff, helping them understand the importance of the complaints process, engaging with complainants and ensuring learning took place.

Maternity

- Women were truly respected and valued as individuals and were partners in their care, practically and emotionally.
- Feedback from women, their partners and family, at the time of our inspection was without exception excellent. We were told of numerous examples of staff excellence, including staff staying behind after their shift had finished and supporting women who had had previous bereavements during labour and childbirth and welcoming them during additional births.
- We heard many moving accounts from parents, who expressed their gratitude for the support they received, which far exceeded their expectations.

Areas for improvement

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

We told the trust it must take action to bring services into line with legal requirements.

Overall trust (well-led)

- Improve challenge in board meetings and sub-board committees.
- Strengthen the governance framework and ensure it is clear to staff how risks, concerns and other issues can be escalated, and makes sure the board can understand where areas need their attention. The board must be confident they are receiving adequate assurances through the governance systems.
- Improve the accuracy and reliability of the information received by the board in relation to the quality and safety of the service.

Medical care

Summary of findings

- Ensure compliance with 'trust update' mandatory training module for nursing and medical staff improves.
- Ensure safeguarding training compliance for medical staff.
- Ensure staff carry out daily checks of specialist equipment.
- Ensure staff follow processes for safe handover of patients between ward areas.
- Ensure venous thromboembolism (VTE) risk assessments are consistently recorded within 24 hours and when a patient's condition changes in line with national guidance.
- Ensure safe nurse staffing levels are maintained on all wards including Marlborough and Burrator wards.
- Ensure patient records are always stored securely on wards.
- Ensure medical staff always print their name and role/GMC number.
- Ensure staff receive appropriate training on mental capacity.
- Ensure Deprivation of Liberty Safeguards paperwork includes appropriate mental capacity assessment and decisions.
- Ensure use of six beds in five-bed bays in times of escalation throughout the hospital is risk assessed for impact on infection control.
- Improve governance systems and processes to ensure compliance and improve safety and quality of care.
- Ensure governance of mortality and morbidity meetings improves and structured judgement reviews are completed consistently.

Surgery

- Ensure medical staff in surgery are completing mandatory training.
- Ensure the security of paper patient records and information.
- Ensure the service has enough staff to keep patients safe from avoidable harm and to provide the right care and treatment, and that the staffing tool used to set staffing levels is suitable for patients on all wards.
- Ensure patients receive and staff document a risk assessment for venous thromboembolism (VTE) on admission, 24 hours after admission and with clinical change.
- Ensure referral to treatment time for incomplete pathways are improved and improve the cancer waiting times for the percentage of people waiting less than 62 days from urgent GP referral to first definitive treatment.

Maternity

- Review the process for supporting staff to have a greater understanding of consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004.

Diagnostic imaging

- Ensure inpatients waiting for diagnostic procedures in X-ray East are looked after, monitored and have the means to call for attention if required.
- Ensure imaging care assistants receive chaperone training including information about legislation.
- Improve staff compliance with infection prevention and control.
- Review auditing of cleanliness of patient toilets and shower rooms to ensure these are kept clean and ready for use.

Summary of findings

- Ensure chlorine-based cleaning tablets are stored securely in line with regulations.
- Ensure infrequently used water outlets are flushed regularly in line with national guidance to reduce the risk of Legionella growth in stagnant water.
- Ensure equipment replacement is completed in line with business plans drawn up. Continue to maintain and service equipment to reduce equipment breakdown.
- Review and consider ways to improve timely reporting of images to meet key performance indicators and in accordance with available national guidance, to reduce the risk of delay to treatment.
- Actively pursue recruitment at all levels of the service. Ensure the ringfenced investment is used solely to uplift the staffing establishment across diagnostic imaging services.
- Recruit to vacant leadership roles to ensure clinical and governance leadership.
- Review arrangements for senior staff to have non-clinical time to carry out extended roles of their job role (including the supervisor of the imaging care assistants).

Action the trust SHOULD take to improve:

We told the trust it should take action to either comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in the future, or to improve services.

Overall trust (well-led)

- Introduce a policy for the management of the requirements in the Fit and Proper Persons regulation.
- Consider how a more balanced approach to patient stories can be achieved so there is a focus on both positive and less positive experiences and explore having patients tell their own stories.
- Review the 'normalisation' of heightened escalation and its impact on staff and services.
- Commission an external review of governance.
- Review the amount of information contained in board papers with a view to making the papers more manageable.
- Introduce dedicated resource to drive forward the equality and diversity agenda.

Medical care

- Provide staff with mental health and restraint training.
- Complete cleaning records on wards.
- Make hand sanitiser gel available at entrances to wards.
- Store substances hazardous to health in line with regulations.
- Store medical gases appropriately.
- Review arrangements for the safe administering of intravenous fluids for patients receiving haemodialysis.
- Improve data collection for sepsis pathway audits.
- Record psychiatric liaison in patients' medical notes so the outcome of psychiatric liaison assessments and next steps are clear.
- Increase stroke nurse staffing levels to meet national guidance.
- Improve appraisal rates for medical and nursing staff.

Summary of findings

- Remove out of date clinical guidelines from the intranet.
- Make all staff aware of how to use communication aids and comply with the accessible information standard.
- Improve referral to treatment times for gastroenterology and cardiology.
- Improve data collection and monitoring of patient moves per admission.
- Reduce the number of patient moves at night.
- Reduce the number of patients discharged out of hours.
- Improve the timeliness of root cause analysis investigations.
- Improve processes for reviewing and managing risks.

Surgery

- Continue improving compliance with the World Health Organization's surgical safety checklist in the specialities where the 95% compliance target was not being achieved.
- Review the premises for nurse-led pre-assessments on Erme ward to achieve patient dignity and confidentiality
- Support nursing staff to meet trust targets for updating key skills through the completion of mandatory training courses.
- Support staff to meet trust targets for yearly, constructive appraisals.
- Remind staff to carry out and document their daily and weekly safety checks of specialist equipment
- Store products deemed hazardous to health securely, so they are locked away and not accessible to patients.
- Continue efforts to improve theatre utilisation and reducing cancelled operations.
- Continue work to standardise minutes of mortality and morbidity reviews.
- Improve performance in audits in which the service takes part where the service is performing worse than comparable trusts and/or not meeting national standards (if any).
- Review existing practice specifying the psychiatric liaison team visit patients once their physical condition had been stabilised for assurance this supports the safe care and treatment of patients, as well as the safety and wellbeing of staff.
- Provide specific mental health training for staff in the surgical assessment unit.

Maternity

- Review the process for recording carbon monoxide testing in clinical records to improve care for women.
- Improve training and appraisals compliance in line with trust targets.
- Review the process to identify and respond to changing risk, deteriorating health and medical emergencies.
- Improve visibility on Argyll Ward.
- Display safety thermometer results on the wards.
- Consider undertaking baby abduction drills.
- Review access and exit arrangements and continue due diligence of unchecked access.

Diagnostic imaging

Summary of findings

- Enhance staff compliance with mandatory training, including safeguarding, to meet the trust's target.
- Improve documentation for daily checks of emergency equipment to demonstrate it is checked when the department is open.
- Complete cleaning records and label equipment so it is clear areas and equipment are clean and/or ready for use. Compliance should be improved with cleaning equipment including motorised scanner beds between patient use.
- Enhance awareness and compliance with infection control and prevention policy such as hand hygiene and staff being bare below the elbows.
- Review processes to ensure fridge temperatures are checked daily to ensure the correct storage of medicines that requires refrigeration.
- Review and update dose reference levels in line with national guidance to ensure as low as reasonably achievable to produce high quality images. Enhance awareness of IR(ME)R updates as required.
- Review and update local rules and sequence protocols in line with national guidance.
- Encourage staff to improve the monitoring of radiation they receive as part of their job to ensure this is monitored and acted upon if required.
- Review how learning from incidents and complaints are shared effectively with staff across all modalities.
- Support staff to complete competency-based training and receive clinical supervision.
- Continue to work with staff to improve utilisation of imaging facilities in line with improved staffing levels to support quality improvements.
- Be proactive in planning closed lists due to staff shortages to minimise the impact on patient experience and staff morale.
- Review arrangements for effective feedback and communication to all staff regarding improvement plans.
- Ensure patients' dignity, privacy and confidentiality is always respected and maintained.
- Develop and implement a vision and strategy for the service, working with staff to achieve this.

Is this organisation well-led?

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

Our rating of well-led at the trust stayed the same. We rated well-led as requires improvement because:

- Leaders were not always visible and approachable in the trust for patients and staff and did not all have the skills and abilities to challenge effectively.
- Leaders did not always operate effective governance processes throughout the trust and with partner organisations. Staff were not always clear about their roles and accountabilities and did not always have regular opportunities to meet, discuss and learn from the performance of the trust.

Summary of findings

- Leaders and teams did not always identify and escalate relevant risks and issues and identify actions to reduce their impact.
- The trust did not always have reliable data. Staff could not always find the data they needed easily, in easily accessible formats, to understand performance, make decisions and improvements.
- Staff did not always have a good understanding of quality improvement methods and/or have the skills to use them.

However:

- Leaders had the integrity to run the trust. They understood and managed the priorities and issues the trust faced. They supported staff to develop their skills and take on more senior roles.
- The trust had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood the trust's vision and strategic direction.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The trust provided opportunities for career development. The trust had an open culture where patients, their families and staff could raise concerns without fear. The trust was increasing its focus on promoting equality and diversity in daily work.
- Leaders and teams used systems to manage performance effectively. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The trust's information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Staff were committed to continually learning and improving services. Leaders were starting to encourage more innovation and participation in research.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Aug 2019	Requires improvement ↔ Aug 2019	Outstanding ↔ Aug 2019	Requires improvement ↔ Aug 2019	Requires improvement ↔ Aug 2019	Requires improvement ↔ Aug 2019

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

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Derriford Hospital	Requires improvement ↔ Aug 2019	Requires improvement ↔ Aug 2019	Outstanding ↔ Aug 2019	Requires improvement ↔ Aug 2019	Requires improvement ↓ Aug 2019	Requires improvement ↔ Aug 2019
Mount Gould Hospital	Good Nov 2016	Outstanding Nov 2016	Good Nov 2016	Requires improvement Nov 2016	Requires improvement Nov 2016	Requires improvement Nov 2016
Overall trust	Requires improvement ↔ Aug 2019	Requires improvement ↔ Aug 2019	Outstanding ↔ Aug 2019	Requires improvement ↔ Aug 2019	Requires improvement ↔ Aug 2019	Requires improvement ↔ Aug 2019

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

Ratings for Derriford Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Aug 2018	Requires improvement Aug 2018	Good Aug 2018	Requires improvement Aug 2018	Good Aug 2018	Requires improvement Aug 2018
Medical care (including older people's care)	Requires improvement ↔ Aug 2019	Requires improvement ↔ Aug 2019	Good ↔ Aug 2019	Requires improvement ↔ Aug 2019	Requires improvement ↓ Aug 2019	Requires improvement ↔ Aug 2019
Surgery	Requires improvement ↓ Aug 2019	Requires improvement ↓ Aug 2019	Good ↔ Aug 2019	Requires improvement ↔ Aug 2019	Requires improvement ↓ Aug 2019	Requires improvement ↓ Aug 2019
Critical care	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015
Maternity	Good ↑ Aug 2019	Good ↔ Aug 2019	Outstanding ↑ Aug 2019	Good ↔ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019
Services for children and young people	Good Nov 2016	Good Jun 2015	Outstanding Jun 2015	Good Jun 2015	Good Jun 2015	Good Nov 2016
End of life care	Good Jun 2015	Good Nov 2016	Outstanding Jun 2015	Good Jun 2015	Good Jun 2015	Good Nov 2016
Outpatients	Good Aug 2018	N/A	Good Aug 2018	Requires improvement Aug 2018	Good Aug 2018	Good Aug 2018
Diagnostic imaging	Requires improvement ↔ Aug 2019	N/A	Good ↔ Aug 2019	Requires improvement ↑ Aug 2019	Requires improvement ↑ Aug 2019	Requires improvement ↑ Aug 2019
Overall*	Requires improvement ↔ Aug 2019	Requires improvement ↔ Aug 2019	Outstanding ↔ Aug 2019	Requires improvement ↔ Aug 2019	Requires improvement ↓ Aug 2019	Requires improvement ↔ Aug 2019

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

Ratings for Mount Gould Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good Nov 2016	N/A	Good Nov 2016	Requires improvement Nov 2016	Requires improvement Nov 2016	Requires improvement Nov 2016
Overall*	Good Nov 2016	N/A	Good Nov 2016	Requires improvement Nov 2016	Requires improvement Nov 2016	Requires improvement Nov 2016

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

Derriford Hospital

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Key facts and figures

Derriford Hospital has just over 1,000 inpatient beds, of which 41 are for children and 167 are day-case beds. There are around 1,800 outpatient clinics and 336 community clinics held each week.

The trust operates a high dependency and intensive care unit for both general and neurological patients, and a cardiac critical care unit and cardiothoracic service.

It provides acute and community maternity services, runs 31 operating theatres, and has 36 inpatient wards. It has a fully equipped diagnostic imaging department operating seven days a week and an eye infirmary.

The trust employs over 6,000 whole-time-equivalent staff.

Summary of services at Derriford Hospital

Requires improvement ● → ←

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

A summary of our findings can be found in the 'Overall trust' section of the report.

Medical care (including older people's care)

Requires improvement   

Key facts and figures

Derriford Hospital provides a range of medical care services across 19 wards and nine outpatient or day-case units. The hospital provides medical care services for the local population of Plymouth and the surrounding areas of Devon and Cornwall. The hospital is a major trauma centre a specialist hospital responsible for the care of the most severely injured patients involved in major trauma. It provides 24/7 emergency access to consultant-delivered care for a wide range of specialist clinical services and expertise. The hospital is also a regional centre for stroke services in the South Western Peninsula.

The trust had 58,600 medical admissions from March 2018 to February 2019. Emergency admissions accounted for 26,253 (45.3%), 1,850 (3.2%) were elective, and the remaining 30,497 (52.0%) were day cases.

Admissions for the top three medical specialties were:

- general medicine – 22,389
- gastroenterology – 8,363
- clinical oncology – 7,955

(Source: Hospital Episode Statistics)

We inspected the following ward areas:

- Acute ambulatory care unit (AAU)
- Thrushel and Tavy medical assessment units (MAU)
- Tamar short stay ward and discharge lounge
- Endoscopy unit
- Torcross, Coronary Care Unit
- Marlborough, gastroenterology and hepatology ward
- Monkswell, Shipley and Hartor and Hembury Healthcare of the Elderly wards
- Meldon, general medicine ward
- Burrator general medicine ward Merrivale Acute Stroke and Neurology ward Mayflower, renal ward
- Honeyford, respiratory ward
- Bracken, stem cell transplant unit
- Birch, haematology day unit

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

During the inspection visit, the inspection team:

- spoke with eight patients who were using the service

Medical care (including older people's care)

- spoke with 93 staff including the managers or acting managers at most of the wards we visited. We also spoke with doctors, nurses, support staff and therapists.
- observed multidisciplinary meetings, staff interactions and care on the wards.
- reviewed 38 patient records relating to physical health.
- reviewed 6 patient records in relation to management of mental health needs.

We inspected the service as part of our routine inspection programme. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Summary of this service

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

- We rated safe, effective, responsive and well-led as requires improvement. Caring was rated as good.
- Regulations were not met in relation to consent, safe care and treatment, premises and equipment, governance and staffing.
- Systems and processes were not always reliable or appropriate to keep people safe. There was an increased risk that people are harmed due to poor communication of patient risks when patients moved between wards. Record keeping needed to improve and staff did not always receive feedback on incidents and incident investigations were not always completed in a timely way.
- Consent was not always recorded in line with relevant guidance and legislation. There was a lack of consistency in how people's mental capacity was assessed and not all decision-making was recorded in line with guidance and legislation.
- Governance and risk management processes did always support the delivery of high-quality person-centred care.

However:

- People are supported, treated with dignity and respect, and are involved as partners in their care.

Is the service safe?

Requires improvement ● → ←

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

- The service did not always have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Some medical care specialities had a shortage of medical staff to meet the needs of the service.
- The clarity and organisation of record keeping needed to improve. Records were not always stored securely on wards.
- Recording and quality of handovers when patients moved wards and recording of venous thromboembolism VTE assessments needed to improve.
- Staff did not always directly receive feedback from the incidents they reported, and timeliness of serious incident investigations needed to improve.

Medical care (including older people's care)

- Staff did not always carry out safety checks of specialist equipment and wards did not always meet the needs of patients when six beds were used in five-bed bays.
- Systems to make sure staff completed mandatory training needed to improve. Not all nursing and medical staff were up to date with mandatory training and not all staff were up to date with safeguarding training.
- Cleaning records were not always up-to-date and hand sanitiser gel was not always available at the entrance to wards.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk. Staff used equipment and control measures to protect patients, themselves and others from infection most of the time. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Staff recognised and reported incidents and near misses and managers investigated and shared learning.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Requires improvement ● → ←

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

- Consent was not always recorded in line with relevant guidance and legislation. There was a lack of consistency in how people's mental capacity was assessed and not all decision-making was informed or in line with guidance and legislation.
- Consultant review of patients at weekends needed to improve.
- Completion of appraisals needed to improve to appraise staff's work performance and provide support and development.

However:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to ensure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.

Medical care (including older people's care)

- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.

Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement ● → ←

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

- Capacity was outstripping demand for beds and management of medical patients in non-medical beds needed to improve.
- Referral to treatment times for gastroenterology and cardiology needed to improve.

However:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- For most specialties, people could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Medical care (including older people's care)

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Requires improvement ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- Leaders did not operate effective governance processes throughout the service. Governance processes needed to improve as it was not clear what action had been taken to improve services from medicine care group meeting minutes.
- Risk management processes were not effective. Risks were not always reviewed and mitigated effectively.
- Staff were not always positive about the visibility of the leadership team.
- Not all staff felt valued by the trust.

However:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and had recently developed a strategy to turn it into action, developed with staff. The strategy was aligned to local plans within the health economy.
- Staff felt respected and supported. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Staff were clear about their roles and accountabilities and met regularly to discuss performance.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. Working relationships with community providers had improved.
- Leaders had a good understanding of quality improvement methods and the skills to use them. The service was developing a formal approach to quality improvement.

Areas for improvement

We found areas for improvement in this service. See the 'Areas for improvement' section of this report.

Surgery

Requires improvement  

Key facts and figures

University Hospitals Plymouth NHS Trust provides emergency and planned (often referred to as 'elective') surgery across a range of specialities including general surgery, plastic, cardiac, vascular, urology, and trauma and orthopaedics. These surgical treatments are mainly provided at the trust's core site at Derriford Hospital, which has 290 inpatient beds, located over 10 surgical wards. The hospital's theatre complex currently comprises of 36 operating theatres as well as two interventional radiology rooms.

The trust had an agreement with a local private health company for planned orthopaedic operations to be carried at a location (referred to in this report as 'a local NHS treatment centre') operated by the private health company.

The trust is a designated cancer and major trauma centre.

The surgery core service is managed by the trust's surgery care group, which is one of the trust's four care groups (or clinical divisions). Within each care group are several specialities (called service lines by the trust). The specialities in the surgical care group include anaesthesia, urology and neurosurgery.

The surgery care group management team consists of a care group general manager, quality manager, clinical director and head of nursing. The management of the specialities beneath the surgery care group follow a similar structure with a service line manager, director, matron and governance lead.

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

The trust had 40,113 surgical admissions from March 2018 to February 2019. Of these, 13,572 (33.8%) were emergency admissions. Day case admissions accounted for 19,514 (48.6%) and the remaining 7,027 (17.5%) were admissions for planned procedures.

(Source: Hospital Episode Statistics)

During our inspection, we inspected Derriford Hospital. We did not visit any of the trust's community locations such as community hospitals.

At Derriford Hospital, we visited the following wards/areas (speciality/focus):

- Erme (pre-assessment unit)
- Hound (surgical assessment unit)
- Fal (day of surgery admission)
- Postbridge (day case recovery unit)
- Lynher (urology, maxillofacial, breast, ophthalmology, plastics, and ear, nose and throat)
- Crownhill (thoracic and upper gastrointestinal)
- Norfolk (orthopaedic)
- Stonehouse (colorectal, hepato-pancreato-biliary, upper gastrointestinal, general)
- Clearbrook (cardiothoracic and vascular)
- Moorgate (neurosurgery)

Surgery

- Sharp (orthopaedics)
- Main theatres
- Freedom unit
- Cardiothoracic theatres
- Interventional radiology

During our inspection, we spoke with over 70 members of staff, including members of the surgical care group management team, speciality managers, matrons, porters, medical and nursing staff, health care assistants, allied health professionals, pharmacy staff and administrators. We also spoke with six patients and three relatives, and we observed the treatment and care provided to patients. We attended safety briefings and bed meetings. We reviewed documentation, including 10 patient records, minutes of meetings, reports, and policies and procedures.

Summary of this service

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

- We rated safe, effective, responsive and well-led as requires improvement. We rated caring as good.
- The trust's target for updating key skills through completion of mandatory training was not met by all staff groups. Risk assessments for venous thromboembolism were not always carried out. The service did not always have enough nursing and support staff with the correct skill mix to keep patients safe from avoidable harm and to provide the right care and treatment. The staffing tool used to determine staffing levels was not appropriate for all patients. Records were not always stored securely. Not all specialities were achieving the trust's target for compliance with the World Health Organisation's surgical safety checklist.
- The service was performing worse than comparable trusts and/or failing to meet national standards against many of the measures in national clinical audits. The trust's appraisal target was not met by all staffing groups.
- Premises did not always meet the needs of patients. People could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were mostly above (worse than) national standards. The percentage of operations cancelled as well as the percentage of operations cancelled and not rebooked within 28 days was consistently above the England average.
- Governance processes were not always effective, and staff were not always clear about their roles and accountabilities. The service did not always collect reliable data and analyse it. Data or notifications were not always consistently submitted to external organisations as required. There was not always effective participation in and learning from internal and external reviews. Operational pressures adversely affected staff well-being and development. Morbidity and mortality review minutes were not standardised across the service, thereby limiting the ability to use these minutes to share learning across the care group.

However:

- Staff knew how to identify adults at risk of actual or potential abuse and how to report it. The service used systems to identify and prevent surgical site infections. Staff were clear about the processes they should follow to risk assess patients and respond to those who may deteriorate. The environment and equipment mostly kept people safe. The service managed patient safety incidents well and staff were clear on how to report incidents.

Surgery

- There was effective care within surgical services. The service provided care and treatment based on national guidance and evidence-based practice. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. Staff gave patients practical support and advice to lead healthier lives.
- Care was provided to patients which was compassionate. Staff supported patients to make informed decisions about their care and treatment.
- The service met the needs of individuals. Care was planned to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Staff felt respected, supported and valued. Leaders operated effective governance processes and managed risk, issues and performance well. Leaders and staff actively engaged with patients, staff, the public and local organisations to manage services. All staff were committed to continually learning and improving services.

Is the service safe?

Requires improvement ● ↓

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

- The service did not always have enough nursing and support staff with the right qualifications, skills, training and experience to keep patients from avoidable harm and to provide the right care and treatment.
- Staff training was not meeting the trust's 95% target. In particular, medical staff compliance was much lower than trust targets.
- Records were not always secured securely.
- Risk assessments for venous thromboembolism were not always carried out.
- Some specialities frequently failed to meet the trust's target for compliance with the World Health Organisation's surgical safety checklist.
- Daily and weekly safety checks of specialist equipment were not always documented to confirm they had been carried out.
- Products deemed hazardous to health were not always locked away.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Cleanliness, infection control and hygiene were observed to be well managed throughout the service.
- Staff completed and updated most risk assessments for each patient and removed or minimised risks.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service had an effective incident reporting culture and managed patient safety incidents well.

Surgery

Is the service effective?

Requires improvement ● ↓

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

- There was a deterioration in performance in many of the audits in which the service took part. The service was performing worse than comparable trusts and/or failing to meet national standards against many of the measures in these audits. The service did not have comprehensive action plans to improve its performance in all of these audits.
- The service was not meeting its target for completion of yearly appraisals for most staff groups.

However:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service sought to ensure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff showed a non-judgmental attitude when caring for or discussing patients with mental health needs.
- Staff understood the emotional and social impact of a person's care, treatment or condition had on their wellbeing and on those close to them. They provided emotional support to patients, families and carers to minimise their distress.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Surgery

- A high proportion of patients gave positive feedback about the service in the friends and family test.

Is the service responsive?

Requires improvement ● → ←

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

- People could not always access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were above (worse than) national standards.
- The percentage of cancelled elective operations at the service was consistently above (worse than) the national average.
- The percentage of patients whose operation was cancelled and were not treated within 28 days was consistently higher than (worse than) the national average.
- Premises for nurse-led pre-assessments on Erme ward did not assure patient dignity and confidentiality.

However:

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

Is the service well-led?

Requires improvement ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- Governance processes were not always operated effectively, and there were examples where staff were not complying with their roles and responsibilities to ensure the delivery of good quality care and performance.
- The service did not always collect reliable data and analyse it. Data or notifications were not always consistently submitted to external organisations as required. This was reflected in the low number of cases submitted within audit data.
- There was not always effective participation in and learning from internal and external reviews.
- Operational pressures adversely affected staff well-being and development.
- Minutes from mortality and morbidity reviews were still not standardised, which potentially affected their ability to be used to share learning.

However:

Surgery

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and teams used systems to manage performance. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Areas for improvement

We found areas for improvement in this service. See the 'Areas for improvement' section of this report.

Maternity

Good  

Key facts and figures

Maternity services are offered to women in Plymouth, South East Cornwall and South West Devon by University Hospitals Plymouth NHS Trust at Derriford Hospital, Plymouth.

The trust has 59 maternity beds at Derriford Hospital and maternity services are located across three floors of the hospital. The maternity services include antenatal clinics, ultrasound scanning and a day assessment unit, should additional tests or monitoring be required, intrapartum and postnatal provision. Midwifery led antenatal and postnatal care is provided by community teams.

During antenatal care a risk assessment of the care needs of women and their babies provides an indication of whether their care should be consultant or midwife led. For those who wish to have a home birth, care is provided by midwives based in the community.

Inpatient care is provided on Argyll Ward and the triage observational ward is on the central delivery suite which includes a birthing pool and a bereavement suite. Women with babies who require additional care are supported on the transitional care ward. The transitional care ward led directly to the neonatal unit; women whose babies were being cared for on the neonatal unit could stay on the transitional care ward to ensure easy access to their babies. Currently, the maternity service does not have an along-side or stand-alone midwifery led unit, however midwife led care is provided to women on the central delivery suite.

Doctors and midwives, supported by maternity care assistants and nursery nursing assistants, provide care for the women and their babies. Women have access to other specialist support services within the trust as required.

During our inspection we spoke with 77 staff, including a range of medical, midwifery, nursing, administrative and domestic staff. We also spoke with 12 women about their care and treatment and reviewed 16 sets of clinical records. We also reviewed information provided by the trust.

Summary of this service

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

- Safe, effective, responsive and well-led were rated good. Caring was rated outstanding.
- Safe care was being provided across the maternity service. Staff received appropriate training and were clear about the systems and processes they used to assess and respond to patient risk. Patient safety incidents were reported and investigated to ensure learning and change.
- Staff provided effective care within the maternity service. The service provided care and treatment based on national guidance and evidence-based practice. The effectiveness of care and treatment was monitored, and findings used to make improvements. Staff were competent for their roles. Staff supported women to make informed decisions about their care and treatment and provide consent.
- We identified good multidisciplinary team working. There was a presence of the multidisciplinary team within maternity services and a holistic approach to assessing, planning and delivering care.
- Outstanding elements of care were observed. Staff treated patients with compassion, dignity and respect, took account of their individual needs, and helped them understand their planned care.

Maternity

- The service was inclusive and took account of women's individual needs and preferences, and treated concerns and complaints seriously to investigate and share learning.
- The service was well led, and the leadership team understood and managed the priorities of the service, and there was a vision and strategy aligned to the pan-Devon vision and plans, and national priorities.
- Staff felt respected, supported and valued, and there was an evident multi-professional and collaborative culture within the division. There were effective governance processes and management of performance and risk, with further governance improvements planned. Staff were committed to learning and improving services.

However:

- There were a few areas where safety could be improved to be brought in line with best practice. Carbon monoxide levels were not routinely recorded within patient notes. This meant women might not be offered support to stop smoking.
- Training compliance for medical staff did not meet trust targets.
- Appraisal rates did not meet trust targets.
- Understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards was limited and variable. We were not assured that consent was appropriately managed and vulnerable patients were identified and or supported.
- Maintenance and layout of the environment did not always meet national guidance. There was not always enough ward view to ensure staff could see all patients.
- Safety thermometer results were not displayed within the service for staff and visitors to observe, although the service measured performance through the safety thermometer.

Is the service safe?

Good ● ↑

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

- Staff understood how to protect women and babies from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect women, themselves and others from infection. They kept equipment and the premises visibly clean. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each woman and removed or minimised risks.
- Managers regularly reviewed staffing to keep women safe from avoidable harm and to provide the right care and treatment.
- Managers regularly reviewed and adjusted staffing levels and skill mix and gave agency staff a full induction.
- Staff kept detailed records of women's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Risk assessments were completed for self-medicating women.

Maternity

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

However:

- Carbon monoxide levels were not routinely recorded within patient notes. This meant the service could not evidence they were measuring carbon monoxide levels.
- Processes to identify and respond to changing risk, deteriorating health and medical emergencies were not always used.
- Results were not displayed within the service for staff and visitors to observe, although the service measured performance through the safety thermometer.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983.
- Staff gave women enough food and drink to meet their needs and improve their health. The service made adjustments for women's religious, cultural and other needs.
- Staff assessed and monitored women regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for women.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held informal supervision and pastoral care meetings with them to provide support and development.
- Good multidisciplinary working was observed. Doctors, midwives and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support women. Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests, 24 hours a day, seven days a week.
- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent.
- There was support available to women to breastfeed their babies, both in hospital and following discharge.

However:

- Understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards was limited and variable. We were not assured that consent was appropriately managed and vulnerable patients were identified and or supported.

Maternity

Is the service caring?

Outstanding  

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

- All staff, without exception, treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Women were truly respected and valued as individuals and were partners in their care, practically and emotionally.
- All staff told us they were committed to supporting women during pregnancy, labour and postnatally to ensure women, and their families, had a positive experience.
- Feedback from women, their partners and family, at the time of our inspection was without exception excellent.
- Staff understood and respected the individual needs of each woman and showed understanding and a non-judgemental attitude when caring for or discussing women with mental health needs.
- Staff understood and respected the personal, cultural, social and religious needs of women and how they may relate to care needs.
- Staff provided emotional support to women. They understood women's personal, cultural and religious needs.
- Staff gave women and those close to them help, emotional support and advice when they needed it.
- Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.
- Staff supported and involved women, families and carers to understand their condition and make decisions about their care and treatment.
- Staff made sure women and those close to them understood their care and treatment.

Is the service responsive?

Good   

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- They service worked with partners across the Devon health system to plan and deliver maternity care for the local population.
- Premises and facilities mostly were appropriate for the services that were delivered.
- The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Maternity

- The service provided emergency mental health support 24 hours a day, 7 days a week for women with mental health problems.

Is the service well-led?

Good  

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for women and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of women receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where people, their families and staff could raise concerns without fear. There was an evident multi-professional and collaborative culture within the division.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with women, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Outstanding practice

We found examples of outstanding practice in this service. See the 'Outstanding practice' section of this report.

Areas for improvement

We found areas for improvement in this service. See the 'Areas for improvement' section of this report.

Diagnostic imaging

Requires improvement  

Key facts and figures

The University Hospitals Plymouth NHS Trust provides diagnostic imaging services to a wide range of patients across Devon and Cornwall. Services provided include services at Derriford Hospital, the Radiology Academy, South Hams Hospital, Tavistock, Launceston, Liskeard, The Cumberland Centre and Mount Gould Local Care Centre. During this inspection we inspected Derriford Hospital, we did not inspect any of the community-based services.

Diagnostic services we visited during our inspection at Derriford Hospital included:

- Computerised tomography (CT): a technique using cross-sectional images using x-ray. There are six CT scanners, two that run primarily for inpatients, three for outpatients, and one for biopsies/drainages.
- Magnetic resonance imaging (MRI): a medical imaging technique to form pictures of the anatomy and physiological processes of the body. There are two static MRI scanners, a dedicated extremity scanner and a mobile scanner based in the grounds of the Trust. The department offers a 24/7 service with an on-call out of hours service for emergency and life-threatening conditions.
- Ultrasound: sound or vibration using an ultrasonic frequency used in medical imaging. Ultrasound has nine ultrasound rooms as well as portable machines used in outpatients, wards and theatres.
- Plain film x-ray has three x-ray rooms in X-ray West and four rooms in X-ray East mostly used for inpatients. There are an additional four x-ray rooms used for the emergency department. The service also has mobile units and portable image intensifiers used on inpatient wards, theatres and in some departments.
- Nuclear medicine is the largest such department in the South West, with tertiary referrals from across the Peninsula. It has four gamma cameras and a Medicines and Healthcare Products Regulatory Agency (MHRA) - licensed radio pharmacy and dedicated medical and physics support. The full range of diagnostic procedures (imaging and non-imaging) is offered, together with thyroid clinics. There is shared access to a single treatment room on Brent ward for an increasing range of radioisotope treatments.
- Fluoroscopy: medical imaging showing a continuous x-ray image on a monitor. There are two rooms dedicated to fluoroscopy imaging with access to shower and toilet facilities close by.

We also visited the interventional radiology department as staff working in this area are managed by the imaging services. However, our observations of care and treatment processes will be reported in the surgical services report in accordance with our inspection framework.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We spoke with 81 staff of varied seniority and across all services. We also spoke with 14 patients and two relatives and observed care and treatment given to patients attending the imaging services. We looked at eight electronic imaging patient records and other documentation such as minutes of meetings, audit results and investigations in incidents and complaints.

Activity:

In the last 12 months prior to our inspection (from August 2018 to July 2019), there were 363,275 diagnostic imaging procedures carried out across all services within the trust of which 6% were for paediatric patients. The three modalities (methods of imaging) who performed the most diagnostic procedures were:

- Radiology: 177,545 plain film x-rays

Diagnostic imaging

- CT: 48,461 CT scans
- MRI: 25,109 MRI scans

The service was last inspected in August 2018, where we rated the service as inadequate overall and served a Warning Notice to the trust of urgent actions they needed to take. We carried out a further focused inspection in December 2018 and found the trust had not fully addressed or sufficiently acted on some of our concerns within the Warning Notice. Following the December 2018 inspection, we served a further Warning Notice with urgent concerns we identified. This included:

- Performance not meeting the seven-day internal target for the imaging of patients suspected of having cancer in CT, MRI or ultrasound.
- The culture in the department, which risked impacting on patient care and safety.
- Staff feeling unable to speak up to departmental managers and/or freedom to speak up guardians to escalate their concerns.

During this inspection, we found enough improvements had been made to meet the requirements set out in the Warning Notice, although there was still more work to do.

In addition, we also served six requirement notices for the trust to implement:

- Make significant improvements to meeting the needs of patients in the diagnostic imaging departments in terms of timeliness of their appointments.
- Ensure the leaders within the diagnostic imaging departments have the capacity to lead and provide assurance of the quality, safety, and responsiveness within the service.
- Support and improve the culture and wellbeing for the diagnostic imaging staff.
- Replace imaging equipment which is beyond its 'end of life' and continue to develop and act upon in a timely way, the imaging capital replacement programme, to increase business continuity and minimise risks of harm to patients.
- Make sure all patients of child-bearing age have the appropriate pregnancy checks recorded.
- Progress the e-referral system implementation to reduce risks to patient safety, particularly around unnecessary exposure, and incorrect referrals.

Summary of this service

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

- Safe, responsive and well-led were rated as requires improvement. Caring was rated good. Effective was not rated.
- Compliance with mandatory training did not meet trust targets. Staff did not always follow trust policies and national guidance for the prevention and control of infections. There was still ageing equipment past their end of life which broke down and meant there were delays or cancellations of diagnostic imaging procedures. There were not enough staff to meet the demands of the service.

Diagnostic imaging

- The needs of local people were not always met. Some patients had to wait longer than intended to receive diagnostic imaging procedures. The service did not meet its internal two-week cancer target performance, but there was improvement across all modalities. The service did not meet the six-week national standard for diagnostic tests, although there was some improvement. There were not enough consultants to report on images to meet demand.
- There were unfilled vacancies in middle management positions and there was no clinical lead at the time of our inspection. There was a lack of experienced leaders in some modalities to lead teams efficiently. Leaders were not given non-clinical time to support junior staff and service improvement initiatives. There was no overall vision and strategy for the development of diagnostic services although, there was a clear equipment and workforce strategy to help improve the service. Senior leaders did not feel the service was valued and supported by the trust. Some staff felt they were not valued for the roles they carried out. However, the culture within the service was improving and staff worked well together as teams.

However:

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service made sure staff were competent for their roles and managers appraised staff's work performance. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff treated patients with compassion and kindness and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress.

Is the service safe?

Requires improvement ● → ←

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

- There was a range of ageing imaging equipment which was passed its end of life and as such prone to breakdown. This was also identified during our last inspection in August 2018. This sometimes led to delays and/or cancellations of imaging procedures.
- The service did not have enough staff to meet the demand of the service. This sometimes meant cancellation of appointments.
- Staff did not always follow trust policies and national guidance for the prevention and control of infection risks.
- Not all staff were compliant with processes to monitor exposure of radiation.
- Staff did not always check emergency equipment daily in line with trust policy.
- Inpatients waiting for imaging procedures were not monitored or given call bells to call for assistance if required.
- Training compliance with mandatory training did not meet trust targets for all staff and across all modules.
- Staff did not always check and record temperatures for medicines fridges every day.
- Learning from incidents was not always shared with all staff effectively.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it and were mostly up to date with regular updates.

Diagnostic imaging

- The design, maintenance and use of facilities and premises kept people safe and staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and minimised radiation risks. Staff were aware of processes to follow if patients deteriorated.
- Staff had the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed electronic records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to clinical staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Premises were visibly clean.

Is the service effective?

We do not rate the effective domain.

- Trust policies, local rules and scan sequencing protocols were not always reviewed when they were supposed to be.
- The service had not maintained accreditation under a relevant national clinical accreditation scheme.
- Staff were not always able to complete their competency training and chaperone training was not offered to imaging care assistants.
- Staff shortages impacted on the service's capacity to deliver full seven-day services.

However:

- Staff ensured patients were comfortable when they were attending for scans.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely inpatient care. The trust was compliant with the national priority standard five (NHS England 2017). Scans were available 24/7 for patients with critical and urgent needs.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.

Is the service caring?

Good   

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

Diagnostic imaging

- Staff treated patients with compassion and kindness and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

However:

- Staff did not always keep patient information confidential.

Is the service responsive?

Requires improvement ● ↑

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

- People could not always access the service when they needed it to receive the right care promptly.
- The needs of local people were not always met. Some patients had to wait longer than intended to receive diagnostic imaging procedures.
- Inpatients did not always receive diagnostic imaging in a timely manner. Inpatient facilities were sometimes closed due to staff shortages.
- The service did not meet its internal two-week cancer target performance, but there was improvement across all modalities. However, data demonstrated almost all patients received their scan within two weeks of referral.
- The service did not meet the six-week national standard for diagnostic tests, although there was some improvement.
- There were not enough consultants to report on images to meet demand. Compliance with reporting target varied and did not meet reporting criteria for inpatient and emergency x-ray and for one-hour time critical reporting.
- Patients were not always offered dignity shorts to protect their privacy and dignity, when they attended for imaging procedures that required them to remove their undergarments.
- Lessons learned from complaints were not shared effectively with all staff.

However:

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Managers and staff were proactive to understand why targets were not met and acted to improve services.
- It was easy for people to give feedback and raise concerns about care received.

Is the service well-led?

Requires improvement ● ↑

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

Diagnostic imaging

- There was no clinical lead at the time of our inspection. This position had been vacant since June 2019. There was no senior clinician to support leadership for radiologists and act as clinical governance lead.
- There were unfilled vacancies in middle management positions. In MRI there was no senior leader who had overall oversight, responsibility and accountability for the service. There was a lack of experienced leaders in some modalities to lead teams efficiently. Leaders were not given non-clinical time to support junior staff and service improvement initiatives.
- The supervisor for imaging care assistants was not given enough support and time to manage and supervise an increasing number of staff.
- There was no overall vision and strategy for the development of diagnostic services.
- Some senior leaders did not feel the service was valued and supported by the trust. Some staff felt they were not valued for the roles they carried out.
- Many staff did not feel they were kept informed about plans of how to develop the service. Staff told us they were “promised a lot but no actions happened”.
- Learning from incidents, complaints and patient feedback was not consistently included in the modality meeting minutes we reviewed.

However:

- Staff at all levels spoke of a slowly improving culture within the service and all staff felt able to speak up about concerns they may have.
- The senior leadership structure of diagnostic imaging services had been reviewed and changed since our last inspection in August 2018.
- Staff spoke of good teamwork and teams that worked hard but worked well together. All senior clinical leaders stated they had “fantastic teams”. Staff were hard working and committed to patient care and their jobs.
- The service had a governance structure to clearly demonstrate the communication pathway from modalities to board and vice versa.
- The CT department had a ‘service improvement project wall’, which demonstrated project progress from ward to board, as displayed on the service line project wall, the Care Group project wall and finally the Executive project wall. The project concentrated on improving utilisation of one inpatient scanner to 85% and improve how quickly inpatients would receive a CT scan.
- Staff had access to and reduced rates to a health and well-being centre onsite.
- There was a clear equipment and workforce strategy to help improve the service.

Areas for improvement

We found areas for improvement in this service. See the ‘Areas for improvement’ section of this report.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Regulation

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Diagnostic and screening procedures

Family planning services

Management of supply of blood and blood derived products

Maternity and midwifery services

Surgical procedures

Termination of pregnancies

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulated activity

Regulation

Diagnostic and screening procedures

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulated activity

Regulation

Maternity and midwifery services

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Treatment of disease, disorder or injury

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

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

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

Regulated activity

Regulation

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

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

Regulation

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

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Our inspection team

This inspection was led by Daniel Thorogood, Inspection Manager.

The team included three inspection managers, 13 inspectors, one inspection planner, two executive reviewers, and 10 specialist advisers.

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