

# University Hospitals Coventry and Warwickshire 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

Are resources used productively?

Requires improvement 

# Summary of findings

## Combined quality and resource rating

Good 

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

University Hospitals Coventry and Warwickshire NHS Trust provides acute and tertiary hospital services for over one million people. The trust has two main hospital sites: University Hospital Coventry and Hospital of St Cross, located in Rugby. University Hospital Coventry has 1,064 beds and 26 operating theatres. Hospital of St Cross has 110 beds and five operating theatres. The trust employs over 9,000 staff. The trust is a major trauma centre and specialist cancer centre. It provides fertility treatment, including invitro fertilisation (IVF), and carries out kidney transplants.

The trust's neurosciences unit is the sub-regional centre for treatment of epilepsy, multiple sclerosis, Parkinson's disease, head injuries, spinal disease, vascular disorders and tumours of the nervous system. In addition, the trust provides acute inpatient care and treatment for specialties including cardiology, cardiothoracic surgery, care of the elderly, dermatology, diabetes, ear nose and throat, gastroenterology, gynaecology, haematology, neonatal intensive care, nephrology, neurology, oncology, ophthalmology, plastic surgery, renal medicine, respiratory medicine, rheumatology, stroke, and urology.

(Source: Routine Provider Information Request (RPIR) – Context acute tab; trust website)

The trust is registered to provide the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures.
- Management of supply of blood and blood derived products.
- Family planning.
- Maternity and Midwifery services.
- Surgical Procedures.
- Termination of pregnancies.
- Treatment of Disorder, Disease or Injury.

Activity:

- The trust has 1,107 acute beds, 70 critical care beds and 64 maternity beds.
- From March 2018 to February 2019, there were 151,028 inpatient admissions (+5% compared to previous year).
- There were 918,932 outpatient attendances (+6%).
- There were 236,62 accident and emergency department attendances (+24%).
- The trust employs 7,320 WTE staff.

Financial Position:

# Summary of findings

- The latest projected surplus for the trust was £27,704. The income earned was £630,651m, which was 4% higher than the previous financial year.
- The trust is not in special financial measures. The NHS Improvement Oversight Framework provided targeted support when required.

## Local Health population:

In terms of service used, Warwickshire sees a higher proportion of individuals aged 65 and over. Coventry had a population of 366,785. The majority of the population were white British. Coventry also had a notably higher percentage of black and minor ethnic population (BME) compared to the national average.

## What people who use the trust's services say:

The last CQC Inpatient survey was published on 20 June 2019. This survey looked at the experiences of 76,668 people who were discharged from an NHS acute hospital in July 2018. Between August 2018 and January 2019, a questionnaire was sent to 1,250 recent inpatients at each trust. Responses were received from 496 patients (40%) at University Hospitals Coventry and Warwickshire NHS Trust. The trust performed "about the same" in all eleven themes as most other trusts that took part in the survey.

## Friends and Family Test:

The Patient Friends and Family Test asks patients whether they would recommend the services they have used based on their experiences of care and treatment. The trust scored between 81% and 97% from April and June 2019.

## Overall summary

**Our rating of this trust improved since our last inspection. We rated it as Good**  

## What this trust does

University Hospitals Coventry and Warwickshire NHS Trust provides acute and tertiary hospital services for over one million people. The trust has two main hospital sites: University Hospital Coventry (UHC) and Hospital of St Cross (HStC), located in Rugby. University Hospital Coventry has 1,064 beds and 26 operating theatres. Hospital of St Cross has 110 beds and five operating theatres. The trust employs over 9,000 staff. The trust is a major trauma centre and specialist cancer centre. It provides fertility treatment, including invitro fertilisation (IVF), and carries out kidney transplants. The trust's neurosciences unit is the sub-regional centre for treatment of epilepsy, multiple sclerosis, Parkinson's disease, head injuries, spinal disease, vascular disorders and tumours of the nervous system. In addition, the trust provides acute inpatient care and treatment for specialties including cardiology, cardiothoracic surgery, care of the elderly, dermatology, diabetes, ear nose and throat, gastroenterology, gynaecology, haematology, neonatal intensive care, nephrology, neurology, oncology, ophthalmology, plastic surgery, renal medicine, respiratory medicine, rheumatology, stroke, and urology.

*(Source: Routine Provider Information Request (RPIR) – Context acute tab; trust website)*

## 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?

# Summary of findings

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.

Core Service Inspection 2019:

We inspected three acute core services at University Hospital Coventry: urgent and emergency care, maternity and medical care from 08 to 10 October 2019 and an unannounced inspection for urgent and emergency care on 04 November 2019.

We inspected the additional service neurosurgery from 8 to 10 October 2019 together with an unannounced inspection on 04 November 2019.

We inspected one service at Hospital St Cross, Rugby: outpatients from 08 to 10 October 2019.

Well-led review: 05 and 06 November 2019:

To assess if the organisation was well-led, we interviewed the members of the board, the executive team and held a focus group with non-executive directors and a range of staff across the hospital. This included clinical and non-clinical staff and speciality directors. We met and talked with a wide range of staff to ask their views on the leadership and governance of the trust. We attended a trust board meeting. We looked at a range of performance and quality reports, audits and action plans, board meeting minutes and papers to the board, investigations and feedback from patients, local people and stakeholders. The well-led review team comprised of a head of hospital inspection, inspection manager, inspector, pharmacy specialist, an executive reviewer from another NHS trust and two special clinical advisors with significant experience of governance and NHS trust boards.

## What we found

### Overall trust

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

- The safe, effective, caring and well led key questions were all rated as good.
- The responsive key question stayed the same as requires improvement.
- Both hospitals were rated as good overall.
- Improvements were seen in the urgent and emergency care, critical care, maternity and outpatient core services inspected.

### Are services safe?

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

- Both hospitals were rated as good for safety.
- All core services inspected were rated as good for safety.
- The additional service of neurosurgery was rated as requires improvement for safety.

# Summary of findings

## Are services effective?

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

- Both hospitals were rated as good for effectiveness.
- All core services inspected were rated as good for effectiveness.
- The additional service of neurosurgery was rated as requires improvement for effectiveness.
- We did not rate outpatients for effectiveness.

## Are services caring?

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

- Both hospitals were rated as good for caring.
- All core services inspected were rated as good for caring.

## Are services responsive?

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

- All core services inspected at this inspection were rated as good for responsiveness.
- The additional service of neurosurgery was rated as requires improvement for responsiveness.
- Combining core service ratings from this inspection, with previous inspection ratings, University Hospital Coventry was requires improvement.
- Hospital St Cross was rated as good for responsive overall.

## Are services well-led?

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

- Both hospitals were rated as good for being well led.
- All core services inspected were rated as good for being well led.
- The additional service of neurosurgery was rated as requires improvement for being well led.

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

## Use of resources

- The NHS Trust's overall Cost Per Weighted Activity Unit (WAU) of £2,086 places it below the national median and in the second-best cost quartile nationally, with nursing and AHP staffing costs significantly contributing to this position
- Readmission rates are below national and peer medians, as are rates of missed appointments (DNAs)
- Agency spend, though higher than the national average, has been reduced and is maintained below the ceilings set by NHS improvement.
- The NHS trust is progressing the use of technology to achieve more effective deployment of its workforce and alternative workforce models are being used to ensure continuity of service delivery in hard to recruit to areas.
- Areas of high performance were noted within the clinical support services area, particularly in pathology and pharmacy

# Summary of findings

However,

- For most of the constitutional operational performance standards the NHS trust is below the national benchmark, with the exception of the 6 week diagnostic standard.
- Despite the levels of productivity demonstrated in the overall cost per unit of activity (WAU) there is a significant underlying deficit and an inconsistent track record of delivery against financial plans.
- Linked to the above has been an inconsistent track record in delivering the trust's Cost Improvement Programme (CIP), with shortfalls noted last year and in this current year, therefore putting the overall financial plan in 2019/20 at risk in terms of achievement.
- Sickness rates remain above national medians.

## Combined quality and resources

Our rating of combined quality and resources improved. We rated it as good because:

- The safe, effective, caring and well led key questions were all rated as good.
- The responsive key question stayed the same as requires improvement.
- Both hospitals were rated as good overall.
- Improvements were seen in the urgent and emergency care, critical care, maternity and outpatient core services inspected.

## 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. We inspected and rated the additional service of neurosurgery but we do not include these ratings in the overall aggregated ratings at hospital level.

## Outstanding practice

We found examples of outstanding practice in some areas, see below for more information.

## Areas for improvement

We found areas for improvement including three breaches of legal requirements that the trust must put right. We found 26 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

## Action we have taken

We issued three requirement notices to the trust. Our action related to breaches of three legal requirements in neurosurgery.

## What happens next

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

# Summary of findings

## Outstanding practice

We found examples of outstanding practice in:

Urgent and emergency care at UHC:

There was a top tray re-assessment tool in place. The purple form had details of the patient's presenting complaint, details for the re assessment, any investigation results, any concerns and ongoing issues and plans for next review/escalation. The form was placed in the urgent to be seen tray. The next available doctor would then reassess the patient.

Critical care at UHC:

We found the management and support of staff training and development to be exceptional. There was evidence of leaders supporting quality improvement initiatives and protecting staff time to enable them to develop personal projects. The culture within the department was supportive to improving care to patients and staff of all grades were included in sharing and developing ideas. Introduction of staff to offer peer support within the department, following a death or serious incident involving a patient. This is in addition to the support that the trust provides in these circumstances. The collaborative approach to improvement, from both critical care wards, to form one critical care unit, was evident. Weekly reviewing of incidents, risks and complaints, by the matron and sharing of information with staff. Introduction of a daily pressure injury manager because of previous incidents. This includes reviewing and changing the type of padding used on some medical devices to reduce risks. Introduction of a tree of pride on the wall as a place for staff, patients and families, to display comments. This includes separate noticeboards that staff can display issues described as stones in shoes.

Maternity at UHC:

The service had opened a Tommy's National Centre for Miscarriage Research in April 2016. This was the first world-class research centre to be opened dedicated to researching the causes of early miscarriage. The service worked in collaboration with the Tommy's National Early Miscarriage Centre which was a partnership of three universities. Each site ran specialist clinics enabling 24,000 women per year to access treatment and support and participate in Tommy's research studies. Staff working for this service were extremely proud of the research they undertook. The centre had a biomedical research unit with dedicated research midwives who recruited patients to National Institute for Health Research (NIHR) studies.

The OASIS (Obstetric anal sphincter injury clinic) was for women who suffer 3rd or 4th degree tears and was the only such clinic in the region with a multi-professional one-stop clinic where patient sees a consultant for an endoanal scan, a specialist midwife and a physiotherapist during the same appointment avoiding the need for three separate visits.

The INSPIRE clinic was for women who have suffered female genital mutilation (FGM). INSPIRE is a consultant-led service supported by specialist midwives who assessed and support patients in deciding on their preferred mode of delivery and making suitable adjustments, for example preparing de-infibulation.

Trust wide:

The trust had developed a new, nationally significant RTT waiting time forecasting tool, based on seasonal fluctuations in referrals. This was being implemented at the time of the inspection.

The trust had a very proactive patient safety response team that supported the immediate review of all significant incidents.

# Summary of findings

The trust had introduced an electronic medicines' management system to monitor the temperature of medicine cabinets instead of room temperature. This system was a highly accurate, novel and innovative system for managing medicines across the organisation with many benefits including reducing medicine wastage through sub-optimal storage. There were robust continuous monitoring, reporting and governance processes with this electronic system.

## Areas for improvement

### Actions the trust must take to improve:

In neurosurgery at UHC:

- The service must ensure all patients who may lack capacity to consent to routine care and/ or treatment are appropriately assessed in all instances, and that this assessment is recorded within patient records. This was a breach of Regulation 11: Need to consent.
- The service must ensure that consultants work in line with best practice and national guidelines. This was a breach of Regulation 17: Good Governance.
- The service must operate effective governance procedures; particularly throughout theatres, to ensure quality, risk management and performance is accurately recorded and reviewed. This was a breach of Regulation 17: Good Governance.
- The service must address nurse staffing to ensure all patients are kept safe. This was a breach of Regulation 18: Staffing.

### Actions the trust should take to improve:

Urgent and emergency care at UHC:

- The provider should ensure processes are in place to identify unauthorised people in the resuscitation area.
- The provider should ensure patients presenting at reception are provided with the opportunity to speak to someone in private and that they are informed of this.
- The provider should ensure the confidentiality of patients in the corridor and the resuscitation room.
- The provider should continue towards improving response rates to complaints.
- The provider should routinely inform patients they are on a locked ward (observation ward).
- The provider must ensure all hazardous substances are stored safely and securely.
- The provider must ensure compliance rates are met around children having repeat observations when analgesia is given for pyrexia and pain.
- The provider must ensure all records are completed and stored appropriately.

Medical care at UHC:

- Review the environment within the neurology day case unit.
- Review the replacement programme for equipment in endoscopy unit.
- Review the clinical guidelines in accordance with trust policy.
- Review the provision of non-invasive ventilator (NIV) trained staff within the respiratory wards and in the assessment medical unit (AMU).



# Summary of findings

- Monitor the use of the cardiology day unit (CDU) beds being used for medical outliers.
- Monitor the timescales for cleaning of rooms during the afternoon, evening and night.

## Critical care at UHC:

- Review the trust policy for writing separate prescriptions that can be given by different routes.
- Monitor that all critical care policies are reviewed in line with trust policy.
- Embed systems and processes for collection of mortality data for cardiothoracic critical care, with comparisons to similar units. Review process for managing and monitoring training for doctors that work in critical care, both general and cardiothoracic units.

## Maternity at UHC:

- Improve staff compliance with mandatory training.

## In neurosurgery at UHC:

- The service should ensure that patient documentation meets national standards.
- The service should ensure that infection prevention and control practices, including hand hygiene comply with national standards.
- The service must review immediate access to a dedicated emergency theatre to ensure patients have not come to harm because their urgent health needs are not met in a timely manner as per the previous inspection
- The service should review the pre-operative assessment room to ensure patient dignity and confidentiality is maintained as per the previous inspection.
- The service should ensure patient dignity is not comprised on the ward.
- The service should ensure observation of patients' vital signs are undertaken within the required timeframes to ensure early identification of deteriorating patients.

## In outpatients at HStC:

- Continue to improve referral to treatment waiting times to improve access across all specialties.
- Continue to improve cancer waiting times to improve access across all specialties.

## 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 for well led stayed the same as good overall. We found that:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the

# Summary of findings

wider health economy to meet the needs of the local community. Leaders and staff understood and knew how to apply them and monitor progress. A five-year business plan was in place with objectives to deliver this which were revised each year. Trust's strategic objectives and direction were clear and supported by well monitored enabling plans.

- Staff mostly felt respected, supported and valued and focused on the needs of patients receiving care. The trust promoted equality and diversity in daily work and provided opportunities for career development. The trust had a very open and transparent culture where patients, their families and staff could raise concerns without fear. All staff were fully committed and passionate about achieving the best possible outcomes for the patients in their care.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The trust collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. Staff were being supported to have a good understanding of quality improvement methods and developing the skills to use them. Leaders encouraged innovation and participation in research.

However,

- we could not be assured that there were appropriate governance arrangements in place in relation to Mental Health Act administration and compliance.

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Requires improvement →← Feb 2020	Good →← Feb 2020	Good ↑ Feb 2020

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
University Hospital Coventry	Good ↑ Feb 2020	Good ↑ Feb 2020	Good →← Feb 2020	Requires improvement →← Feb 2020	Good →← Feb 2020	Good ↑ Feb 2020
Hospital of St Cross	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good ↑ Feb 2020	Good →← Feb 2020
<b>Overall trust</b>	Good ↑ Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Requires improvement →← Feb 2020	Good →← Feb 2020	Good ↑ Feb 2020

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 University Hospital Coventry

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↑ Feb 2020	Good ↔ Feb 2020	Good ↑ Feb 2020
Medical care (including older people's care)	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020
Surgery	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018
Critical care	Good ↔ Feb 2020	Good ↑ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020
Maternity	Good ↑ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020
Services for children and young people	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018
End of life care	Good ↔ Aug 2018	Good ↔ Aug 2018	Outstanding ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018
Outpatients	Good ↔ Aug 2018	Not rated	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Jul 2018
Diagnostic imaging	Good ↔ Aug 2018	Not rated	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018
Neurosurgery	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020	Good ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020	Requires improvement ↔ Feb 2020
<b>Overall*</b>	Good ↑ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020	Requires improvement ↔ Feb 2020	Good ↔ Feb 2020	Good ↔ Feb 2020

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

## Ratings for Hospital St Cross

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ➡️ Aug 2018	Good ➡️ Aug 2018	Good ➡️ Aug 2018	Good ➡️ Aug 2018	Requires improvement ➡️ Aug 2018	Good ➡️ Aug 2018
Medical care (including older people's care)	Good ➡️ Aug 2018	Good ➡️ Aug 2018	Good ➡️ Aug 2018	Good ➡️ Aug 2018	Good ➡️ Aug 2018	Good ➡️ Aug 2018
Surgery	Good ➡️ Aug 2018	Good ➡️ Aug 2018	Good ➡️ Aug 2018	Requires improvement ➡️ Aug 2018	Good ➡️ Aug 2018	Good ➡️ Aug 2018
Outpatients	Good ➡️ Feb 2020	Not rated	Good ➡️ Feb 2020	Good ➡️ Feb 2020	Good ⬆️ Feb 2020	Good ➡️ Feb 2020
<b>Overall*</b>	Good ➡️ Feb 2020	Good ➡️ Feb 2020	Good ➡️ Feb 2020	Good ➡️ Feb 2020	Good ⬆️ Feb 2020	Good ➡️ Feb 2020

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

# Hospital of St Cross

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## Key facts and figures

University Hospitals Coventry and Warwickshire NHS Trust has approximately 1,175 inpatient beds and 116 day case beds located across two acute locations: University Hospital which is located in Coventry and Hospital of St Cross which is located in Rugby. These two hospitals serve a combined population of over one million people. The trust is a major trauma centre and the specialist cancer centre for the region. In addition, it specialises in cardiology, neurosurgery, stroke, joint replacements, invitro fertilisation (IVF) and maternal health, diabetes and kidney transplants. The number of staff employed by the trust as of January 2018 was 8,136. The trust's services are commissioned by Coventry and Rugby Clinical Commissioning Group.

Services provided at this hospital include:

- Diagnostics.
- Medical care.
- Outpatients.
- Surgery.
- Urgent care centre.

## Summary of services at Hospital of St Cross

**Good**   

Hospital of St Cross outpatients service provides a mixture of elective and rapid-access clinics. The latter can be accessed via urgent care pathways. Outpatient specialties provided by the trust include cardiology, dermatology, ear nose & throat (ENT), gastroenterology, neurology, ophthalmology, oral surgery, plastic surgery, rheumatology and urology.

The trust provides a number of multidisciplinary 'one stop' clinics, where patients see a clinician along with other members of the multidisciplinary team (for example, allied health professionals).

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

During our inspection we:

# Summary of findings

- visited the main outpatient departments.
- spoke with two relatives and six patients.
- spoke with 12 members of staff including, nurses and specialist nurses, domestic staff, health care assistants and consultants.
- looked at seven sets of patient records in detail.
- observed interactions between patients, relatives and staff.

# Outpatients

Good 

## Key facts and figures

The trust's outpatients' service provides a mixture of elective and rapid-access clinics. The latter can be accessed via urgent care pathways. Outpatient specialties provided by the trust include cardiology, ear nose & throat (ENT), gastroenterology, neurology, ophthalmology, plastic surgery, rheumatology and urology. The trust provides a number of multidisciplinary 'one stop' clinics, where patients see a clinician along with other members of the multidisciplinary team (for example, allied health professionals).

Total number of first and follow up appointments compared to England

The trust had 854,234 first and follow up outpatient appointments from March 2018 to February 2019.

*(Source: Hospital Episode Statistics - HES Outpatients)*

Number of appointments at this hospital was 133,930 from March 2018 to February 2019.

*(Source: Hospital Episode Statistics)*

## Summary of this service

This is the first time we have inspected outpatients separate from diagnostic imaging. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.



# Outpatients

## Is the service safe?

**Good** 

This is the first time we have inspected outpatients separate from diagnostic imaging. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service had enough allied health professionals with 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 records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to most staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

## Is the service effective?

**Not sufficient evidence to rate** 

We do not currently provide a rating for Effective. We found that:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- 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. 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.

# Outpatients

- Key services were available five days a week, however extra clinics were provided at weekends, if necessary, to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

## Is the service caring?

**Good** 

This is the first time we have inspected outpatients separate from diagnostic imaging. 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 and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good** 

This is the first time we have inspected outpatients separate from diagnostic imaging. 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.
- 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.
- People could mostly 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 mostly in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

**Good** 

# Outpatients

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

## Outstanding practice

The service had also developed a new, nationally significant RTT waiting time forecasting tool, based on seasonal fluctuations in referrals. This was being implemented at the time of the inspection.

## Areas for improvement

The trust should take action to:

- Continue to improve referral to treatment waiting times to improve access across all specialties.
- Continue to improve cancer waiting times to improve access across all specialties.

# University Hospital

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Walsgrave  
Coventry  
West Midlands  
CV2 2DX  
Tel: 02476964000  
[www.uhcw.nhs.uk](http://www.uhcw.nhs.uk)

## Key facts and figures

University Hospitals Coventry and Warwickshire NHS Trust has approximately 1,175 inpatient beds and 116 day case beds located across two acute locations: University Hospital which is located in Coventry and Hospital of St Cross which is located in Rugby. These two hospitals serve a combined population of over one million people. The trust is a major trauma centre and the specialist cancer centre for the region. In addition, it specialises in cardiology, neurosurgery, stroke, joint replacements, invitro fertilisation (IVF) and maternal health, diabetes and kidney transplants. The number of staff employed by the trust as of January 2018 was 8,136. The trust's services are commissioned by Coventry and Rugby Clinical Commissioning Group.

Services provided at this hospital include:

- Critical care.
- Diagnostics.
- End of life care.
- Gynaecology.
- Maternity.
- Medical care.
- Outpatients.
- Surgery.
- Services for children and young people.
- Urgent and emergency care.
- Neurosurgery.

## Summary of services at University Hospital

**Good**  

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

# Summary of findings

- The safe key question improved to good.
- Effective key question remained as good.
- Caring key question remained as good.
- Responsive remained as requires improvement.
- Well led key question improved to good.
- All eight core services are rated as good overall.
- The additional service of neurosurgery was rated as requires improvement overall.

# Urgent and emergency services

Good  

## Key facts and figures

The trust had a dedicated emergency department (ED) team which provided clinical care in a level one major trauma centre in the West Midlands. The purpose-built ED at Coventry hospital opened in 2006 and currently saw in excess of 236,000 patient attendances during 2018/2019.

Details of emergency departments and other urgent and emergency care services

- University Hospital Coventry emergency department.
- Hospital of St Cross urgent care centre.

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

From March 2018 to February 2019 there were 236,620 attendances at the trust's urgent and emergency care services. *(Source: Hospital Episode Statistics)*

The percentage of ED attendances at this trust that resulted in an admission reduced in 2018/19 compared to 2017/18. In both years the trust proportion was higher than the England average. *(Source: NHS England)*

We inspected the emergency department including the children emergency department over three days: the 8, 9 and 10 October 2019. We returned to the department unannounced on 4 November 2019. We looked at 29 patients records, spoke to 64 staff which included the Arden Mental Health Acute Team (AMHAT), ambulance staff and the police. We also spoke with 16 patients and their families.

## Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service- controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. Staff identified and quickly acted upon patients at risk of deterioration. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.

# Urgent and emergency services

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

However,

- Some areas of the emergency department were unsuitable for patients especially those with mental health needs. Staff did not always remove or minimise risks and update the risk assessment relating to mental health. Records were not always accurate regarding the patients' care and treatment. Records were not always stored securely.
- While leaders audited fluid balance charts, we found gaps in the completion of fluid balance chart recordings. The service had a higher than expected risk of re-attendance than the national standard and the England average. Staff did not always know how to support patients who were experiencing mental ill health or who lacked capacity to make their own decisions. Improved interagency working was needed to support patients with mental health needs with their discharge from the observation ward.
- Better communication and understanding were needed to inform patients of their rights under the Mental Health Act.
- Patients 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 not always in line with national standards.

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and most staff had completed it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety.

However,

# Urgent and emergency services

- Some parts of the premises were unsuitable for emergency patients and patients with mental health needs. However, staff managed clinical waste well.
- Staff mostly completed risk assessments for each patient swiftly. However, they did not always remove or minimise risks and update the assessments relating to mental health. Staff identified and quickly acted upon patients at risk of deterioration. Staff did not always keep accurate records of patients' care and treatment and records were not always stored securely.

## Is the service effective?

Good  ➡ ➡

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

- The service mostly 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. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- 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 information to lead healthier lives.

However,

- While leaders audited fluid balance charts, we found gaps in the completion of fluid balance chart recordings. The service had a higher than expected risk of re-attendance than the national standard and the England average which managers were reviewing.
- Staff did not always know how to support patients who were experiencing mental ill health or 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:



# Urgent and emergency services

- Staff mostly treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. However, improvements were needed in particular areas to ensure patient confidentiality was respected.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment

However,

- Better communication and understanding was needed with mental health patients about their rights.

## Is the service responsive?

**Good**  

Our rating of responsive improved. 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.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However,

- 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 not always in line with national standards but were improving

## Is the service well-led?

 

Our rating of well-led stayed the same. 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 patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

# Urgent and emergency services

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However,

- More robust oversight was needed around the management of patients with a mental health need.

## Outstanding practice

There was a top tray re-assessment tool in place. The purple form had details of the patient's presenting complaint, details for the re assessment, any investigation results, any concerns and ongoing issues and plans for next review/escalation. The form was placed in the urgent to be seen tray. The next available doctor would then reassess the patient.

## Areas for improvement

### **The trust should take action to:**

- The provider should ensure processes are in place to identify unauthorised people in the resuscitation area.
- The provider should ensure patients presenting at reception are provided with the opportunity to speak to someone in private and that they are informed of this.
- The provider should ensure the confidentiality of patients in the corridor and the resuscitation room.
- The provider should continue towards improving response rates to complaints.
- The provider should routinely inform patients they are on a locked ward (observation ward).
- The provider must ensure all hazardous substances are stored safely and securely.
- The provider must ensure compliance rates are met around children having repeat observations when analgesia is given for pyrexia and pain.
- The provider must ensure all records are completed and stored appropriately.

# Medical care (including older people's care)

Good   

## Key facts and figures

The medical care service at University Hospital Coventry provides care and treatment for specialties including cardiology, care of the elderly, dermatology, diabetes and endocrinology, gastroenterology, haematology, infectious diseases, nephrology, neurology, oncology, renal medicine, rheumatology and respiratory medicine. The hospital's acute medicine services are provided using a consultant-led shift system (0800-2000), supplemented with 24/7 cover by a general internal medicine on-call rota. Advanced clinical practitioners are also embedded within acute medicine services. Non-elective medical services include specialty on-call rotas for cardiology, gastroenterology (including a distinct acute gastro-intestinal haemorrhage rota), haematology, nephrology, neurology and stroke, oncology and respiratory medicine. The Hospital of Rugby St Cross has sub-acute medical beds for patients who are repatriated from Coventry after their initial assessment and need ongoing care, along with rehabilitation beds for elderly patients. The wards are supported by physiotherapists, occupational therapists, dietitians, audiologists and speech and language therapists based at St Cross. Cardiac rehabilitation is also available to support all patients who have recently undergone treatment for a heart attack, angina, heart failure, and heart surgery.

*(Source: Routine Provider Information Request (RPIR) - Acute context tab)*

## Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

# Medical care (including older people's care)

## Is the service safe?

Good  ➡ ⬅

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough medical, nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However,

- There were environmental limitations within the neurology day case unit.
- The equipment in the endoscopy unit needed regular maintenance due to regular breakdowns. Washing machines and drying units were all around 10 years old and staff told us they needed replacing.

## Is the service effective?

Good  ➡ ⬅

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

# Medical care (including older people's care)

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- 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.
- Physiotherapists, occupational therapist and speech and language therapists attended during the week. Weekend cover for all specialities, other than gerontology, consisted of two physiotherapists, one occupational therapist and one therapy support worker. Within gerontology, weekend cover consisted of one physiotherapist and one therapy support worker.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However,

- Some clinical guidelines that were needing to be reviewed; examples were: non-invasive ventilation, asthma, skin prick testing for allergy.
- There were not enough non-invasive ventilator (NIV) trained staff within the respiratory wards or in the assessment medical unit (AMU).

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

However,

- Friend and family tests responses were variable

# Medical care (including older people's care)

## 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.
- 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.
- 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.
- 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.

However,

- In the cardiology day unit (CDU) beds were often used for medical outliers. Staff told us this was frustrating for the cardiology ward and impacting on the care patients received.
- Staff experienced delays with cleaning of rooms during the afternoon, evening and night. This led to delays of patient transfers between wards.

## Is the service well-led?

Good   

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

# Medical care (including older people's care)

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

## Areas for improvement

The trust should take action to:

- Review the environment within the neurology day case unit.
- Review the replacement programme for equipment in endoscopy unit.
- Review the clinical guidelines in accordance with trust policy.
- Review the provision of non-invasive ventilator (NIV) trained staff within the respiratory wards and in the assessment medical unit (AMU).
- Monitor the use of the cardiology day unit (CDU) beds being used for medical outliers.
- Monitor the timescales for cleaning of rooms during the afternoon, evening and night.

# Critical care

Good  

## Key facts and figures

Critical care includes areas where patients receive more intensive monitoring and treatment for life-threatening conditions. The Department of Health has defined levels of care dependent on the severity of the patient's condition. The critical care service at University Hospital Coventry includes care at levels 2 and 3. Patients that require a more detailed observation or intervention that includes an extended post-operative care, receiving support for a single failing organ system and requiring additional respiratory, renal, neurological or dermatological support fall under level 2 care. Patients that require support for multi-organ failure and basic respiratory support, or for advanced respiratory support alone falls under level 3 care.

*(Source: Department of Health Comprehensive Critical Care 2000)*

University Hospital Coventry has a general critical care unit and a cardiothoracic critical care unit. The hospital is a level 1 major trauma centre. The unit takes emergency admissions from the emergency department (complex polytrauma), theatres and all other departments as well as planned elective surgical activity. The critical care service is provided over two locations but are managed as one service. Cardiothoracic critical care was provided on a ward with 22 beds and 11 were allocated and funded as critical care beds. The main critical care ward is divided into three teams, each has a nurse in charge that covered these areas. There were 26 beds in total with four of them located in side rooms. The general consultant intensivists manage the care of patients located in the main critical care ward. The cardiothoracic surgeons manage the care of patients located in cardiothoracic critical care ward. The nursing staff work across the two wards and worked as one team. Specialist cardiothoracic nurses mainly work on the relevant ward, however, a rotation process is in place to allow staff to gain experience across the whole of the critical care service.

## Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.



# Critical care

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

However:

- Risks around medical staffing being below planned levels, whilst recruitment is taking place, had not been reviewed.
- Although staff had access to trust policies and procedures through the intranet, we identified some policies and procedures which were out of date and in need of renewal at the time of the core service inspection. This had been addressed by the time of the well led review.

## Is the service safe?

Good   

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

- The service provided a clean, safe and supportive environment. It had processes in place that ensured staff could provide safe care based on individual patient needs.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Managers monitored mandatory training and alerted staff when they needed to update their training.
- 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 managed infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Shift changes and handovers included all necessary key information to keep patients safe. On inspection, we saw staffing levels displayed appropriately and found that they were within recommended guidance. We saw an improvement in medical cover from the last inspection which was facilitated by staff monitoring and taking a flexible approach to cover gaps in the rota.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors. Safety thermometer data was displayed on wards for staff and patients to see.

However:

# Critical care

- The cardiothoracic critical care did not have a dedicated consultant on the ward at weekends. Cover was provided by the main CCU consultants.

## Is the service effective?

**Good**  

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. Managers and staff used the results to improve patients' outcomes. The service had two staff members that reviewed, managed and reported on data about patient outcomes.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Managers made sure staff received any specialist training for their role. We saw an action plan that included an increase in training available to staff. At the time of inspection, the Matron shared information that indicated the percentage had increased to 48% from the 45.3% in June 2019 and was on target to reach the required 50%, by December 2019.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. We saw an improvement of multi-disciplinary team working from the last inspection.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

However:

- Although staff had access to trust policies and procedures through the intranet, we identified some policies and procedures which were out of date and in need of renewal at the time of our core service inspection. This had been addressed by the time of the well led review. The trust had just commenced carrying out analysis aimed at comparing mortality for their cardiothoracic critical care unit to other critical care units of this type in England.

# Critical care

## 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. Patients said staff treated them well and with kindness. Staff ensured patients' privacy and dignity was respected during physical and intimate care.
- Staff provided emotional support to patients, families and carers to minimise their distress. Patients and family members told us they felt involved in the care and treatment and staff took time to explain what was happening and why.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment. Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service.

## 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. Facilities and premises were appropriate for the services being delivered. The service had systems to help care for patients in need of additional support or specialist intervention.
- 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.
- People could access the service when they needed it and received the right care promptly. The service admitted, treated and discharged patients in line with national standards. Managers told us that appropriate discharge was a priority but could be delayed due to lack of suitable beds on other areas.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

Good  ↑

Our rating of well-led 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 patients and staff. They supported staff to develop their skills and take on more senior roles.

# Critical care

- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear. The cardio-thoracic critical care ward, although located separately, was managed as part of one critical care service provided by the trust. Staff told us that a positive culture existed and that the combining of two wards had been successful.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

We found the management and support of staff training and development to be exceptional. There was evidence of leaders supporting quality improvement initiatives and protecting staff time to enable them to develop personal projects. The culture within the department was supportive to improving care to patients and staff of all grades were included in sharing and developing ideas. Introduction of staff to offer peer support within the department, following a death or serious incident involving a patient. This is in addition to the support that the trust provides in these circumstances. The collaborative approach to improvement, from both critical care wards, to form one critical care unit, was evident. Weekly reviewing of incidents, risks and complaints, by the matron and sharing of information with staff. Introduction of a daily pressure injury manager because of previous incidents. This includes reviewing and changing the type of padding used on some medical devices to reduce risks. Introduction of a tree of pride on the wall as a place for staff, patients and families, to display comments. This includes separate noticeboards that staff can display issues described as stones in shoes.

## Areas for improvement

The trust should take action to:

- Review the trust policy for writing separate prescriptions that can be given by different routes.
- Monitor that all critical care policies are reviewed in line with trust policy.

# Critical care

- Embed systems and processes for collection of mortality data for cardiothoracic critical care, with comparisons to similar units. Review process for managing and monitoring training for doctors that work in critical care, both general and cardiothoracic units.

# Maternity

Good   

## Key facts and figures

The maternity service at University Hospital Coventry has 78 inpatient beds (including couches and birthing pools) located across five wards and units. In addition, there are two maternity outpatient clinics located at the hospital:

- Antenatal and gynaecology.
- Foetal medicine.

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

From January 2018 to December 2018 there were 5,591 deliveries at the trust.

At this trust there were no deliveries where gestation periods were unrecorded. This compared with 18.7% nationally.

(Source: Hospital Episodes Statistics (HES))

Antenatal clinics are also held at the site of Rugby St Cross.

## Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

# Maternity

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff, and most staff had completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect women, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each woman and took action to remove or minimise risks. Staff identified and quickly acted upon women at risk of deterioration.
- The service had enough medical staff and midwives with the right qualifications, skills, training and experience 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 bank, agency and locum 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.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed 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. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, women and visitors.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983.
- Staff gave women enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for women's religious, cultural and other 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.

# Maternity

- 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 supervision meetings with them to provide support and development.
- Key services were available seven days a week to support timely care.
- Staff gave women practical support and advice to lead healthier lives.
- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit women's liberty.

## Is the service caring?

Good   

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

- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood women's personal, cultural and religious needs.
- Staff supported and involved women, families and carers to understand their condition and make decisions about 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. Managers planned and organised services, so they met the needs of the local population.
- 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.
- 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 women were in line with national standards.
- 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 women in the investigation of their complaint.



# Maternity

## Is the service well-led?

Good   

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

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The service had effective leadership structures which provided direction and support to staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

The service had opened a Tommy's National Centre for Miscarriage Research in April 2016. This was the first world-class research centre to be opened dedicated to researching the causes of early miscarriage. The service worked in collaboration with the Tommy's National Early Miscarriage Centre which was a partnership of three universities. Each site ran specialist clinics enabling 24,000 women per year to access treatment and support and participate in Tommy's research studies. Staff working for this service were extremely proud of the research they undertook. The centre had a biomedical research unit with dedicated research midwives who recruited patients to National Institute for Health Research (NIHR) studies.

The OASIS (Obstetric anal sphincter injury clinic) was for women who suffer 3rd or 4th degree tears and was the only such clinic in the region with a multi-professional one-stop clinic where patient sees a consultant for an endoanal scan, a specialist midwife and a physiotherapist during the same appointment avoiding the need for three separate visits.

The INSPIRE clinic was for women who have suffered female genital mutilation (FGM). INSPIRE was a consultant-led service supported by specialist midwives who assessed and support patients in deciding on their preferred mode of delivery and making suitable adjustments, for example preparing de-infibulation.

# Maternity

## Areas for improvement

The trust should take action to:

- Improve staff compliance with mandatory training.

# Neurosurgery

Requires improvement   

## Key facts and figures

Ward 43 at University Hospital Coventry is the trust's neurosurgery ward. The ward has 46 inpatient beds. The ward includes a step down unit for patients post-surgery or transferred from the intensive care unit.

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

The neurosurgical service is a tertiary service covering a population of 1.5 million across Coventry, Warwickshire and Worcestershire. The trust holds neurosurgery outpatient clinics at five hospitals in the region that are managed by other trusts. The trust carries out over 3,000 neurosurgical procedures each year.

*(Source: Trust website)*

The trust had 2,006 neurosurgery admissions from March 2018 to February 2019. Emergency admissions accounted for 620 (30.9%), 733 (36.5%) were elective, and the remaining 653 (32.6%) were day case.

*(Source: Hospital Episode Statistics)*

We inspected neurosurgery at University Hospital from 8 to 10 October; and during the evening of the 4 November 2019. During our time on site we spoke with 45 staff across ward 43, ward 42, within theatres and from other areas within the trust. These staff included doctors, nurses, health care professionals, senior management and support staff. We spoke with seven patients and six relatives. We reviewed 17 patient records and observed numerous episodes of care. We also attended meetings relevant to neurosurgery services.

Ward 43 had capacity for 46 patients. During our inspection, 12 beds on ward 43 had been reassigned to ward 42 to enable ward 43 to be refurbished under fire regulations. Therefore 12 patients were located in a satellite area on ward 42 (a neurology and stroke ward) to enable the same number of patients to be cared for if necessary. The ward was staffed to four areas. Area one contained the main reception area for the ward and had two six-bedded bays. These two bays were those temporarily closed at the time of inspection. Area three had two four-bedded bays and two side rooms. Area four had two four-bedded bays with four side rooms. Area two was the neuro-enhanced care unit located within ward 43. This area provided care for patients with a higher acuity; for example, who required ongoing cardiac monitoring, but could be 'stepped down' from critical care. This area consisted of two four-bedded bays and four side rooms.

## Summary of this service

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

- Medical staff were not compliant with mandatory training requirements. Medical staff were also not fully compliant with safeguarding training requirements. The service did not consistently control infection risk well. Not all the equipment and the premises were visibly clean. The design, maintenance and use of facilities, premises and equipment was not always in line with national guidance.
- Not all patients had their clinical observations reviewed in line with required timescales.
- The service did not have enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. We found not all record keeping followed national guidance.

# Neurosurgery

- Non-medical staff did not apply the Mental Capacity Act effectively prior to undertaking routine care and treatment where applicable to support patients who lacked capacity to make their own decisions. Staff understanding about when to assess capacity was varied.
- Key services were not always available seven days a week to support timely patient care.
- Not all facilities and premises were appropriate for the services being delivered. Not all patients were provided with an interpreter in a timely manner. Patients could not all access the service when they needed it and did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in not line with national standards; although improvements were noted.
- Staff did not all feel respected, supported and valued. The service did not have an open culture where patients, their families and staff could raise concerns without fear. Leaders did not consistently operate effective governance processes, throughout the service. Whilst governance was clear from the ward; within theatres this was not embedded or clear. Some staff at management levels were not clear about their roles and accountabilities. Although leaders and teams used systems to manage performance, not all responsible individuals were reporting concerns or adverse incidents transparently or openly.

However,

- Nursing staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients and acted on them. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff mostly provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, mostly respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders mostly ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff were focused on the needs of patients receiving care. The service engaged well with patients and the community to plan and manage services.

## Is the service safe?

**Requires improvement** ● ➡ ➡

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

- The service did not have enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Not all medical staff were not compliant with mandatory training requirements. Not all Medical staff were also not fully compliant with safeguarding training requirements.
- The service did not consistently control infection risk well. Not all the equipment and the premises were visibly clean.

# Neurosurgery

- The design, maintenance and use of facilities, premises and equipment was not always in line with national guidance.
- Not all patients had their clinical observations reviewed in line with required timescales.
- We found not all record keeping followed national guidance.

However,

- The service provided mandatory training in key skills to all staff and made sure most nursing staff completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Nursing staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff used protective equipment and control measures to protect patients, themselves and others from infection. The service used systems to identify and prevent surgical site infections. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored. The service used monitoring results well to improve safety.

## Is the service effective?

**Requires improvement**   

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

- Some staff did not apply the Mental Capacity Act effectively prior to undertaking routine care and treatment where applicable to support patient show lacked capacity to make their own decisions. Staff understanding about when to assess capacity was varied.
- Some key services were not always available seven days a week to support timely patient care.

However,

- The service mostly provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients' subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.

# Neurosurgery

- 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.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff mostly gave patients practical support and advice to lead healthier lives.
- Medical staff supported patients to make informed decisions about their treatment. They followed national guidance to gain patients' consent.

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

However,

- There were occasions in which patient dignity was compromised.

## Is the service responsive?

**Requires improvement**   

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

- Not all facilities and premises were appropriate for the services being delivered. Cancelled operations were high.
- Patients could not all access the service when they needed it and did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in not line with national standards; although improvements were noted.

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.

# Neurosurgery

- 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 stayed the same. We rated it as requires improvement because:

- Staff did not all feel respected, supported and valued. The service did not have an open culture where patients, their families and staff could raise concerns without fear.
- Leaders did not consistently operate effective governance processes, throughout the service. Whilst governance was clear from the ward; within theatres this was not embedded or clear. Some staff at management levels were not clear about their roles and accountabilities.
- Although leaders and teams used systems to manage performance, not all responsible individuals were reporting concerns or adverse incidents transparently or openly.

However,

- Leaders mostly had the skills and abilities to run the service. They understood and managed the priorities the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development.
- Other staff and managers were and had regular opportunities to meet, discuss and learn from the performance of the service.
- For the main, the service did identify relevant risks and issues had identified actions to reduce their impact.
- The service collected data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Staff were committed to continually learning and improving services. Managers had a good understanding of quality improvement methods and the skills to use them.

## Areas for improvement

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

# Neurosurgery

- The service must ensure all patients who may lack capacity to consent to routine care and/ or treatment are appropriately assessed in all instances, and that this assessment is recorded within patient records. This was a breach of Regulation 11: Need to consent.
- The service must ensure that consultants work in line with best practice and national guidelines. This was a breach of Regulation 17: Good Governance.
- The service must operate effective governance procedures; particularly throughout theatres, to ensure quality, risk management and performance is accurately recorded and reviewed. This was a breach of Regulation 17: Good Governance.
- The service must address nurse staffing to ensure all patients are kept safe. This was a breach of Regulation 18: Staffing.

## **Action the trust should take to improve:**

- The service should ensure that patient documentation meets national standards.
- The service should ensure that infection prevention and control practices, including hand hygiene comply with national standards.
- The service must review immediate access to a dedicated emergency theatre to ensure patients have not come to harm because their urgent health needs are not met in a timely manner as per the previous inspection
- The service should review the pre-operative assessment room to ensure patient dignity and confidentiality is maintained as per the previous inspection.
- The service should ensure patient dignity is not comprised on the ward.
- The service should ensure observation of patients' vital signs are undertaken within the required timeframes to ensure early identification of deteriorating patients.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

**This guidance** (see [goo.gl/Y1dLhz](https://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

Surgical procedures

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### Regulated activity

Surgical procedures

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Surgical procedures

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Victoria Watkins, Head of Hospital Inspection, led the well led review and Phil Terry, Inspection Manager, led the core service inspection. An executive reviewer, Julie Lane, Director of Nursing, supported our inspection of well-led for the trust overall. two colleagues from NHSE/I joined the well led review team.

The team included eight inspectors, and 18 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.