

Croydon Health Services NHS Trust

Inspection report

Croydon University Hospital
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and 22 November 2017
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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 rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

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

Summary of findings

Background to the trust

Croydon Health Services NHS Trust provides acute and community healthcare services across the borough of Croydon either in patients' own homes or from clinics and specialist centres, including Croydon University Hospital and Purley War Memorial Hospital in Croydon. We inspected Croydon University Hospital and Purley War Memorial Hospital.

The trust has 443 inpatient beds. The emergency department is at Croydon University Hospital. Purley War Memorial Hospital does not have any inpatient beds and services provided include phlebotomy and outpatient clinics.

Croydon Clinical Commissioning Group (CCG) is the lead commissioner.

We last inspected the trust in June 2015.

Overall summary

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



What this trust does

The trust provides services at Croydon University Hospital (CUH), Purley War Memorial Hospital (PWMH) and community services. It provides a range of inpatient services at CUH including surgery, medicine, urgent and emergency care, outpatients, end of life care, maternity, critical care and services for children and young people. Services at Purley War Memorial Hospital include outpatients, phlebotomy, podiatry and physiotherapy. Community services are provided for adults and children in clinics and in their homes.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

Where necessary, we take action against registered service providers and registered managers who fail to comply with legal requirements, and help them to improve 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.

During this inspection we visited Croydon University Hospital (CUH) and Purley War Memorial Hospital (PWMH).

On October 31 and November 1 2017 we inspected three of the core services provided by this trust; surgery, end of life care and outpatients at CUH and outpatients at PWMH. On 9 and 10 November we inspected critical care at CUH. These areas required improvement as a result of our findings at the previous inspection carried out in May 2015. The information we held on these areas indicated the need for inclusion in this inspection.

Summary of findings

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, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed Is this organisation well-led? We inspected the well-led key question on 21 and 22 November 2017.

What we found

Overall trust

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

- Safe, effective and well-led were requires improvement and caring and responsive were good.
- We rated well-led at the trust level as requires improvement.
- We found there had been improvements in some of the services we inspected including surgery, outpatients and end of life care and their ratings had improved from requires improvement to good. Critical care had made little or no progress since the last inspection.
- There was a lack of awareness and understanding among some staff about the care of patients with mental health needs, mental capacity assessments and Deprivation of Liberty Safeguards.
- The care and management of patients with mental health needs was not always in line with the Mental Health Act or best practice.
- There had been no action taken on some risks on the risk registers and not all staff had access to the risk register for their service and were aware of their responsibilities.
- Some minor improvements had been made to the critical care unit but, there had been no significant progress in improving the environment in critical care.
- The number of medical staff in the end of life care service was insufficient and not in line with national guidance. This was reported in the last inspection.
- On this inspection we did not inspect urgent and emergency services, medicine (including older people's care), maternity, services for children and young people and community services.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website - www.cqc.org.uk/provider/RBA/reports

Are services safe?

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

- Although improvements had been made in surgery in terms of equipment and theatre refurbishment, there were still some outstanding actions and some problems remained with the timeliness of repairs to equipment.
- In critical care we found some minor improvements in the environment but, significant work remained to be done and although monthly morbidity and mortality meetings were taking place there wasn't always evidence of changes as a result of learning.
- In both surgery and critical care staff did not always comply with infection prevention and control guidance.
- Arrangements for the safe management of medicines were inconsistent in both surgery and critical care.

Summary of findings

Are services effective?

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

- Some staff on some of the wards we inspected and critical care did not demonstrate an understanding of the Mental Capacity Act (2005) or the Deprivation of Liberty Safeguards and how to apply them in practice. They were not always able to locate capacity assessments and they were not proactive in ensuring patients had their capacity formally assessed and recorded. Where they had been carried out, mental capacity assessments were not always fully completed.
- Although the trust had a system for reviewing and updating policies we found some policies in critical care that had not been updated in line with the system.
- The uptake of appraisals in critical care was below the trust target and there was inconsistent recording of competency training.
- Critical care was not fully compliant with national intensive care standards.

Are services caring?

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

- Staff cared for patients with compassion, treating them with dignity and respect
- In most of the services we inspected staff maintained patients privacy and dignity and patients, families and carers gave positive feedback about the care being received.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The mortuary staff demonstrated a caring attitude to the deceased and their family and friends. They had really embraced and demonstrated the trust's values of compassion and respect in how they carried out their role.

Are services responsive?

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

- People could access services quicker now because of improvements the trust had made. The trust was performing consistently better than the England average for people with cancer being seen within two weeks of an urgent GP referral.
- In surgery, the percentage of cancelled operations not treated within 28 days and the average length of stay for surgical elective patients was better than the England average.
- The trust had resources to support patients with a learning disability or dementia and translation services were available.
- The trust worked closely with local health partners and other external bodies to make sure it planned and delivered services according to the needs of local people.
- The trust treated concerns and complaints seriously and investigated them. Where they learned lessons or changed practices as a result these were shared with all staff.

Are services well-led?

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

Summary of findings

- The trust had arrangements for improving the quality of care and promoting high standards but, these were not embedded across all services. In some of the services we inspected staff had not always identified risks to patients and taken action to eliminate or minimise them.
- Although there had been significant improvements in the leadership in surgery there had been insufficient improvement in outpatients and critical care.
- In some of the services we inspected we found that senior clinical staff did not always lead their staff using appropriate knowledge, skills and experience to provide high quality care.
- We found that senior clinical staff and managers and staff did not always promote or support innovation and there was insufficient evidence of how they improved the quality and sustainability of the service.

Ratings tables

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

Outstanding practice

- The mortuary staff demonstrated a person centred approach to the care of families/friends following a bereavement. They were flexible and considerate and embedded the values of the trust.
- The trust organised tea parties and lunches for patients who had been in the trust for a prolonged period. The meals were supported by allied health professionals and volunteers and offered patients an opportunity to socialise away from the ward.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve the quality of services.

Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with legal requirements. This action related to two services and the trust overall. The services were critical care and end of life care.

For the overall trust:

- The trust must ensure that all patients with mental health needs receive care in line with national best practice that meets the requirements of the Mental Health Act.
- The trust must ensure that all staff are aware of their responsibilities under the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and ensure they are translated into practice. Staff should be able to provide when required evidence that, where appropriate, demonstrates mental capacity assessments and DoLS have been carried out and recorded.

In Critical care:

- Improve the management of medicines to ensure they are stored and disposed of in line with national safety guidance.

Summary of findings

- Urgently review fire safety risk and compliance in the HDU and staff areas of the unit. This must include a strategy to ensure fire exits remained accessible at all times.
- Review the storage of equipment in the HDU to ensure staff have safe access to bed bays.
- Implement a strategy to ensure staff follow infection prevention and control standards and compliance is monitored.
- Implement effective record keeping standards for nursing care notes and ensure all information including Deprivation of Liberty Safeguards is recorded.
- Improve the clinical governance and leadership practices in the unit to ensure there is effective peer review and audit; meaningful morbidity and mortality reviews and drives to improve patient outcomes.

Action the trust SHOULD take to improve

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

In Surgery

- The trust should ensure they address the equipment and environmental maintenance and repairs in theatres. Interim fixtures should be made while the theatre refurbishment programme takes place.
- The trust should continue to forge closer working relationships between the executive team and surgical consultants.
- The surgical assessment unit should be used for its intended purpose.
- Theatre staff should adhere to trust policy and guidance on personal protective equipment. Over gowns should be worn by staff leaving theatres and personal bags should not be stored in main theatres and anaesthetic rooms.
- The trust should make sure anaesthetists have a standard approach to allowing patients small amounts of clear fluids before surgery. The trust should ensure patients are not dehydrated and feel comfortable before surgery.
- The trust should ensure ward staff have the necessary supportive structures in place when caring for patients with mental health issues.
- The trust should ensure there is secure access to theatres.

In Critical care:

- Ensure all staff, irrespective of role or level of responsibility are empowered to challenge poor or unsafe practice, regardless of where this is found.
- Review multidisciplinary coordination on ward rounds and individual patient reviews.

In End of Life Care:

- Increase the number of consultants in line with national guidelines.

In Outpatients:

- The trust should take action to review the safety of staff and patients at all times at Purley War Memorial hospital.
- Outpatients should take action to review and improve, where appropriate, the follow-up to new rate for outpatient appointments at Croydon University Hospital.
- Nursing staff in outpatients should have a programme of clinical supervision.
- All staff in outpatients should receive an annual appraisal in accordance with the trust's 95% target.

Summary of findings

- There should be sufficient numbers of dictation machines in outpatients for doctors to dictate directly onto patient records.
- All specialties should be in line with the England average for non-admitted referral to treatment times (RTT) (percentage within 18 weeks).
- Outpatients service managers should be aware of the trust's transformation agenda proposals including the proposal to relocate the fracture clinic and orthopaedic clinic.
- The outpatients matron should have the correct permissions on the trust's electronic system to access the risk register. The matron should be made aware of their responsibility in regards to adding risks to the risk register.
- Outpatients should continue to work to improve medical staff attendance at mandatory training.

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.

We rated well-led at the trust as requires improvement because:

- The trust had improved its structures for overseeing quality, risk and performance with board members chairing key governance and performance committees. However, more work was needed in some of the core services we inspected.
- The board and senior leadership team were able to articulate the long term vision and strategy but were unable to describe the immediate actions to improve its position in the short to medium term, including for the estate to ensure effective delivery of care..
- The trust continued to grapple with managing its finances. Although it had come out of Financial Special Measures, the focus on efficiencies had not been maintained, improvements had not been sustained and there had been a delay in recognising the emerging problems and taking action.
- The care and management of patients with mental health needs was not always in line with national guidance or best practice. The trust did not have a mental health strategy and the service level agreement with the local NHS mental health provider was only formally approved during the inspection.
- There had been an improvement in the number of staff who said they felt proud to work for the organisation. However, they also told us that insufficient staff and the increase in the number of patients with mental health needs and lack of appropriate training to care for these patients had placed additional pressure on them.

However:

- The board and senior leadership team had improved, strengthened and become more stable.
- The trust strategy was linked to the vision and values of the trust. The trust had involved staff, patients and community groups in the development of the strategy.
- The board and senior leadership had developed a clear set of values. They worked hard to make sure staff at all levels understood them in relation to their daily roles.

Summary of findings

- The medical leadership was more effective and this had contributed to improvements in patient safety. In surgery, we found the clinical director, who had been appointed at the time of the last inspection, had helped bring about improvements in performance, leadership and governance.
- The trust made sure that it included and communicated effectively with patients, staff, the public and local organisations.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Feb 2018	Requires improvement ↓ Feb 2018	Good →← Feb 2018	Good ↑ Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018

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.

Ratings for Croydon University Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Medical care (including older people's care)	Requires improvement Oct 2015	Good Oct 2015	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Requires improvement Oct 2015
Surgery	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↑ Feb 2018	Good ↑↑ Feb 2018	Good ↑ Feb 2018
Critical care	Requires improvement ↔ Feb 2018	Requires improvement ↓ Feb 2018	Requires improvement ↓ Feb 2018	Requires improvement ↔ Feb 2018	Inadequate ↓ Feb 2018	Requires improvement ↔ Feb 2018
Services for children and young people	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
End of life care	Good ↑ Feb 2018	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↑ Feb 2018
Outpatients	Good ↑ Feb 2018	N/A	Good ↔ Feb 2018	Good ↑ Feb 2018	Requires improvement ↔ Feb 2018	Good ↑ Feb 2018
Maternity and gynaecology	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Overall*	Requires improvement ↔ Feb 2018	Requires improvement ↓ Feb 2018	Good ↔ Feb 2018	Good ↑ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018

*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 community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Requires improvement Oct 2015	Good Oct 2015	Requires improvement Oct 2015
Community health services for children and young people	Good Oct 2015	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Requires improvement Oct 2015	Requires improvement Oct 2015
Overall*	Requires improvement Oct 2015	Requires improvement Oct 2015	Good Oct 2015	Requires improvement Oct 2015	Requires improvement Oct 2015	Requires improvement Oct 2015

*Overall ratings for community health services 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.

Croydon University Hospital

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Key facts and figures

It has 443 inpatient beds and provides services to the local population including:

- Urgent and emergency care
- Medical care (including older people's care)
- Surgery
- Maternity and gynaecology
- Outpatients and diagnostic imaging
- Critical care
- End of life care
- Children and young people's services

CUH performs around 26,000 surgical procedures every year and provides more than 100 specialist services, including for conditions affecting the heart, cancer care and treatment for musculoskeletal disorders. CUH also offers 24/7 maternity services, including a labour ward midwifery-led birth centre and the Crocus home birthing team.

The trust was entered into Financial Special Measures (FSM) in the summer of 2016. In the spring of 2017 it was stated by NHSI that the trust no longer required to be part of the special measures programme and was subsequently removed. FSM had enabled the trust to focus on reducing its deficit whilst maintaining care quality and patient experience. For this financial year its projected income is £277 million and a planned deficit of £-19135.

Summary of services at Croydon University Hospital

Requires improvement   

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

A summary of services at this hospital appears in the overall summary above.

Surgery

Good  

Key facts and figures

Surgery services is provided at the main site of Croydon Health Services NHS Trust; Croydon University Hospital.

The hospital provides emergency inpatient surgical treatment, elective inpatient surgical treatment, and day case surgery across a range of specialties. These include general, breast, vascular, ear nose and throat (ENT), trauma and orthopaedics, colorectal, dental, and maxillofacial specialties.

There are 10 operating theatres and a day case unit with four operating theatres. One of the theatres used by another provider and two are closed as part of the long term refurbishment scheme. There is a surgical assessment unit, pre-operative and assessment unit and four surgical wards.

The trust had 19,194 surgical admissions between April 2016 and March 2017. Emergency admissions accounted for 5,087 (26.5%), 12,477 (65.0%) were day case, and the remaining 1,630 (8.5%) were elective.

At our last inspection in June 2015 we rated surgery as requires improvement overall. The surgical division was issued with one requirement notice with recommendations for service improvement in safety. We looked at changes the surgical division had made to address these concerns.

We visited unannounced over two days to observe routine activity.

During the visit, we inspected main theatres, day surgery unit, pre-assessment and pre-operative unit, surgical wards, and the discharge lounge. We spoke to a range of staff in surgical services and spoke with patients and relatives. Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

Summary of this service

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

- Since our last inspection the governance framework had greatly improved. A clear responsibility and accountability framework had been established. There was a systematic programme of clinical and internal audit, which was used to monitor quality and patient safety.
- Leaders had the skills, knowledge and experience to effectively manage teams within surgery services.
- There was a much improved and robust system for mortality and morbidity monitoring. There were good structures to govern mortality and morbidity and regular meetings took place to ensure regular oversight and scrutiny.
- Mandatory training rates had improved since our last inspection. There were detailed action plans in place with oversight to monitor core skills training.
- There was a better culture for the reporting and investigation of incidents. Staff received feedback on actions taken from serious incidents and there was shared learning in each surgical divisions clinical governance meetings. However, staff did not always receive feedback on low level incidents they had reported.
- Risk assessments were carried out regularly and in line with guidance. Staff understood their responsibilities and actions required in identifying patients at risk from deterioration, harm, and abuse.

Surgery

- There were effective processes to ensure all relevant staff had the information they needed to provide care and treatment.
- The service routinely monitored and collected data to ensure safety and effectiveness. There was involvement in relevant local and national audits. Quality and safety was monitored and used to identify where improvement was needed, and actions were taken as a result, working together with external stakeholders.
- All policies and procedures were regularly reviewed and up to date.
- Staff provided care and treatment based on national guidance.
- Staff worked together as a team for the benefit of patients. Doctors, nurses, and other healthcare professionals supported each other to provide care and treated patients with compassion, treating them with dignity and respect.

However:

- There were still issues with old equipment and staff reported that the equipment replacement programme was running at a slow pace. Staff were still 'firefighting' with old equipment and this had an impact on their working environment.
- Although there was a theatre refurbishment project in place, staff told us the trust was not taking intermediate action in rectifying minor repairs.
- Much improvement had been made with clinical governance structures and leadership; however, consultants felt there was a widening gap in communication between themselves and the senior team. More work was required to establish good working relationships between the two teams.
- The surgical assessment unit (SAU) was still not being used for its intended purpose. We visited the SAU on two occasions during our inspection, and found it to be empty on both. Staff told us that the SAU was often used as an escalation area from the emergency department (ED) and to create additional bed capacity in the hospital.
- Some staff did not adhere to the trusts policy and guidance on the use of personal protective equipment (PPE), to prevent the spread of infection. We saw staff wearing jewellery not in line with trust policy and not all staff wore over gowns when leaving theatres to enter the main hospital. We saw personal staff bags were brought into the main theatres and anaesthetic rooms.
- Staff had noticed an increase in inpatients with mental health issues. This placed immense pressure on the demands of staff. Staff wanted better supportive systems in place to help them. Staff told us they required more specialist help and training to ease the pressures they faced.
- There had been minimal change to ensure patients did not become dehydrated before surgery. Nurses on admission told us anaesthetists did not have a standard approach with allowing patients to drink small amounts of clear fluids up to two hours before surgery. As a result, nursing staff said they often had to tackle patient complaints.

Is the service safe?

Requires improvement   

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

- Staff still faced problems with faulty and old equipment. Although an equipment replacement programme was in place, the trust was not repairing or taking immediate action to fix faults to help staff in the theatre environment. Minor repairs were not being dealt with quickly and staff told us the programme was developing at a slow pace.

Surgery

- Staff were not always following best guidance for personal protective equipment (PPE) in the theatre environment. We saw staff personal bags were kept in theatres and aesthetic rooms, and some staff wore jewellery that did not conform to trust policy. Not all staff wore an over gown when leaving the theatre and entering the main hospital.
- On surgical wards, nursing staffing levels were low and staff felt pressurised and tired from the heavy workload.

However:

- There was an improvement in mandatory training compliance and better oversight from the trust in the monitoring of core skills training.
- There was an equipment replacement programme in place and new equipment had been purchased for theatres. As part of a wider long term plan, four theatres had recently been refurbished.
- There was a good culture for the reporting of incidents. Investigations for serious incidents were thorough and there was shared learning from outcomes.
- The trust had made improvements in managing mortality and morbidity. There were regular structured meetings and each surgical specialty division had a good system for reporting, discussing, and taking action on mortality and morbidity.
- Surgical wards appeared clean and tidy and staff followed good practices for cleanliness and hygiene.
- Staff had safeguarding training and followed structured flow charts when escalating concerns.
- Managers checked that staff followed the 'World Health Organisation (WHO) surgical safety checklist and five steps to safer surgery.
- Risks were identified through pre-surgical assessments and regular monitoring was managed in line with recommended guidelines and trust policy.
- Records were detailed and contained multidisciplinary input from consultants, pharmacy and therapy team.

Is the service effective?

Good   

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

- A Sunday trauma service was now available and incorporated in the CEPD list. We saw monitoring and projects undertaken to assess the effectiveness of a Sunday trauma service.
- Staff provided care and treatment based on national guidance and service policies reflected this. Managers reviewed and updated care pathways in surgical services.
- The service contributed to national audits, and performed in line with other trusts nationally in most of them. In areas where performance was below average, medical staff reviewed cases and actions put in place to monitor improvements.
- Local regular audits were conducted and some results formed part of the monthly quality dashboard overseen by the executive team.
- Pain was appropriately managed with a range of medicines and drugs available as well as a hospital pain team.
- Patients were able to choose from a variety of meals hot or cold depending on where they were recovering after surgery. The trust was able to cater for special dietary requirements.

Surgery

- We observed effective multidisciplinary working and there were arrangements in place to provide access to consultant's out-of-hours.
- Staff understood their roles and responsibilities with regards to the Mental Capacity Act 2005. They knew the processes to follow for consent for those patients who lacked capacity and how to access support for those patients experiencing mental health issues.

However:

- There had been minimal change since our last inspection to ensure patients did not become dehydrated before surgery. There was no standard approach with allowing patients to drink small amounts of clear fluids up to two hours before surgery. As a result, nursing staff said they often had to deal with patient complaints.
- There was sometimes a delay in pain relief for those patients admitted from the emergency department. There was a delay in the electronic process being completed by the prescribing doctor and this meant staff had to wait before they had authorisation to administer pain relief to patients.

Is the service caring?

Good  → ←

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

- Overall, the patients we spoke with were positive about the treatment and care they had received. Those patients who had regularly used the service said the care had vastly improved over the last two to three years.
- Patients were treated with dignity and respect and kept informed and included about decisions of their care. Privacy and dignity was respected by staff who drew curtains around beds when we spoke with patients.
- We observed staff providing a good level of care for patients. They responded to call bells, were attentive to their needs, and spoke to patients in a kind manner.
- People's spiritual needs were supported through the chaplaincy.
- The NHS Friends and family test response rate were better than the England average.

Is the service responsive?

Good  ↑

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

- Staff took account of patients' individual needs, particularly for patients with dementia, learning disabilities, and mental health problems through champions and advocates.
- The service was planned, delivered and coordinated to take into account the needs of different people, and processes were in place to remove barriers for those who found it hard to use or access services. Translation services were accessible and there was support in place for patients with learning disabilities and those of different religious faiths.
- The average length of stay for surgical elective patients was better than the England average and met the England average for non-elective patients.

Surgery

- The percentage of cancelled operations not treated within 28 days has generally been better than the England average.
- Staff knew how to manage complaints. A central team within the trust managed complaints. We saw leaflets and posters throughout the surgical wards advising patients how to raise concerns.
- There were good processes in place to ensure discharge arrangements were safe and included relevant specialist teams for patients with complex needs.

However:

- The surgical assessment unit (SAU) was still not being used for its intended purpose. We visited the SAU on two occasions during our inspection, and found it to be empty on both. Staff told us that the SAU was often used as an escalation area from ED and to create additional bed capacity in the hospital.

Is the service well-led?

Good   

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

- Since our last inspection, there were much improved governance structures in place. Each surgical division conducted clinical governance meetings with standardised set agendas. We saw there was better oversight of clinical governance within surgery.
- Senior staff had attended leadership courses and found these to be beneficial in the working environment.
- Ward sisters were able to identify, mitigate, and document risks in their area.
- The majority of staff felt respected, valued, and supported in their roles.
- The leadership team recognised areas that required improvement. There were action plans in place for areas of concern, for example improvements for referral- to-treatment times and outcomes for fractured neck of femur patients. During the inspection, we saw evidence that actions plans were implemented and acted upon.
- Staff worked as part of a team and were proud of the high quality care they were able to deliver.
- Engagement with staff and the public took place with surveys undertaken on a regular basis.

However:

- There was still some way to go to improve relationships between consulting staff and the executive team. The clinical director had made strides in addressing issues and focusing on involving consultants in clinical decisions. However consulting staff told us they felt there was a persistent widening gap in communication between themselves and the senior management team.

Areas for improvement

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

Critical care

Requires improvement   

Key facts and figures

Critical care services at Croydon University Hospital consist of an eight-bedded intensive care unit (ICU) and a seven-bedded high dependency unit. Both units can be flexible in providing level 1, 2 or 3 care as defined by the Intensive Care Society (ICS). The ICU has two side rooms, one of which is equipped for negative pressure therapy.

A dedicated team of consultant intensivists, registered with the Faculty of Intensive Care Medicine (FICM), and a team of intensive care nurses led clinical practice. A critical care outreach team was available 24-hours, seven days a week and a practice development nurse, audit nurse, ward clerk and technician provided daily support.

We last inspected critical care in June 2015 and found improvements were needed in medicines management, the environment, staff skill mix and discharge processes.

Between November 2016 and October 2017, average bed occupancy was 85%.

To come to our ratings we spoke with 17 members of staff including the wider multidisciplinary team. We also spoke with five patients and four relatives. We reviewed nursing notes and electronic medical records for nine patients and considered over 100 additional items of evidence.

After our inspection we spoke with the executive team about our findings and areas that required improvement. As a result the trust implemented an action plan with the director of estates and facilities to complete all outstanding repair and fault work in the unit and to improve security and storage. The trust also planned to review the layout and decoration of the unit and improve overall fire safety. This was planned to be completed by April 2018.

Summary of this service

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

- There were significant risks associated with the environment, which did not meet Department of Health Health Building Notes. Although the building was in place before these regulations, risks in relation to the environment were often poorly and inconsistently managed.
- We observed variable levels of adherence to infection prevention and control policies and best practice that placed staff and patients at increased risk.
- Staff did not effectively or consistently manage fire safety risks.
- Although staff delivered care and treatment in accordance with national policies and best practice, there was a lack of auditing to monitor outcomes and deliver improvements.
- Some staff did not demonstrate appropriate knowledge of the Mental Capacity Act (2005), capacity assessments or the implementation of the Deprivation of Liberty Safeguards. This meant patients who experienced fluctuating or reduced capacity to make decisions may not have always received appropriate care.
- Although there was evidence of multidisciplinary team (MDT) working, this took place on an individual as-needed basis. There were no coordinated MDT meetings even for patients with the most complex needs and members of the MDT team were not included in ward rounds. However, where staff referred a patient we saw the MDT response was timely.

Critical care

- Pharmacist cover did not meet the minimum standards of the Intensive Care Society (ICS) and there were gaps in medicines management as a result.
- There were limited resources available to staff on the unit for patients with needs relating to learning disabilities and dementia and for speakers of languages other than English. Although there was a learning disability lead nurse in post, staff did not always proactively access resources that were available.
- Governance and risk management systems were in place but were not always used effectively. There was limited evidence leadership was consistently effective or that it contributed to a sustainable work and care environment.

However:

- The unit met the requirements of the Faculty of Intensive Care Medicine (FICM) and the (ICS) core standards for intensive care units in relation to staffing levels and competencies.
- There was an effective system in place for reporting and investigating incidents and evidence that learning was shared in the team.
- Staff delivered compassionate and attentive care and adapted this to a challenging environment.
- Staff avoided overnight discharges whenever possible and where these were unavoidable completed an incident report to identify areas for improvement with patient flow.
- Although we have noted the limited physical resources for staff to help them support patients with a learning disability, a learning disability lead nurse was in post. During our inspection we observed this member of staff provide a high standard of care when a patient was referred to them.

Is the service safe?

Requires improvement   

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

- The unit did not meet the minimum environmental standards identified by the Unit of Health. This was because bed spaces were cluttered, cramped and presented health and safety risks.
- We observed poor and inconsistent infection control processes. This presented a substantial disparity with the results of hand hygiene audits. This meant audits did not effectively identify poor practice. After our inspection the trust told us infection control audits were peer reviewed by both the infection control team and the cardiology ward. Although this demonstrated a good safety framework, we did not find it was reflected in practice.
- There were significant fire safety risks that included blocked fire exits and uncontrolled smoking near high-risk areas.
- Senior staff said the trust had placed restrictions on nurse recruitment until the unit met the target of 95% completion of annual appraisals and 95% compliance with hand hygiene audits. After our inspection the trust told us there were strategies in place to encourage recruitment and there were no restrictions relating to professional development and hand hygiene. We could not establish why we received conflicting information.
- Medicines management was inconsistent and poorly monitored and pharmacy cover did not meet the national minimum standards.

Critical care

- Nurses met the trust's minimum completion standard for mandatory training in two of nine core modules. Only 43% of nurses had up to date basic life support training but compliance with Immediate Life Support training was 83% and at the time of the inspection. The trust did not submit training information for doctors and we requested this after our inspection.
- Consultants held monthly morbidity and mortality meetings to review patient deaths and outcomes. However there was limited evidence they resulted in changes to practice and documentation lacked identification of risk and causality. However, the trust demonstrated how the mortality review group provided assurance to the patient safety and mortality committee that reviews were appropriate and timely.

However:

- The vacancy rate for nurses was 18%, which was comparable to the trust average.
- The medical team was fully staffed and all consultants were accredited by FICM.
- There was evidence of learning and changes to practice as a result of incident investigations.
- Critical care nurses were required to undertake immediate life support training. At the time of our inspection 91% of the team had completed this against the trust target of 95%.

Is the service effective?

Requires improvement  

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

- The unit was compliant with 35 of the 41 guidelines for the provision of intensive care standards as identified by the Faculty of Intensive Care Medicine (FICM) and the Intensive Care Society (ICS).
- Although we saw staff monitored patients appropriately for pain management and the trust had resources available for pain management, there was limited specialist pain cover in the hospital during the inspection.
- Between April 2017 and July 2017, 74.1% of staff within critical care at the trust had received an appraisal compared to a trust target of 95%.
- Access to policies was readily available but there was not a system in place to ensure they were all regularly reviewed and updated.
- The senior team was not able to demonstrate the overall level of clinical competency training and achievement for all staff due to inconsistent recording.
- There was limited understanding amongst some staff about mental capacity assessments, the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

However:

- The trust has one unit which contributed to the Intensive Care National Audit Research Centre (ICNARC), which meant that the outcomes of care delivered and patient mortality could be benchmarked against similar units nationwide. Data for quarters 1 and 2 2017/18 mortality rates were comparable to similar units and have demonstrated improvement.
- A dedicated practice development nurse provided training and clinical development opportunities and 70% of nurses had a post-registration qualification in intensive care nursing.

Critical care

- Multidisciplinary input was available from physiotherapists, speech and language therapists, dieticians, tissue viability nurses and a learning disability liaison nurse. We saw referrals were attended to promptly.

Is the service caring?

Requires improvement  

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

- The cramped and cluttered nature of the high dependency unit (HDU) meant patient privacy and dignity was challenging. We did not see that staff always effectively adapted to this environment.
- Multidisciplinary professionals working in the HDU did not always ensure each patient's privacy was maintained.
- Not all staff felt empowered to challenge behaviour that demeaned patients or may have been unsettling to them.
- Results from the NHS Friends and Family Test between July 2017 and September 2017 demonstrated variable feedback and recommendation ratings.
- Emotional support for patients expected to die was inconsistent and staff did not adhere to a standardised or evidence-based approach.

However:

- Staff spoke to patients with kindness and compassion and made an effort to reduce the anxiety of patients with reduced understanding.
- During all of our observations we saw critical care staff introduced themselves to patients, explained what they were doing and asked for consent before proceeding.

Is the service responsive?

Requires improvement   

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

- Although resources were provided on the unit for patients and relatives they were of limited use because staff were not always proactive in supporting access to them. However, we did observe on one occasion the learning disability nurse providing support for one patient.
- The intensive care follow-up service did not meet the standards set by the ICS and there was no dedicated psychology input.

However:

- There was a well-coordinated and dedicated approach to organ donation including between a specialist nurse and consultants.
- In 2015/16, 6% of patients experienced a delayed discharge of over eight hours. This was in line with the national average and represented an improvement from the previous year.
- During the same period 2% of patients were discharged overnight between 10pm and 7pm. This represented an improvement of 2% from the previous year.

Critical care

- In the year leading to our inspection the unit received no formal complaints. We saw the senior team resolved minor concerns from patients and relatives and shared these with the team.

Is the service well-led?

Inadequate  

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

- There was limited evidence the senior team had implemented effective improvements to the service since our last inspection.
- There was room for significant improvement in certain elements of the operation of the unit, including infection control and environmental risk management.
- There was no routine contact between the senior clinical team in the unit and the trust senior team. The ward sisters held a handover following the general handover at the start of each shift. However, there was evidence that contact between senior staff at handovers and during shifts lacked coherence and led to a lack of safety and governance oversight.
- We did not find staff were always empowered or confident to challenge inappropriate behaviour as described with the trust staff pledges.
- There was a lack of coherent leadership in the unit in relation to non-clinical matters. This related to the poor condition of the environment, inconsistent infection control, lack of resources for patients with complex communication needs and poor oversight of security.
- A significant number of service improvements were aspirational or planned without a clearly structured framework. This included a staff debrief programme, daily safety briefings, language cards and leadership programmes for nurses at band six or above.
- There were inconsistent standards of data and information management.
- Although the senior trust team identified the challenges resulting from the environment, there was a lack of structured sustainability planning. After our inspection the trust provided us with funding plans for redevelopment including a bid for a new critical care as part of the sustainability and transformation plan (STP).

However:

- The lead nurse for critical care and lead consultant were responsible for governance and risk management. A series of meetings ensured this adhered to trust frameworks.
- There was evidence of staff engagement and staff we spoke with said they felt more involved in the trust than they had at our previous inspection.

Areas for improvement

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

End of life care

Good  

Key facts and figures

End of life care is provided on the wards across the hospital and was everyone's responsibility. The specialist palliative care team (SPCT) supports patients and staff, reviewing patients and giving advice for example with symptoms such as pain control, sickness and poor appetite.

The specialist palliative care team (SPCT) at the trust was led by a part time consultant in palliative care and consisted of 5.7WTE (whole time equivalent) clinical nurse specialists, one social worker and one administrator.

The trust provides end of life care at Croydon University Hospital. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

The trust had 923 deaths between July 2016 and June 2017.

The specialist palliative care team delivers a service seven days a week between 9.00am and 5.00pm with medical advice and support available 24 hours via a telephone line.

The Care Quality Commission (CQC) carried out a comprehensive inspection between 16 and 19 June 2015, which rated end of life care overall as requires improvement. We returned to inspect the service on 31 October 2017 and 1 November 2017.

During this inspection we visited wards - Queens 1,2 and 3, Purley 1 and 2, Heathfield 2, Fairfield1, Wandle 1,2 and 3, accident and emergency department, acute medical unit, Edgecombe unit (acute elderly care unit), the mortuary, the chapel, the bereavement office, Macmillan cancer centre and patient advice and liaison (PALs) office.

We spoke with four patients and four relatives. We also spoke with 31 members of staff, including senior managers, the specialist palliative care team, doctors, nurses, porters, mortuary staff, chaplain and bereavement staff and cancer support service staff.

Summary of this service

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

- The SPCT were competent, knowledgeable and responded to patients and their loved ones' needs. The team had completed mandatory training.
- The SPCT worked as an integrated team with hospital and local hospice to promote continuity and consistency in patient care. The team also participated in local and national audits to share information.
- Staff knew what incidents to report and how to report them and managers were involved in investigating incidents and shared any lessons learned.
- The team held daily meetings, attended ward rounds and multidisciplinary team meetings across the hospital specialties, in order to provide knowledge, support and input into patients' end of life care.
- Medicines were managed and prescribed appropriately and equipment was available to patients at the end of their life and equipment was well maintained.

End of life care

- Palliative and end of life care was provided on many wards at the hospital and all staff were caring and committed to meeting patients' needs.
- Palliative and end of life care services was provided by dedicated, caring and compassionate staff across the hospital. We observed care was planned and delivered in a way which took account of people's wishes.

However:

- Whilst Do Not Attempt Resuscitation (DNACPR) were in place for patients and clearly identified on the electronic patient record (EPR), ward staff were not able to show us the completed forms. SPCT were able to access the forms easily.
- The consultant cover was .5 whole time equivalent (WTE) which is 1.5 WTE short of national guidelines. A business case had been submitted for additional consultants.
- Staff across the service understood how to protect patients from harm and abuse. However, they were not correctly assessing patients' with regards to their capacity to make decisions about their care. Staff had training on safeguarding, the Mental Capacity Act, and Deprivation of Liberty Safeguards (DoLS), but we found areas of concern with regards to the Mental Capacity Act (2005) and the completion of DoLS application. The trust did not ensure that staff complied with its policy on Deprivation of Liberties Safeguards (DoLS).

Is the service safe?

Good  

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

- Mandatory safety training records were at 100% complete for all SPCT members including nursing and medical staff.
- End of life care (EOLC) was included in the induction programmes for all nursing and medical staff.
- Staff knew what incidents to report and could demonstrate how to use the electronic reporting system.
- Staff recorded patient care consistently. The records showed patients were reviewed regularly by the specialist palliative care team.
- Medicines were provided in line with national guidance. We saw good practice in prescribing anticipatory medicines for patients who were at the end of life.
- Lockable syringe drivers were well maintained and available to nursing and medical staff at all times.

However:

- There was only a 0.5 WTE consultants which fell well below the national guidelines of 2 WTE consultants per 250,000 population. A business case for additional consultants had been submitted.
- Ward staff were able to identify patient for DNACPR on the EPR, however, they were unable to show us where to find the DNACPR forms, which detailed the discussion with the patient/family, which doctor had had the discussion and the review date. The SPCT were able to show us the forms. The trust policy on DNACPR does not emphasis doing a capacity assessment before assuming a patient lacks capacity.

End of life care

Is the service effective?

Requires improvement  ➡ ➡

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

- Staff did not demonstrate understanding of the Mental Capacity Act (2005). Staff accepted the diagnosis of dementia as a sign of lack of capacity. Staff were not proactive in ensuring patients had their capacity formally assessed and recorded. Mental capacity assessments fully were not fully completed.
- Some staff did not always complete or document Mental Capacity Act (2005) assessments before applying for a Deprivation of Liberty Safeguard (DoLS) authorisation. The trust policy on DNACPR does not emphasis doing a capacity assessment before assuming a patient lacks capacity. The specialist palliative care team were competent and worked together as a team for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide end of life care.

However:

- The trust carried out individual assessments of patient's nutrition and hydration needs which were documented in their care plan.
- New staff received induction included training in end of life care and nursing staff were supported through revalidation.
- The nurses from specialist palliative care team were available seven days a week, with consultant on call support and advice via a telephone available out of hours.
- Patients received pain relief in a timely manner.
- Meals times were protected and patients who required assistance were supported.
- Multidisciplinary team (MDT) meetings were effective and well attended.

Is the service caring?

Good  ➡ ➡

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

- Staff cared for patients with compassion, treating them with dignity and respect.
- Patients, families and carers gave positive feedback about the care being received.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The service provided emotional support to patients, information about support groups, and supported spiritual needs through a multi-faith chaplaincy.
- The mortuary staff demonstrated a caring attitude to the deceased and their family and friends. They recognised, they were often the last contact the family and friends had with the trust and worked hard to ensure it was as positive as it could possibly in the circumstances.

End of life care

Is the service responsive?

Good  → ←

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

- Staff were flexible and made changes to improve services and support patients more effectively. There was a “Forget me not” scheme for patients living with dementia.
- The SPCT were visible and all staff we spoke with knew how to access them and said they were responsive, helpful and accessible.
- The SPCT had good working relationships with hospital staff and their hospice colleagues. This ensured care and treatment was coordinated with other services and providers.
- Side rooms were available for EOLC patients, Family members were provided with reclining chairs to enable them to stay overnight. Parking fee concessions were given to family members of EOLC patients.
- Concerns raised were dealt with on the wards; there had been no EoLC complaints in the last year.

Is the service well-led?

Good  → ←

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

- The hospital had a non-executive board representative for end of life care and the medical director was the board level senior responsible officer.
- The service had a clear management structure at both divisional and departmental level. The managers knew about the quality issues, priorities and challenges.
- Staff and manager were clear about the challenges the service faced. They could explain the risks to the service.
- Staff described the culture within the service as open and transparent. Staff could raise concerns and felt listened to within their service.
- Staff were clear about their role within the trust and how the SPCT integrated within wards and other providers.

However:

- End of life care risks were on the divisional risk register. Only one EOLC risk had been entered on to the register in December 2015 with no date for review or resolution. The risk was with regard to the number of consultants in the service, which did not give us assurance that there was full oversight of risk or the risk was being monitored at divisional level. A business case had been prepared for the board regarding increasing the consultant staffing within the team, however this had been taken before the board early in 2017 but no confirmation or agreement had been given by the time of our inspection.
- We were not assured that senior team were sufficiently aware of concerns regarding mental capacity and DoLS recording and applications. As well as the lack of malnutrition universal screening tool (MUST) assessments being completed for patients on the EoLC pathway.

End of life care

- There was slow progress on approval of the business case to increase the number of consultants within the SPCT to come in line with national guidance.

Outstanding practice

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

Areas for improvement

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

Outpatients

Good  

Key facts and figures

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

Outpatients is located within the directorate of Integrated Surgery, Cancer and Clinical Support directorate (ISCCS). There are clinical business units which sit within the ISCCS. Outpatients and ambulatory care are a business unit within the ISCCS directorate.

The trust had 398,586 first and follow-up outpatient appointments between July 2016 and June 2017.

Patients present to the departments by appointment. Clinics are mostly held in the general outpatients department at both Croydon University Hospital (CUH) and Purley War Memorial Hospital (PWMH). Many clinics are coordinated within the main outpatients and others are managed by clinical specialties in other parts of the hospital.

We visited the outpatients over two days during our announced inspection. We visited a variety of clinics including: gastroenterology, ear nose and throat (ENT), fracture, orthopaedic, endocrine, phlebectomy, elderly care, cardiology and rheumatology. We observed care and treatment. We visited the outpatients department over two days during our unannounced inspection. We looked at 12 sets of patient records. We spoke with over 25 members of staff, including nurses, doctors, allied health professionals, managers, and support staff. We also spoke with 10 patients who were using the service at the time of our inspection. We also used information provided by the organisation.

Summary of this service

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

- Staff had completed mandatory training and they were supported with their professional development.
- There was good compliance with infection prevention and control practices.
- There were sufficient staff to care for patients and a matron had been appointed since our last inspection.
- Patients were positive about the care they received and told us they were involved in decisions about their care.
- Clinics were well organised and waiting times were within national standards for many conditions including cancer.
- A new dedicated cardiology department had been opened.

However:

- Not all staff were aware and had access to the risk registers.
- There was a backlog of some GP letters which the trust planned to clear by December 2017.
- Some staff at Purley War Memorial Hospital had some concerns about security.

Is the service safe?

Good  

Outpatients

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

- We found all mandatory training courses met the trust 95% target for staff completion. The overall average completion rate for all mandatory training was 97%. However, we were unable to comment on whether mandatory training figures for medical and dental staff had improved from the data the trust submitted in July 2017.
- Plans were in place for staff to respond to a major incident. Staff had worked with the site management team to assess current risks.
- All staff were required to complete level 2 safeguarding training for children and adults every three years, there was 100% compliance at the time of our inspection. The trust told us that 100% of staff had completed level 1 safeguarding training.
- Outpatients collected infection control data in the form of hand hygiene audits and infection control audits. The hand hygiene audit for September 2017 demonstrated 100% compliance with the trust hand hygiene standards.
- There were arrangements to deal with foreseeable medical emergencies. Senior managers told us that escalation of risk was normally done from a ward level. Ward managers discussed risk with their line managers who escalated to the service manager, then onto the risk register if required.
- A matron had been appointed to post since our last inspection. Staffing establishment was based on the needs of specific clinics.
- Staff told us there were sufficient nursing staff to ensure shifts were filled in line with their agreed staffing numbers. The matron told us outpatients were fully staffed to established levels with no vacancies.
- Staff told us there were a sufficient number of doctors to run all scheduled outpatient clinics. We looked at rotas and clinic schedules which confirmed this.
- Staff told us patient paper based records were available for clinics and it was rare for a patient to have a temporary record created due to the unavailability of records. From November 2017 some specialities were moving to a paper light records system.
- Staff had access to an electronic incident reporting form, and staff in both CUH and PWMH knew and felt confident in using the system. Between September 2016 and August 2017, the trust reported no incidents classified as never events for outpatients.

However,

- There had been one serious incident reported for the outpatients through the Strategic Executive Information System (STEIS) from March to October 2017 for both CUH and PWMH. Following an executive review it was agreed locally not to report the incident as a 'never event.' However, the incident met the criteria for a 'never event' for wrong site surgery, as defined by the NHS England.
- Staff at PWMH said the trust had a security guard at night, but there was no security guard during the day and this left staff feeling vulnerable. Staff in PWMH told us there had been two episodes of unauthorised people entering the hospital. The trust had taken action and installed panic alarms in some clinical rooms. However, staff said they sometimes had to work in a room without a panic alarm.

Is the service effective?

We do not rate outpatients services for effective:

Outpatients

- Clinics were usually well organised and delivered effective assessment and treatment. Staff delivered evidence based care and followed National Institute for Health and Care Excellence (NICE) guidelines.
- Patient's pain was assessed and monitored.
- Between July 2016 and June 2017, the follow-up to new rate for PWMH was lower than the England average.
- Nursing staff were supported with revalidation ensuring they maintained their continuing professional development and required hours of practice.
- There were regular multidisciplinary team (MDT) meetings in outpatients.
- At CUH and PWMH most of the outpatient clinics ran from Monday to Friday between 8am to 4.30pm.
- There was a range of information leaflets and literature for patients to read about health promotion. For example, smoking cessation.
- Staff across both sites were clear about their responsibilities in accordance with the Mental Capacity Act 2005.

However:

- Between July 2016 and June 2017, the follow-up to new rate for CUH was higher than the England average.
- Staff told us there was no clinical supervision in place for nursing staff in outpatients.
- Between April 2017 and July 2017, 78.3% of staff within outpatients at the trust had received an appraisal compared to a trust target of 95%.

Is the service caring?

Good   

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

- Staff in outpatients provided compassionate care to patients and their families. Patients and families were positive about the care they received.
- Overall, patients and relatives told us they were involved in decisions about their care and treatment. Patients and relatives told us they felt informed about the processes in the department and received regular updates on their care and treatment.
- Staff understood their role in providing emotional support to patients and their families.

Is the service responsive?

Good  

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

- CUH had a new dedicated cardiology department. The cardiology department was comprised of clinic rooms, investigation rooms, and a cardiac laboratory. Staff told us the department could offer the full spectrum of cardiology, including rapid access clinics to diagnose patients presenting with the most common conditions and symptoms.

Outpatients

- In our previous inspection we found the cardiology department the rooms were small making access for wheelchairs and resuscitation trolleys difficult. However, during this inspection we found a new dedicated cardiology department had been opened.
- During our previous inspection we noted the distance from the orthopaedic clinic to the fracture clinic and the size of the plaster room were unsuitable for their use. However, work was in progress for the orthopaedic clinic and fracture clinic to be relocated to the site of the current emergency department.
- The utilisation rate of clinical rooms in outpatients was 95%. In response the outpatients department had introduced 'virtual clinics', these involved telephone consultations with patients who did not require a visit to the outpatients department.
- Between July 2016 and June 2017, the 'did not attend' (DNA) rate for CUH was similar to the England average. The DNA rate for PWMH was similar to the England average.
- The outpatients department had access to a range of support to meet patients' individual needs including: physiotherapy, speech and language therapists for voice, ear nose and throat (ENT) and respiratory disorders.
- Waiting times for patients on arrival in the outpatient clinics at both sites varied. Current waiting times were available on a noticeboard in all the clinics. However, we found recorded times were often less than the actual times patients were waiting and there were delays in the noticeboards being updated.
- Staff informed us there had been two patients in the previous 12 months where patients had been struck off waiting lists as DNA was incorrectly recorded. As a result outpatients had introduced a procedure whereby all patients' outcome sheets were checked on the system prior to the patient being discharged.
- Eight specialties were above the England average RTT for patients being treated within 18 weeks of referral.
- Between September 2016 and August 2017 the trust's referral to treatment time (RTT) for incomplete pathways was consistently better than the England overall performance by around 2% and similar to the national standard of 92%.
- All 13 specialties were above the England average for incomplete pathways RTT within 18 weeks.
- The trust was performing consistently better than both the two week 93% cancer waiting times operational standard and England average for people being seen within two weeks of an urgent GP referral.
- The trust was performing generally better than both the 96% cancer waiting times operational standard and England average for patients waiting less than 31 days before receiving their first treatment following a diagnosis (decision to treat).
- The trust was performing consistently better than both the 85% cancer waiting times operational standard and England average for patients receiving their first treatment within 62 days of an urgent GP referral.
- Complaints were appropriately recorded and responded to. We reviewed the minutes of the clinical governance meetings and saw that complaints and trends were discussed at the monthly clinical governance meetings.
- Between August 2016 and July 2017 there were 178 complaints about outpatients. The trust took an average of 27 days to investigate and close complaints. The most common subjects for complaint were: cause for concern - clinical or midwifery care, 66 complaints (37.1%): access, admission, administration, appointments, discharge, and transfer, 55 complaints (30.9%): staffing / clinic related incidents, 14 complaints (7.9%).

However:

Outpatients

- Administrative staff said medical secretary roles had been replaced with a pathway coordinator role and there were differences in the tasks staff were expected to do. Some staff told us a result of the 'point of delivery' (POD) reconfiguration some medical secretaries had resigned. However, there had been consultation with staff about the change and there were on-going follow up meetings.
- There were some typing backlogs, this included clinic letters, patient and GP letters. The service manager told us the trust had employed bank administrators to assist with the backlog. The backlog was scheduled to be cleared by December 2017.
- There was a mixed picture in regards to referral to treatment times (RTT). Between September 2016 and August 2017 the trust's referral to treatment time (RTT) for non-admitted pathways had been generally worse than the England overall performance. The latest figures for August 2017 showed 89.3% of this group of patients were treated within 18 weeks versus the England average of 89.6%.
- Nine specialties were below the England average for non-admitted RTT (percentage within 18 weeks).

Is the service well-led?

Requires improvement   

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

- The matron did not have the correct permissions on the trust's electronic system to access the risk register. The matron was also unaware of their responsibility in regards to adding risks to the risk register. This meant the outpatients' matron could not review risks on the register and could not regularly monitor risks in the outpatients department.
- A number of new service managers had taken up posts with the trust since our previous inspection. However, we found that some service managers were not fully aware of the transformation agenda proposals. For example, the orthopaedic service manager was not aware of proposals to relocate the fracture clinic and orthopaedic clinic.
- The outpatients' matron was covering three inpatient wards on an interim basis as well as the outpatients department. The matron said the arrangement was temporary and had been at short notice due to a band 8a matron being temporarily absent from the trust. The matron told us they had a lot of support from the trust and the inpatient wards had "very competent band 7 nurses." However, we noted that the matron was sometimes not available in outpatients and had to be called to the department in the event of any issues or visitors to the department asking to speak with them.
- Staff told us the trust had introduced dictation machines for doctors to dictate directly onto patient records. However, some staff said there was a shortage of the dictation devices.
- The outpatients' deputy general manager told us they had not visited PWMH as often as they would like due to competing priorities at CUH.

However,

- There was a governance structure in place from ward to the trust's board. A matron had been appointed since our previous inspection. The matron was responsible for overseeing the day to day running and management of the main outpatient service at both PWMH and CUH.
- The trust had a transformation agenda strategy with a focus on utilisation of outpatients clinical rooms and facilities and a reduction in 'did not attend' (DNA) rates.

Outpatients

- In February 2017 the trust introduced 'point of delivery' (POD) teams. The POD teams brought together the administrative support teams and clinical teams for specialist services. The PODs had dedicated teams to track of patients care from start to finish, enabling the trust to improve the monitoring of patient waiting times.
- Most medical and nursing staff in outpatients told us morale had improved with the appointment of a matron and the POD system.
- The ISCCS directorate had a dashboard to monitor key performance indicators (KPI). This was summarised and sent monthly to service leads. We viewed the dashboard for October 2017. We saw that the directorate were meeting most KPIs, with the exception of the cancellation rate, which across all outpatient services was above the trust's target, with an average of 21%, and the 'did not attend' (DNA) rate which was above the trust's target at 12%.
- The directorate governance lead told us the directorate risk register sat with the chief pharmacist, who had oversight of the register. Individual risks on the risk register sat with the manager who would be most affected by the risk.
- The outpatients department were in transition to a paperless system. Staff told us this was being phased in. Staff told us some outpatients specialities were going live with a paper light system in November 2017.
- The departments 'friends and family test' FFT results from July 2017 to September 2017 demonstrated that on average 94% of patients responded that they would recommend the service to their friends or family.
- CUH had a new dedicated cardiology department. Staff told us the department could offer the full spectrum of cardiology, including rapid access clinics to diagnose patients presenting with the most common conditions and symptoms.

Areas for improvement

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Regulation

Treatment of disease, disorder or injury

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

Regulated activity

Regulation

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Regulation

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Our inspection team

Margaret McGlynn, a CQC inspection manager, led the inspection. An executive reviewer, David Rogers Non-Executive Director at North Staffordshire Combined Healthcare NHS Trust, supported our inspection of well-led for the trust overall. A representative from National Health Service Improvement was part of the inspection.

The team included seven inspectors, nine specialist advisers, and one expert by experience. The team was also supported by an assistant inspector and an inspection planner.

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 employ directly. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.