

University Hospitals Plymouth NHS Trust

Inspection report

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

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

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix (www.cqc.org.uk/provider/RK9/Reports).

Ratings

Overall rating for this trust

Requires improvement 

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

Summary of findings

Combined quality and resource rating

Requires improvement 

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

Background to the trust

Background information

University Hospitals Plymouth NHS Trust (formerly, until 1 April 2018, Plymouth Hospitals NHS Trust) is the largest hospital trust in the south west peninsula. It is an NHS teaching trust and works in partnership with the Peninsula College of Medicine and Dentistry. The trust provides healthcare to people living in the south west peninsula, and visitors to the region, and provides training and education for a wide range of healthcare professionals.

The trust is organised into four 'care groups' of:

- Surgery
- Medicine
- Women and children
- Clinical support services

Within the care groups are a number of specialties termed 'service lines'. Critical care, dermatology, and the chronic pain service sit within the surgery service line along with the surgical specialties commissioned with the trust. The emergency department sits within the medicine service line. Women and children's services include community paediatrics. Clinical support services are responsible for therapies, imaging, healthcare science and technology, pathology, and pharmacy.

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

Overall summary

Our rating of this trust stayed the same . We rated it as **Requires improvement**   

What this trust does

A full range of general hospital services offers healthcare to around 450,000 people living in Plymouth, North and East Cornwall, and South and West Devon. The trust's range of services extends care to around 1.6 million people in the south west of England. Services provided include emergency and major trauma, maternity – both acute and community services, paediatrics, and a full range of diagnostic, medical and surgical sub-specialties. The trust's main site, Derriford Hospital, is home to the Royal Eye Infirmary and the south west peninsula cardiothoracic services.

More than 48,000 people pass through the main entrance of Derriford Hospital each week. The hospital has just over 1,000 inpatient beds in 36 wards, of which 167 are day-case beds, and 41 are for children.

The trust provides services at several other hospital sites in and around Devon and Cornwall.

Summary of findings

The trust employs just over 7,100 staff through a variety of full-time and part-time contracts.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

On 17-19 April, 8-9 May, 15-17 and 25 May 2018 we inspected six of the core services provided by this trust at its main site, Derriford Hospital. At our last inspection, the urgent and emergency services were rated as requires improvement. We had some current concerns about medical care and surgery, rated overall as good last time, and we decided to review these services on this inspection. We had current concerns about maternity, outpatients and diagnostic services, which are now inspected as separate core services, so we do not compare these with previous ratings. We decided to review these services.

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 17-19 and 25 May 2018.

What we found

Overall trust

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

Safe, effective, responsive and well-led were requires improvement, and caring was outstanding. Safe and responsive remained as requires improvement, but effective and well-led dropped by one rating to requires improvement. Caring remain outstanding.

Our inspection of the core services covered only Derriford Hospital.

- Urgent and emergency care stayed as requires improvement overall. The question of safety remained requires improvement. Effective dropped by one rating to requires improvement. Caring stayed as good. Responsive remained requires improvement. Well-led remained good. The department was too small to accommodate safely the number of patients it saw. There was frequent crowding as a result and patients being held in the corridor, and insufficient equipment to care for patients being held here. The resuscitation area was too small for a major trauma centre. The department was not always safely staffed. Not all patients were monitored for deterioration or pain in good time, and not all patients with suspected sepsis received antibiotics within 60 minutes. Privacy, dignity and confidentiality for patients was not always respected due to issues with space. The department had failed to meet the national standard for A&E waiting times for at least four years. However, we found the department visibly clean, most staff had updated

Summary of findings

their mandatory training, and there was good access to diagnostic imaging. There was excellent multidisciplinary teamworking, staff did their best to care for patients with compassion, and the department consistently scored above the national average for patients recommending it to their family and friends. Work was ongoing to reduce the number of patients attending the emergency department following the opening of the acute assessment unit on site. Governance processes had been strengthened and risks were well understood.

- Medical care dropped one rating from good to requires improvement overall. The question of safety remained as requires improvement. Effective and responsive both dropped one rating from good to requires improvement. Caring and well-led remained as good. There were not enough beds to meet the demand of medical admissions to the hospital. The systems to promote patient flow were effective, but the increasing demand outweighed the available beds. Wider community systems reduced the ability of the hospital to discharge patients. This increased the length of stay for patients. Risk assessments and the management of sepsis were not always carried out well, creating a risk for some patients. Systems for managing patients with mental health needs were not consistent across all wards and so care varied. There were vacancies for medical and nursing staff across the medical wards so staffing was not always at safe levels. Mortality statistics were not always recognised when they gave rise to concerns. Although we recognised there were many avenues open to staff to raise concerns, there were some staff who still did not feel able to safely do so.
- Surgery services remained rated as good. The questions of safety, effective, caring and well-led remained rated as good. Responsive remained rated as requires improvement. Following the last inspection an action plan had been implemented to work towards meeting identified recommendations. The service provided safe and effective care. Patients had good outcomes from their care and treatment. However, despite providing a good quality care, staffing levels were sometimes below the planned safe levels. People could not always access the service when they needed it and targets, included cancer waiting times were not always met. In response to times of hospital pressure, cancelled operations numbers were higher than the England average, and how operating theatres were used was not always efficient. During times when the hospital was over its capacity, facilities and premises used were not always appropriate for surgical patients. There were therefore times when patients' privacy and dignity could not always be maintained.
- Maternity services were rated as requires improvement. We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. There were issues with cleanliness and equipment not being checked as required. Some medicines and patient records were not stored securely. The process to monitor risk and oversee the service quality did not provide sufficient assurance, and this resulted in a lack of oversight of the performance of the service. However, there was excellent multidisciplinary working. Staff were caring and compassionate, and the mental health of patients was cared for.
- Outpatient services were rated as good. We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. Patients' care and treatment was planned and delivered in line with current evidence based guidance, and audits were carried out to ensure practice was monitored. Staff worked collaboratively with other services and utilised clinics well to meet patient's needs. However, responsiveness required improvement due to waiting time delays, including for cancer services.
- Diagnostic services were inspected as a core service for the first time at this hospital. They were rated as inadequate. Safe was rated as requires improvement. Effective was not rated. Although we inspected the effective domain, there is a lack of national data available to the CQC. Caring was good. Both responsive and well-led were rated as inadequate. Patients were unable to access services within the targets and standards required. There were unacceptable delays with imaging and the reporting of results. The governance did not provide assurance that the service was safe, effective or meeting patients' needs. There were risks from ageing equipment and some of the environment did not

Summary of findings

always respect patients' privacy and dignity. Most of the staff team we met were demoralised and described themselves in terms including overwhelmed and exhausted. Staff felt they were not able to provide the service they wanted to deliver. However, patients were positive about the way staff treated them, and we observed a caring group of staff.

- On this inspection we did not inspect critical care, end of life care, or services for children and young people. The ratings we gave to these services on the previous inspections in June 2015 and November 2016 are part of the overall rating awarded to the trust this time.
- 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.

Are services safe?

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

- Urgent and emergency care remained as requires improvement for safety. The department was too small to accommodate safely the number of patients it saw. There was frequent crowding as a result and patients being held in the corridor. The resuscitation area was too small for a major trauma centre and frequently full. Some patients needed to be moved from the resuscitation area before staff felt they were clinically ready to enable other patients to be treated. The doors to the paediatric area were not secured as required to protect children. Not all incidents were being reported due to time pressures and staff not believing they would be addressed. We observed the data recording the time to undertake initial observations being inaccurate. The department was not always safely staffed, particularly in periods of crowding. Not all patients were monitored for deterioration or pain in good time, and not all patients with suspected sepsis received antibiotics within 60 minutes. However, most staff had updated their mandatory training, and understood their responsibilities around safeguarding people. The department looked clean, and most, although not all staff, followed infection prevention and control procedures. There was fast access to a new state-of-the-art CT scanner in the department. Most medicines were managed safely. Patients with mental health problems were being assessed and handed over efficiently to specialist care.
- Medical care remained as requires improvement for safety. The environment and equipment was not always appropriate or well managed for patient care. Risk assessments including the management of sepsis varied. There were medical and nursing vacancies in many areas. Medicines were mostly prescribed and administered safely, but intravenous fluids given for patients on haemodialysis were not appropriately prescribed. Nevertheless, the medical care group had a good safety record and staff were aware of how to escalate concerns about a deteriorating patient.
- Surgery services remained rated as good for safety. The service had suitable theatres, wards and equipment and maintained good infection control procedures. Staff maintained records to a good standard and incidents were recorded investigated and acted on. However, staffing levels and skill mix did not always meet the needs of patients and staff training was not fully completed in all areas. Not all risk assessments and actions needed to mitigate risk were undertaken to ensure patient safety
- Maternity services were rated as requires improvement for safety. Some aspects of the environment and equipment were not always cleaned, checked regularly, or maintained as safe to be used. Medicines management was not consistently safe. Not all staff had completed the updates to their mandatory training. Records were not always safely stored. Gaps in the midwifery rota were not always assessed as to how they impacted on safe care. There were good infection control practices and good systems for patient assessment, theatre management and security.
- Outpatient services were rated as good for safety. Most clinics and equipment in the outpatient department kept people safe from harm and were visibly clean. Medicines and prescriptions were managed in line with national guidance and legal requirements, and we saw improvements made as a result of audits. However, not all staff had up to date training and we saw records left accessible and so could compromise patient confidentiality.

Summary of findings

- Diagnostic imaging services were rated as requires improvement for safety. Some equipment was old and at the risk of breaking down or malfunctioning. The service was using a poorly functioning e-requesting system and paper request cards for patients, giving a risk of patient information not being well managed. However, most staff had up to date training, managed their patient records well, and ensured that infection control procedures were followed.
- On this inspection we did not inspect critical care, end of life care, and services for children and young people. These services were rated as good for safe on the previous inspection. They will be inspected again at a later date.

Are services effective?

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

- Urgent and emergency care dropped from good to requires improvement for effectiveness. There was limited provision for patients to be given a drink when they were being held in the corridor. There was a mixed performance in the Royal College of Emergency Medicine audits, and not meeting any of the national aspirational standards. Patients were reattending the department in higher numbers than the national average. Not all staff had received an annual review of their work to meet the trust's target. However, national guidelines were followed and audited for compliance. The staff were trained and experienced. There was excellent multidisciplinary team-working.
- Effectiveness in medical care went down from good to requires improvement. Staff training in mental capacity was not sufficiently updated, and assessments for patients in this area were not always completed. Staff annual reviews were not updated in line with the trust's target. The management of Deprivation of Liberty Safeguards was not consistent, and updated guidance and policy documents for staff had not been made available. However, there was effective multidisciplinary team working across all wards and departments, staff managed patients' pain, hydration and nutrition well, and undertook audits to monitor their performance.
- Surgery remained good for effectiveness. We rated it as good because medical and nursing staff were competent to provide effective care. The service provided care and treatment based on national guidance and staff identified and supported patients and relatives who may need extra support. Staff assessed and managed patients' pain well and understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. However, the surgical care group's monitoring to review care provided did not always drive improvement, and not all staff were having an annual review of their performance.
- Maternity services were rated as good for effective. We saw multidisciplinary working at all levels in maternity services with evidence of actions being monitored to ensure improvements to services were made. Monitoring the delivery of care across the service and annual audits reflected national priorities and local initiatives. However, documents available to support staff were not consistently updated to reflect the latest evidence-based practice, and the process for document control did not provide sufficient assurance.
- Outpatient services were not rated for effectiveness. This is because we are not confident we are gathering enough information to rate this question. However, we found care was delivered and reviewed in a coordinated way and we saw multidisciplinary meetings were used in many specialities, which meant care was joined-up and focused on the best interests of the patient. However, most services were not available seven days a week, mostly due to staffing and capacity issues, although this was a key target of the newly developed outpatient strategy.
- We do not rate diagnostic imaging for effectiveness. This is because we are not confident we are gathering enough information to rate this question. However, of the audits undertaken, some showed poor outcomes for patients. Not all staff had been provided with their annual performance review. However, staff followed best practice guidance and legislation and were supported to update their practice.
- On this inspection we did not inspect critical care, end of life care, and services for children and young people. These services were rated as good for effectiveness on the previous inspection. They will be inspected again at a later date.

Summary of findings

Are services caring?

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

- Urgent and emergency care remained good for caring. Despite challenges caused by the environment, demand and crowding, staff did their best to provide compassionate care to all patients. Patients were mostly positive about the care they received from staff. The department consistently scored above the national average for patients saying they would recommend the service to their friends and family. Patients and their relatives were provided with appropriate emotional support where required, and staff took the time to ensure this happened. Patient felt they were listened to and could make their own decisions. However, patients' privacy, dignity and confidentiality was not maintained at all times, particularly in periods of crowding.
- In medical care, our rating of caring stayed the same. We rated it as good because patients felt well informed about their care. Staff showed an encouraging, sensitive and supportive attitude towards patients. They cared with compassion and took time to interact and listen to patients and their relatives.
- The surgery rating of good for caring stayed the same. Staff treated patients with compassion, dignity and respect. Staff recognised and responded to patient anxiety and distress and recognised that emotional support extended beyond patients' physical needs. However, while most patients felt involved in decisions about their care, some patients expressed a different view and we heard of some examples of staff members being abrupt and patients feeling this was rude.
- Maternity services were rated as good for caring. Patients were treated kindly and thoughtful emotional support was offered to women and those close to them. Staff communicated well with patients and provided the extra support needed for those in distress or grieving.
- Outpatient services were rated as good for caring. Patients were treated with dignity, compassion and respect. People with extra needs were given additional support. Staff understood the impact of the diagnosis and treatment on patients' emotional wellbeing and actively supported patients.
- This rating of diagnostic imaging for caring was good. Patients were shown kindness, compassion and respect. Staff recognised patients' anxiety and nervousness and explained what they might experience, to put them at ease, including side effects or next steps in treatment. However, not all areas provided patients with privacy and dignity and the service had received complaints about this.
- On this inspection we did not inspect critical care, end of life care, and services for children and young people. These services were rated as good (critical care) for caring and outstanding (end of life care, and children and young people) on the previous inspection. They will be inspected again at a later date.

Are services responsive?

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

- Urgent and emergency care remained requires improvement for responsiveness. The facilities and premises were not appropriate to meet patients' needs. There was not enough space to appropriately accommodate the numbers of patients attending the department. Patients with mental health conditions were required to wait with other patients in the busy department because there were not any dedicated facilities, apart from an assessment room. Flow through the department was slow and patients often waited long periods of time before they were admitted, transferred or discharged. The department had failed to meet the four-hour standard for at least the last four years. Escalation processes in response to high demand and crowding were slow to provide additional support and often had little impact. Learning actions from complaints could not be demonstrated. However, work was ongoing to improve access to the department by opening the new acute assessment unit on site.

Summary of findings

- In medical care, our rating for responsive went down from good to requires improvement. There were insufficient medical beds to meet the demand of medical admissions to the hospital. Local systems to promote patient flow were effective, but the increasing demand outweighed the beds available. Staff at all levels did the best they could to maintain patient flow through the hospital and avoid any negative impact on patients' experience, treatment and care. Wider community issues meant patients were delayed in hospital longer than they should be. However, there were plans to reconfigure some wards in the medical care group to meet the needs of people. These plans would lead to better continuity to provide safe care and treatment to patients. Many wards had taken actions to become dementia friendly and meet people's needs.
- The surgery rating for responsiveness remained the same. We rated it as requires improvement because patients could not always access the service when they needed it. The surgery division was not achieving targets for patients receiving treatment within the standards set, and this included cancer waiting times. As a result of increased demand for services, there had been surgery cancellations and the use of some post-operative areas did not meet patients' needs.
- Maternity services were rated as good for responsive. The trust planned services to meet the needs of the population it served. However, they were in the process of re-evaluating provision to see how this could be improved. The flow of patients through the department was well managed. The service was responsive to individual needs and supported women in their choices. Extra support was available for those patients with identified needs. However, the service did not have the facilities to offer midwifery-led care as recommended in national guidance.
- Outpatients services were rated as requires improvement for responsive. There were long waiting times and delays for some patients. Targets not met included the national target for cancer waiting times for urgent patients or for 62-day pathway patients, although improvement plans had been developed. However, services were planned and delivered in a way that met the needs of the local population, and considered the need for choice and continuity of care. There was a proactive and innovative approach to how clinics and capacity was to be planned in the future. The needs of different people were considered and all reasonable adjustments were made for patients living with dementia and learning disabilities.
- Diagnostic imaging was rated it as inadequate for responsive because there were significant delays in providing tests and results, and extensive waiting lists, including against cancer standards. Patients requiring an emergency examination were not always being seen in a timely way. However, there were some good environments for people, and extra support available for children and for adults who had identified needs.
- On this inspection we did not inspect critical care, end of life care, and services for children and young people. These services were rated as good for responsiveness on the previous inspection. They will be inspected again at a later date.

Are services well-led?

Our rating of well-led went down. We rated it as requires improvement because the trust overall was rated as requires improvement for well-led, as were maternity services, and diagnostic services were rated as inadequate, although diagnostic services do not contribute to the overall rating:

- Urgent and emergency care remained rated as good for well-led. There was generally a supportive culture for staff and staff wellbeing was a high priority. Governance processes had been strengthened and meeting were well attended. Risks were well understood. However, control measures for some risks were not having the intended outcome, and the risks were consequently not reducing. Confidential patient information was not always held securely and there was limited engagement with the public to shape the way the service was delivered.
- For medical care, our rating of well-led stayed the same. We rated it as good because leaders and ward managers had the skills, knowledge, experience and integrity to lead teams effectively. There were processes and systems of

Summary of findings

accountability to support the delivery of good quality and sustainable services. There was a governance, safety and risk structure which helped to ensure an effective overview of quality and care delivered. Most staff felt supported, respected and valued and engaged with service improvement initiatives. However, some areas of monitoring required deeper scrutiny, including mortality figures. Staff raised concerns about being deployed to work on wards where they were not familiar with the speciality, staff or the environment. Staff were not all confident that issues raised were listened to and some staff felt a fear of retribution.

- The surgery rating of good for well-led stayed the same. The surgery care group had a vision for what it wanted to achieve which was in line with the trust's vision and had a realistic strategy to achieve it. The culture was open, honest and patient centred. Areas of risk were well managed with poor performance addressed. Staff were supported to develop ideas to drive improvement. However, apart from trust wide initiatives, there were limited approaches to engaging with patients to plan and manage services.
- Maternity was rated as requires improvement for well led. The service lacked an overview and governance to support its direction and ongoing development. Governance processes were not embedded sufficiently to manage risk, or drive service change. However, staff felt supported by their managers and there was a positive working culture across the maternity service with good multidisciplinary working.
- Outpatients was rated as good for well-led. There were good processes and systems throughout the various departments to ensure accountability, the management of risk, the management of performance, and regular review. This provided oversight of how the services were performing. Leadership had good assurance of the quality of care. We saw the positive impact audits had on individual outpatient areas, and how they helped drive improvements. Staff felt included in the development of the service and innovation and development was evident.
- Diagnostics was rated as inadequate for well-led. The leaders were not given the time or capacity within their roles to provide assurance and governance effectively. Too many staff did not feel supported, respected or valued. Not all risks were being adequately managed or recognised. Some targets set for the diagnostics team were unachievable. When other services were introduced or expanded at the trust, the impact on the diagnostics team was not always recognised or accounted for.
- On this inspection we did not inspect critical care, end of life care, and services for children and young people. These services were rated as good for well-led on the previous inspection. They will be inspected again at a later date

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, for Derriford Hospital, 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 other than those for diagnostic imaging at Derriford Hospital which were not included in the 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.

Our ratings tables for this inspection do not include community hospitals not yet inspected under our current inspection methodology.

Outstanding practice

We found examples of outstanding practice in surgery, maternity, outpatients services. We also found outstanding practice in the trust-wide inspection of the well-led question.

For more information, see the Outstanding practice section in this report.

Summary of findings

Areas for improvement

We found areas for improvement including 48 breaches of regulations that the trust must put right. We also found 102 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 the quality of services.

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

Action we have taken

We issued Health and Social Care Act 2008 Section 29A warning notices to the trust. These were in relation to breaches of the legal requirement for the quality of health care in diagnostics and screening services, and in pharmacy services. The trust is required to send us a report saying what action it would take to meet these warning notices.

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

Our action related to breaches of legal requirements in urgent and emergency services, medical care, maternity services, outpatients, diagnostic imaging, and for the trust as the overall provider of services.

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

What happens next

We will make sure 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.

Outstanding practice

- The trust had outstanding results of low levels of both clostridium difficile and MRSA hospital-attributable infections, and significant reductions in MSSA and E. coli infections in the bloodstream. There had been a significant reduction in urinary-catheter infections and no wards had been closed in the year 2017/18 for Norovirus.
- There was an outstanding commitment and range of activities to engage at a trust-wide level with people who used the services.
- The trust had a group of dedicated, caring and special individuals who gave up their time to volunteer to support the trust, patients and carers. They were a credit to themselves and the trust.
- The hospital employed two Parkinson's nurses rather than community employed nurses. They could attend multidisciplinary team meetings and had helped improve medicines management, patient's satisfaction, and reduced length of stay for patients with Parkinson's disease.
- Additional training had been provided to staff to enable patients undergoing an oesophagectomy to be transferred straight from surgery to the ward rather than the high dependency unit. This meant patients underwent rehabilitation sooner and were released from hospital earlier, as well as increasing availability of beds in the high dependency unit.
- We heard about the Snowdrop Appeal, a charity which was initiated with a family following bereavement. The appeal had raised over £120,000 and was to be used to create a dedicated bereavement suite. All staff felt this would improve the quality of care they were able to deliver and provide a much-improved experience for families.

Summary of findings

- The succession planning for leadership roles through the off-rotational expert role within the midwifery service provided an opportunity for those wishing to progress to build knowledge and skills in a structured and supportive environment.
- In outpatients, the chronic pain management service was running a fibromyalgia body-reprogramming project in partnership with two universities to capture, assess and improve outcomes for patients living with fibromyalgia.
- The learning disabilities (LD) team supported members of the Derriford User Group to conduct a review of outpatient services to assess their suitability for patients with learning disabilities. As part of this review, the team used a 'mystery shopper'. As a result of the review, LD friendly posters were being developed alongside a modified NHS Friend and Family Test questionnaire.
- The rheumatology department within outpatients used patient reported outcomes in which patients suffering from inflammatory arthritis reported their symptoms to the hospital electronically. Patients received an email with a link and login details for the system which recorded things such as an increase in symptoms. The clinicians then collated this, reviewed it and used the system to monitor stable patients or called them in for review.
- The Royal Eye Infirmary displayed the CQC ratings table in both standard format and a format that was designed to be easier to read for patients with a visual impairment.

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

Trust-wide

- Address and resolve the remaining issues with staff and staff groups who do not feel valued and supported. Ensure that action is taken to address behaviour that is inconsistent with the values of the organisation.
- Be assured that the trust is meeting its obligations to have a legal basis to deprive someone of their liberty. Ensure that Deprivation of Liberty Safeguard rules applications are fully understood, recognised and created by those staff who are accountable and responsible for the application.
- Address and resolve the issue of unrecognised or unaddressed risks in the pharmacy and diagnostic imaging teams connected with patient safety, staff pressures, performance, and governance failings.
- Work with stakeholders and commissioners to address the failure to meet almost all the national targets or standards for patient care. This includes most significantly the cancer standards and the failure of meet diagnostic standards.
- Address and resolve the cultural, wellbeing, staffing, resource, and workload issues within the pharmacy service and as they affect both the service and the wider trust.
- Urgently produce standard operating procedures to ensure patients leave the hospital with critical medicines, and attend or are made aware of any critical follow-up appointments.
- Ensure effective governance within the pharmacy service to provide a high quality and safe service.

Urgent and emergency care

Summary of findings

- Urgently progress the redesign of the emergency department to ensure there is adequate space to care for patients safely and that patient needs are met.
- Provide sufficient equipment to monitor patients at all times.
- Ensure patients are observed, or at least have the means to call for assistance, when waiting outside X-ray.
- Ensure all equipment is serviced as required, and put in place appropriate monitoring systems to provide oversight of equipment servicing.
- Ensure patients have regular observations completed and documented, with easy to recognise trigger points for increased regularity of observations.
- Ensure patients presenting with possible sepsis are recognised, started on a treatment pathway and administered antibiotics within 60 minutes.
- Ensure the data reported in relation to time to initial assessment is an accurate record from arrival at the emergency department, not using the ambulance service's observations.
- Urgently review nursing and medical staffing numbers to ensure there are always sufficient numbers on duty to keep patients safe.
- Ensure medicines are always stored securely to prevent unauthorised access.
- Ensure the privacy and dignity of patients is always maintained.
- Put in place appropriate escalation processes that ensure a timely response to supporting the emergency department to keep patients safe and improve patient flow.
- Ensure an external review takes place as soon as possible to identify the risks in the department and then take the actions recommended to reduce them.

Medical care

- Ensure nursing staffing levels meet the nursing establishment on the endoscopy unit to enable planned investigations can be carried out and not to hamper service improvement projects.
- Ensure that all patients are assessed for venous thromboembolism (VTE) as soon as possible after admission, or by the first consultant review and that this is re-assessed within 24 hours in line with national guidance.
- Review processes for effective systems to scrutinise morbidity and mortality (M&M) data. Standardise the format of minutes of M&M meetings to ensure effective sharing of information with those who were unable to attend. Review and improve the format M&M data was presented to ensure it is transparent, and can allow for challenge.
- Ensure Deprivation of Liberty Safeguards are applied for in accordance with legal requirements.
- Improve training compliance for medical staff undertaking mental capacity assessment.
- Improve arrangements and work with the wider healthcare system to reduce delayed transfer of care. Patients who were medically fit for discharge were unable to leave hospital, which put them at risk of deconditioning and deterioration.

Surgery

- Ensure referral to treatment time for incomplete pathways are improved and improve the cancer waiting times for the percentage of people waiting less than 62 days from urgent GP referral to first definitive treatment.

Maternity

Summary of findings

- Ensure all staff in maternity have in date mandatory training, including emergency procedures and safeguarding.
- Review the systems and processes for ensuring all staff, including medical staff who do not attend mandatory training are followed up and training is completed.
- Review the systems and processes to ensure all equipment has been maintained, checked and cleaned ready for clinical use, including equipment for use in emergencies.
- Review the systems and processes for the safe management of medicines, including replenishment and storage, both within the hospital and in community.
- Ensure the process for approval to work under Patient Group Directions are consistent with trust policy and national guidance.
- Consistently achieve internal targets for the use and completion of the WHO safety checklist.
- Ensure patient information is protected in clinical areas and records are amalgamated and stored securely following discharge from the service.
- Review governance, risk management, and performance processes to ensure threats and defects in the service are visible and escalated appropriately.
- Comply with the trust process for the introduction of new roles and practices to ensure the associated risks are fully understood.
- Improve the process for document control to ensure policies and procedures are reviewed considering national guidance, before the time of expiry, and only the most recent version is available to staff.
- Ensure all nurses and midwives delivering care within the high dependency unit have been assessed as competent to care for the critically ill woman.
- Ensure Modified Early Obstetric Warning Score (MEOWS) charts are used consistently and escalation occurs in accordance with policy.
- Review the process for classifying serious incidents and external reporting to ensure that all incidents meeting the criteria are reported appropriately. Ensure backlog of actions for serious incidents is completed.

Outpatients

- Make sure all staff within the outpatient departments have undertaken mandatory training updates in line with trust policy.
- Bring the current outpatient referral to treatment time target into line with targets.
- Bring the current cancer wait targets, especially for two-week wait and 62-day pathways into line with targets.

Diagnostic imaging

- Make significant improvements to meeting the needs of patients in the diagnostic imaging departments in terms of timeliness of their appointments.
- Ensure the leaders within the diagnostic imaging departments have the capacity to lead and provide assurance of the quality, safety, and responsiveness within the service.
- Support and improve the culture and wellbeing for the diagnostic imaging staff.
- Replace imaging equipment which is beyond its 'end of life', and continue to develop and act upon in a timely way, the imaging capital replacement programme, to increase business continuity and minimise risks of harm to patients.

Summary of findings

- Make sure all patients of child-bearing age have the appropriate pregnancy checks recorded.
- Progress the e-referral system implementation to reduce risks to patient safety, particularly around unnecessary exposure, and incorrect referrals.

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.

Trust-wide

- Demonstrate in the board papers the open and professional challenge we were told happened.
- Maintain the personnel files of the trust's directors to demonstrate that the evidence to support them being Fit and Proper Persons can be reviewed and checked.
- Update the policies and procedures relating to criminal record checks to ensure they are current and referring to the current processes.
- When producing the Quality Report or published documents for people who use the service, make sure they demonstrate whether the organisation has met its objectives to people who use services.
- Address the recognised gap between the care groups in terms of the assurance process and as it flows upwards to the trust board. Consider, as would be best practice, an external review of governance as a possible way of addressing this.
- Produce reliable data on the working hours of doctors and dentists in training to be able to gain assurance that the trust was meeting the requirement for these staff to work safely and undertake their training and development.
- Provide the board with assurance that duty of candour, as a statutory regulation, is being consistently applied where required.
- Demonstrate that progress is made on reducing the disproportionate level of violence and aggression from patients and the public to staff identifying as from a Black and minority ethnic background.
- Look again at the work plan for the Equality, Diversity and inclusivity group to ensure its objectives are achievable and realistic.
- Produce a published Workforce Race Equality submission which is complete and demonstrates the trust is investing in this area.
- Provide the board with assurance that investigations into serious incidents or complaints described in the monthly integrated performance report are leading to learning and change where this is needed.
- Give assurance that the trust board is reviewing and satisfied with the risks it is responsible for on the Board Assurance Framework.
- When producing the annual complaints report, look to describe changes and improvements made from complaints and concerns, and not from other areas of activity within the trust unrelated to complaints.
- Look to reduce the increasing number of complaints that are reopened, often as they have not satisfied the person who has complained.
- Review the risks around electricity supply and car parking capacity, and ensure these are reflected on the corporate risk register and the Board Assurance Framework if considered appropriate. Ensure the risks around the estate have longer-term actions described in the Board Assurance Framework.

Summary of findings

- Resolve the issues for the infection prevention and control team around signing-off data for NHS England.
- Consider what improvements can be made to reduce the risks from the three-stage safeguarding system for adults in the light of the far better system used for children. Bring this risk to the corporate risk register for monitoring and improvement.
- Add the issue around it being possible to access and incorrectly update the wrong patient medical record to the risk register for monitoring and improvement.
- Raise awareness with staff of how patient feedback is used to improve services.
- Demonstrate that actions have been taken when learning from patient death and how these actions have improved practice and reduced the risk of events happening again.
- Provide consistency in the quality and effectiveness of the mortality and morbidity reviews at service line or speciality level. Ensure in doing so that any concerns within national indicators are investigated and explained.

Urgent and emergency care

- Ensure all staff are up-to-date with mandatory and safeguarding training.
- Ensure the kitchen in the clinical decision unit is secure when unattended to prevent patients gaining access.
- Repair or replace the flooring in the clinical decision unit toilets/shower rooms to enable effective cleaning and minimise infection control risks.
- Review the security arrangements for the paediatric department to prevent unauthorised entry and exit. Ensure children in the paediatric department do not have access to electrical sockets.
- Provide training and/or guidance to reception staff that enables them to recognise 'red flag' symptoms.
- Consider how patients arriving by ambulance can be protected from the weather while being transferred to the department.
- Make sure clinical waste bins are emptied before becoming over-full.
- Consider how patients can be safely transferred across the road from the helipad when security staff are not present to stop the traffic.
- Review the front loaded initial care (FLIC) model to ensure it provides appropriate timely decision-making and treatments.
- Review the security arrangements for storing patient records in the clinical decision unit.
- Make sure incident reporting, learning and feedback is given sufficient priority to encourage improved incident reporting from staff.
- Make sure allergy information is recorded on all relevant paperwork.
- Ensure staff always clean their hands between patient contacts.
- Make sure patients waiting in the department for long periods are not left without access to drinks and food, where appropriate.
- Record patients' pain scores routinely and make sure pain relief is provided promptly when required.
- Continue to participate in relevant audits to monitor and improve patient outcomes through consistent compliance with national standards.

Summary of findings

- Provide annual appraisals for all staff.
- Ensure staff working in resuscitation as part of a team wear the correct tabards to help with role identification.
- Review how patients can be better supported to manage and support their own healthcare.
- Consider providing nursing staff the skills required to undertake mental capacity assessments.
- Provide patients requiring the toilet with appropriate facilities without undue delay.
- Keep patients in the corridor up-to-date with their care and treatment plans.
- Communicate current estimated waiting times to patients arriving at the department.
- Look to make the environment more suitable for patients with dementia.
- Agree and record a clear vision for the emergency department, and produce a strategy that enables the vision to be achieved.
- Improve minutes and action tracking for team meetings.
- Review how the provision of psychiatric liaison services is monitored to ensure performance meets patients' needs and improvements can be identified if needed.
- Identify ways of obtaining feedback from the public to develop and improve services.

Medical care

- Review the nursing establishment to ensure safe nursing staff levels on inpatient wards based on data collected to ensure this meet national guidance.
- Review the level of child protection training and compliance for staff providing care and treatment for young adults under the age of 18 years.
- Improve training compliance with Mental Capacity Act and Deprivation of Liberty Safeguards.
- Review arrangements for the safe administering of intravenous fluids for patients receiving haemodialysis.
- Improve emergency equipment daily checks in line with national guidance. This was highlighted in a previous CQC inspection and we did not find this had been improved adequately.
- Improve compliance with mandatory training for medical staff to meet the trust target.
- Ensure substances hazardous to health are store in line with regulations.
- Monitor, record and audit air pressure levels in positive and negative air pressure rooms in line with national guidance.
- Consider more innovative ways to recruit to consultant vacancies in the medical care group.
- Review the suitability of Postbridge ward to accommodate inpatients and overnight.
- Improve documentation to easily identify when patients were moved to a different ward and document the reasons for doing so.
- Ensure nursing care plans are individualised and hold sufficient information to ensure safe and effective care can be delivered by all staff.
- Improve documentation of when liquid medicines are opened to ensure they are not administered when they have expired.

Summary of findings

- Review clinical guidelines on the trust intranet to ensure they are all current and reflect the most up-to-date national guidance.
- Enhance awareness of the sepsis care bundle is rolled out to all inpatient wards and departments.
- Improve documentation form treatment escalation plans to ensure these are completed to demonstrate patients' choices are considered.
- Develop a standard operating procedure to provide guidance for staff about the safe use of escalation areas including safe staffing levels.
- Ensure regular schedule clinical governance meetings are held and attended.
- Evaluate training needs for training in mental health conditions to enhance staff's understanding and ability to care for patients admitted to the acute trust and who suffer from mental health conditions.

Surgery

- Improve mandatory and safeguarding training levels so that they achieve the trust's target.
- Ensure cross infection processes are followed in all ward and theatre areas.
- Ensure products deemed as hazardous to health are locked away and not accessible to patients.
- Improve compliance with 95% of venous thromboembolism (VTE) (blood clot) assessments being carried out for patients in line with national guidance.
- Improve compliance with the WHO checklist in the specialities where the 95% compliance target was not being achieved.
- Continue to improve staffing levels and ensure they match the acuity of patients on all wards.
- Improve appraisal levels so that they achieve the trust's target.
- Undertake sepsis audits on all wards where sepsis might occur.
- Improve mental capacity and deprivation of liberty training levels for medical staff and nursing staff so they achieve the trust's target.
- Clearly display information directing patients on how to make a complaint.
- Ensure all areas used in times of escalation protect patient's dignity and meet their needs.
- Continue to improve theatre utilisation and reduce the number of theatres cancelled.
- Improve the number of risks on the risk register actioned within the agreed timescales.
- Standardise the format of minutes of mortality and morbidity meetings to ensure effective sharing of information.

Maternity

- Consider how to make morning multi-disciplinary handover on delivery suite more efficient and if the two handovers can be merged to maximise a coordinated approach. Consider how actions and information resulting from these handovers is captured.
- Consider implementing a quality manager role, in line with other care groups in the organisation, to support risk management, governance, and oversight from patient to board.
- Continue with the plans already initiated for a midwifery-led service to comply with national guidance.

Summary of findings

- Expand the use of clinical audit and other improvement tools to proactively measure service delivery.
- Evaluate the roster to identify if midwifery staff shortages are disparate across the service and disproportionately affect one part of the pregnancy.
- A risk assessment for the safe storage of medical gases should always be available to staff.
- Review the process for ensuring hazardous chemicals are consistently locked away and not accessible to unauthorised persons.
- Consider how to increase information technology in the community, and specifically access by community midwives to maternity guidance and blood results.

Outpatients

- Make sure all staff working in clinical outpatient areas are 'bare below the elbow' in line with best practice and trust policy.
- Take steps to provide sufficient seating and outpatient waiting areas facilities for patients attending appointments.
- Make sure patient notes are stored securely when not in use in outpatient clinics.
- Ensure that learning from any serious incidents is embedded within the relevant department and the wider organisation.
- Keep patients informed of delays in outpatient clinics making sure staff communicate effectively with patients with disabilities and sensory loss.

Diagnostic imaging

- The service needs to improve compliance rates for mandatory training, to ensure all staff are up to date with the latest practices and processes to keep patients and themselves safe.
- Complete paperwork associated with infection prevention and control and that it is appropriately countersigned by a senior radiographer.
- Improve compliance with audits such as the hip fracture audit and the trauma audit.
- Ensure that all staff receive, annually, an up to date appraisal.
- Improve privacy and dignity for patients in the diagnostic imaging department. Particularly in plain film X-ray, MRI and nuclear medicine.
- Ensure that targets set in diagnostic imaging are achievable, realistic, and encourage the service to improve.

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:

Summary of findings

- Although we recognised there had been actions taken and advancements made around improving culture, there were several significant problems to be addressed, and others that had not been discovered or acted upon for several years. There were some groups of staff who did not feel valued, respected or supported. Not all staff felt they were able to raise concerns, or had not in the past, without fear of retribution, or their fears being unheard.
- Action had not always been taken when it was needed to address behaviour and performance that was inconsistent with the strong values of the organisation.
- The operational performance at the trust was failing to meet almost all national targets or standards for treating patients. While we do acknowledge the pressures the trust had been under during the winter months, and the approval of lower trajectories for some targets or standards by NHS commissioners, there were still many areas underperforming, and had been for several years.
- The trust did not demonstrate how it addressed some significant risks in departments which had been (or should have been) recognised for an unacceptable amount of time. One of these significant risks that had not been addressed was related to the subsequent deaths of two patients.

However:

- The leaders had the skills, knowledge and integrity needed to run the organisation. The trust board members we met were a group of individuals with a wide range of experience, knowledge and skills, and long service in senior management. There was evidence from our conversations with senior people, including the non-executive directors, of an environment of cohesive constructive challenge among the leadership team.
- The trust had a clear vision and strategy which had been developed in collaboration with the local community and its stakeholders. The strategy was aligned to the wider health and social care economy to meet the needs to the population.
- There were effective systems of governance to support accountability and responsibility for providing safe and effective care. The remits of the various committees were clear and provided high-quality information for the trust, regulators and stakeholders. However, some strands across the care groups were not connected as well as they could be in relation to learning from each other.
- There was mostly good quality information provided to the trust board, although some needed to be improved to be able to demonstrate what had been achieved and to where it was attributable. There were effective arrangements to ensure the information was accurate, timely, reliable and relevant.
- There was some impressive work being done with people who used the services, the public, and external partners to shape and improve services. People were actively involved with the trust and decisions about what was best were taken with those people they affected. There were positive and collaborative relationships with external partners to build a shared understanding of the challenges with the system.
- There were systems working all the time to strive for continuous improvement in clinical and non-clinical services. The trust participated and hosted a range of research and development projects and worked closely with local partners and training institutions. Staff were actively encouraged to solve problems together and there were systems to support that. Staff could take time out to improve their own processes and ways of working. The trust recognised wider health issues and looked for innovations in community care.

Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating (www.cqc.org.uk/provider/RK9/Reports).

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Aug 2018	Requires improvement ↓ Aug 2018	Outstanding ↔ Aug 2018	Requires improvement ↔ Aug 2018	Requires improvement ↓ Aug 2018	Requires improvement ↔ Aug 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.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Derriford Hospital	Requires improvement ↔ Aug 2018	Requires improvement ↓ Aug 2018	Outstanding ↔ Aug 2018	Requires improvement ↔ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018
Mount Gould Hospital	Good Nov 2016	Not rated	Good Nov 2016	Requires improvement Nov 2016	Requires improvement Nov 2016	Requires improvement Nov 2016
Overall trust	Requires improvement ↔ Aug 2018	Requires improvement ↓ Aug 2018	Outstanding ↔ Aug 2018	Requires improvement ↔ Aug 2018	Requires improvement ↓ Aug 2018	Requires improvement ↔ Aug 2018

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

Ratings for Derriford Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Aug 2018	Requires improvement ↓ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018
Medical care (including older people's care)	Requires improvement ↔ Aug 2018	Requires improvement ↓ Aug 2018	Good ↔ Aug 2018	Requires improvement ↓ Aug 2018	Good ↔ Aug 2018	Requires improvement ↓ Aug 2018
Surgery	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018
Critical care	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Nov 2016	Good Jun 2015	Good Nov 2016
Maternity	Requires improvement Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Requires improvement Aug 2018	Requires improvement Aug 2018
Services for children and young people	Good Nov 2016	Good Jun 2015	Outstanding Jun 2015	Good Jun 2015	Good Jun 2015	Good Nov 2016
End of life care	Good Jun 2015	Good Nov 2016	Outstanding Jun 2015	Good Jun 2015	Good Jun 2015	Good Nov 2016
Outpatients	Good Aug 2018	Not rated	Good Aug 2018	Requires improvement Aug 2018	Good Aug 2018	Good Aug 2018
Diagnostic imaging	Requires improvement Aug 2018	Not rated	Good Aug 2018	Inadequate Aug 2018	Inadequate Aug 2018	Inadequate Aug 2018
Overall*	Requires improvement ↔ Aug 2018	Requires improvement ↓ Aug 2018	Outstanding ↔ Aug 2018	Requires improvement ↔ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 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 Mount Gould Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good Nov 2016	Not rated	Good Nov 2016	Requires improvement Nov 2016	Requires improvement Nov 2016	Requires improvement Nov 2016
Overall*	Good Nov 2016	Not rated	Good Nov 2016	Requires improvement Nov 2016	Requires improvement Nov 2016	Requires improvement Nov 2016

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

Derriford Hospital

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Key facts and figures

Derriford Hospital has just over 1,000 inpatient beds, of which 41 are for children, and 167 day case beds. There are around 1,800 outpatient clinics and 336 community clinics held each week. The trust operates a high dependency and intensive care unit for both general and neurological patients, and a cardiac critical care unit and cardiothoracic service. It provides acute and community maternity services, runs 31 operating theatres, and has 36 inpatient wards. It has a fully equipped diagnostic imaging department operating seven days a week, an eye infirmary, and a recently commissioned acute assessment unit.

The trust employs around 6,300 whole-time-equivalent staff (7,127 headcount).

Summary of services at Derriford Hospital

Requires improvement ● → ←

Our inspection of the trust covered only this hospital. What we found is summarised above under the sub-heading Overall trust.

Urgent and emergency services

Requires improvement   

Key facts and figures

The emergency department at Derriford Hospital is the largest in the south west of England and operates 24 hours-a-day, seven days-a-week. It is a designated major trauma centre for adults, providing care for the most severely injured trauma patients from across the south west. Additionally, the department provides trauma unit facilities for children, meaning it can receive and stabilise children prior to them being transferred to an appropriate paediatric major trauma centre.

There are separate entrances for ambulance patients and those who make their own way to the department. The reception has a seated waiting area and a glass-fronted reception desk with a lowered counter for wheelchair users. A separate seated waiting area exists for patients requiring assessment and treatment of minor illness or injury.

The emergency department has four resuscitation bays, 17 cubicles for major illness and injury, four cubicles for minor illness and injuries, three paediatric cubicles and a paediatric waiting room in a dedicated paediatric department, a 10-bedded clinical decision unit and seating for 10 patients in the clinical decision unit lounge. Within the resuscitation area there is an overhead X-ray facility.

The hospital also benefits from an acute assessment unit which houses primary care streaming and frailty care pathways. These are designed to deliver timely care in collaboration with primary care partners and avoid hospital admission where possible.

There were 97,130 emergency department attendances from April 2016 to March 2017. For the more recent period, from November 2016 to October 2017, there were 99,457 attendances at the emergency department. This included 19,837 children.

The emergency department benefits from a close union with the military and the British Antarctic Survey Medical Unit.

This inspection was announced and took place on 18 April, 15 and 16 May 2018. During this inspection, we spoke with 33 patients and their relatives. We talked with 55 staff, including the clinical lead, matron, consultants, senior managers, executive directors, senior nurses, nurses, healthcare assistants, receptionists, doctors, emergency nurse practitioners and ambulance staff. We also reviewed 28 care records and performance data relating to the department.

Summary of this service

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

- The department was not designed to safely manage the numbers of patients that regularly attended. There was frequent crowding and the use of the corridor area prevented fast and easy movement through the department. There was insufficient equipment available to monitor the number of patients in the department, visibility of patients in the corridor was poor, and there was a risk to deteriorating patients being missed as a result.
- The resuscitation area was too small to enable the required equipment and staff to easily work, especially in the event of major trauma, and to accommodate the numbers of patients requiring resuscitation facilities. The four-bedded resuscitation area was frequently full, and patients were moved out of resuscitation before staff felt this was clinically appropriate because the space was needed for other patients who were more unwell.

Urgent and emergency services

- The paediatric department doors were not secured, meaning unauthorised persons could gain access or children could leave without being challenged. There were also unprotected electrical sockets within reach of children.
- While staff understood their responsibilities to report incidents, there was often limited time to do so and longstanding issues were often not reported because staff didn't believe action would be taken.
- Patients waiting for X-rays were unattended, unobserved, and left with no means of calling for help. We found a patient with dementia in a distressed state and trying to pull out a needle in the back of their hand, which a family member of another patient had to stop.
- Staffing in the department was not sufficient to safely manage the numbers of patients at all times. This was particularly evident during the regular periods of crowding.
- Receptionists were not trained to recognise seriously unwell patients and were not provided with any guidance to help them recognise 'red flag' signs and symptoms.
- The department was not using an early warning score system for adult patients and observations were not being recorded regularly. Staff used their discretion to determine how often observations should be completed, but we found significant gaps in the records we reviewed.
- Patients suspected of having sepsis were not always treated with antibiotics within 60 minutes.
- Pain relief in majors was not always provided in a timely way, and pain scoring was not consistently completed in observation charts.
- There was mixed performance for treating patients against national standards, for example in the case of asthma and sepsis some standards were worse when compared nationally, while other standards such as vital signs in children and procedural sedation were either better or in line with national standards.
- Yearly appraisals were not completed in line with the trust's target for any of the staffing groups working in the emergency department.
- It was not possible to easily recognise the roles of each team member during a trauma call because staff did not always wear the correct tabards.
- Capacity assessments and consent was not always clearly recorded in patients' notes.
- There were times when patients' privacy and dignity was not maintained, usually due to the high workload staff were managing and the design of the department.
- The privacy of patients arriving by ambulance was not maintained because there was nowhere private for the handover of confidential information to take place.
- There was no protection from the weather for patients arriving by ambulance or being dropped off by car outside the department.
- Patients with mental health conditions were required to wait with other patients in the busy department because there were not any dedicated facilities, apart from an assessment room.
- Flow through the department was slow and patients often waited long periods of time before they were admitted, transferred or discharged. The department had failed to meet the four-hour standard during the previous 12 months and was consistently performing below the national average.
- Escalation processes in response to high demand and crowding were slow to provide additional support and often had little impact.

Urgent and emergency services

- Team meeting minutes generally lacked detail and only captured brief notes about the areas of discussion. These meetings did not have action trackers so there was no central oversight of progress against required actions.
- Control measures for several risks did not appear to be having the intended outcome and as a result these risks remained a significant concern.
- Confidential patient information was not always given the care it required. For example, we found a list of patient names and hospital numbers alongside their pregnancy test results in an unattended, unobserved room in a public corridor.
- There were limited means of public engagement and feedback from the public was not actively sought.

However:

- Although mandatory training compliance was below the trust's target of 95%, most staff were up-to-date with mandatory training.
- Staff understood their safeguarding responsibilities and most were up-to-date with the appropriate level of safeguarding training. There were clear processes for staff to follow and staff felt comfortable using these.
- Despite being cluttered in some areas due to a lack of space, the department mostly appeared to be tidy and was visibly clean. Staff generally followed good infection prevention and control processes, although there were several occasions where patients in the corridor were treated by staff who had not cleaned their hands.
- Patients with a mental health condition were referred promptly following triage to the psychiatric liaison service, provided by a local community provider.
- The department had a variety of risk assessments available for patients, including for falls, pressure ulcers, and the need for bed rails. We found these were completed appropriately in most patient records.
- Guidelines were in place to support staff to provide effective treatment, and these were up-to-date with national guidance and standards and regularly reviewed and audited.
- Patients in minors had their pain assessed at triage and were offered appropriate pain relief in a timely manner.
- Staff were competent to carry out their roles and were provided with training opportunities to develop their skills, including simulated scenarios.
- There was excellent multidisciplinary team working both within the department and with teams outside the department, including external partners.
- Despite challenges caused by the environment, demand and crowding, staff did their best to provide compassionate care to all patients.
- The department consistently scored above the national average in the NHS Friends and Family Test.
- Patients and their relatives were provided with appropriate emotional support where required, and staff took the time to ensure this took place.
- Most patients felt they were involved in decisions about their care, and felt staff listened to them during discussions about their care.
- Staff could support the needs of most patients, through access to appropriate specialist teams and services. These included, for example, learning disabilities, dementia, frailty and translation services.
- Work was ongoing to reduce attendances at the emergency department by using the acute assessment unit for appropriately referred patients.

Urgent and emergency services

- There was a generally supportive and respectful culture, although there were some groups of staff who felt this was not the case.
- Staff wellbeing had a high priority and a wellbeing committee had been established to deliver projects to improve staff wellbeing, including a week-long wellbeing festival.
- Governance processes had been strengthened. Governance meetings were well-attended and included representatives from management, medical and nursing staff groups. Minutes of governance meetings were well-maintained and actions were recorded and tracked.
- Risks in the department were well-understood and documented. The risk register aligned with the concerns staff and leaders told us about, and was regularly reviewed and updated.
- Staff responded quickly and efficiently in response to a fire alarm in the department requiring a full evacuation. It was clear staff had received appropriate training to manage such a risk.
- There were effective arrangements to ensure the information used to monitor, manage and report on quality and performance was accurate, valid, reliable, timely and relevant.

Is the service safe?

Requires improvement ● → ←

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

- The department was not designed to safely manage the numbers of patients that regularly attended. There was frequent crowding and the use of the corridor area prevented fast and easy movement through the department. There was insufficient equipment available to monitor the number of patients in the department, visibility of patients in the corridor was poor, and there was a risk to deteriorating patients being missed as a result.
- The resuscitation area was too small to enable the required equipment and staff to easily work, especially in the event of major trauma, and to accommodate the numbers of patients requiring resuscitation facilities. The four-bedded resuscitation area was frequently full, and patients were moved out of resuscitation before staff felt this was clinically appropriate because the space was needed for other patients who were more unwell.
- The paediatric department doors were not secured, meaning unauthorised persons could gain access or children could leave without being challenged. There were also unprotected electrical sockets within reach of children.
- While staff understood their responsibilities to report incidents, there was often limited time to do so and longstanding issues were often not reported because staff didn't believe action would be taken.
- Patients waiting for X-rays were unattended, unobserved, and left with no means of calling for help. We found a patient with dementia in a distressed state and trying to pull out a needle in the back of their hand, which a family member of another patient had to stop.
- The data supplied for the time taken to complete an initial assessment was inaccurate and did not reflect our observations, conversations with department and ambulance staff, and the ambulance handover performance data.
- Staffing in the department was not sufficient to safely manage the numbers of patients at all times. This was particularly evident during the regular periods of crowding.
- Receptionists were not trained to recognise seriously unwell patients and were not provided with any guidance to help them recognise 'red flag' signs and symptoms.

Urgent and emergency services

- While screening tools and pathways were available for patients who were potentially septic, these were not used consistently for appropriate patients.
- The department was not using an early warning score system for adult patients and observations were not being recorded regularly. Staff used their discretion to determine how often observations should be completed, but we found significant gaps in the records we reviewed.

However:

- Although mandatory training compliance was below the trust's target of 95%, most staff were up-to-date with mandatory training.
- Staff understood their safeguarding responsibilities, and most were up-to-date with the appropriate level of safeguarding training. There were clear processes for staff to follow and staff felt comfortable using these.
- Despite being cluttered in some areas due to a lack of space, the department mostly appeared to be tidy and was visibly clean. Staff generally followed good infection prevention and control processes, although there were several occasions where patients in the corridor were treated by staff who had not cleaned their hands.
- There was good access to imaging, including a new state-of-the-art CT scanner adjacent to resuscitation.
- Patients with a mental health condition were referred promptly following triage to the psychiatric liaison service, provided by a local community provider.
- The department had a variety of risk assessments available for patients, including for falls, pressure ulcers, and the need for bed rails. We found these were completed appropriately in most patient records.
- There were clear standard operating procedures for staff to follow when requesting emergency teams for paediatric, neonatal and obstetric emergencies.
- A paediatric early warning score and check sheet ensured children were being assessed and monitored safely.
- Medicines were mostly stored and managed safely, with clear records being kept.

Is the service effective?

Requires improvement ● ↓

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

- Patients suspected of having sepsis were not always treated with antibiotics within 60 minutes.
- Patients waiting in the department for long periods were not always offered drinks, and those in the corridor found it difficult to attract the attention of staff to request a drink.
- Pain relief in majors was not always provided in a timely way, and pain scoring was not consistently completed in observation charts.
- There was mixed performance for treating patients against national standards, for example in the case of asthma and sepsis some standards were worse when compared nationally, while other standards such as vital signs in children and procedural sedation were either better or in line with national standards.
- The emergency department's unplanned re-attendance rate was consistently above the national standard. In the last year it was below the national average for seven months and above the national average for five months.

Urgent and emergency services

- Yearly appraisals were not completed in line with the trust's target for any of the staffing groups working in the emergency department.
- It was not possible to easily recognise the roles of each team member during a trauma call because staff did not always wear the correct tabards.
- Capacity assessment and consent was not always clearly recorded in patients' notes.

However:

- Guidelines were in place to support staff to provide effective treatment, and these were up-to-date with national guidance and standards and regularly reviewed and audited.
- Patients in minors had their pain assessed at triage and were offered appropriate pain relief in a timely manner.
- Staff were competent to carry out their roles and were provided with training opportunities to develop their skills, including simulated scenarios.
- There was excellent multidisciplinary team working both within the department and with teams outside the department, including external partners.

Is the service caring?

Good ● → ←

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

- Despite challenges caused by the environment, demand and crowding, staff did their best to provide compassionate care to all patients.
- Patients were mostly positive about the care they received from staff.
- The department consistently scored above the national average in the NHS Friends and Family Test.
- Patients and their relatives were provided with appropriate emotional support where required, and staff took the time to ensure this took place.
- Most patients felt they were involved in decisions about their care, and felt staff listened to them during discussions about their care.

However:

- There were times when patients' privacy and dignity was not maintained, usually due to the high workload staff were managing and the design of the department.
- The privacy of patients arriving by ambulance was not maintained because there was nowhere private for the handover of confidential information to take place.
- Patients waiting in the corridor did not always feel they were being kept informed of their care and treatment plans.

Is the service responsive?

Requires improvement ● → ←

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

Urgent and emergency services

- The facilities and premises were not appropriate to meet patients' needs. There was not enough space to appropriately accommodate the numbers of patients attending the department, and the resuscitation area was particularly small for major trauma patients.
- Patients were afforded little privacy and dignity in the corridor, and had did not have means of requesting assistance easily.
- There was no protection from the weather for patients arriving by ambulance or being dropped off by car outside the department.
- Patients with mental health conditions were required to wait with other patients in the busy department because there were not any dedicated facilities, apart from an assessment room.
- Flow through the department was slow and patients often waited long periods of time before they were admitted, transferred or discharged. The department had failed to meet the four-hour standard during the previous 12 months and was consistently performing below the national average.
- Escalation processes in response to high demand and crowding were slow to provide additional support and often had little impact.
- Department leaders were not able to provide an action log of lessons learned from complaints, which meant there was no central oversight to ensure actions were taken to make relevant improvements.

However:

- The department was served by a helipad, operational 24 hours a day, seven days a week.
- Psychiatric liaison services were provided 24 hours a day, seven days a week.
- Staff could support the needs of most patients, through access to appropriate specialist teams and services. These included, for example, learning disabilities, dementia, frailty and translation services.
- Work was ongoing to reduce attendances at the emergency department by using the acute assessment unit for appropriately referred patients.

Is the service well-led?

Good ● → ←

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

- There was a generally supportive and respectful culture, although there were some groups of staff who felt this was not the case.
- Staff wellbeing had a high priority and a wellbeing committee had been established to deliver projects to improve staff wellbeing, including a week-long wellbeing festival.
- Governance processes had been strengthened. Governance meetings were well-attended and included representatives from management, medical and nursing staff groups. Minutes of governance meetings were well-maintained and actions were recorded and tracked.
- Risks in the department were well-understood and documented. The risk register aligned with the concerns staff and leaders told us about, and was regularly reviewed and updated.

Urgent and emergency services

- Staff responded quickly and efficiently in response to a fire alarm in the department requiring a full evacuation. It was clear staff had received appropriate training to manage such a risk.
- There were effective arrangements to ensure the information used to monitor, manage and report on quality and performance was accurate, valid, reliable, timely and relevant.
- Staff were encouraged to provide feedback and ideas on service improvements and developments.

However:

- Team meeting minutes generally lacked detail and only captured brief notes about the areas of discussion. These meetings did not have action trackers so there was no central oversight of progress against required actions.
- Control measures for several risks did not appear to be having the intended outcome and as a result these risks remained a significant concern.
- Confidential patient information was not always given the care it required. For example, we found a list of patient names and hospital numbers alongside their pregnancy test results in an unattended, unobserved room in a public corridor.
- There were limited means of public engagement and feedback from the public was not actively sought.

Areas for improvement

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

Medical care (including older people's care)

Requires improvement  

Key facts and figures

The medical care service at Derriford Hospital is managed by the medical care group. The hospital has 495 medical inpatient beds on 20 wards with an additional 30 escalation beds across the hospital:

- Bickleigh Ward: 26 beds
- Bracken Ward: 10 beds
- Braunton Ward: 26 beds
- Brent Ward: 31 beds
- Burrator Ward: 34 beds
- Hartor Ward: 28 plus two escalation beds
- Hembury Ward: 28 plus two escalation beds
- Hexworthy Ward: 29 beds
- Honeyford Ward: 29 beds
- Marlborough Ward: 31 beds plus four escalation beds
- Mayflower Ward: 23 beds
- Meldon Ward: 28 plus four escalation beds
- Merrivale Ward: 27 plus 11 escalation beds
- Monkswell Ward: 27 beds
- Norfolk Ward: 21 beds
- Shipley Ward: 25 beds
- Tamar Short Stay Ward: 20 beds
- Torcross Ward: eight beds
- Tavy Medical Assessment Unit: 22 beds plus six escalation beds
- Thrushel Medical Assessment Unit: 22 beds plus one escalation bed

(Source: Routine Provider Information Request P2 Sites)

The trust had 56,344 medical admissions from November 2016 to October 2017. Emergency admissions accounted for 28,280 (50.2%), 1,823 admissions (3.2%) were elective, and the remaining 26,241 admissions (46.6%) were day cases.

Admissions for the top three medical specialties were:

- General Medicine: 22,949 admissions
- Clinical Oncology (previously Radiotherapy): 7,230 admissions
- Clinical Haematology: 5,433 admissions

Medical care (including older people's care)

(Source: Hospital Episode Statistics)

During the inspection, we visited all the inpatient wards, endoscopy, medical admissions unit and the Planned Investigation Unit (PIU). We returned in the evening to meet with some night staff and we returned for an unannounced visit to the cardiac catheter labs.

We spoke with 32 patients and seven relatives. We spoke with 144 staff of varied seniorities including senior managers, consultants, matrons, doctors, nurses, assistant physicians, healthcare assistants, allied health care professionals and domestic staff. We observed interactions between staff and patients. We reviewed 38 patient records, attended board rounds (a daily multidisciplinary meeting), observed ward rounds and attended hospital wide bed management meetings.

The Care Quality Commission (CQC) last inspected medical care (including older people) in July 2016. We rated medical services as 'good' overall.

Summary of this service

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

- Areas used for escalation at times of high operational pressures where not always suitable and safe for patients and staff overnight.
- Risk assessments for venous thromboembolism (VTE) were not always completed in a timely manner. This was not in accordance with national guidance.
- The sepsis protocol and care bundle was not used consistently across inpatient wards. Not all staff could remember if they had received training on sepsis. However, staff were aware of signs and symptoms of sepsis.
- Intravenous fluids given to patients receiving haemodialysis were not always prescribed before they were administered. Patients' blood pressure may drop during haemodialysis for which intravenous fluids are given. These fluids were given via the dialysis machine and not always prescribed and given in accordance with national guidance.
- Nursing staffing levels did not always meet the acuity and dependency of patients on inpatient wards. The medical care group has seen an 8% increase in patients admitted to hospital but the planned staffing levels had not been increased in line with the increased activity.
- Medical staff did not always meet required staffing levels. There were vacancies at all levels including consultant vacancies.
- Training compliance for medical staff in mental capacity act and deprivation of safeguards liberty was 59.5% against a trust target of 95%. Mental capacity assessment forms were not always correctly completed, which meant mental capacity assessments were not always fully completed.
- Deprivation of liberty safeguards (DoLS) were not always completed. This was not in accordance with the Cheshire West Supreme Ruling (2015).
- Some clinical guidelines on the trust intranet had exceeded their review date, which meant staff could not be assured they reflected current and most up-to-date guidance.
- There were not enough medical beds to meet the demand of medical admissions to the trust. The systems to promote patient flow were effective, but the increasing demand outweighed the capacity available within the trust.

Medical care (including older people's care)

- Processes to ensure discharge from hospital for those patients medically fit to leave were not always effective. There was a high number of patients medically fit for discharge who were unable to leave hospital.
- There was a high number of patients who were remained in hospital for more than seven days. These patients are known as 'stranded patients'. These patients occupied between 41% - 44% of the total number of beds in the hospital at the time of our inspection.
- There was not sufficient scrutiny and challenge of mortality figures to provide assurance of adequate overview of mortality within the medical care group.
- Not all staff felt able to raise concerns without the fear of retribution.

However:

- The medical care group had a good safety record. Staff were aware of, and adhered to infection prevention and control measures.
- Medicines were stored safely. Medicine fridge temperatures were monitored daily and medicines waste was managed well.
- There was a good incident reporting culture. Incidents were investigated and actions for learning were identified and shared with staff.
- Patient outcome data was similar to the national average. The medical care group submitted data to national patient outcome audits which demonstrated performance was similar to the national average.
- Staff assessed patients' nutritional and hydration needs in line with national guidance. There were different diets to meet patients' nutritional needs.
- There was effective multidisciplinary team working across all wards and departments.
- Staff cared for patients with compassion and took time to interact and listen to patients and their relatives.
- Staff sought feedback from patient and gave examples of changes made in response to feedback.
- Staff assessed patients' individual needs. Staff made reasonable adjustments to ensure all patient needs were met.
- Leaders and ward managers had the skills, knowledge, experience and integrity to lead teams effectively. The trust had recently introduced a leadership and talent strategy.
- Most staff felt supported, respected and valued. All ward managers and matrons stated they were proud of their staff, their hard work and commitment to provide high quality care to patients.
- There were processes and systems of accountability to support the delivery of good quality and sustainable services. There was a formal governance structure within the medical care group, which helped to ensure effective governance.
- There were arrangements for identifying and managing risks. We spoke with ward/department managers and leaders and found that personal concerns about risks were aligned with those risks added to the risk register.

Is the service safe?

Requires improvement ● → ←

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

Medical care (including older people's care)

- Statutory training compliance did not meet the trust target between January and December 2017. The compliance rate for medical staff was 68.8%.
- The storage of substances hazardous to harm were not always stored in line with the Control of Substances Hazardous to Health Regulations (COSHH, 2002).
- Staff on Bracken ward did not monitor and record positive and negative air pressure in the positive and negative pressure rooms. This was not in accordance with national guidance.
- Although the design, maintenance and use of facilities and premises mostly met national guidance, on some wards, patients were looked after in six-bedded bays, which increase the risk of cross contamination, compromised patients' privacy and space for clinical staff in emergencies.
- Emergency equipment was not always checked every day in line with their trust policy.
- Areas used for escalation at times of high operational pressures were not always suitable and safe for patients and staff overnight.
- Risk assessments for venous thromboembolism (VTE) were not always completed in a timely manner. This was not in accordance with national guidance.
- The sepsis protocol and care bundle was not used consistently across inpatient wards. Not all staff could remember if they had received training on sepsis. However, staff were aware of signs and symptoms of sepsis.
- Nursing staffing levels did not always meet the acuity and dependency of patients on inpatient wards. The medical care group had seen an 8% increase in patients admitted to hospital but the planned staffing levels had not been increased in line with the increased activity.
- Medical staff did not always meet required staffing levels. There were vacancies at all levels including consultant vacancies.
- Medicines were mostly prescribed and administered safely. However, intravenous fluids given for patients on haemodialysis were not prescribed. Antibiotics did not always have a stop date when they were prescribed.

However:

- The medical care group had a good safety record. Staff were aware of and adhered to infection prevention and control measures.
- Nursing staff completed risk assessments for all patients admitted to inpatient wards. Staff shared information about identified risks effectively.
- Staff used a modified early warning scoring system to identify when patients were deteriorating. Staff knew how and when to escalate concerns about patients' vital observations.
- Staff completed patient records contemporaneously.
- Medicines were stored safely. Medicine fridge temperatures were monitored daily and medicines waste was managed well.
- There was a good incident reporting culture. Incidents were investigated and actions for learning were identified and shared with staff.

Medical care (including older people's care)

Is the service effective?

Requires improvement ● ↓

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

- Training compliance for medical staff in mental capacity act and deprivation of safeguards liberty was 59.5% against a trust target of 95%. Mental capacity assessment forms were not always correctly completed, which meant mental capacity assessments were not always fully completed.
- Deprivation of liberty safeguards assessments were not always completed. This was not in accordance with the Cheshire West Supreme Ruling (2015).
- Some clinical guidelines on the trust intranet had passed their review dates, which meant staff could not be assured they reflected current and most up-to-date guidance.
- Compliance with annual appraisal for staff in the medical care group fell below the trust's target for all staff groups.

However:

- The medical care group submitted data for national audits, which allowed the service to benchmark against other and similar providers.
- Staff assessed patients' nutritional and hydration needs in line with national guidance. There were different diets to meet patients' nutritional needs.
- Staff assessed and managed patients' pain effectively.
- There was effective multidisciplinary team working across all wards and departments.
- Patient outcome data was similar to the national average. The medical care group submitted data to national patient outcome audits which demonstrated performance was similar to the national average.
- All relevant teams, services and organisations were informed when patients were discharged from hospital.

Is the service caring?

Good ● → ←

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

- Staff showed an encouraging, sensitive and supportive attitude towards patients.
- Staff cared for patients with compassion and took time to interact and listen to patients and their relatives.
- Staff took action to ensure patients' dignity and privacy were maintained.
- Staff sought feedback from patient and gave examples of changes made in response to feedback.
- Religious and cultural needs of patients were met and respected.
- Patients told us that staff kept them well informed of their care and treatment plans

Medical care (including older people's care)

Is the service responsive?

Requires improvement ● ↓

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

- There were not enough medical beds to meet the demand of medical admissions to the trust. Local systems to promote patient flow were effective, but the increasing demand outweighed the capacity available within the trust. Staff at all levels did the best they could to maintain patient flow through the hospital and avoid any negative impact on patients' experience, treatment and care.
- Processes to ensure discharge from hospital for those patients medically fit to leave were not always effective. There was a high number of patients medically fit for discharge who were unable to leave hospital. This meant patients were in hospital for longer than they needed to be, which put patients at risk of deconditioning and deteriorating before they were discharged.
- There was a high number of patients who were remained in hospital for more than seven days. These patients are known as 'stranded patients'. These patients occupied between 41% - 44% of the total number of beds in the hospital at the time of our inspection. However, some of these patients needed to stay in hospital for longer than seven days.

However:

- There were plans to reconfigure some wards in the medical care group to meet the needs of people. The plans would lead to better continuity to provide safe care and treatment to patients.
- Staff assessed patients' individual needs. Staff made reasonable adjustments to ensure all patient needs were met.
- Many wards had taken action to become dementia friendly and engaged with a local accreditation programme. Inpatient wards had designated end of life cubicles for patients who were in their last days of life.
- Complaints were managed in a timely manner.
- Training was provided for staff who were required to restrain patients safely. The trust had employed a physical intervention lead who provided training, support and advice for staff.

Is the service well-led?

Good ● → ←

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

- Matrons and ward managers had the skills, knowledge, experience and integrity to lead teams effectively. The trust had recently introduced a leadership and talent strategy.
- Leaders understood the challenges to quality and sustainability and discussed identified actions to address these.
- Staff described ward and department managers as being visible, approachable and supportive.
- Most staff felt supported, respected and valued. All ward managers and matrons stated they were proud of their staff, their hard work and commitment to provide high quality care to patients.
- There were processes and systems of accountability to support the delivery of good quality and sustainable services. There was a formal governance structure within the medical care group, which helped to ensure effective governance.

Medical care (including older people's care)

- The trust had effective arrangements for reviewing and investigating safety incidents.
- The medical care group worked with a range of internal and external stakeholders to engage with staff on wards.
- The medical care group had a comprehensive internal audit programme comprising of 29 different audits between January 2017 and January 2018.
- There were arrangements for identifying and managing risks. We spoke with ward/department managers and leaders and found that personal concerns about risks were aligned with those risks added to the risk register.
- Staff felt engaged with service improvement initiatives

However:

- There was not sufficient scrutiny and challenge of mortality figures to provide assurance of adequate overview of mortality within the medical care group.
- Ward managers felt supported by their matrons but they did not always feel the senior nursing management team in the medical care group listened to their concerns.
- Staff were not knowledgeable about the trust's vision and strategy although staff were aware of plans and changes to their immediate place of work.
- Staff felt positive and proud about working at the hospital. However, staff expressed concerns about being deployed to work on wards where they were not familiar with the speciality, staff or the environment.
- Most but not all staff felt able to raise concerns without the fear of retribution. Staff asked were aware of the freedom to speak up guardians and their role.

Areas for improvement

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

Surgery

Good   

Key facts and figures

We inspected Derriford Hospital on an announced visit as part of the new phase of our inspection methodology. During the inspection, we did not visit any community locations such as community hospitals.

The hospital provides emergency inpatient surgical treatment, elective (planned) inpatient surgical treatment and day case surgery across a range of specialities. These included day surgery, general surgery, plastic, cardiac, vascular, thoracic, ear nose and throat (ENT), urology and trauma and orthopaedics. The trust is also a designated cancer centre and major trauma centre.

The trust had 38,841 surgical admissions from November 2016 to October 2017. Emergency admissions accounted for 12,788 (32.9%). 18,988 (48.9%) were day cases, and the remaining 7,065 (18.2%) were elective admissions.

(Source: Hospital Episode Statistics)

The surgery care group has 284 surgical inpatient beds, eight escalation beds and 14 beds to be used as part of a surge plan across 11 wards. There were 31 operating theatres; this included 16 main theatres, six theatres at the day case area known as the Freedom Unit, five cardiothoracic theatres and two theatres at the Royal Eye Infirmary.

During the unannounced visit, we visited the following surgical department and wards:

- Stonehouse ward
- Sharp ward
- Shaugh ward
- Wolf ward
- Moorgate ward
- Crownhill ward
- Clearbrook ward
- Fal ward
- Postbridge ward
- Lynher ward
- Hound: Surgical assessment unit
- Main theatres
- Day surgery
- Freedom unit theatres
- Cardiothoracic theatres
- Royal eye theatres

Surgery

During the inspection visit, the inspection team spoke with 25 patients and six relatives, reviewed 18 patient records, looked at staff records and trust policies and spoke with 83 members of staff at different grades including doctors, nurses, ward managers, theatre managers, occupational therapists, physiotherapists and housekeepers. We also looked at performance information and data from, and about the trust and obtained patient feedback through Healthwatch and from reviewing results from the NHS Friends and Family test.

The Care Quality Commission last inspected the hospital in July 2016 and rated surgery as good overall. The 2016 inspection looked at the safe, responsive and well led domains only. Responsive was rated as requires improvement and both the safe and well led domains rated as good. Effective and caring were last inspected in May 2015 and were both rated as good. Following the inspection in July 2016, there were eight recommendations for the service. During this inspection we looked at changes the surgery care group had made to address these concerns.

Summary of this service

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

- The service managed patient safety incidents well and learned from them. Incidents were recorded investigated and acted on.
- Staff kept appropriate records of patients' care and treatment. Records we viewed were legible, accurate and informative.
- People's care and treatment was planned delivered and monitored in line with current evidence-based guidance.
- People had comprehensive assessments of their needs, which included pain relief, mental health, physical health and wellbeing, and nutrition and hydration needs.
- Staff spoke of good teamwork and enjoyed their work. Managers and senior leaders were proud of the workforce. Staff at all levels were clear about their roles and understood for what they were accountable.
- The surgical care group leads and other levels of governance in the organisation functioned effectively and interacted with each other appropriately. Leaders were knowledgeable about issues and priorities for the quality and sustainability of their services.
- People had comprehensive assessments of their needs, which included pain relief, mental health, physical health and wellbeing, and nutrition and hydration needs.

However:

- Staffing levels did not always meet the need of the patients to ensure safe care and treatment.
- People could not always access the service when they needed it. The division was not achieving targets for patients receiving treatment within the targeted timeframe, this included cancer waiting times.
- During times of escalation and bed pressures, facilities and premises used were not always appropriate for surgical patients and patient's dignity and respect could not always be maintained.
- Cancelled Operations as a percentage of elective admissions were consistently higher than the England average. Theatre utilisation was worse than the national average.

Surgery

Is the service safe?

Good   

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Wards and some theatres were visibly clean tidy and well maintained. Staff had a good understanding of their responsibilities and the action required to prevent cross infection.
- The service had suitable premises and equipment and looked after them well.
- Staff kept appropriate records of patients' care and treatment. Records we viewed were legible, accurate and informative.
- The service managed patient safety incidents well and learned from them. Incidents were recorded investigated and acted on. There was clear evidence of action taken in response to never events.
- Staff had a good understanding of the use of early warning scores and its role in detecting and escalating patients at risk of deteriorating patients.

However:

- Staffing levels and skill mix were planned and reviewed but did not always ensure staffing levels met the needs of patients.
- Not all risk assessments and actions were taken to highlight and act on patient's risk. There were areas of poor levels of compliance in the WHO checklist and VTE risk assessments being undertaken. However, compliance levels were consistently above 85% in both areas.
- Compliance with mandatory training and updates did not meet trust targets. Not enough staff had completed their mandatory training updates.

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 of its effectiveness.
- Patients outcomes were mostly in line with national averages.
- Medical and nursing staff had the training, skills, knowledge and experience to deliver safe and effective care. Competency assessments were carried out and recorded.
- There was good evidence of multidisciplinary working between healthcare professionals. This extended to external organisations.
- Staff identified patients and relatives who may need extra support and understood the importance of health promotion.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Surgery

- Staff assessed and managed patients' pain well. Patients spoke positively about their pain needs being met and a pain specialist nurse visited wards regularly.

However:

- Not all services were available seven days a week.
- Compliance with annual appraisal for staff fell below the trust's target for all staff groups
- The trust was not achieving the targeted training levels for Mental Capacity Act and Deprivation of Liberty for both nursing and medical staff.

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.
- Most patients were positive about the care they received.
- Staff recognised that emotional support extended beyond patients' physical needs. We heard of different examples when staff had addressed patient's emotional needs.
- Staff provided emotional support to patients to minimise their distress. There was recognition that emotional support was needed beyond those emotions relating to a patient's physical health.

However:

- Most patients felt involved in decisions about their care. However, a few patients expressed a different view.
- We heard of some examples of staff members being abrupt and patients feeling this was rude.

Is the service responsive?

Requires improvement ● → ←

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

- People could not always access the service when they needed it. The division was not achieving targets for patients receiving treatment within the targeted timeframe, this included cancer waiting times.
- Services were not planned in a way that met the needs of local people. Surgical patients were not all given a surgical bed and operations were regularly cancelled due to bed capacity.
- Areas used in escalation compromised patient's privacy and dignity and did not meet their needs.
- Theatres did not regularly start on time and were not always utilised effectively.
- Information directing patients on how to make a complaint were not clearly displayed on all wards we visited.

However:

- The service took account of patients' individual needs. Staff had a good understanding of managing and helping patients living with dementia and with additional needs.

Surgery

- When complaints were raised, the service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Complaints were acted on in an appropriate timeframe.

Is the service well-led?

Good   

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

- The surgery care group had a vision for what it wanted to achieve in line with the trust's vision and a realistic strategy to achieve it.
- Managers across the surgical care group promoted a positive culture that supported and valued staff. Staff spoke of a supportive environment with patient care at the forefront.
- The surgical care group had effective systems for identifying risks, planning to eliminate or reduce them. Areas of poor performance were identified and action plans existed to address them.
- There was a culture of promoting training, research and innovation. There were numerous examples of the when innovation had improved patient care and experience.
- The surgical care group engaged with staff and used their ideas to drive improvement.

However:

- Apart from trust wide initiatives there were limited approaches to engaging with patients to plan and manage appropriate services.
- There had been a lack of improvement in theatre utilisation since our last inspection. However, at the time of our inspection a new improvement programme was being trialled to improve this.
- Poor audit results were not always acted on to drive improvement in outcomes for patients.

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.

Maternity

Requires improvement 

Key facts and figures

On the 17, 18 and 19 of April 2018, we conducted an announced inspection of maternity services provided by University Hospitals Plymouth NHS Trust. Maternity services are offered to women in Plymouth, South East Cornwall and South West Devon; they are managed centrally by University Hospitals Plymouth NHS Trust at Derriford Hospital, Plymouth.

The University Hospitals Plymouth NHS Trust provides care to approximately 4000 women; from October 2016 to September 2017, there were 3,800 deliveries at the trust. The maternity provision includes antenatal, intrapartum (the period from the onset of labour to the end of the third stage of labour), and postnatal maternity services, which are located at Derriford hospital. There were also midwifery led antenatal and postnatal community clinics at Liskeard Hospital and at several children centres across Plymouth. During antenatal care, a risk assessment of the care needs of women and their babies is undertaken; this provides an indication of whether their care should be led by consultants or midwives. Patient choice is also key in where women choose to receive their care, and these discussions are ongoing throughout pregnancy. For those who wish to have a home birth, care is provided by midwives based in the community known as the Jubilee Team. The maternity service does not currently have a midwifery led unit.

The Maternity Services located at Derriford hospital include antenatal clinics, ultrasound scanning and a Day Assessment Unit (DAU) should additional tests, or monitoring be required. Inpatient antenatal care is provided on a combined 27-bed ward (Argyll Ward) where postnatal care is also given. The hospital also has a 21-bed observation triage ward and a central delivery suite. The central delivery suite includes a birthing pool and two bereavement rooms. The transitional care ward is for women and babies who require additional support, there are 18 beds with four used to accommodate mothers with babies in the neighbouring neonatal unit. Doctors, midwives and obstetric nurses provide care to women and their babies, supported by maternity care assistants and nursery nurses. When required, women also have access to other professionals such as radiographers, physiotherapists, and pharmacists.

As part of our inspection, we observed the care provided by staff and how teams work together to keep people safe. We spoke directly with 10 women about the treatment and care they had received. We also talked with staff about the care and services they provide, and how the maternity service supports them to ensure women and babies receive all the care they need. Over the inspection period we spoke with two senior managers, the director of midwifery, a clinical director with responsibility for maternity, six specialist midwives, five midwives with management responsibilities, four doctors including two consultants, 26 midwives, two nurses, six maternity care assistants, one student midwife, three nursery nurses, four administration staff, one cleaner and two housekeepers. To explore the safety of the care provided, we looked at the standard of documentation and the evidence of care provided. During our inspection we reviewed 18 sets of clinical records of women who had received maternity services.

Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because:

- Not all staff had completed mandatory training including emergency procedures, which is designed to give staff the knowledge and skills to keep people safe.

Maternity

- Throughout maternity services, we found equipment which had not been cleaned, checked or maintained to ensure it was safe to use; this included equipment used in an emergency.
- We could not be assured that medicines were managed properly to ensure secure storage, or integrity of the product.
- Patient Group Directions (PGD's) were not managed in accordance with National Institute for Health and Care Excellence (NICE) Medicine Practice Guideline for PGD's issued in August 2013.
- Records were not always stored securely or filed appropriately to produce a complete account of a woman's maternity care.
- Risk management processes did not capture threats to the service and were not always measured appropriately. This resulted in a lack of oversight for those responsible for the performance of the service.
- Governance processes, involving the timely review of clinical documents and their control, were not robust enough to ensure the latest evidence based practice was integrated into policies and procedures.
- New roles and practices, for example obstetric nurses were not assessed or evaluated to understand the potential risks to patient safety and how these may be managed.
- We were not assured midwives working in the High Dependency Unit had been assessed as competent in the skills required to care for a seriously unwell woman.

However:

- There was evidence of exemplar multidisciplinary relationships between all staff groups across the maternity service. Teams worked effectively together to create a supportive and open culture which included colleagues employed by other services. All staff told us they felt valued and respected.
- Patient outcomes were monitored to identify areas for improvement.
- Staff at all levels had a caring and compassionate approach to patients who spoke highly of the care they received.
- The trust planned services to meet the needs of the population it served. They were in the process of re-evaluating provision to see how this could be improved.
- Women had access to the maternity services 24 hours a day, seven days a week.
- Mental health and wellbeing was continuously assessed and support was accessible when needed.
- Staff offered sensitive and compassionate support to bereaved women and their families.
- The medical rota provided onsite obstetricians 24 hours a day and avoided the use of temporary staffing.
- We found examples of continuous improvement for effective discharge and bereavement support.
- Staff could suggest ideas for improvement and make changes.

Is the service safe?

Requires improvement ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because:

- Not all staff had completed mandatory training, including safeguarding and resuscitation.

Maternity

- We identified clinical environments that did not promote a good patient experience or allow good infection control. There was exposed plaster and inadequate storage facilities, which prevented thorough cleaning.
- Access to substances which are harmful to health was not always restricted.
- Not all equipment was cleaned or managed to ensure it was safe for use; timely servicing and maintenance was not consistently performed.
- Emergency equipment was not regularly checked to ensure it was present and fit for use in an emergency, including emergency drugs.
- Medicines were not consistently managed to ensure only in date stock remained on clinical areas and storage was in keeping with trust policy and manufactures requirements.
- Patient group directions (legal documents to permit the supply or administration of medications in certain circumstances) were not managed in accordance with trust policy or national best practice.
- Records were not always stored securely or amalgamated to provide a complete record following discharge from the service.
- Gaps in the midwifery rota were not always clear or measured to understand the impact on patient care.
- Patient observation tools, such as the maternity early warning score used to monitor a woman's clinical status, were not always fully completed.
- The service did not consistently meet its target for use of the world health organisation five steps to safer surgery checklist during surgical procedures.
- We were not assured the process for externally reporting serious incidents was in keeping with the national guidance surrounding these events.

However:

- We found staff followed infection control practices such as hand hygiene and aseptic non-touch technique.
- Clinical waste was well managed and sharps handled safely to keep staff and patients safe.
- Security arrangements prevented unauthorised access to clinical areas and were followed by staff at all times.
- Obstetric theatres were well equipped and close to the delivery suite.
- Assessments and tests undertaken to triage patients were completed and used to establish care needs in pregnancy.
- Safety briefings were used to evaluate current care needs and pre-empt the potential needs of women on the central delivery suite.
- There was good use of the world health organisation five steps to safer surgery checklist during surgical procedures.
- The changes to the roster had led to a multi-skilled midwifery workforce and provided medical staffing on the maternity unit at all times.
- There was a good reporting culture across the service and processes for establishing if a deeper investigation was required. Investigations were undertaken by midwives and consultants who were appropriately trained.

Is the service effective?

Good ●

Maternity

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- We observed exemplary multidisciplinary working at all levels in maternity services. There was a positive culture in which all staff felt valued.
- The clinical effectiveness committee provided an important multi-professional forum for the quality of the service to be discussed and evaluated. We saw evidence of actions being tracked to ensure improvements to services were made.
- There was an annual audit schedule to be performed by medical and midwifery staff. The topics reflected national priorities and local initiatives, which had arisen through clinical performance review, incident reporting, or personal interests.
- Staff had the knowledge and skills to ensure the nutritional and hydration needs for women and babies were met.
- There was an abundance of support for women choosing to breast feed their baby and women spoke highly of the care they had received.
- A range of pain relief was available, without delay, throughout the maternity service.
- The service had access to dedicated theatres for planned and emergency procedures.
- Tools such as a performance dashboard and safety thermometer were used to monitor the care delivery across the service, this was reviewed at speciality and care group level.

However:

- Documents were not consistently updated to reflective the latest evidence based practice, therefore we could not be assured staff were following the most recent guidance.
- The process for document control was not robust. We found several documents, which had significantly exceeded their review by date.
- The service was consistently unable to ensure all eligible staff received an annual appraisal and achieved its 95% target.
- We could not be assured that midwives caring for critically ill patients in the high dependency unit had received supplementary training and assessment.

Is the service caring?

Good ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Women and those close to them spoke highly of the care and compassion they had received from all staff in both the community and hospital setting.
- We observed kind and thoughtful emotional support offered to women and those close to them.
- The well-being of women was assessed during each contact. Staff could refer women who needed further support to a specialist mental health midwife to meet their care needs.

Maternity

- The service employed a bereavement midwife to support those who had experienced a loss in pregnancy. During our inspection we saw all staff respect the privacy and wishes of those experiencing grief.
- Staff communicated with patients and those close to them in a way they could understand, providing clear explanations of current care needs and potential next steps.

Is the service responsive?

Good 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The trust planned services to meet the needs of the population it served. They were in the process of re-evaluating provision to see how this could be improved.
- The service was responsive to individual needs and supported women in their choices.
- Women with learning disabilities and autism were identified and specialists brought in to help meet their care needs.
- The bereavement rooms allowed families time and privacy. Staff felt confident to support bereaved families and the specialist midwife in bereavement enhanced this care.
- Access and flow was managed well with the use of Argyll ward and the transitional care ward to maintain capacity.
- There was a clear criterion for babies to be admitted to the transitional care ward.
- Mental health provision was available 24 hours a day, seven days a week. Staff told us they received advice and support promptly to help those with additional needs.
- Complaints were investigated promptly and feedback given to those who raised concerns. The learning from complaints was shared with staff as an opportunity to improve services.

However:

- The service did not have the facilities to offer midwifery-led care as recommended in national guidance.

Is the service well-led?

Requires improvement 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because:

- There was no clear, cohesive maternity strategy which linked together ongoing projects and gave a sense of direction for the service.
- Governance processes were not robust enough to manage risk, or drive service change.
- Risk assessments were not undertaken when planning service change or when decisions were made not to implement best practice guidance.
- The impact of decisions regarding service delivery or performance metrics was not consistently audited to measure effectiveness.

Maternity

- Although there was a governance framework to review the performance of the maternity service, there was insufficient check and challenge. This meant that deviations from local policy and national guidance was not always identified.

However:

- There was a positive working culture across the maternity service. We observed good multidisciplinary working at clinical and managerial levels.
- Staff felt supported by their line managers, who they felt were approachable and reinforced an open culture by treating them fairly with a focus on improving the service.
- There was good engagement with staff through face to face meetings, newsletters, and the sharing of minutes.
- The governance structure in place meant maternity services had a voice at board level and included the engagement of a non-executive director.
- There was a focus on service improvement and staff felt empowered to make changes.

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

The main outpatient department at Derriford Hospital provides new and follow up outpatient appointments for patients from Plymouth and surrounding areas. It runs clinics on Mondays to Saturdays.

Between November 2016 and October 2017, Derriford Hospital provided 466,682 outpatient appointments out of the 605,353 across all outpatient locations in the trust. Out of all 30 types of appointments reported to Hospital Episode Statistics (HES), across the whole trust, 567,764 were first or follow-up appointments. (This analysis only includes first and follow up appointments either in person or by telephone and excludes did-not-attend patients, patients cancelled or hospital cancelled appointments).

A small number of outpatient appointments were held at smaller outpatient departments across the region, including:

- Mount Gould local care centre – 9,714 appointments
- The Scott Hospital – 11,957 appointments
- Liskeard Community Hospital – 5,404 appointments

The main outpatient department at Derriford Hospital is divided into one main outpatient area with 23 consulting rooms. There are 20 further specialist departments running outpatient clinics throughout the hospital, such as ophthalmology in the Royal Eye Infirmary (REI). Individual clinics were run with their own reception desks, with some locations running clinics simultaneously. Most administrative staff were in the central bookings team but some were located within their specialities throughout the individual clinics. Outpatient services were split into several service lines (specialities) which sat within care groups (organised by whether a specialty was medical or surgical). A manager and a matron managed the outpatient department on a daily basis with additional matrons and service line managers responsible for outpatient activity within the medical and surgical care groups.

During the inspection visit, the inspection team:

- Spoke with nine patients and three relatives.
- Visited clinics and departments including ophthalmology, urology, fracture clinic, pain management, oncology, gynaecology, neurology, rheumatology, cardiology, dermatology, breast care and physiotherapy.
- Observed staff giving care to patients.
- Reviewed 10 sets of patient records.
- Looked at trust policies and performance information from, and about the trust.
- Spoke with 47 members of staff at a variety of grades including doctors, department managers, lead nurses, nurses, assistant practitioners, health care assistants and administrative staff.
- Met with consultants, directorate managers and service improvement team members.

Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

Outpatients

- There were well established links with the onsite mental health liaison team to help protect vulnerable patients.
- Risks to patients were assessed monitored and managed in line with national legislation and guidance.
- Most environments and equipment in the outpatient department kept people safe from harm and were visibly clean.
- Techniques used to ensure cleanliness were in line with national quality standards.
- Medicines were managed in line with national guidance and legal requirements, and we saw improvements made as a result of audits.
- There was a good incident reporting culture and openness and transparency was encouraged.
- Staff understood their responsibilities to raise concerns and report incidents, and we saw evidence of action taken when as a result.
- Patients' care and treatment was planned and delivered in line with current evidence based guidance, and audits were carried out to ensure practice was monitored.
- Staff were suitably qualified and had the skills to carry out their roles effectively, and the learning needs of staff were identified through appraisals.
- When people received care from a range of different staff, teams or services, this was coordinated well, ensuring all relevant teams were involved.
- Staff understood how important it was to work collaboratively to meet the needs of the patient.
- Patients' privacy and dignity was respected in all aspects of care throughout the outpatient department.
- Staff took the time to interact with patients and their relatives or carers, and were kind and helpful.
- Staff understood the impact of the treatment/diagnosis on patients' emotional wellbeing and actively supported patients.
- Staff could signpost patients to relevant support services and groups.
- Staff communicated with patients so they understood the treatment they received and what was going to happen next.
- Services used a proactive and innovative approach to how clinic utilisation and capacity was to be planned in the future.
- The needs of different people were considered with the reasonable adjustments made for patients living with dementia and learning disabilities.
- The environment was equipped to manage the specific needs of patients and training had been rolled out to all staff.
- Complaints were managed well within the outpatient service and most people we spoke with knew how to make a complaint. Lessons were learnt from complaints and were discussed within governance meetings and with staff.
- Patients could make appointments through a system which offered choice and convenience.
- There was a clear strategy for outpatients with defined objectives that were regularly reviewed and relevant to the current and future challenges services faced.
- There were good governance structures, processes and systems throughout outpatient departments to ensure accountability, the management of risk, the management of performance, and regular review to gain oversight of how the services were performing.

Outpatients

- The leadership team in the outpatient department were supportive of their staff and had the knowledge, skills, experience, and time to manage their services.
- Leadership had good oversight of the quality of care. We saw the positive impact audits had on individual outpatient areas.
- Staff and patients continued to be engaged in how care was delivered, and felt they were active contributors. Patients had various forums in which they could raise concerns and bring ideas.
- Leaders and staff strived for continuous learning, improvement and innovation.

However:

- Not all medical staff in outpatients were up to date with their required mandatory training, including safeguarding training.
- The environment and space within some clinics and their waiting areas remained an issue and some areas did not have sufficient seating.
- We found unattended records in an unlocked room in the Royal Eye Infirmary.
- Most services were not available seven days a week, mostly due to staffing and capacity issues, however this was a key target of the newly developed outpatient strategy.
- There were long waiting times and delays for some outpatient appointments. Although improvements were being made, some patients were not able to access services for assessment, diagnosis or treatment when they needed to.
- The outpatient department was not meeting the national target for cancer waiting times for two-week-wait urgent patients or for 62-day pathway patients, although improvement plans had been developed.

Is the service safe?

Good 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- There were well established links with the onsite mental health liaison team to help protect vulnerable patients.
- Risks to patients were assessed, monitored and managed in line with national legislation and guidance. Most environments and equipment in the outpatient department kept people safe from harm and were visibly clean.
- Techniques used to ensure cleanliness were in line with national quality standards with clear recording systems.
- Medicines and prescriptions were managed in line with national guidance and legal requirements and we saw improvements made as a result of audits.
- Temporary note usage had been reduced since our last inspection and a clerical member of staff audited the reasons for temporary notes requests, identified areas with spikes in usage and investigated them.
- There was a good incident reporting culture and openness and transparency was encouraged.
- Staff understood their responsibilities to raise concerns and report incidents, near misses, and staff were fully supported to do so.

Outpatients

- We saw evidence of action taken when incidents occurred, with regular discussion of incidents in service line and care group governance meetings and morning safety huddles.

However:

- Not all medical staff in outpatients were up to date with their required mandatory training, including safeguarding training. Although recent winter pressures and adverse weather had affected training attendance, numbers of non-complaint staff were still significantly below the trust's target.
- We saw two staff in clinical areas who were not compliant with the trust 'bare below the elbow' policy.
- We found unattended records in an unlocked room in the Royal Eye Infirmary, although this was not in a direct patient area.

Is the service effective?

Not sufficient evidence to rate ●

Although we inspected the effective domain in outpatients, we did not rate it due to the lack of national data available to the CQC. We found that:

- Patients' care and treatment was planned and delivered in line with current evidence based guidance, standards, best practice and legislation. Audits were carried out to ensure practice was monitored and to ensure consistency and drive improvement.
- Staff were suitably qualified and had the skills to carry out their roles effectively. The learning needs of staff were identified through appraisals and training was provided to meet learning and development needs of staff.
- When people received care from a range of different staff, teams or services, this was coordinated well, ensuring all relevant teams were involved in the planning and delivery of patients' care and treatment. Staff understood how important it was to work collaboratively to meet the needs of the patient.
- Care was delivered and reviewed in a coordinated way and we saw multidisciplinary meetings were in use in many specialities, which were well coordinated, joined up and focused on the best interests of the patient.

However:

- Most services were not available seven days a week, mostly due to staffing and capacity issues, however this was a key target of the newly developed outpatient strategy.

Is the service caring?

Good ●

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Patients were treated with dignity, compassion and respect at both referral stage and during their treatment.
- Patients' privacy and dignity was respected in all aspects of care throughout the outpatient department.
- Staff took the time to interact with patients and their relatives or carers. Patients said staff were kind and helpful and often went the extra mile.

Outpatients

- Staff understood the impact of the diagnosis and treatment on patient's emotional wellbeing and actively supported patients.
- Staff could signpost patients to relevant services that may be able to offer support during and after patients had received their diagnosis or treatment.
- Staff communicated with patients so they understood the treatment they received and what was going to happen next.

Is the service responsive?

Requires improvement ●

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because:

- There were long waiting times and delays for some outpatient appointments. Although improvements were being made, some patients were not able to access services for assessment, diagnosis or treatment when they needed to.
- The outpatient department was not meeting the national target for cancer waiting times for two-week-wait urgent patients or for 62-day pathway patients although improvement plans had been developed.
- Capacity within some clinics and their waiting areas remained an issue and some areas did not have sufficient seating for all the patients attending the clinics.

However:

- Services were planned and delivered in a way that met the needs of the local population, and considered the need for choice, and continuity of care. There was a proactive and innovative approach to how clinic utilisation and capacity was to be planned in the future.
- The needs of different people were considered when planning and delivering services. This was particularly evident with the reasonable adjustments made for patients living with dementia and learning disabilities.
- The environment was equipped to manage the specific needs of patients and training had been rolled out to all staff. Many departments were assessed as dementia friendly and service improvements were underway to improve facilities and information for patients with learning disabilities.
- Complaints were managed well within the outpatient service and most people we spoke with knew how to make a complaint. Lessons were learnt from complaints and were discussed within governance meetings and with staff.
- Patients could make appointments system through a bookings service which offered choice and convenience.

Is the service well-led?

Good ●

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- There was a clear strategy for outpatients with defined objectives that were regularly reviewed and relevant to the current and future challenges services faced.

Outpatients

- There were good governance structures, processes and systems throughout outpatient departments to ensure accountability, the management of risk, the management of performance, and regular review to gain oversight of how the services were performing.
- The leadership team in the outpatient department were supportive of their staff and had the knowledge, skills, experience, and time to manage their services.
- Leadership had good oversight of the quality of care. We saw the positive impact audits had on individual outpatient areas, and how they helped drive improvements.
- Staff and patients continued to be engaged in how care was delivered. Staff felt they were active contributors to how the service was developed and were often given the opportunity to raise concerns or ideas to senior staff members. Patients had various forums in which they could raise concerns and ideas.
- Leaders and staff strived for continuous learning, improvement and innovation. We were given multiple examples of research projects, audits and community based working, often involving external organisations.

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.

Diagnostic imaging

Inadequate ●

Key facts and figures

The trust provides a wide range of diagnostic imaging services including non-obstetric and obstetric ultrasound, computer tomography (CT), magnetic resonance (MRI), nuclear medicine, breast imaging, interventional radiology and plain film X-ray.

There are five CT scanners in the trust, four MRI scanners with an additional mobile scanner available if required. There is a plain film X-ray service for both inpatients and outpatients. This includes those attending the trust's emergency department. Mobile X-ray machines are used on wards, in theatres and in some other departments. There is also an ultrasound department with access to portable ultrasound units in outpatients, wards and theatres.

CT, MRI and plain film X-ray offers a 24 hour, seven days a week, imaging service for emergency admissions and those with life and limb threatening injuries or conditions.

Diagnostic imaging services are provided at University Hospitals Plymouth NHS Trust from several locations. We only inspected Derriford Hospital. However, the trust offers a peripheral plain film X-ray and ultrasound services from other departments within the region:

- The Cumberland Centre
- Launceston General Hospital
- Liskeard Community Hospital
- South Hams Hospital
- Tavistock Hospital

We spoke with 68 staff, one student, six patients and two relatives. We looked in ten patient records and observed practice throughout the inspection. We also reviewed documentation to corroborate our findings.

We previously inspected diagnostic imaging jointly with outpatients and therefore ratings cannot be directly compared to this core service only.

Summary of this service

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as inadequate because:

- Patients were frequently and consistently unable to access services in a timely way. There were substantial waiting lists and inpatient scans were frequently delayed.
- There were unacceptable waits for some patients for imaging and reporting. This included patients suspected of having cancer.
- Leaders did not have the necessary capacity to lead effectively. This included both with service management and team leadership.
- There was no credible statement of vision.

Diagnostic imaging

- There was detailed oversight of risks, but limited capacity to plan and act upon risks. This led to ineffective risk management and the increase for potential risks to become an actual incident.
- The governance arrangements and their purpose were unclear and there was a lack of clarity about how decisions were made and how individuals were held to account.
- There were low levels of staff satisfaction and high levels of work overload. Staff did not feel valued, supported, or appreciated by the rest of the trust.
- Some equipment in the diagnostic imaging department was several years beyond its 'end of life' date which increased mechanical risks in the department.
- There were shortfalls in how the needs of patients were addressed in some areas. Particularly computed tomography (CT) and plain film X-ray.
- Staff treated patients with dignity as best they could. However, the design of the imaging department did not always protect people fully.
- Outcomes for patients had varied results for the MRI hip fracture audit, the trauma audit and stroke audit.

However:

- Feedback from patients and those close to them was positive about the way staff treated patients. Patients told us they were treated with dignity, respect and kindness.
- There were many examples of staff speaking compassionately with patients and supporting their needs, despite recognising the busy working environment.
- Openness and transparency about safety was encouraged, particularly around the learning following a never event.
- Risks to patients who use services were mostly assessed, monitored and managed well on a day-to-day basis.
- Most staff had received up-to-date training in all safety systems, processes and practices.
- All staff had the skills, experience, and qualifications needed to effectively perform their role.
- People's care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation.
- Patient outcomes within the ultrasound service were positive.

Is the service safe?

Requires improvement

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because:

- Cleaning logs were not completed in plain film X-ray.
- The age of some of the imaging equipment increased the risk of breaking down or malfunctioning. Equipment which had been identified by the department as high risk were catheter laboratory injectors, MRI scanners, and plain film X-ray equipment.
- Due to the age of some machines there were cracks and dents in equipment which could lead to bacterial harbourage.

Diagnostic imaging

- Current referral processes were not fit for purpose. There was no oversight of referrer training and no restrictions on what could be requested. However, all examinations were subject to vetting which reduced this risk.
- Due to staff being busy ionising radiation audits and actions were not completed in a timely way. For example, pregnancy check audits.
- Due to the service using a poor functioning e-requesting system and paper request cards there was an increased risk that patient information would not be managed well.
- Actions identified as a result of the serious incidents were slow to be completed, therefore risks were not reduced in a timely way.

However:

- Most allied healthcare professional staff (such as radiographers and sonographers) were up to date with their mandatory training, safeguarding training and update training.
- Trust infection control processes were followed. This included hand hygiene, peripheral cannula insertion and urinary catheter insertion which was in line with best practice.
- Radiographers were trained to assess referrals to ensure that there was an appropriate justification and rationale for performing the examination.
- We looked at ten patient records and found them all to be complete and processed appropriately.
- In all diagnostic imaging areas, we found appropriate fridges to store contrast media and other drugs.
- The arrangements for reviewing serious incidents were good and ensured that lessons were learnt.

Is the service effective?

Not sufficient evidence to rate ●

Although we inspected the effective domain in diagnostics, we did not rate it due to the lack of national data available to the CQC. We found that:

Not all staff were able to access or navigate the diagnostic imaging online document library.

- The diagnostic imaging service performance against guidelines for the management of hip fractures was poor.
- The diagnostic imaging service performance against local guidelines for the management of trauma was poor.
- The imaging services performance against guidelines for the management of stroke were mixed.
- Not all staff had received an up to date appraisal.

However:

- All teams worked to best practice, guidance and legislation.
- The ultrasound service performed well against benchmarking and best practice for image quality and report quality.
- Staff were given opportunities to develop their skills and experience through clinical medical education days and through access to post graduate and undergraduate courses.
- Staff understood the relevant consent and decision-making requirements required by legislation and guidance

Diagnostic imaging

Is the service caring?

Good ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Staff received high quality care and were shown kindness, compassion and respect. Staff made small talk with patients and put them at ease.
- Staff introduced themselves to patients and explained their roles
- A chaperone service was available to patients if an intimate examination was being performed.
- Staff offered support to patients to help in managing anxiety and nervousness.
- Staff explained to patients what would happen after the examination, such as side effects or next steps in treatment.
- Patient survey results were very positive.

However:

- Not all areas facilitated privacy and dignity and the service had received complaints about this.

Is the service responsive?

Inadequate ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as inadequate because:

- Patients did not have timely access to initial assessment, test results and diagnosis which may delay the start of treatment, including those suspected of cancer.
- The trust had set a target of 85% of patients suspected of cancer to have their diagnostic examination within a set amount of time to ensure timely diagnosis. However, no team met this target.
- The service performed poorly with regards to image reporting performance for patients requiring an urgent diagnostic examination as part of the two-week referral pathway where cancer was suspected.
- Patients requiring an emergency examination were not always being seen in a timely way. This included those requiring a magnetic resonance imaging scan or an ultrasound.
- The service was not meeting the six-week diagnostic test national standard. For outpatient imaging examinations there were extensive waiting lists.
- The length of time a patient was waiting when they arrived for their appointment was not formally recorded.

However:

- The environment was appropriate and patient centred with comfortable seating and toilets.
- Within the MRI service there was a dementia champion and a learning disabilities champion to ensure patients' needs were met.

Diagnostic imaging

- There were arrangements within the MRI and in plain film X-ray departments to address the needs of children. This included a play MRI scanner and toys in the X-ray room.
- Patients said that waiting times met their expectations and were contacted by the department within a reasonable timeframe for their appointment.

Is the service well-led?

Inadequate ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as inadequate because:

- Leaders did not have the capacity to lead effectively. Radiographer modality leads within the diagnostic imaging department discussed that as a result of “firefighting” every day clinical work took priority over management and governance priorities.
- Senior managers described how they were regularly pulled away from their managerial roles as a result of responding to immediate operational pressures within the department.
- The departments vision and set of values within the diagnostic imaging department were not known or adopted by staff. There was limited strategy for providing sustainable care.
- Managers discussed plans for the service but this was not supported by a written plan or strategy.
- Most staff we spoke with described an over-busy working environment that was not sustainable. Staff described themselves as “exhausted” and “overwhelmed”.
- The MRI service was described by staff in the department as “a broken service” and felt that pressures were too high.
- Staff felt they were unable to provide the quality of service patients expected.
- Staff were being expected to perform tasks which were above their band level which created stress and anxiety.
- Not all levels of governance and management functioned effectively or interacted with each other appropriately.
- Meetings within the department were not always recorded, and some meetings were described as not functioning well with a lack of clarity about decision making and accountability.
- Risks in the department were not managed in a timely way. There were some risks which had spent several years on the risk register with no action being taken.
- Some targets expected by the diagnostic imaging department were ineffective as they were unachievable.
- The diagnostic imaging department was not always considered by other care groups or service lines to assess the impact on quality and sustainability for imaging when developing services.

However:

- All staff we spoke with were positive about the diagnostic imaging service manager.
- Both medical physics and the radiation protection team had a proactive governance structure which escalated concerns to the trust board.
- Managers gained feedback from staff through the use of ‘happy app’ and involved the rest of the hospital through the use of surveys.

Diagnostic imaging

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

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

Regulation

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA 2008 (Regulated Activities)
Regulations 2010 Safety and suitability of premises

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

This section is primarily information for the provider

Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity

Diagnostic and screening procedures

Regulation

Section 29A HSCA Warning notice: quality of health care

Regulated activity

Diagnostic and screening procedures

Management of supply of blood and blood derived products

Maternity and midwifery services

Surgical procedures

Termination of pregnancies

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

Regulation

Section 29A HSCA Warning notice: quality of health care

Our inspection team

This inspection was led by Alison Giles, Inspection Manager, and overseen by Mary Cridge, Head of Hospital Inspections. One executive reviewer, Anne-Maria Newham, Director of Nursing, Allied Health Professionals, and Quality, and three specialist advisers supported our inspection of well-led for the trust. 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.

The team for the core services inspection included four inspection managers (one a specialist in IR(ME)R), ten inspectors, two adult social care inspectors, a mental health inspector, a registration inspector, one assistant inspector, and sixteen specialist advisers.