Royal Berkshire NHS Foundation Trust

Inspection report

Royal Berkshire Hospital
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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 on our website - www.cqc.org.uk/provider/RHW/reports.

Ratings

Overall rating for this trust	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive?	Outstanding
Are services well-led?	Good

Summary of findings

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.

We have rated the location of Royal Berkshire Hospital as Outstanding, and the overall Trust as Good. This reflects that we have not inspected the other locations at this time, and thus cannot provide a contemporaneous rating for those.

Background to the trust

The Royal Berkshire Foundation Trust achieved foundation status in 2006 and was registered with CQC in April 2010. The Trust serves the population of Berkshire and its borders with acute medical, surgical and specialist services.

It has five registered locations –

- Royal Berkshire Hospital
- Prince Charles Eye Unit, King Edward VII Hospital
- Royal Berkshire Bracknell Health Space
- West Berkshire Community Hospital
- Windsor Dialysis Unit
- Outpatients are also provided at Townlands Memorial Hospital but this is a satellite rather than a registered location.

The area served by the trust covers both urban and rural communities in East and West Berkshire and surrounds. It has an operating budget of £408 million, without PFI arrangements.

Overall summary

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

What this trust does

The trust provides acute hospital services from its main site the Royal Berkshire Hospital in Reading. It also provides eye services to people in East Berkshire from the Prince Charles Eye Unit based at King Edward VII Hospital in Windsor. The Royal Berkshire Health Space Bracknell which opened in August 2011 provides cancer, renal and outpatient services to the local community and Windsor Dialysis Satellite Unit treats people with chronic kidney disease further to the east. West Berkshire Community Hospital provides day surgery and outpatient services to people in West Berkshire.

The trust employs more than 5000 staff. It has 650 general and acute beds including paediatrics, 73 maternity beds and 15 critical care beds.

During last year (2016) there were the following:

- Inpatient admissions – 86,257
- Outpatient attendances – 709,371
- A&E attendances - 125,810
- Children attending A&E – 29,940 (ED department has a separated paediatric A&E)
- Number of A&E attendances admitted- 36,218

Summary of findings

- Number of deliveries – 5,232
- Number of deaths – 1,516

(*Source: Provider Information Request 2017)*

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

On 14 and 15 September 2017, we inspected five of the core services provided by this trust at its main hospital. At our last inspection, four of these core services (the exception was Emergency department) were rated as requires improvement, so we reviewed these services on this inspection.

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.

We have rated the location of Royal Berkshire Hospital as Outstanding, and the overall Trust as Good. This reflects that we have not inspected the other trust locations at this time, and thus cannot provide a contemporaneous rating for those.

Our findings on leadership are in the section headed Is this organisation well-led?

We inspected the well-led key question on 12 and 13 October 2017.

What we found

Overall trust

We inspected only the Royal Berkshire Hospital and rated it as Outstanding. We rated the overall Trust as Good. This reflects that we have not inspected the other locations, and thus cannot provide a contemporaneous rating for those.

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

Are services safe?

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

- Urgent and emergency care safety stayed the same. The service managed patient safety incidents well, and when things went wrong, staff apologised and gave patients honest information and suitable support. The service used

safety monitoring results well, and used information to improve the service. The service had suitable premises and equipment and looked after them well. Patients received the right medication at the right dose at the right time. Records were clear, up-to-date and available to all staff providing care. Staff had received training to make them aware of potential needs of people with mental health conditions, learning disability, autism and dementia.

- Medical care including care of the elderly: safety improved from requires improvement to good. Patients were protected by a strong and comprehensive safety system and there was a focus on openness, transparency and learning when things went wrong. The trust had worked extensively on recruitment and retention in order to improve nursing staffing levels. Measures had been put in place to mitigate for staff shortages therefore ensuring wards were staffed safely, if not always optimally. Staffing levels and skill mix were planned, implemented and reviewed to keep patients safe, and staff shortages were responded to in a creative, realistic and considered manner. Medical care wards stored, prescribed, administered and recorded medicines, including controlled drugs, according to trust policy. Staff had training on how to recognise abuse, knew how to raise a safeguarding concern and who to contact if they required advice or guidance. All areas were visibly clean and tidy. There were established systems for infection prevention and control, which were accessible to staff.
- Surgery services rating of safety improved from requires improvement to good. The wards, theatres and recovery areas were clean and well maintained. Theatre staff followed the World Health Organisation (WHO) surgical safety checklist and five steps to safer surgery, and staff in theatre provided a safe environment for the patient. There was a twice-daily bed meeting which reviewed current and new environment and equipment issues that required attention. Ward staff were using the National Early Warning Score (NEWS) system for the monitoring of patients on wards. Clinical observations were logged on to the electronic patient record (EPR) in real time. Staff were aware of the systems and processes for reporting safeguarding incidents, and staff on different wards demonstrated they knew how to use the electronic adverse incident reporting system.
- Critical care service rating of safety improved from requires improvement to good. Staff recognised incidents and reported them appropriately. When things went wrong, staff apologised and gave patients honest information and suitable support. The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Despite challenges associated with the environment of the unit, staff controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection. Staff kept appropriate records of patients care and treatment. Records were clear, up-to-date and available to all staff providing care. The service prescribed, gave, recorded and stored medicines safely. An effective and highly trained Critical Care Outreach team supported ward staff to respond to and manage the care of deteriorating patients safely. The response to deteriorating patients was further enhanced by the Call for Concern system that enabled patients and their relatives to directly access the critical care outreach team if they had concerns about the patient's condition that they felt was not being acknowledged by the ward teams. Staff understood how to protect patients from abuse. Most staff had training on how to recognise and report abuse and they knew how to apply it.
- Outpatient services rating of safety improved from requires improvement to good. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Staff told us they had a good understanding of incidents and felt confident to report them. The large number of no and low harm incidents indicated a good incident reporting culture. The service controlled infection risk well. Most of the service had suitable premises and all had suitable equipment and looked after them well. The service prescribed, gave, recorded and stored medicines well. Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

Summary of findings

The service provided mandatory training in key skills to all staff and made sure everyone completed it. The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. The service planned for emergencies and staff understood their roles if one should happen.

Are services effective?

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

- Urgent and emergency care: effective was not rated the last time due to the methodology used at that time. It has currently been rated as requires improvement because the service aim of improved patient outcomes was unproven by the data supplied. However, we found the service provided care and treatment based on national guidance and evidence of its effectiveness. Staff reviewed care pathways regularly, such as those for stroke or sepsis. The service ensured staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Staff worked well together as a multidisciplinary team to benefit patients. People who were in pain were appropriately supported, and consent was obtained in line with legal principles.
- Medical care including care of the elderly rating improved from requires improvement to good. A combination of best practice and national guidance was used to deliver effective care and treatment to patients. Medical audits were conducted to ensure quality of care and treatment. Nursing audits were completed to ensure high quality patient experiences. Specially trained staff and volunteers were available to support patients who needed more assistance with eating and drinking. Patients pain needs were assessed appropriately. A specialist inpatient pain outreach service was available to staff if addition help was needed in pain relief for patients. Cardiology had the most effective 24/7 heart attack service nationally for seven consecutive years (88% of patients treated within 120 minutes compared to the national average of 51% myocardial ischaemia national audit project MINAP 2015-2016). The Stroke Unit was rated overall 'A' (the highest rating it can be) in the sentinel stroke national audit programme (SSNAP) and 95.3% of eligible patients received thrombolysis within an hour (SSNAP: Dec 16 – Mar 2017) Ortho-geriatrics is in the top quartile nationally for best practice tariff achievement, length of stay and 30 day mortality rate of 6.6% compared to a national average of 7.3% (national hip fracture database 2016). Staff's skills, competences and knowledge were developed and seen to being integral to ensuring high quality care. Staff, teams and services were committed to working collaboratively and found efficient ways to deliver more joined-up care to patients. Outstanding multidisciplinary team (MDT) working was observed throughout the medical care services. Consultant cover was available seven days a week on the medical care wards. Physiotherapist and occupational therapist services were available seven days a week. Pharmacy provided a ward based service during normal working hours Monday to Friday and the dispensary also operated at the weekends to enable effective weekend discharges. The critical care outreach team and psychological medicine service team were available seven days a week, 24 hours a day to access and provide support for deteriorating patients and provide mental health assessments respectively. Staff had good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and were aware of the importance of capacity assessments and knew who to contact for advice and support.
- Surgery remained good for effectiveness. Care and treatment followed evidence-based national guidance. Results from audits were used to improve practice. Patients' physical, mental health and social needs were assessed and took account of current legislation, professional standards and clinical guidelines. Each ward had `champions' who cascaded training and advice on particular clinical areas, for example tissue viability and infection control. Study days for staff were also arranged in areas such as sepsis or nutrition or venepuncture. There was up-to-date, accurate and comprehensive multidisciplinary information about patients' care and treatment at the regular ward handovers and at the consultants briefing. Staff understood their responsibilities in relation to consent. Patients told us they were fully informed about their procedure and any risks before they signed consent.

Summary of findings

- Critical care remained good for effectiveness. Staff provided care and treatment based on national guidance and service policies reflected this. Staff assessed patients for risk of dehydration and malnutrition using a nationally recognised tool. Staff took action, including accessing specialist support, to ensure patients nutrition and hydration needs were met. Patients' pain was well managed. Pain relieving medicines were prescribed and administered according to patients pain levels. The service monitored the effectiveness of care and treatment and used findings to improve them. They contributed to the Intensive Care National Audit Research Centre (ICNARC), which meant outcomes of care delivered and patient mortality were benchmarked against similar units nationwide. Patients were supported to understand their illness, recovery stages and to manage their own health needs by the unit's 'Rehab after Critical Illness' team. ICU had an innovative and effective electronic system to record information about patient's wellbeing and treatment plans, which all ICU staff could access. The hospital's electronic patient records system meant the critical care outreach team had access to the results of monitoring of all patients wellbeing. Staff understood their roles and responsibilities under the Mental Capacity Act 2005. Staff acted to gain informed consent from patients where this was achievable.
- Outpatient services were not rated for effectiveness in either 2014 or 2017 inspections. This is because we are not confident we are gathering enough information to rate this question. However, we found treatment was based on national guidance. Audits were undertaken to measure effectiveness. Staff were competent and participated in good multidisciplinary care for patients. The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other similar services to learn from them. New patients attending outpatients were nutritionally risk assessed in line with national guidelines. Patients were provided with health promotion guidance and literature during appointments and consultations The service made sure staff were competent for their roles. There was good multidisciplinary working within different specialty outpatient services. Staff of different kinds worked together as a team to benefit patients. Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. However: The trust reported that appraisal rates showed that the majority of outpatient staff groups did not meet the trust target. However, all staff we spoke with confirmed that they had received or had an appraisal planned. Training for enhanced Mental Capacity Act training within outpatients did not meet the trust target.

Are services caring?

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

- The internal culture of the Trust clearly evidenced an exceptional and outstanding approach to delivering care and treatment, making patients and relatives feel valued, involved and empowered. Of particular note is the *consistency* of this culture, displayed by staff of all grades and disciplines, by governors, by the large body of volunteers, and by the senior executive team.
- Urgent and emergency care caring rating improved from good to outstanding. People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service. Feedback from people who use the service, those who are close to them and stakeholders was positive about the way staff treated people. People said that staff 'went the extra mile' and 'their care and support not only reached but in many cases exceeded expectations'. There was an embedded culture of caring, and this was clearly demonstrated on many occasions, by all grades and types of staff, including volunteers, throughout the ED. The culture supported patients and relatives, and encouraged families to become equal partners in care. Staff recognised and respected the totality of people's needs. They instinctively took people's personal, cultural, social and religious needs into account when caring for them, and understood the many diversities of their local populations. Of particular note were the receptionists in the main reception and STAT reception areas, who were consistently outstanding in their approach and manner towards people presenting to the department.

Summary of findings

- Medicine (including older people's care) rating for caring improved from good to outstanding. People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service. Feedback from people who use the service, those who are close to them and stakeholders was consistently highly positive about the way staff treated people. They said that staff 'went the extra mile' and 'their care and support not only reached but in many cases exceeded expectations'. There was an embedded culture of caring, and this was clearly demonstrated on many occasions, not only by nursing and medical staff, but very notably by ward clerks, porters, domestic staff, and multidisciplinary professional groups on all inspected units. This internal culture supported patients and relatives, and encouraged families to become equal partners in care. There was strong evidence of outstanding care on the Acute Stroke Unit and this was noted over both day and night shifts. The focus was on highly-personalised programmes of care, where patient and family opinions were sought and acted upon, and personal preferences were integrated into everyday patient management. The service had introduced several excellent initiatives to support and improve patient care. The care crew, a dedicated team of healthcare assistants who lead activities and gave one to one care for elderly patients and patients with cognitive impairment or conditions such as dementia and patient leaders, who gave patients a voice and the opportunity to influence and improve health services at a strategic level through their past experiences using the service. The trust had specially trained their volunteers to offer patients one to one support during meal times.
- Surgery services rating for caring remained good. All of the patients we talked to spoke of the kindness of the staff in all surgery areas. Results from patient led surveys (PLACE) showed a patient dignity and wellbeing score of 91% against a national average for acute services of 84%.Staff understood the emotional impact that a person's care, treatment or condition would have on them. They also understood the impact it would have on those close to them. The patients we spoke to told us that staff were kind and supportive across the wards and theatres. Patients were given time to ask questions about their care and treatment and discuss any concerns. Patients told us the consultants were communicative and approachable.
- Critical care services rating for caring stayed the same, as consistently outstanding. Patients and their relatives were treated by staff with compassion, dignity and respect. Feedback from patients and their relatives was continually highly positive about the way staff treated them, and this feedback strongly evidenced there was an embedded caring and supportive culture in ICU. Patients and relatives were active partners in their care and treatment. Staff were fully committed to working in partnership with patients and relatives. Explanations of care and treatment were delivered to patients and their families in ways they understood whilst in hospital and after discharge from hospital by the service's 'Rehabilitation after Critical Illness' service. Patients could access the support this service gave many years after their initial admission to ICU. The Reading ICU Support Network set up by former patients, provided ongoing peer support for former patients and their relatives. Staff were always available to help patients and relatives understand explanations. Staff kept records of discussions with relatives and patients so staff could ensure information given was not conflicting. Patient's emotional needs were understood by staff and were embedded in their care and treatment. Emotional support was available and provided whilst patients were on the unit. The ICU Bereavement Care Team provided sensitive practical advice and emotional support for bereaved relatives including twice yearly memorial services where family, friends and staff could remember patients who had died.
- The outpatients department rating for caring remained good. Staff cared for patients with compassion. Feedback from Friends and Family tests throughout outpatient services was continually positive about the way staff treated people and provided care. Staff involved patients and those close to them in decisions about their care and treatment. They provided emotional support to patients to minimise their distress. We saw how staff in all outpatient settings took the time to ensure peoples emotional and social needs were respected. Staff demonstrated their recognition and respect for the totality of people's needs. They did this through their desire to develop their service, by moving clinics closer to where people lived, by offering complementary and holistic care and by learning new languages.

Summary of findings

Are services responsive?

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

- Urgent and emergency care responsiveness rating improved from requires improvement to good. Services were planned in a way that met the needs of local people. People could access the service when they needed it. Waiting times from treatment were and arrangements to admit treat and discharge patients were in line with good practice. Between the period October 2016 and June 2017, the percentage of patients leaving the A&E before being seen was lower than the overall England proportion. The department took account of patients' individual needs. It had a dementia-friendly cubicle and could support patients with mental health problems or learning disabilities. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. However: the department held elderly patients and mental health patients in the same observation bay. There were on-going discussions with senior management team as to how this situation was going to be rectified. At the time of the inspection, no decision had yet been reached on how to address this concern.
- Medicine (including older people's care) responsiveness rating improved from requires improvement to outstanding. The trust had invested time and money to improve their dementia awareness and offered an excellent dementia service. All elderly care wards were dementia-friendly with appropriately designed surroundings. A dedicated team of staff, called the Care Crew provided daily cognitively stimulating activities for patients with cognitive or conditions. The ' Information about me' and 'forget me not' systems were used in the medical care wards. Each ward had a named nurse dementia champion and there was a senior nurse who led on staff training promoting dementia education and training across the Trust this included monthly dementia study days (DEALTS) and dementia training on staff induction. There were a range of support teams available for staff and patients including mental health liaison team and the learning disability co-ordinator. Patients admitted from ED with specific needs such as mental health, dementia or cognitive disability were followed up by these specialists, to offer continuing expert support to patients and ward staff. In addition, specialised trained link nurses and champions provided communication between specialist teams and staff in clinical areas. Many medical care wards had open visiting hours giving family and friends more flexibility to visit patients. Day rooms and communal spaces for patients and relatives provided areas where they could sit together to support the psychological well-being of patients. The trust regularly invited stakeholders from the local community into the hospital to discuss ways to promote patient care and support. A recent venture had seen the Nepalese community invited to the trust to gain and enhance two-way understanding of culture. Many patient information leaflets were readily accessible in languages other than English. Leaflets or information not available could be requested and this included information in braille. Translators were easily available. Between Apr 2016 – March 2017, 6226 bookings were made covering 63 languages. Access and flow through the hospital was well managed with effective pathways, twice daily operational meetings to discuss patient flow management, well planned patient discharge and specialised discharge teams for complex patients. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. However: referral to treatment times (RTT) were below the England average for three out of the nine specialties; gastroenterology, rheumatology and neurology.
- Surgery services rating for responsiveness improved from requires improvement to good.
- The average length of stay for all surgical elective patients at the trust was lower than the England average of 3.2 days. Average lengths of stay for the top three elective specialties by count of activity were also lower than the respective England averages. Staff demonstrated they understood how to manage and help those patients living with dementia, other disability or special needs. There had been no mixed sex breaches in surgical wards since the 1 June 2016. The trust had created clear guidance for on call managers to follow when monitoring hospital capacity and

responding to increased demand for beds. The pain management unit had developed a smartphone app that provided guidance and information on the management of long term pain, for both healthcare professionals and patients. Staff were able to explain how they helped patients with concerns and how they dealt with complaints. Patients said they could raise concerns with staff directly and were confident they would be listened to.

- Critical care services rating for responsiveness improved to good. The service took account of peoples individual needs. Staff had access to translators when needed giving patients the opportunity to make decisions about their care, and day-to-day tasks. The unit had tools to assist patients with communication difficulties to express their needs and wishes. Patients had access to a Rehab after Critical Illness (RaCI) service after they were discharged from the unit. Accommodation was available on site for relatives who wished to stay close to their family member being treated in the unit. The service treated concerns and complaints seriously, responded to them promptly and made changes to the service where possible in response to concerns or complaints

- Outpatients services rating for responsiveness improved from requires improvement to outstanding. Services were tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care. The trust planned, provided, organised and delivered services in a way that met the needs of local people. People could access the service when they needed it. Services were delivered at times and in locations, wherever possible, that suited the needs of the population. The service took account of patients' individual needs. The trust developed clinics for specific patient groups, for example there was a Rapid Access Clinic for Older People (RACOP) and there was an electric buggy service operated by volunteers available to transport patients around inside the hospital The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Patients we spoke with knew how to complain to the service, if needed. However: car parking was not sufficient and all patients we spoke with described issues finding a space to park. This had an impact on appointments, with some patients arriving late or missing appointments completely. Staff we spoke with were sensitive to this issue and would always fit a patient into clinic if they were late due to parking.

Are services well-led?

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

- Urgent and emergency care rating of well-led stayed the same. Managers had the right skills and abilities to run a service providing high-quality sustainable care, and promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The department had governance, risk management and quality measures to improve patient care, safety and outcomes. Staff and managers were clear about the challenges the department faced. They could explain the risks to the department and the plans to deal with them. The service had introduced several excellent initiatives to support and improve patient care. Staff had access to mental health liaison and other specialist mental health support as they were co-located within the ED. A new senior triage and assessment treatment service (STAT) led by a consultant transformed patient care for all patients arriving by ambulance.

- Medicine (including older people's care) improved from requires improvement to outstanding. There was a clear leadership structure. Managers were described as highly visible, well- respected, approachable, knowledgeable and effective. At ward level, there was a clinical services strategy which described how the service would develop its clinical services over the next five years in strong alignment with local health needs. Staff were able, when asked, to describe this vision and how it impacted at ward level. For example the decision to transform some surgical beds to medical ones to improve flow throughout the hospital. There was abundant evidence of excellent team working between all levels, all types and all grades of staff. This promoted a positive and supportive culture, where multidisciplinary staff, administrative, domestic, catering staff, patient leaders and volunteers felt valued and enabled by their senior leads. Innovation was encouraged and there were multiple ongoing and previous projects where patients had benefitted from this inclusive enabling culture. Of particular note was a patient booklet written by a family whose relative had been looked after on a ward. This piece of work was used to help staff understand a family

perspective and produce even better care. Staff were committed and motivated to provide high quality patient focused care. The staff spoke of their pride to be working for the trust, and a large number of them had been employed for many years. They felt supported, respected and valued by their colleagues and senior staff. The trust had invested in buddies and mentors for new staff and there was a Freedom to Speak Up Guardian. Staff at ward level described how this worked in practice. Specialities within the medical care service had regular clinical minuted governance meetings with a trust wide set agenda. Information from these meetings was escalated through established, robust governance processes ensuring ward to board assurance. Senior leaders had good oversight of all aspects of the risks across medical care services and were able to demonstrate appropriate risk management and mitigation. The trust encouraged public and staff engagement and had a wide range of ways that this could happen including; public feedback, patient-led assessment of care environments, patient leaders, patient stories, hospital webpage and twitter account, staff 'what matters' programme, the NHS staff survey and staff newsletters. The trust and staff were committed to the continuous learning, improvement and innovation throughout the medical care services. Medical care services had won many awards and additional funding, both internally and externally, for their innovative ideas to improve patient care and outcomes.

- Surgical services rating for well led had improved from requires improvement to good. There was considerable evidence that leaders in surgery had the skills, knowledge, experience and integrity to ensure the delivery of high quality, person-centred care, and were both visible and approachable. Ward managers received leadership training and held bi-monthly meetings to share good practice and learning in relation to managing their wards, recruitment, patient feedback and trust initiatives. Staff felt supported, respected and valued. Theatre staff told us that there was a supportive culture and a `no blame` approach with staff able to raise concerns without fear of retribution. Overall, there was a culture of teamwork and mutual support. Staff emphasised that the organisational culture was focused around the needs of patients and they were proud to work for the trust.
- Critical care services rating for well led had improved from requires improvement to good. The service had managers with the right skills and abilities to run the service providing high quality care. There was a clear and understood vision for what it wanted to achieve. The service had a positive, inclusive, collaborative and supportive culture, and had a systematic process, involving staff of all roles and grades, in reviewing and improving the service. This included identifying risks, and planning to reduce the level of risk. The service valued the views of patients and their relatives and considered them an essential part of running and developing the service. Volunteers and the ICU Support network were firmly embedded into the service and supported the service with their engagement with patients and relatives. Innovation was encouraged and supported, both by the service and by the trust. However: although the service had a vision for what it wanted to achieve, there were no completed plans to progress this vision. This could not be progressed until the trust leadership had finalised plans about the development of the whole hospital.
- Outpatients service rating for well led improved from requires improvement to good. The leadership, governance and culture promoted the delivery of high quality person-centred care. Managers at all levels had the right skills and abilities to run a service providing high-quality sustainable care. The departments had a vision for what they wanted to achieve and were realising this through its outpatients modernisation programme. The trust had workable plans to turn their vision into action developed with involvement from staff, patients, and key groups representing the local community. Local departments had developed their own vision, which were displayed on noticeboards within their departments. Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There was a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. There were effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The departments collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. They engaged well with patients,

staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The departments were committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. However: service re-design within pathology and phlebotomy had led to some low morale issues.

Royal Berkshire Hospital

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

- Safe, effective, and well led domains were good, and caring and responsive domains were outstanding.
- The ratings of four of the five core services we inspected improved.

Urgent and emergency services

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

- Patient safety was a top priority for this trust.
- Safety monitoring and patient safety incidents resulted in improved patient care.
- Staff assessed and responded to patient risk appropriately thus improving patient safety and patient care.
- The premises and the equipment were clean.
- Care and treatment was provided based on national guidance and evidence.
- Patients felt reassured when staff went that extra mile and transformed the patient experience.
- The culture of caring within all staff working in the ED because nothing less would be done if that patient was a relative of a member of staff.
- Staff instinctively took people's personal, cultural, social and religious needs into account when caring for them.

However:

- Medicines were not always stored appropriately.
- Blood glucose monitors were not always checked regularly.
- The trust's median time to initial assessment was consistently worse than the England median.
- Doctors had not completed their mandatory training. The 90% training target set by the trust was not met for medical staff for any modules. For four modules, namely, clinical risk assessment, equality and diversity, hand hygiene and information governance, fewer than 50% of doctors had completed the training.

Medical care (including older people's care)

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

- Patients were protected by a strong comprehensive safety system and there was a focus on openness, transparency and learning when things went wrong.
- Staffing levels and skill mix were planned, implemented and reviewed to keep patients safe at all times. Any staff shortages were responded to.
- Outcomes for patients who used the service were consistently better than expected when compared with other services.

Summary of findings

- Staff's skills, competence and knowledge were continually being developed as integral to ensure high-quality care. Staff were proactively supported and encouraged to acquire new skills, use transferable skills and share best practice. Volunteers were proactively recruited, trained and supported in their very diverse roles.
- There was excellent, effective, multidisciplinary working within the medical care services. This involved staff from many different professional and non- professional groups who worked together to provide a significantly supportive culture with patients at the heart of decision making.
- Feedback from people who used the service, friends and family was positive about the way staff treated people and provided care. Staff were highly motivated in delivering patient-centred care in a respectful and dignified way.
- Patients, relatives and carers told us they felt involved in decisions about their or their family members' care and treatment.
- Strong governance structures were in place and we saw effective management of risks. Senior managers were visible and highly regarded.
- Staff were proud of the organisation as a place to work and spoke highly of the culture.

However:

- Equipment and patient record keeping was not always completed in full on some wards.
- Medical care staff had not met the 90% trust target in some aspects of their training.

Surgery

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

- Managers and clinical leaders at all levels were engaged with staff and patients on the wards.
- Theatre staff provided a safe operating environment and complied with the World Health Organisation (WHO) surgical safety checklist and five steps to safer surgery in all operations we viewed.
- Staff had a clear understanding of incidents and safeguarding issues and knew how to report them and what support they would receive.
- Staff treated patients with compassion, dignity and respect. Patients and relatives described excellent communication and care that was delivered with empathy and emotional understanding by nursing staff and medical staff.
- Consultants, medical staff, nurses and other health professionals worked together to support each other and provide focused care to their patients.
- Managers used information from risk registers, governance meetings and morbidity and mortality meetings to challenge practice and learn from mistakes.

However:

- Medical staff had not met the 90% target for safeguarding training and for statutory and mandatory training.

Critical care

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

Summary of findings

- Following our inspection in 2014, there had been improvements to the critical care unit. Medical staffing levels now met the Guidelines for the Provision of Intensive Care Service. Pharmacist support for the ICU had increased. Both nursing staff working in the ICU and the Critical Care Outreach team completed competency assessments and declarations about their ability to use service specific equipment safely. The availability, cleanliness and maintenance of equipment was monitored and recorded. These improvements contributed to the safety of patients.
- There were effective systems in place to protect patients from harm. There was a good incident reporting culture. The Critical Care Outreach Team provided effective support to the general wards with the management of deteriorating patients and preventing admissions to ICU.
- Patients received effective, evidence-based care and patient outcomes were within the expected range.
- Appropriately qualified staff cared for patients. There were effective training programmes for both nursing and medical staff. The percentage of nursing staff with post registration qualification met the recommended guidelines.
- There was a strong culture of multidisciplinary working on ICU. Volunteer staff were highly regarded and embedded into the running of the service.
- There was an embedded culture of supporting patients and their families during and after admission to ICU. This included support from the Rehab after Critical Illness team, the Bereavement Care Team and the Reading ICU Support Network. The service was committed to engaging with patients and their relatives and used their views to improve the service.
- Innovation was encouraged. Staff felt valued and supported by the leadership team in their roles.

However:

- The ICU environment posed challenges to delivering a safe and effective service. Although there was a clear vision to deliver critical care in a new purpose built unit, there were no plans yet made to progress this vision.
- Medical staff did not fully meet the trust's target for completion of mandatory training.

Outpatients

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

- The service managed patient safety incidents well and learned from them. Incidents were recorded, investigated and acted on.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- There was effective multidisciplinary working within different speciality outpatients
- Patients told us they felt involved in decisions about their or their loved ones care and treatment.
- Feedback from Friends and Family tests throughout outpatient services was positive about the way staff treated people and provided care.
- Staff throughout outpatient services put patients at the centre of what they did.
- Staff we spoke with were highly motivated to provide care that was person centred, kind and promoted dignity.
- We saw how staff in all outpatient settings took the time to ensure peoples emotional and social needs were respected. People with learning disabilities and mental health conditions were given the time they needed during consultations. Staff recognised the totality of people's needs.

Summary of findings

- The trust planned and provided services in a way that met the needs of local people. This included the use of virtual clinics in orthopaedics and one-stop clinics in urology.
- We saw proactive and innovative approaches to treatment designed to meet the individual requirements of patients. These included the use of technology in the pain clinic, Biologic nurses who trained patients to self-administer medication.
- We saw that the trust had a programme to train and support people with autism and other learning disabilities to carry out administration duties.
- Staff we spoke with felt the culture in outpatients had improved with positive reinforcement from senior managers. They felt respected and listened to, and were actively encouraged to provide suggestions for service improvement.
- The trust had commenced an outpatients modernisation programme with a vision and desire to improve the patient experience and outcomes.

However:

- We found some infection control concerns in the phlebotomy department. These were highlighted to the trust during the inspection and rectified immediately.
- Service re-design within pathology and phlebotomy had led to some low morale issues.
- An ageing and restricted estate caused some issues with infection control and maintenance. However, the trust were aware and mitigated risks of cross infection through active management of estates issues.
- Insufficient car parking was a major concern for the trust and patients.
- The trust supplied data that showed that the majority of outpatient staff groups did not meet the trust appraisal target. However, all staff we spoke with confirmed that they had received or had an appraisal planned.

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

Ratings tables

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

*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.

Outstanding practice

We found examples of outstanding practice in each service. We also found outstanding practice in the trust-wide inspection of the well-led question.

Areas for improvement

We found areas for improvement including one breach of legal requirements that the trust must put right. We also found things that the trust should improve.

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

Summary of findings

Action we have taken

We have issued one requirement notice to the trust. See the Areas for improvement section for more information.

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

Urgent and emergency services

- The senior triage and assessment treatment service (STAT) areas created by the trust had a positive impact on the whole hospital. It enhanced patient safety and ensured patients received the right care and the right time from the right people.
- The care that staff demonstrated to each other with the emergency department showed the priority given to staff well-being. Each member, regardless of their title, demonstrated the values of the trust.
- The engagement of volunteers in emergency department to look after patients and relatives was an innovative way to help patients and relatives be reassured.
- The links made with the local mental health trust to ensure they provided support to mental health patients had a positive impact on mental health patients who came to the emergency department in an emergency.

Medicine (including older people's care)

- Acute stroke unit - constantly achieves an 'A' sentinel stroke national audit programme rating and has improved patient experience and outcomes. The team share best practices at conferences and with other trusts.
- Cardiac care unit - has had the most effective 24/7 heart attack service nationally for seven consecutive years due to the team's innovative approach to cross-organisational and multi- disciplinary monthly review and sustained quality improvement efforts.
- Medical support workers – the trust had introduced this role to aid the medical staff with administrative tasks. The role had a demonstrable impact by freeing doctors' time and speeding up patient discharge, and consequently, patient flow through the hospital.
- Patient flow through the hospital - the trust had worked hard to improve patient flow throughout the hospital, from effective pathways, twice-daily operational meetings, management of outliers, reallocation of wards to effective discharge.
- Dementia-friendly wards - which provided a highly specialised environment from patients with dementia.
- Care crew - who provided a high standard of personal care for elderly patients and patients with cognitive impairment or conditions such as dementia.
- Hip fracture unit – improvements and a redesign of the hip fracture pathway had resulted in improved patient outcomes including; better preoperative assessments; reduced time to surgery; improved bone health and a decreased length of stay in hospital.

Summary of findings

- Multidisciplinary teams – throughout the trust we saw staff, teams and services working collaboratively. There were innovative and efficient ways to deliver joined-up care to people who used the service, resulting in better patient experience and outcomes.
- We evidenced outstanding care from the ward clerk on the Medical Admission Unit as he supported visitors, patients and staff during his daily interactions with them.

Surgery

- An outstanding example of continuous improvement and innovation was the Berkshire Simulation Centre. We interviewed a consultant anaesthetist and over 25 junior doctors. The simulation team had 80 trust employees involved with teaching, and all employees had one Friday per month for governance and training. The teaching team had developed training pathways and curricula. We were told that the evidence from feedback showed training had improved clinical practice.
- The department had also introduced a `one stop' urology clinic which had significantly improved services for patients. The waiting times and waiting list numbers had decreased, and satisfaction amongst patients, clinicians, and nurses had improved.
- General Surgery risks were discussed and minuted at the monthly General Surgery Clinical Governance meetings. These meetings were attended by consultants, nursing staff and departmental managers.

Critical Care

- The role of volunteers was embedded into the running of the unit. Volunteers supported the work on ICU by assisting with administration duties, stocking up patient bedside trolleys, maintaining and stocking the provisions in relative waiting areas and the relative's accommodation, and provided empathetic support for patients and their relatives. Volunteers were included in staff recruitment processes. The Reading ICU Patient Network, set up and ran by volunteers, worked closely with the units Rehab after Critical Care Illness team to provide ongoing peer support for patients and their relatives.
- The provision of support for patients during and after discharge from the unit and the support for those relatives bereaved was outstanding. The Rehab after Critical Illness team provided ongoing physical and emotional support for patients and their families after discharge from ICU but whilst still a patient in the hospital to many years after the patient's initial admission to ICU. The Bereavement care team provided sensitive practical and emotional support to family and friends of patients who died in ICU or after discharge from ICU, including a twice yearly memorial service
- The 'Call for Concern 'programme set up by the outreach team empowered patients and their relatives to directly access the critical care outreach team if they had concerns about the patient's condition that they felt was not being acknowledged by the ward teams.
- ICU had developed an effective electronic system to manage and share the information that was needed to deliver safe and effective care. The system was fully integrated with other departments such as radiology, pharmacy and pathology laboratories. Real time data was available on the information management system, this included patient's observations, trends in their observations, and test results. All this information was accessible for individual patients at their bedside computer station and at shared computer screens on the unit. A large electronic white board in the handover room supported viewing of all patients records. This availability of up to the minute information supported the multidisciplinary team to update care and treatment plans during the handover process.

Summary of findings

Outpatients

- Virtual fracture clinic in orthopaedic outpatients – inspired by similar service seen at another trust. This has improved patient experience and treatment outcome, reduced the number of unnecessary appointments for patients and improved the flow in clinic.
- Project SEARCH Programme, whereby the trust train people with autism and other cognitive disability to carry out administrative roles such as locating health records for clinics. They could then, after training, be employed either within the trust or elsewhere. This was a highly positive venture for those individuals but also of benefit to the trust as it freed up existing staff time e.g. secretaries.
- One-Stop Urology clinic – consultant led clinic with CNS support. In house sonographer to provide ultrasound. The clinic was set up to enhance patient experience, as they had all tests and treatment on one visit. FFT feedback 100% response rate, 100% positive/extremely positive feedback.
- URO/Derm – Innovative study/use of existing products used by females with bladder problems to help men who have had penile cancer/surgery. Initial feedback from patients is positive, working with manufacturer to develop design and life-changing experience for patients
- Outpatients runs a 'Prostate school' for patients about to undergo surgery. This was led by an associate specialist registrar and supported by a CNS/Research nurse.
- The trust employed 'Biologics' specialist nurses. Their role included monitoring rheumatoid and dermatology patients. They ran clinics, coordinated care across Battle day unit and outpatients, for example for infusions and pre-screening for dermatology patients. Patients were provided with information and trained to self-administer pre-filled syringes and pens by Biologics specialist nurses. Staff told us they were responsive to patients' preferences for either pen or pre-filled syringe.
- The trust held a daily cancer operational meeting where all cancer specialties displayed current breaches and referrals. We attended one of these meeting and found it to be conducted in an open and non-threatening environment. System blockages were facilitated by senior managers and plans developed to improve flow. Teams reported this had significantly reduced cancer wait times and motivated staff to achieve a better patient experience.

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations.

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

Action the trust MUST take to improve

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

In Critical Care services

- The trust must support the ICU vision to improve the environment of the service to progress. All planned improvements to the ICU must consider the Guidelines for the Provision of Intensive Care Services (2015), the Health Building notice 04-02 and the Department of Health recommendations for the number of required critical care beds per population.

Action the trust SHOULD take to improve

Summary of findings

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.

Urgent and emergency services

- Ensure all batches of medicines are stored appropriately.
- Ensure blood glucose monitors are checked regularly.
- Ensure resuscitation medicines are checked regularly according to protocol.
- Ensure all sharps bin have dates of opening.
- Ensure the receipt sections of control drug requisition book was signed.
- Ensure records are kept when to take out (TTO) pre-packs are issued to patients to enable accounting for stock.
- Re-instate the learning disability module into the medical induction programme.
- Ensure all nurses completed their mandatory training.
- Ensure all doctors completed their mandatory requirement.
- Improve on the trust's median time to initial assessment.
- Ensure local audits are undertaken to check how staff are following national guidance.
- Ensure that elderly patients and mental health patients are not held in the same observation bay.
- Improve toilet facilities in the children emergency department.
- Ensure members of staff in the emergency department understand the overall strategy of the department.

Medicine (including older people's care)

- Services need to ensure the full completion of patient records in a timely way including fluid balance charts where the patient requires this.
- Services need to ensure resuscitation trolleys checks are completed on a daily basis.
- Services need to ensure that that when using permanent and agency nursing staff, they have the required skills needed to work effectively in specialist areas. Permanent staff should only be re-deployed to wards for which they have relevant competencies.

Surgery

- The trust should support medical staff to complete mandatory training as per trust policy.

Critical Care

- The trust should support medical staff to complete mandatory training as per trust policy.
- The trust should consider how to improve side room facilities and availability to support infection prevention and control practices.
- The trust should consider the Guidelines for the Provision of Intensive Care Services (2015) standards with regard to the number of supernumerary nurse coordinators on duty each shift.
- The trust should consider regularly reviewing patient's risks of malnutrition and dehydration.

Summary of findings

- The trust should consider the Guidelines for the Provision of Intensive Care Services (2015) standards with regard to requiring dedicated dietetic support for ICU.
- The trust should consider how to work more effectively with the Specialist Nurse for Organ Donation, to ensure the trusts policy about referral to the Specialist Nurse for Organ Donation is met.
- The trust should review the ICU access to interventional radiology, endoscopy and microbiology and pathology services.
- The trust should consider including detail about planned actions and actions taken to lessen identified risks on the ICU risk register.
- The trust should support the ICU vision to improve the environment of the service to progress.
- All planned improvements to the ICU should consider the Guidelines for the Provision of Intensive Care Services (2015), the Health Building notice 04-02 and the Department of Health recommendations for the number of required critical care beds per population.

Is this organisation well-led?

This section refers to the overall executive leadership team for the Royal Berkshire Hospital location.

There was an experienced, credible and skilled leadership team with the knowledge and tenacity to deliver high quality care. They adhered to the trust values and behaviours, set the tone and expectations of the organisational culture, and demonstrated clear understanding of the trusts' challenges and priorities. Their internal colleagues and external partners held the executive clinical leads, the Executive Director of Nursing, the Chief Operating Officer, the Medical Director, and the Chief Executive, in high regard. They were viewed as approachable, visible and compassionate to their staff and people who used or supported the service.

The trust had a clear vision and set of values with quality and sustainability as the top priorities. They had a defined strategy for the future. This included the local priorities for the local Accountable Care System (ACS) in Berkshire. The board were fully sighted on strategic issues and future planning, and provided supportive challenge, while maintaining the focus not just on delivery of care but on the quality of the outcomes. The trust had planned services to take into account the needs of their local populations.

The trust's strategy, vision and values underpinned a culture that was at all times patient-centred. The internal values of the trust had been recently evaluated, drafted and agreed by the staff and had become embedded into everyday practice. Staff were proud to work for their trust, many were local residents, and had invested effort and time into delivering the agreed values. Staff felt supported, enabled and appreciated, and knew their efforts were recognised. Open-ness, honesty and transparency were expected behaviours at all levels of the organisation, and staff were encouraged to raise any concerns.

There were clear structures, responsibilities, roles and systems to support good governance. The structures for each unit or directorate were in alignment with the governance measures in place. Risks were known, triaged and correctly prioritised. Where learning took place from incidents that had gone wrong, caused harm, or been near misses, this was cascaded appropriately and more widely if required or necessary. Serious Incidents were appropriately recorded, investigated robustly and usually completed in a timely manner.

The board were risk aware and had recently undergone training to further assess and reduce the corporate risk register. Risk registers at directorate level had local ownership and oversight with trained assessors.

Summary of findings

Information was provided so that the organisation could understand and respond to its performance. The performance measures were clear and well understood. IT systems were variable throughout the trust, but investment and further training was being undertaken. The trust has very recently been nominated as a recipient of digital exemplar funding.

The trust had a highly effective, responsive and inclusive approach to engaging with people who used their services, those close to them and their representatives. They used collaborative, positive and reflective activities to meet and engage with many diverse user groups, and to establish then take into account their specific and preferred needs. Staff engagement had recently improved and was now a highly positive feature.

However:

- Persistent issues were reported with the estate department. A lack of operational impact was regularly described. This created tension and widespread frustration because of a perceived constant inefficiency, failure to correctly prioritise or complete tasks in a timely, affordable or consistent manner. Recognition was made of individual onsite daily efforts to support staff and services, but many staff commented on exceedingly high charges for day to day minor repairs such as replacing an inexpensive clock.
- Nurse staffing posed a daily challenge and while the considerable positive efforts to ameliorate this were recognised, there were times when staff were sent to cover areas for which they had little knowledge or skill. Agency staff who were employed to support, had refused to undertake competences within their role remit, such as giving intravenous medications; this caused anxiety to the trust staff who then spent considerable time undertaking this task, while skilled and highly knowledgeable care was not always able to be given by the agency nurse. This was described as a loss to the patients and an inappropriate use of trust finance and resource.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Jan 2018	Good ➔➔ Jan 2018	Outstanding ↑ Jan 2018	Outstanding ↑↑ Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 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
Royal Berkshire Hospital	Good ↑ Jan 2018	Good →← Jan 2018	Outstanding ↑ Jan 2018	Outstanding ↑↑ Jan 2018	Good ↑ Jan 2018	Outstanding ↑↑ Jan 2018
Prince Charles Eye Unit, King Edward VII Hospital	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Royal Berkshire Bracknell Health Space	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Windsor Dialysis Unit	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Overall trust	Good ↑ Jan 2018	Good →← Jan 2018	Outstanding ↑ Jan 2018	Outstanding ↑↑ Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 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 Royal Berkshire Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good →← Jan 2018	Requires improvement Jan 2018	Outstanding ↑ Jan 2018	Good ↑ Jan 2018	Good →← Jan 2018	Good →← Jan 2018
Medical care (including older people's care)	Good ↑ Jan 2018	Good →← Jan 2018	Outstanding ↑ Jan 2018	Outstanding ↑↑ Jan 2018	Outstanding ↑↑ Jan 2018	Outstanding ↑↑ Jan 2018
Surgery	Good ↑ Jan 2018	Good →← Jan 2018	Good →← Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018
Critical care	Good ↑ Jan 2018	Good →← Jan 2018	Outstanding →← Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018	Good ↑ Jan 2018
Maternity	Requires improvement Apr 2016	Good Apr 2016	Good Apr 2016	Requires improvement Apr 2016	Good Apr 2016	Requires improvement Apr 2016
Services for children and young people	Good Jun 2014	Good Jun 2014	Good Jun 2014	Good Jun 2014	Good Jun 2014	Good Jun 2014
End of life care	Good Jun 2014	Good Jun 2014	Good Jun 2014	Outstanding Jun 2014	Good Jun 2014	Good Jun 2014
Outpatients	Good Jan 2018	Not rated	Good Jan 2018	Outstanding Jan 2018	Good Jan 2018	Outstanding Jan 2018
Overall*	Good ↑ Jan 2018	Good →← Jan 2018	Outstanding ↑ Jan 2018	Outstanding ↑↑ Jan 2018	Good ↑ Jan 2018	Outstanding ↑↑ Jan 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.

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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.

Key facts and figures

The Royal Berkshire Foundation Trust achieved foundation status in 2006 and was registered with CQC in April 2010. The Trust serves the population of Berkshire and its borders with acute medical, surgical and specialist services.

It has five registered locations –

- Royal Berkshire Hospital
- Prince Charles Eye Unit, King Edward VII Hospital
- Royal Berkshire Bracknell Health Space
- West Berkshire Community Hospital
- Windsor Dialysis Unit
- Outpatients are also provided at Townlands Memorial Hospital but this is a satellite rather than a registered location

The area served by the trust covers both urban and rural communities in East and West Berkshire and surrounds. It has an operating budget of £408 million, without PFI arrangements.

Summary of services at Royal Berkshire Hospital location

Outstanding ☆ ↑↑

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

Safe, effective, and well led domains were good, and caring and responsive domains were outstanding.

- Urgent and emergency care remained rated as good overall. The question of safety stayed the same, effective was not rated the last time. Caring improved from good to outstanding, responsive improved from requires improvement to good, and the well led rating of good was unchanged. The integrated front door model was being used to improve both the efficiency of the service and respond better to patients immediate needs. The positive impact of the new service design was felt throughout the hospital.

Summary of findings

- Medicine (including older people's care) improved from requires improvement to outstanding. Safety improved from requires improvement to good, caring improved from good to outstanding, responsive and well led moved from requires improvement to outstanding. Delivery of the service and outcomes for patients had improved. Patients' needs were met and treatment was delivered by competent, knowledgeable and caring staff. Services were flexible and highly personalised to meet patients' individual needs.
- Surgery services improved from requires improvement to good overall. Safety improved from requires improvement to good. Effective and caring ratings stayed the same at good. Responsive and well led both improved from requires improvement to good.
- Critical care improved from requires improvement to good overall. Safety and responsive improved from requires improvement to good. Effective stayed the same at good, and caring remained outstanding. Well led improved from requires improvement to good.
- Outpatients improved from requires improvement to outstanding overall. (We did not inspect diagnostics as part of this inspection as it is now a different core service under the new methodology). Safe improved from requires improvement to good. Effective is not rated. Caring stayed the same at good, and responsive improved from requires improvement to outstanding.
- On this inspection, we did not inspect maternity, services for children and young people, and end of life care. The ratings we gave to these services on the previous inspections in March 2014 and November 2015 are part of the overall rating awarded to the location 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

Urgent and emergency services

Good

Key facts and figures

The emergency department at Royal Berkshire Hospital provides care for the local population 24 hours a day, seven days a week.

In 2016/17 the trust had 124,680 attendances at its urgent and emergency care services at this hospital, an average of 342 patients per day. This significantly exceeds the 65,000 attendances that the department was built to accommodate.

This hospital admits a significantly higher proportion of patients attending the urgent and emergency care department than the national average.

The department is a designated trauma unit that offers 24hr stroke thrombolysis and primary percutaneous coronary intervention (PCI). PCI is a non-surgical way to widen the arteries using a balloon catheter to enlarge the artery from within). Both techniques improve patient outcomes. More severely injured patients are taken to the nearest major trauma centre in Oxford if their condition allows them to travel directly. Otherwise they are stabilised at Royal Berkshire Hospital where staff follow agreed treatment protocols.

In November 2016 the department opened a new consultant-led senior triage and assessment treatment service (STAT), between the hours of 10am and 10pm. Outside these times patients are assessed by an emergency nurse practitioner. This 'STAT' bay allows rapid ambulance handover and early initiation of investigations and treatments.

The department has a resuscitation unit with four bays, one of which is equipped for children.

It has cubicles for patients with major injuries and cubicles for patients with minor injuries. It also has cubicles designated for patients with dementia and mental health. The children emergency department has cubicles and four side rooms including a plaster room. There is a small waiting room in the department for closer observation. There are separate entrances for patients arriving by ambulance or on foot and separate waiting areas for adults and children. Patients who go to the hospital with minor injuries or illnesses register with reception before a triage nurse assesses them. We visited the ED over two days during our unannounced inspection and returned unannounced during a weekday evening. We looked at all areas of the adult and paediatric departments, and observed care and treatment. We reviewed 16 sets of patient records during the inspection period.

We also spoke with the leaders of the unscheduled care division and members of the executive team about the emergency department.

Summary of this service

A summary of this service appears in the Overall summary.

Is the service safe?

Good

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

Urgent and emergency services

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learnt with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service. The trust's scored "about the same" as other trusts for all five of the A&E Survey questions relevant to safety.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. At the last inspection in March 2014, we found that some disposable curtains had not been dated. At this inspection we found the department had implemented a structured programme for changing the curtains and that all the curtains were dated.
- The service had suitable premises and equipment.
- The service prescribed, gave, recorded and stored medicines appropriately. Patients received the right medication at the right dose at the right time. Patient group directions, which allow specified healthcare professionals to supply or administer particular medications without a prescription, were in date. However we found some areas of concerns which are highlighted further below.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Six records for adults and for children were reviewed. Because staff had completed the nursing assessment, patients received appropriate nursing care. There had been some omissions in the recording of the care plan and these were being addressed.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service provided mandatory training in key skills to all staff. Staff had received training to make them aware of potential needs of people with mental health conditions, learning disability, autism and dementia.
- Staff assessed and responded to patient risk appropriately, thus improving patient safety and their care.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service planned for emergencies, and staff understood their roles if one should happen.

However:

- The service did not store some batches of medicines appropriately. There were no dates of opening on liquid medicines. There was no system for recording and returning patients own drugs.
- Blood glucose monitors were not always checked regularly. Resuscitation medicines were not checked regularly according to protocol, and there were some gaps in records.
- There were no dates of opening on sharps bin.
- We found the 'received section' of the controlled drug requisition book was not signed. There were no records made of when to take out (TTO) pre-packs were issued to patients, except in patient notes, making it difficult to account for stock.
- Recently (April 2017), learning disability was removed from medical induction programme. There were concerns that this may contribute to lack of understanding amongst doctors.

Urgent and emergency services

- The service did not make sure that nurses completed their mandatory training. The department was not meeting the 90% training target for nurses in the following modules: clinical risk assessment, conflict resolution, enhanced mental capacity act, equality and diversity, information governance and resuscitation.
- The service did not make sure that doctors completed their mandatory training. The 90% training target set by the trust was not met for medical staff for any modules. It was concerning to note that there were four modules that fewer than 50% of doctors had completed. These were as follows: clinical risk assessment, equality and diversity, hand hygiene and information governance
- It is recommended that patients should wait no more than one hour for treatment. The trust's performance was worse than the overall England performance in eight out of 12 months.
- The trust's median time to initial assessment was consistently 30 minutes or longer between July 2016 and June 2017, and consistently much worse than the England median. (see appendix for data)

Is the service effective?

Requires improvement

Effective was not rated the last time due to the methodology used at that time. It has now been rated as requires improvement.

We rated it as requires improvement because:

- The service evidence of improved patient outcomes could not be validated by the use of external data. For example, in 2016/17 National Audit on Acute Severe Asthma report, the trust failed to meet any of the standards. In the 2016/17 Severe Sepsis and Septic Shock audit, the trust failed to meet any of the standards. The trust's unplanned re-attendance rate to A&E within seven days consistently breached the 5% standard between July 2016 and June 2017, as did the English NHS overall. The trust's rate was worse than the overall England rate.

However, we found:

- The service provided care and treatment based on national guidance. Staff reviewed care pathways regularly, such as those for stroke or sepsis.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Urgent and emergency services

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Is the service caring?

Outstanding ☆ ↑

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

- People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.
- Feedback from people who use the service, those who are close to them and stakeholders was positive about the way staff treat people. People thought that staff 'went the extra mile' and 'their care and support not only reached but in many cases exceeded expectations'.
- There was an embedded culture of caring, and this was clearly demonstrated on many occasions, by all staff throughout the ED. The culture supported patients and relatives, and encouraged families to become equal partners in care.
- Staff recognised and respected the totality of people's needs. They instinctively took people's personal, cultural, social and religious needs into account when caring for them, and understood the local diversities of their local population.

Is the service responsive?

Good ● ↑

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

- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. Waiting times from treatment and arrangements to admit treat and discharge patients were in line with good practice. Between the period October 2016 and June 2017, the percentage of patients leaving the A&E before being seen was lower than the overall England proportion.
- The service took account of patients' individual needs. The department mainly took account of patients' individual needs. It had a dementia-friendly cubicle and could support patients with mental health problems or cognitive disabilities.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- The department held elderly patients and mental health patients in the same observation bay. This was recognised by the department as a sub-optimal approach. This was also recorded on the risk register. There were on-going discussions with the senior management team as to how this situation was going to be rectified. At the time of the inspection, no decision had been reached on how to address this concern.

Urgent and emergency services

- Staff told us there had been concerns regarding lack of appreciation of some specific needs of patients with cognitive disability. The observation ward was seen as a temporary ward and was not given the same level of importance in terms of its design.
- We found there were limited toilet facilities in the children's emergency department. There was only one toilet near the entrance.

Is the service well-led?

Good  

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

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The department had governance, risk management and quality measures to improve patient care, safety and outcomes.
- Staff and managers were clear about the challenges the department faced. They could explain the risks to the department and the plans to deal with them.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service had introduced several excellent initiatives to support and improve patient care. Staff had access to mental health liaison and other specialist mental health support as they were co-located within the ED. A new senior triage and assessment treatment service (STAT) led by a consultant transformed patient care for all patients arriving by ambulance.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- Staff described the culture within the service as open and transparent. Staff could raise concerns and felt listened to. They said leaders were visible and approachable.

However:

- The service did not have a clear vision and strategy that all staff understood. The clinical lead had already identified this as an area that needed to improve.

Outstanding practice

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

Urgent and emergency services

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)

Outstanding ☆ ↑↑

Key facts and figures

The Trust provides a comprehensive medical service incorporating all the key medical specialties (renal, diabetes and endocrinology, rheumatology, elderly care, cardiology, stroke, gastroenterology, dermatology, haematology, oncology and respiratory) expected as part of a district general hospital as well as an acute renal service including dialysis units (Berkshire-wide) and on site neurology and neuro-rehabilitation services.

Medical wards are specialty specific and all provide a referral service to patients on non-specialty wards and the admissions units.

Elderly care had 124 beds including acute, rehabilitation and fragility fractures beds. It also provides an interface service to the front door, surgical and ortho-geriatric liaison. A separate elderly care on-call is provided alongside the physician on call which admits all elderly patients with complex and frailty needs. Consultant presence on site is 8am – 8pm, seven days a week.

Elderly care and medical care is supported by physiotherapy and occupational therapy which also provide a seven-day service. Respiratory medicine provides a combination of inpatient work, a large outpatient service and a full range of respiratory physiology investigations. Outpatient clinics include TB services, sleep services and cancer clinics. Respiratory physiotherapy is provided in an outpatient setting as is the home oxygen service.

Cardiology provides a combination of inpatient work, a large outpatient service offering cardiac investigations and invasive procedures, for both elective and emergency patients. Cardiac rehabilitation is provided by a clinical nurse specialist team, as well as the ambulatory heart failure lounge. The department runs a primary percutaneous coronary intervention (PCI) service 24 hours a day, seven days a week.

The trust has a hyper-acute stroke unit (HASU) and offers 24 hours a day, seven days a week thrombolysis service. Transient ischemic attack (TIA) clinics are provided 7 days a week and outpatient follow-up for rehabilitation.

The endoscopy service manages both in-patient and day cases, and hosts an acute medical ward specialising in gastroenterology.

There are 450 medical and elderly care inpatient beds across 18 wards. The trust had 35,425 medical admissions between April 2016 and March 2017. Emergency admissions accounted for 20,396 admissions (57.6%), 398 (1.1%) were elective and 14,631 (41.3%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 12,808 admissions
- Gastroenterology: 8,498 admissions
- Geriatric medicine: 3,375 admissions

Our inspection was unannounced (staff did not know we were coming) on the 14th and 15th

September and overnight on 18th September 2017 to enable us to observe routine activity. We visited 18 medical and specialist wards/units over the site:

- Adelaide ward (haematology/oncology)
- Burghfield ward (elderly care)

Medical care (including older people's care)

- Castle ward (rheumatology/diabetes)
- Caversham, ward (neurological rehabilitation)
- Emmer Green ward (orthopaedics/elderly rehabilitation)
- Hurley ward (step down elderly care)
- Kennet ward (respiratory/acute medicine)
- Loddon ward (respiratory/acute medicine)
- Mortimer ward (elderly care)
- Sidmouth ward (gastroenterology)
- Victoria ward (renal)
- Woodley (elderly care)
- Cardiac Care Unit (cardiology)
- Jim Shahi Unit (cardiology)
- Acute Medical Unit (acute medicine)
- Short Stay Unit (acute medicine)
- Acute Stroke Unit
- Discharge Lounge

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

During our inspection visit, the inspection team spoke with 38 patients and relatives, 103 members of staff including consultants, doctors and junior doctors, all grades of nursing staff, allied health professionals, ancillary staff and managers. We observed care and treatment and reviewed 43 patient records.

At the last inspection, we rated medical care overall as requires improvement, with the following ratings for the key questions, safe: requires improvement, effective: good, caring: good, responsive: requires improvement, well led: requires improvement.

We inspected all five questions during the unannounced inspection.

Summary of this service

A summary of our findings about this service appears in the Overall summary

Is the service safe?

Good  

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

Medical care (including older people's care)

- Staff fully understood their safeguarding responsibilities and how to protect patients from abuse, due to an extensive ongoing programme of education and support. Staff had training on how to recognise abuse, knew how to raise a safeguarding concern and who to contact if they required advice or guidance.
- All areas we inspected were visibly clean and tidy. There were established systems for infection prevention and control, which were accessible to staff. We saw staff followed trust guidance throughout medical care services in regards to using personal protective equipment, hand hygiene, and cleaning of medical equipment. There were no reported incidences of MRSA or Clostridium difficile in the service. Gastrointestinal infection were isolated from other patients and infection control precautions were taken.
- Each ward had single occupancy rooms where patients with infections could be isolated to stop the spread of infection.
- Wards were welcoming, had patient boards with relevant information and a manned reception desk giving visitors a point of contact on arrival to the ward. Wards were mainly fit for purpose and had appropriate, well maintained equipment.
- Morning handovers and afternoon huddles were used to give staff all appropriate information in relation to patient's care and treatment.
- Wards used different measures and nationally-recognised assessments to ensure patients were kept safe. Deteriorating patients were identified by an early warning score system and this triggered intervention from the medical team or the critical care outreach team.
- The trust had worked extensively on recruitment and retention in order to improve nursing staffing levels. The vacancy rate of nursing staffing was identified by the trust as a potential risk to medical care services. However, the trust had put measures in place to mitigate the risk to patient safety, and had set their staffing as a higher than usual 1:7. Measures were in place to mitigate for staff shortages therefore making sure wards were staffed safely, although there was daily challenge to maintain that. Despite these challenges, we saw that patients requiring one to one care, even overnight, had that in place to fully support them. Staff flexed to provide cross-ward cover at busy times, and we saw this demonstrated on a medical ward overnight when a support worker came from another ward to provide care, while the registered nurse provided medications.
- Medical care wards stored, prescribed, administered and recorded medicines, including controlled drugs, according to trust policy. Pharmacy support was available daily to the wards to help with any medicines issues. The trust had installed a trust wide electronic fridge monitoring system which monitored and alarmed all fridges 24hours a day, seven days a week. This negated the need for nurses to take fridge temperatures and allowed for very comprehensive monitoring of fridge drugs storage.
- Staff understood their incident reporting responsibilities and knew how to report an incident. Incidents were investigated and lessons learnt and improvement actions shared with the teams. Incident trends were monitored by the trust to help identify issues. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- The service provided mandatory training in nine key areas to all staff. The target of 90% of staff completing mandatory training had not been reached by nursing staff in four out of the nine areas (resuscitation, equality and diversity, clinical risk assessment and conflict resolution). The target of 90% of staff completing mandatory training had not been reached by medical staff in all of the areas (medicine management training, information governance, equality and diversity, hand hygiene, resuscitation, venous thromboembolism, clinical risk assessment and conflict resolution)

Medical care (including older people's care)

- The service provided safeguarding training to staff. The target of 90% of staff completing safeguarding training had not been reached by the medical staff.
- Less urgent maintenance issues were not always repaired in a timely fashion, causing some staff concern.
- Staff did not always follow trust protocol with regards to emergency equipment. We found that resuscitation trolleys on four of the wards we visited had occasional gaps or missing past records in their sign off sheets.
- Nursing records were usually completed thoroughly. However, we did see some omissions in observation and assessment recording, and in fluid balance charts, and this could put patients escalation of deterioration at risk. This was mainly on one ward, and was addressed at the time.

Is the service effective?

Good 

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

- Medical care wards used a combination of best practice and national guidance to deliver highly effective care and treatment to patients. Medical audits were conducted to ensure quality of care and treatment. Nursing audits were completed to ensure high quality patient experiences.
- Nutrition and hydration needs were assessed appropriately. Staff had access to specialist teams for addition help if needed. Specially trained staff and volunteers were available to support patients who needed more assistance with eating and drinking.
- Patients pain needs were assessed appropriately. A specialist inpatient pain service was available to staff if addition help was needed in pain relief for patients.
- Cardiology had the most effective 24/7 heart attack service nationally for seven consecutive years (88% of patients treated within 120 minutes compared to the national average of 51% myocardial ischaemia national audit project MINAP 2015-2016)
- Stroke Unit was rated overall 'A' the highest rating it can be in the sentinel stroke national audit programme (SSNAP) and 95.3% of eligible patients received thrombolysis within an hour (SSNAP: Dec 16 – Mar 2017)
- Ortho-geriatrics is in the top quartile nationally for best practice tariff achievement, length of stay and 30 day mortality rate of 6.6% compared to a national average of 7.3% (national hip fracture database 2016)
- Staff's skills, competences and knowledge were continuously being developed and was seen to being integral to ensuring high quality care. Staff were proactively supported and encouraged to acquire new skills and share best practices. The trust invested in both internal and external training courses for staff: these were high quality with verifiable outcomes and qualifications.
- Staff, teams and services were committed to working collaboratively and found efficient ways to deliver more joined-up care to patients. Outstanding multidisciplinary team (MDT) working was observed throughout the medical care services.
- Consultant cover was available seven days a week on the medical care wards.
- Physiotherapist and occupational were available seven days a week. Pharmacy provided a ward based service during normal working hours Monday to Friday and the dispensary also operated at the weekends to enable effective weekend discharges.

Medical care (including older people's care)

- The critical care outreach team and psychological medicine service team were available seven days a week, 24 hours a day to access and provide support for deteriorating patients and provide mental health assessments respectively for the medical care wards.
- Staff had good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and were aware of the importance of capacity assessments and knew who to contact for advice and support.

However:

- Food and fluid charts were usually but not always fully completed.
- Re-admission rates were slightly above the England average for elective and non-elective admissions.
- The trusts performance in the lung cancer audit had declined in 2016 when compared to 2015, with 63% of patients seeing a cancer nurse specialist in 2016 compared to 90% in 2015. The trusts target of 90% of patients seeing a cancer nurse specialist had not been reached in 2016.
- 83.5% of medical care staff had completion the mental capacity act and deprivation of liberty training. This did not reach the trust's target of 90%.

Is the service caring?

Outstanding ☆ ↑

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

- People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.
- Feedback from people who use the service, those who are close to them and stakeholders was positive about the way staff treat people. People thought that staff 'went the extra mile' and 'their care and support not only reached but in many cases exceeded expectations'.
- There was a deeply embedded culture of caring, and this was clearly demonstrated on many occasions, not only by nursing and medical staff, but by ward clerks, porters, domestic staff, volunteers, and multidisciplinary professional groups. This internal culture supported patients and relatives, and encouraged families to become equal partners in care.
- There was evidence of outstanding care on the Acute Stroke Unit; this was noted over both day and night shifts. The focus was on highly-personalised programmes of care, where patient and family opinions were sought and acted upon, and personal preferences were integrated into everyday patient management. We were told of the "consistently outstanding" emotional support provided by the stroke consultants, senior nurse, AHP's and all unit staff, including volunteers, not only to patients but also extended to their family members. This support was said to be "inherently cultural, and led from the top".
- The service had introduced several excellent initiatives to support and improve patient care. Of particular note was the Care Crew, a dedicated team of healthcare assistants who led activities and gave one to one care for elderly patients and patients with cognitive impairment or conditions such as dementia, and Patient Leaders, who gave patients a strong voice and the opportunity to influence and improve health services at a strategic level through their past experiences using the service.
- The trust had specially trained volunteers to give patients one to one support during meal times.

However:

Medical care (including older people's care)

- The care on one ward, while good, did not entirely maintain the dignity and privacy of patients during handover.

Is the service responsive?

Outstanding ☆ ↑↑

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

- The trust had invested time and money to improve their dementia awareness and offered an excellent dementia service. All elderly care wards were dementia-friendly with appropriately designed surroundings. A dedicated team of staff, called the care team provided daily cognitively stimulating activities for patients with cognitive impairment or conditions. The 'this is me' and 'forget me not' systems were used in the medical care wards. Each ward had a named nurse dementia champion and there was a senior nurse who led on staff training promoting dementia education and training across the Trust. This included monthly dementia study days (DEALTS) and dementia training on staff induction.
- There were a range of support teams available for staff and patients including the mental health liaison team and the learning disability co-ordinator. Patients admitted from ED with specific needs such as mental health, dementia or cognitive disability were followed up by these specialists, to offer continuing expert support to patients and ward staff. In addition, specialised trained link nurses and champions provided communication between specialist teams and staff in clinical areas.
- Many medical care wards had open visiting hours giving family and friends more flexibility to visit patients. Day rooms and communal spaces for patients and relatives provided areas where they could sit together to further support the psychological well-being of patients.
- The trust regularly invited stakeholders from the local community into the hospital to discuss ways to promote patient care and support. A recent venture had seen the Nepalese community invited to the trust to gain and enhance two- way understanding of culture.
- Many patient information leaflets were readily accessible in languages other than English. Leaflets or information not available could be requested and this included information in braille. Translators were easily available. Between April 2016 – March 2017, 6226 bookings were made covering 63 languages.
- Access and flow through the hospital was well managed with effective pathways, twice daily operational meetings to discuss patient flow management, well planned patient discharge and specialised discharge teams for complex patients.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff, not just locally but wider across the trust if relevant. Complaints were discussed at clinical governance meetings.

However:

- Referral to treatment times (RTT) were below the England average for three out of the nine specialties; gastroenterology, rheumatology and neurology.

Is the service well-led?

Outstanding ☆ ↑↑

Medical care (including older people's care)

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

- The trust was split into three care groups, urgent care, planned care and networked care and had a management structure in place with clear lines of responsibility and accountability. Medical care services mainly sat within the Urgent & Networked Care Groups. The acute medical unit was managed by the urgent care group. The networked care group was further split into two areas, specialist medicine and integrated medicine.
- The three care groups were managed by a care group director with support from the director of operations, finance director and the director of nursing. Each service had a clinical lead, a directorate manager and a matron, although some posts were vacant, and were responsible for the delivery of services. The trust also recruited into the ward manager posts to help improve services.
- There was a clear leadership structure. Managers were described as highly visible, well-respected, approachable, knowledgeable and effective.
- The trust had a clear strategy for achieving and delivering high quality sustainable care. This was set out in the Trust Strategy document 2016- 2021, which set out the trust's direction for the next five years. At ward level, there was a clinical services strategy which described how the service would develop its clinical services over the next five years in strong alignment with local health needs. Staff were able, when asked, to describe this vision and how it impacted at ward level. For example the decision to transform some surgical beds to medical ones to improve flow throughout the hospital.
- There was strong evidence of exceptional team working between all levels, all types and all grades of staff. This promoted a positive and supportive culture, where multidisciplinary staff, administrative, domestic, catering staff, patient leaders and volunteers felt valued and enabled by their senior leads. Innovation was encouraged and there were multiple ongoing and previous projects where patients had benefitted from this inclusive enabling culture. Of particular note was a patient booklet written by a volunteer whose relative had been looked after on a ward. This piece of work was used to help staff understand a family perspective and support them to produce even better care.
- Staff were committed and motivated to provide high quality patient focused care.The staff spoke of their pride to be working for the trust, and a large number of them had been employed for many years. They felt supported, respected and valued by their colleagues and senior staff.
- The trust had invested in buddies and mentors for new staff and there was a Speak Up Guardian. Staff at ward level described how this worked in practice.
- Specialities within the medical care service had regular clinical minuted governance meetings with a trust wide set agenda. Information from these meetings was escalated through established, robust governance processes ensuring ward to board assurance.
- Senior leaders had good oversight of all aspects of the risks across medical care services and were able to demonstrate appropriate risk management and mitigation.
- The trust encouraged public and staff engagement and had a wide range of ways that this could happen including; public feedback, patient-led assessment of care environments, patient leads, carer initiatives, patient stories, hospital webpage and twitter account, staff 'what matters' programme, the NHS staff survey and staff newsletters.
- The trust and staff were committed to the continuous learning, improvement and innovation throughout the medical care services. Medical care services had won many awards and additional funding, both internally and externally, for their innovative ideas to improve patient care and outcomes.

However:

Medical care (including older people's care)

- The NHS staff survey had indicated that some staff felt the trust had previously not cared about their health and wellbeing. In response to this the trust had put a health and well- being strategy in place to include stress awareness workshops and on site holistic therapies. Since the beginning of 2107, many staff described an 'enabling cultural shift' throughout the hospital, led in part by the new CEO and his team.

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

Surgery

Good ↑

Key facts and figures

The surgery department at Royal Berkshire Hospital (RBH) provides elective (planned) and non- elective (emergency) surgery.

The trust had 12,977 surgical admissions between April 2016 and March 2017. RBH has seven wards with 165 inpatient beds, an adult day surgery unit with 34 beds and a surgical assessment unit. It had 11 operating theatres in South Block, 5 operating theatres in Centre Block and 4 operating theatres in Maternity.

Summary of this service

A summary of this service appears in the Overall summary.

Is the service safe?

Good ↑

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

The wards, theatres and recovery areas were clean and well maintained.

- Theatre staff followed the World Health Organisation (WHO) surgical safety checklist and five steps to safer surgery, and staff in theatre provided a safe environment for the patient.

However:

- Each morning on Level 3, Main Entrance, there was a daily bed meeting which reviewed current and new environment and equipment issues that required attention.
- Ward staff were using the National Early Warning Score (NEWS) system for the monitoring of patients on wards.
- Clinical observations were logged on to the electronic patient record (EPR) in real time.
- Staff were aware of the systems and processes for reporting safeguarding incidents, and staff on different wards demonstrated they knew how to use the electronic adverse incident reporting system.
- The 90% target was not met for any of the safeguarding training modules by medical staff.
- The 90% target was not met for any of the statutory and mandatory training modules by clinical staff. Completion was particularly low for clinical risk assessment and venous thromboembolism.

Is the service effective?

Good →←

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

Surgery

- Patients physical, mental health and social needs were being assessed and took account of current legislation, professional standards and clinical guidelines.
- Staff on the wards were able to demonstrate to us that peoples nutrition and hydration needs were being met.
- The trust had a pain management unit which can receive referrals from any discipline, for acute or chronic pain.
- Each ward had `champions' who would cascade training and advice on particular clinical areas, for example tissue viability and infection control. Study days for staff were also arranged in areas such as sepsis or nutrition or venepuncture.
- There was an effective multi-disciplinary team (MDT) meeting involving ward staff, occupational therapist, a physiotherapist and theatre staff.
- There was up-to-date, accurate and comprehensive information about patients' care and treatment at the regular ward handovers and at the consultants briefing.
- Staff understood their responsibilities in relation to consent. Patients told us they were fully informed about their procedure and any risks before they signed consent.

However:

- Across all elective specialties, patients at the trust had a slightly higher than expected risk of re-admission compared to the England average

Is the service caring?

Good

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

- All of the patients we talked to spoke of the kindness of the staff in all surgery areas.
- Results from patient led surveys (PLACE) showed a patient dignity and wellbeing score of 91% against a national average for acute services of 84%.
- Staff understood the emotional impact that a person's care, treatment or condition would have on them. They also understood the impact it would have on those close to them. The patients we spoke to told us that staff were kind and supportive across the wards and theatres.
- Patients were given time to ask questions about their care and treatment and discuss any concerns. Patients told us the consultants were communicative and approachable.

Is the service responsive?

Good 

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

- The average length of stay for all surgical elective patients at the trust was lower than the England average of 3.2 days. Average lengths of stay for the top three elective specialties by count of activity were also lower than the respective England averages.

Surgery

- Staff demonstrated they understood how to manage and help those patients living with dementia, other disability or special needs.
- There had been no mixed sex breaches in surgical wards since the 1 June 2016.
- The trust had created clear guidance for on call managers to follow when monitoring hospital capacity and responding to increased demand for beds.
- The pain management unit had developed a smartphone app that provided guidance and information on the management of long term pain, for both healthcare professionals and patients.
- Staff were able to explain how they helped patients with concerns and how they dealt with complaints. Patients said they could raise concerns with staff directly and were confident they would be listened to.

Is the service well-led?

Good ↑

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

- We saw strong evidence that leaders in surgery had the skills, knowledge, experience and integrity to ensure the delivery of high quality, person-centred care, and were both visible and approachable.
- Ward managers received leadership training and held bi-monthly meetings to share good practice and learning in relation to managing their wards, recruitment, patient feedback and trust initiatives.
- Staff felt supported, respected and valued. Theatre staff told us that there was a supportive culture and a `no blame` approach with staff able to raise concerns without fear of retribution. Overall, there was a culture of teamwork and mutual support.
- Staff emphasised that the organisational culture was focused around the needs of patients and they were proud to work for the trust.

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.

Critical care

Good ↑

Key facts and figures

The trust's critical care service includes a 15 bedded intensive care unit (ICU) and a critical care outreach service. A Rehab after Critical Illness (RaCI) tem and a bereavement support team are part of the ICU. A dedicated team of volunteers and a patient led ICU support network supports the work of the critical care service.

The ICU has about 1000 admission per year and sees around 3000 patients in the wards. The critical care outreach team attends about 11,000 patient episodes per year.

During our inspection, we spoke to 28 members of staff. This included junior and senior medical staff, nursing staff, a physiotherapist, a pharmacist, housekeeping staff, a technician and managers. We spoke with four patients and four relatives. Before and after the inspection we reviewed performance information from, and about, the critical care service.

Summary of this service

A summary of this service appears in the Overall summary.

Is the service safe?

Good ↑

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

- The service managed incidents well. Staff recognised incidents and reported them appropriately. A dedicated member of staff investigated incidents and shared lessons learned with the whole team and wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors.
- Despite challenges associated with the environment of the unit, staff controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable equipment and looked after the equipment well.
- Staff kept appropriate records of patients care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines well.
- An effective and highly trained Critical Care Outreach team supported ward to staff to respond to and manage the care of deteriorating patients safely. The response to deteriorating patients was further enhanced by the Call for Concern system that enabled patients and their relatives to directly access the critical care outreach team, if they had concerns about the patient's condition that they felt was not being acknowledged by the ward teams.

Critical care

- Staff understood how to protect patients from abuse. Most staff had training on how to recognise and report abuse and they knew how to apply it.
- The service provided mandatory training in key skills to all staff. Nursing staff met the trust target for completing mandatory training.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide right care and treatment.
- The service planned for emergencies and staff understood their roles if one should happen.

However:

- A sub-optimal environment posed significant challenges to delivery of a safe service.
- Medical staff did not meet the trust target for completion of five of the seven required mandatory training modules, which included safeguarding training.

Is the service effective?

Good

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

- Staff provided care and treatment based on national guidance and service policies reflected this.
- Staff assessed patients for risk of dehydration and malnutrition using a nationally recognised tool. Staff took action, including accessing specialist support, to ensure patients nutrition and hydration needs were met.
- Patient's pain was well managed. Pain relieving medicines were prescribed and administered according to patients pain levels.
- The service monitored the effectiveness of care and treatment and used findings to improve them. They contributed to the Intensive Care National Audit Research Centre (ICNARC), which meant outcomes of care delivered and patient mortality could be benchmarked against similar units nationwide. Overall, the results of the 2016/17 annual report showed the Royal Berkshire Hospital ICU unit had outcomes that were similar to other critical care units and were within national expectations.
- The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. Staff were proactively supported and encouraged to acquire new skills, and share best practice. Volunteers were proactively recruited and supported in their role. There was an effective staff training and development programme for both nursing and medical staff. The number of nursing staff who had post registration qualifications in critical care nursing was above national guidelines.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses, other health care professionals and a committed team of volunteers supported each other to provide good care and support for patients and their relatives.
- Patients were supported to understand their illness, recovery stages and to manage their own health needs by the unit's 'Rehab after Critical Illness' team.

Critical care

- ICU had an innovative and effective electronic system to record information about patient's wellbeing and treatment plans, which all ICU staff could access. The hospital's electronic patient records system meant the critical care outreach team had access to the results of monitoring of all patients wellbeing.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. Staff acted to gain informed consent from patients where this was achievable. When this was not achievable, staff followed best interest decision processes, to determine the best treatment plans for patients.

However:

- The role of the Specialist Nurse for Organ Donation was not yet fully embedded and accepted by some of the medical staff.
- Access to some of the hospital services was a challenge. This included interventional radiology and endoscopy. There were delayed results and lost samples from the outsourced microbiology and pathology service.
- Patients did not have ongoing assessments about their risk of malnutrition or dehydration.

Is the service caring?

Outstanding ☆ ➔➔

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

- Patients and their relatives were treated by staff with compassion, dignity and respect. Feedback from patients and their relatives was continually positive about the way staff treated them. Patient and relative feedback strongly evidenced there was a caring and supportive culture in ICU.
- Patients and relatives were active partners in their care and treatment. Staff were fully committed to working in partnership with patients and relatives. Explanations of care and treatment were delivered to patients and their families in way they understood whilst in hospital and after discharge from hospital by the services Rehab after Critical Illness service. Staff were always available to help patients and relatives understand explanations. Staff kept records of discussions with relatives and patients so staff could ensure information given was not conflicting.
- Patient's emotional needs were highly valued by staff and were embedded in their care and treatment. Emotional support was available and provided whilst patients were on the unit. A Rehab after Critical Illness service provided physical and emotional support for patients after discharge from hospital. Patients could access the support this service gave many years after their initial admission to ICU. The Reading ICU Support Network set up by former patients, provided ongoing peer support for former patients and their relatives. The ICU Bereavement Care Team provided sensitive practical advice and emotional support for bereaved relatives including twice yearly memorial services where family, friends and staff could remember patients who had died.

Is the service responsive?

Good ● ➔

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

- There were fewer non-clinical transfers out of the unit compared with the national average for similar critical care units.

Critical care

- There were fewer out of hours discharges to that that of similar critical care units. Where possible, staff made the decision to delay discharge to prevent the disruption of a discharge in the night.
- The service took account of peoples individual needs. Staff had access to translators when needed, giving patients the opportunity to make informed decisions about their care, and day-to-day tasks. The unit had tools to assist patients who had communication difficulties to express their needs and wishes. Patients had access to a Rehab after Critical Illness (RaCI) service after they were discharged from the unit.
- Accommodation was available on site for relatives who wished to stay close to their family member being treated in the unit.
- The service treated concerns and complaints seriously, responded to them promptly and made changes to the service where possible in response to concerns or complaints.

However:

- The needs of the local population were not fully considered. There were insufficient numbers of beds to meet the national recommendations and the local population. This meant patients' had to be 16% sicker than the national average to be admitted to the unit.
- Bed occupancy was above the England national average and above the recommendations of the Royal College of Anaesthetists.
- There were more delayed discharges from ICU compared to the national average. This was due to the lack of bed availability on the general wards

Is the service well-led?

Good ↑

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

- The service had managers with the right skills and abilities to run the service providing high quality care.
- The service had a vision for what it wanted to achieve.
- The service had a positive, inclusive, collaborative and supportive culture.
- The service had a systematic process, involving staff of all roles and grades, in reviewing and improving the service. This included identifying risks, and planning to reduce the level of risk.
- The service valued the views of patients and their relatives and considered them an essential part of running and developing the service. Volunteers and the ICU Support network were firmly embedded into the service and supported the service with their engagement with patients and relatives.
- Innovation was encouraged and supported, both by the service and by the trust.

However:

- Although the service had a vision for what it wanted to achieve, there were no completed plans to progress this vision. This could not be progressed until the trust leadership had finalised plans about the development of the whole hospital.

Critical care

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

Outstanding ☆

Key facts and figures

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

We inspected Royal Berkshire Hospital as part of the new phase of our inspection methodology. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Royal Berkshire NHS Foundation Trust outpatient services for adults were mainly provided at Royal Berkshire Hospital. At the Royal Berkshire Hospital location, general and specific outpatient areas are located together to improve access for patients. Where appropriate some clinics are co- located with specialist equipment and teams.

The trusts other principal locations were;

- West Berkshire Community Hospital (Newbury)
- Prince Charles Eye Unit PCEU (Windsor)
- Windsor Renal Unit
- Townlands Memorial Hospital (Henley)
- Royal Berkshire Health Space (Bracknell)

During our inspection at the Royal Berkshire Hospital, we visited the main outpatients' department, urology, audiology, ear nose and throat, dermatology (including phototherapy), respiratory, cardiology, orthopaedic and the fracture clinic, pain, ophthalmology, cardiology, oncology and haematology and renal dialysis. We also visited the phlebotomy department and therapies department including physiotherapy and neuro-rehab.

We also visited outpatient services based at Royal Berkshire Bracknell Health Space on 27 September 2017, and our findings there are incorporated into this report.

Between 1 April 2016 and 31 March 2017, the trust had 563,007 first and follow-up outpatient appointments

We last inspected outpatients in January 2014 as part of a joint inspection of outpatient and diagnostic imaging services. The overall rating for both services at that time was requires improvement.

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

During the inspection visit, the inspection team spoke with 32 patients and relatives, 77 members of staff including administration staff, managers, matrons, nurses, healthcare assistants, therapy staff, doctors and volunteers.

Summary of this service

A summary of this service appears in the Overall summary.

Is the service safe?

Good ●

Outpatients

We rated it as good because:

- People were protected from avoidable harm and abuse.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff told us they had a good understanding of incidents and felt confident to report them. The large number of no and low harm incidents indicated a good incident reporting culture.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Most of the service had suitable premises and all had suitable equipment and looked after them well.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service planned for emergencies and staff understood their roles if one should happen.

However:

- We found a chair in the phlebotomy department that had damaged seat pads. This created an infection control risk as the service could not be assured that the chair could be cleaned effectively. We highlighted this during the inspection and the seat pads were replaced.
- Staff did not use single-use cuffs when taking blood despite having access to them.
- Blood spillage kit within the phlebotomy department was not easily located and its contents were out of date.
- Parts of the outpatient service were located in the oldest part of the hospital, which was a listed building. Some issues with estates occasionally potentially caused concern, for example a leaking roof.

Is the service effective?

Currently we do not rate effective, however we found:

- People had good outcomes because they received effective care and treatment that met their needs.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff ensured patients had enough food and drink during their visit to outpatients. For example, where patients attended outpatients for multiple appointments or if there were delays during clinics.

Outpatients

- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other similar services to learn from them.
- New patients attending outpatients were nutritionally risk assessed in line with national guidelines.
- Patients were provided with health promotion guidance and literature during appointments and consultations.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- There was good multidisciplinary working within different speciality outpatient services. Staff of different types worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- The trust reported that appraisal rates showed that the majority of outpatient staff groups did not meet the trust target. However, all staff we spoke with confirmed that they had received or had an appraisal planned.
- Training for enhanced Mental Capacity Act training within outpatients did not meet the trust target.

Is the service caring?

Good ●

We rated it as good because:

- Staff cared for patients with compassion. Feedback from Friends and Family tests throughout outpatient services was continually positive about the way staff treated people and provided care.
- Staff involved patients and those close to them in decisions about their care and treatment. People were truly respected and valued as individuals and were empowered as partners in their care.
- Staff provided emotional support to patients to minimise their distress. We saw how staff in all outpatient settings took the time to ensure peoples emotional and social needs were respected.
- Staff demonstrated their recognition and respect for the totality of people's needs. They did this through their desire to develop their service, by moving clinics closer to where people lived, by offering complementary and holistic care and by learning new languages.

Is the service responsive?

Outstanding ☆

We rated it as outstanding because:

Outpatients

- Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care.
- The trust planned and provided services in a way that met the needs of local people. The trust ensured that people's needs were met through the way services were organised and delivered.
- People could access the service when they needed it. Services were delivered at times and in locations, wherever possible, that suited the needs of the population.
- The service took account of patients' individual needs. The trust developed clinics for specific patient groups, for example there was a Rapid Access Clinic for Older People (RACOP) and there was an electric buggy service operated by volunteers available to transport patients around inside the hospital.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Patients we spoke with knew how to complain to the service, if needed.

However:

- Car parking was not sufficient and all patients we spoke with described difficulty finding a space to park. This had an impact on appointments, with some patients arriving late or missing appointments completely. Staff we spoke with were sensitive to this issue and would always fit a patient into clinic if they were late due to parking.

Is the service well-led?

Good

We rated it as good because:

- The leadership, governance and culture promoted the delivery of high quality person- centred care.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and were realising this through its outpatients modernisation programme. The trust had workable plans to turn their vision into action developed with involvement from staff, patients, and key groups representing the local community.
- Local departments had developed their own vision, which were displayed on noticeboards within their departments.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

Outpatients

- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- Service re-design within pathology and phlebotomy had led to some low morale issues.

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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Our inspection team

The inspection team was led by Moira Black, Inspection Manager.

The team consisted of two inspection managers, nine inspectors and a range of specialist advisors. Specialist advisers are experts in their field who we do not directly employ.

The well led inspection was supported by two executive reviewers. Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts