

Royal Devon and Exeter NHS Foundation Trust

Inspection report

Royal Devon and Exeter Hospital (Wonford)
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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.

Our inspection was a focused inspection, looking specifically at the surgical division and their response to a series of never events. Therefore, we do not have sufficient evidence to rate the trust and change any previous ratings. The ratings seen below are the ratings following our previous inspection of the trust in November 2015.

Summary of findings

Ratings

Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

Background to the trust

Royal Devon and Exeter NHS Foundation Trust is a teaching hospital which provides specialist and acute hospital services to a core population of about 460,000 people in Exeter, East and Mid Devon.

The main hospital sites are at Wonford and Heavitree in Exeter. The trust has a further 10 registered sites, including three satellite kidney units and the Mardon Neuro-Rehabilitation Centre.

The trust has 838 inpatient beds and 131 day beds, of which 759 are general and acute beds, with 57 being used for maternity services.

Overall summary

Our rating of this trust stayed the same since our last inspection. Our inspection was a focused inspection looking at specific areas of surgery and therefore did not provide us with sufficient evidence to re-rate.

What this trust does

The trust provides a full range of acute clinical services. The Wonford and Heavitree hospital sites have a total of over 800 beds combined. The trust have around 300,000 outpatient attendances and over 120,000 day case or inpatient admissions per year, with additional activity delivered in the local community. The trust employs over 8,000 staff.

Our inspection focused on the surgical division at the Wonford site.

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.

Summary of findings

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

As this inspection was a focused inspection looking at specific areas of the surgical division we did not have sufficient evidence to rate the service and therefore the rating remains good.

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 the 21 December we inspected specific key lines of enquiry in the surgical division. This was in response to concerns we had following a series of never events. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers. Each never event type has the potential to cause serious patient harm or death.

What we found

Overall trust

Our rating of the trust stayed the same. We did not have sufficient evidence to rate, however we found:

Are services safe?

Our rating of safe stayed the same.

We did not have sufficient evidence to rate, however we found:

- Incidents were acted on, investigated and learning was identified.
- Staff were aware of their responsibilities to report and act on incidents.
- Appropriate risk assessments were carried out to assess and respond to patient risk.
- Learning from incidents was not always shared between specialities.

Are services effective?

Our rating of effective stayed the same.

We did not inspect this area of the service, as this was a focused inspection specifically looking at areas of safe and well-led.

Are services caring?

Our rating of caring stayed the same.

We did not inspect this area of the service, as this was a focused inspection specifically looking at areas of safe and well-led.

Are services responsive?

Our rating of responsive stayed the same.

We did not inspect this area of the service, as this was a focused inspection specifically looking at areas of safe and well-led.

Summary of findings

Are services well-led?

Our rating of well-led stayed the same.

We did not have sufficient evidence to rate, however we found:

- Staff said they felt supported and respected by colleagues at all levels.
- There was a culture of openness and honesty.
- There were generally effective governance structures in place to monitor and act on incidents and risk. However, there were no governance processes to ensure learning from never events was shared across specialities.
- Consent was always not gained prior to the day of surgery. This was not in line with recommendations made by the Royal College of Surgeons: Good Surgical Practice.

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Ratings tables

The ratings tables show the current ratings for services or parts of them not inspected this time.

Areas for improvement

We found areas for improvement in both the safe and well-led domains. We have recommended four areas for service improvement to comply with minor breaches that did not justify regulatory action, to prevent breaching a legal requirement, or to improve the quality of services.

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

Action we have taken

We found four areas that the trust should improve to comply with a minor breach. These did not justify any regulatory action.

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

What happens next

We will make sure 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.

Areas for improvement

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 services.

Action the trust SHOULD take to improve

- Take sufficient time during 'time out' to optimise the effectiveness and completeness of documentation.
- Review processes to ensure appropriate areas of the WHO checklist have been completed prior to leaving the ward.
- Share learning and information from incidents between specialities and divisions.
- Obtain consent prior to the day of surgery in line with recommendations from Royal College of Surgeons: 'Consent, Supported decision-making. A guide to good practice 2016'.

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement Feb 2016	Good Feb 2016	Outstanding Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016

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.

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Key facts and figures

We inspected Royal Devon and Exeter on 21 December 2017 to see if the hospital had taken the necessary action and made appropriate changes following a number of never events within the surgical division. During this focused inspection, we looked at the never events which had occurred and the learning and changes to practice following these. We did not inspect the effective, caring or responsive domains.

We cannot re-rate this core service due to the focused nature of this inspection not looking at the core service as a whole. Therefore the rating for surgery remains good.

We will continue to monitor the performance of this service and will inspect it again as part of our ongoing new phase NHS programme.

Details of sites and locations registered with CQC

- Axminster Hospital
- Crediton Hospital
- East Devon Satellite Kidney Unit
- Exeter Community Hospital
- Exmouth Hospital
- Honiton Hospital
- Mardon Neuro-Rehabilitation Centre
- Okehampton Hospital
- Ottery St Mary Hospital
- RD&E Hospital, Heavitree
- RD&E Hospital, Wonford
- Seaton Hospital
- South Devon Satellite Kidney Unit

Summary of findings

- Tiverton District Hospital
- Victoria Hospital, Sidmouth

Specialist services provided at the trust

The standard specialties at the trust include orthopaedics, maternity and neonatology, cancer services, renal services and the Mardon neuro-rehabilitation centre.

Background to the trust

Royal Devon and Exeter NHS Foundation Trust is a teaching hospital which provides specialist and acute hospital services to a core population of about 460,000 people in Exeter, and East and Mid Devon.

The main hospital sites are at Wonford and Heavitree in Exeter. The trust is also registered to provide services at a number of local community hospitals.

The trust provides a full range of acute clinical services. The Wonford and Heavitree hospital sites have over 800 beds combined. There are around 300,000 outpatient attendances and over 120,000 day case or inpatient admissions per year, with additional activity delivered in local communities. The trust employs over 8,000 staff.

Key facts and figures

The hospital undertakes surgical procedures from the main Wonford site as well as the Heavitree day case unit and four community day case units. During our inspection, we did not visit any community locations, such as community hospitals or the Heavitree day case unit.

The surgical division at the main Wonford site provides emergency inpatient surgical treatment, elective (planned) inpatient surgical treatment and day case surgery across a range of specialities. These include trauma and orthopaedics, general surgery, ENT, plastic surgery, breast surgery and ophthalmic surgery.

The trust undertakes approximately 8,500 elective procedures a month and 2,500 emergency surgical procedures a month. The Royal Devon and Exeter Hospital has four theatre suites. The main theatres have 10 operating theatres, the Princess Elizabeth Orthopaedic Centre has five, the West of England Eye Unit has two, and the Centre for Women's Health (maternity, gynaecology and women's surgery) has three.

During the unannounced visit, we visited the following surgical departments:

- The West of England Eye Unit
- Theatres including: Ophthalmology, ENT and colorectal theatre.

During the inspection visit, the inspection team:

- observed staff giving care
- reviewed 15 patient records
- looked at staff records and trust policies
- looked at performance information and data about the trust
- spoke with 33 members of staff at different grades including consultants, doctors, nurses, operating department practitioners (ODPs) and theatre managers.
- met with consultants, matrons, the director of the surgery division, the medical director and director of nursing.

The care quality commission last inspected the hospital in November 2015 and rated the surgery division as good overall, with safe rated as requires improvement. This inspection focused on the changes the trust had made following a series of never events.

Summary of this service

Our rating of this service stayed the same. We found:

- Incidents were acted on, investigated and learning was identified.
- Staff were aware of their responsibilities to report and act on incidents.
- Appropriate risk assessments were carried out to assess and respond to patient risk.
- Learning from incidents was not always shared between specialities.
- Staff said they felt supported and respected by colleagues at all levels.
- There was a culture of openness and honesty.

Surgery

- There were generally effective governance structures in place to monitor and act on incidents and risk. However, there were no governance processes to ensure learning from never events was shared across specialities.
- Consent was not always gained prior to the day of surgery. This was not in line with recommendations made by the Royal College of Surgeons: Good Surgical Practice.

Is the service safe?

Not sufficient evidence to rate ●

Our rating of safe stayed the same. We did not re-rate this area of the service because the specific areas we looked at did not provide us with sufficient evidence to rate.

- Risks to people were safely monitored.
- Staff followed the World Health Organisation (WHO) surgical safety checklist and five steps to safer surgery.
- National Safety Standards for Invasive Procedures (NatSSIPs) were embedded in the organisation.
- Staff were able to seek support from senior staff in situations where risks were identified.
- Actions to prevent incidents occurring again were identified and then shared within the speciality.
- Staff were encouraged to be open and honest to report incidents.

However:

- Areas of the checklist completed prior to the patient attending theatre were not always fully completed.
- WHO checklists were not always recorded at the correct time and were not always undertaken in a calm and unhurried manner.
- Effective sharing of learning across specialties did not occur

Is the service effective?

Not sufficient evidence to rate ●

Our rating of effective stayed the same. We did not inspect this area of the service, as this was a focused inspection specifically looking at areas of the safe and well-led domains.

Is the service caring?

Not sufficient evidence to rate ●

Our rating of caring stayed the same. We did not inspect this area of the service, as this was a focused inspection specifically looking at areas of the safe and well-led domains.

Is the service responsive?

Not sufficient evidence to rate ●

Surgery

Our rating of responsive stayed the same. We did not inspect this area of the service, as this was a focused inspection specifically looking at areas of the safe and well-led domains.

Is the service well-led?

Not sufficient evidence to rate ●

Our rating of well-led stayed the same. We did not re-rate this area of the service because the specific areas we looked at did not provide us with sufficient evidence to rate.

- Managers monitored performance and used the results to help improve care. All staff identified risks to good care and the service took action to eliminate or minimise risks.
- Managers supported their staff. Staff said they felt supported and respected by colleagues at all levels and that this had improved since the last inspection. There was a culture which encouraged openness and honesty.
- Leaders were receptive to change and understood the challenges they faced. Staff reported they felt their opinions were listened to.
- All levels of governance and management functioned effectively and interacted with each other appropriately.

However:

- There was little sharing of learning and information from incidents between specialities and divisions.
- Consent was not gained prior to the day of surgery. This was not in line with recommendations made by the Royal College of Surgeons: Good Surgical Practice.
- We were not assured that the internal thematic review could provide the unbiased insight in to the culture of theatres.

Areas for improvement

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

Our inspection team

Daniel Thorogood, a CQC inspection manager, oversaw the inspection with the remaining team being made up of two CQC inspectors, one assistant inspector, and the CQC national professional advisor for surgery.