

# University Hospitals Coventry and Warwickshire NHS Trust

## Inspection report

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






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

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Good 

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

# Summary of findings

## Background to the trust

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

*(Sources: Routine Provider Information Request (RPIR) – Beds and Total staffing; trust website)*

## Overall summary

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



## What this trust does

A list of the sites at the trust is below:

*(Source: Routine Provider Information Request (RPIR) P2 - Sites)*

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## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

# Summary of findings

## 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.

Between 23 and 27 April 2018, we inspected the core services of urgent and emergency care, medical care, surgery, critical care, maternity, children and young people, end of life care, outpatients at University Hospital Coventry. We also inspected the additional services of neurosurgery and diagnostic imaging. Whilst we have rated these two additional services, we do not include their ratings in the overall aggregation of core service ratings at the location level.

Between 1 and 2 May 2018, we inspected the core services of urgent and emergency care, medical care and surgery at Hospital St Cross.

We also carried out unannounced inspections on:

- 10 May 2018 to University Hospital Coventry.
- 11 May 2018 to University Hospital Coventry.
- 12 May to Hospital St Cross.
- 18 May 2018 to University Hospital Coventry.

We carried out the well-led review from 29 May to 1 June 2018.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed 'Is this organisation well-led'?

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

## What we found

### Overall trust

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

- Whilst improvements were seen in many services, overall, safe and responsive were rated as requires improvement. University Hospital Coventry was requires improvement overall. Hospital of St Cross was rated as good.
- Effective, caring and well led were rated as good. Improvements were noted in trust wide leadership with a clear overarching vision and strategy, underpinned by the drive for innovation.
- Four core services at University Hospital improved their overall rating to good overall: medical care, surgery, services for children and young people and end of life care. Medical care services at Hospital St Cross also improved their overall rating to good.

### Are services safe?

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

- Urgent and emergency care and maternity at University Hospital were rated as requires improvement. Not all staff had mandatory training and we found potential risk to patient care in some areas.
- Medical care, surgery, critical care, end life care, children and young people and outpatients were all rated as good, showing improvements from the last inspection overall.

# Summary of findings

- All services at Hospital of St Cross were rated as good for safe.

## Are services effective?

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

- Critical care was rated as requires improvement at University Hospital. Records were in a poor state in the cardiothoracic critical care unit. There was not an effective system to monitor patient outcomes.
- At University Hospital, urgent and emergency care, medical care, surgery, maternity, children and young people and end of life care were all rated as good, showing improvements from the last inspection overall. We inspect but do not rate effective for outpatients.
- All services at Hospital of St Cross were rated as good for effective.

## Are services caring?

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

- All core and additional services inspected at both hospitals were rated good for caring, apart from end of life care, which was rated as outstanding.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff provided emotional support to patients to minimise their distress. Staff involved patients and those close to them in decisions about their care and treatment.

## Are services responsive?

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

- Urgent and emergency care, surgery and outpatients were rated as requires improvement at University Hospital. There was not always access to timely care and treatment.
- At University Hospital, medical care, critical care, maternity, children and young people and end of life care were all rated as good, showing improvements from the last inspection overall.
- At Hospital of St Cross, our rating for responsive stayed the same and we rated it as good overall. Surgery was not meeting referral to treatment targets.

## Are services well-led?

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

- We rated well-led at the trust as good overall. This was an improvement from the last inspection. The trust leaders had a clear vision for what it wanted to achieve and workable place to turn it into action developed with involvement from staff, patients and key groups representing the community.
- Managers across the trust promoted a positive culture that supported and valued staff, created a sense of common purpose based on shared values. Staff in most areas felt supported, respected, and valued.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. Although in some areas, such as across the adults and children's emergency departments and cardiothoracic critical care, this was not well developed.
- The trust was very committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. There was trust wide commitment to innovation with patient experience and safety at the heart of improvements.

# Summary of findings

However,

- The trust was in a challenging financial position with a control deficit in 2017/18 and although had achieved their cost improvement programme in 2017/18, over half of this had been non-recurrent money.

## Ratings tables

The ratings tables in our full report 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 the core service ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

We inspected the neurosurgery and diagnostic imaging services as additional services and whilst we rated these services, we did not aggregate these ratings with the core service ratings.

## Outstanding practice

We found examples of outstanding practice across a number of services.

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

## Areas for improvement

We found areas for improvement including one breach of legal requirements that the trust must put right. We also found 87 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve the quality of services.

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

## Action we have taken

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

Our action related to breaches of legal requirements in urgent and emergency services, neurosurgery, maternity, and end of life care services.

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

## What happens next

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

## Outstanding practice

- Funded by the West Midlands Strategic Health Authority, the West Midlands Surgical Training Centre was located within the main University Hospital building to provide comprehensive simulation of a real operating environment and deliver medical, educational, and instructional teaching using plastinated specimens. (Plastination is a technique or process used in anatomy to preserve bodies or body parts). It was one of only a handful of UK medical

# Summary of findings

training facilities to have been granted a Human Tissue Authority licence that allowed trainee surgeons to practise on donated body material, providing them with what lecturers stated was a far more realistic operating experience than they would get via more conventional practice on models. The centre had a state-of-the-art surgical suite and an adjoining 30-seat seminar room. The centre attracted delegates nationally and internationally.

- The 'Morbidity Scorecard' was a digital tool that enables tracking of all post-surgical complications / morbidity by surgeon for each patient. It enabled learning and helped reduce complication rates and identified trends in complications and morbidity. This innovation has been recognised regionally and locally by partners and other regulators.
- The trust and the local hospice motor neurone disease team had received an 'Extra Mile' award from the Motor Neurone Disease (MND) Association for its outstanding contribution to coordinated support for people living with MND in Coventry.
- The innovative 'Care Clox' application developed by the trust was shortlisted for numerous national awards. The application, which was developed by the ICT system development team in partnership with nursing staff tracked the amount of time nurses and other frontline staff spent on tasks, to help them make sure they are spending as much time as possible on patient care, and to improve efficiency.
- A massive haemorrhage protocol video was recorded in the trust's simulation laboratory within the clinical skills department. This was initially downloaded onto the Trust intranet as a training and update tool. The video had now been made available on the internet with increased interest from both the specialist NHS trust for blood and transplants and the military.
- The trust had been nominated for a national award for its 'Implementation of a Red Blood Cell (RBC) calculator and Application'. The RBC calculator is a tool used to calculate how much blood / RBC is prescribed based upon patient weight. This innovation had seen a decrease in RBC usage resulting in significant cost savings. In addition, prior to its introduction there had been three reported cases of transfusion circulatory overload (TACO). Since full implementation in 2017, the cases of TACO at the trust had decreased to zero.
- The integrated frailty service, comprising a range of linked services, patient reviews, and home-based care had been shortlisted for a national award in primary care innovation. Transport home for patients was facilitated by the local service, providing a home safety check.
- The trust's biobank was the most significant collection of reproductive health tissues in the UK. Operating on a virtual basis, with its server based at the trust, it stored biological samples collected by scientists and clinicians at the trust, and six universities across the UK. The tissues, donated by women who had a history of pregnancy problems, and their clinical data was to help scientists find new causes and cures for miscarriage, stillbirth, and premature birth.
- The emergency department (ED) was awarded 'ED Training Department of the Year' at the Royal College of Emergency Medicine inaugural Annual Awards in October 2017.
- The trust took the innovative step to second a member of the dietetics service to the major trauma service for 12 months. This meant the nutritional needs of the major trauma patients were assessed and nutritional expertise was accessed earlier than they would have been previously. One of the innovations provided by the major trauma dietitian was to introduce the provision of carbohydrate rich drinks to pre-operation neck of femur fracture patients, to aid their post-operative recovery. This work had been recognised nationally.
- The 'BOD POD' was a highly technological advanced system that took detailed measurements simply by patients sitting within it for less than ten minutes. The BOD POD was a non-invasive device, which used a technique called air displacement plethysmography that, combined with highly accurate scales, allowed for a detailed analysis of body mass, fat mass and body volume. (Air displacement plethysmography is a recognized and scientifically validated

# Summary of findings

method to measure human body composition.) Run by the dedicated research-unit run by the trust (UHCW) in partnership with the local medical school, it provided a fundamental understanding of the nature of metabolism and metabolic disorders, and enabled research to uncover new relationships between diet composition, life-style, and long-term health in the population at large.

- The pathology department at UHCW was seen as an international leader in the use of digital histopathology. This has had a number of benefits:
- Improved workflow through pathology and multidisciplinary teams.
- Improved flexibility in staffing solutions enabling staff to work from home.
- Development of algorithms to aid in the diagnosis of certain cancer types.
- One of the trust's vascular surgeons has led on the development of a smart chip to diagnose stroke. (A smart chip is an extremely small piece of hardware that includes a microprocessor for computing, or other resources for high-level data handling.) The test was intended for use in the emergency department and by paramedics on any patient satisfying the FAST (Face, Arms, Speech, Time) algorithm for suspected stroke. The test used a hand-held reader and disposable biosensor to measure the level of purines in a finger-prick blood sample. The trust has led clinical trials relating to the chip to determine efficacy in the clinical environment.
- The end of life care and chaplaincy service were working in partnership with the local community trust and hospice to develop a Compassionate Communities initiative. The initiative provided a service where specially trained volunteers worked to support people in the community. The trust took the lead in providing the volunteers and coordinating the service. The service included support for those in the last year of life, those in the last days of life and their carers, and those who had been bereaved. Other community projects included support for patients with respiratory conditions who were at risk of unplanned admission to hospital, with initial evidence suggesting a 20% reduction in admission to hospital for this group of patients.
- The neonatal unit had achieved Baby Friendly (Unicef) level two accreditation status and was the first trust in the West Midlands to achieve this and only one of 7% of units to achieve this nationally. We spoke to parents in the Transitional Care Unit which provided parents with the facilities to take the lead in caring for their child. Parents were unreserved in their praise for the care they had received on the TCU. One parent told us they would score the service 11 out of ten.
- We saw evidence of outstanding care and responsiveness to patients with complex needs such as those living with dementia or a learning disability in medical care wards. We spoke with two activity coordinators who worked across medical inpatient wards. There was an activity day room on ward 20. The activity coordinators introduced newly admitted patients to the room and discussed their interests with them. The coordinators provided a range of activities for patients such as music therapy, live bands, afternoon tea, art days, and movie days. Art work of patients was displayed in the day room.
- The maternity department won the Royal College of Midwives midwifery service of the year award for 2017.
- The maternity service had opened a research centre dedicated to researching the causes of early miscarriage.

## 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.

# Summary of findings

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

We told the trust that it must take action to bring services into line with legal requirements. This action related to four services: urgent and emergency services, neurosurgery, maternity and end of life care services.

### **In urgent and emergency services at University Hospital Coventry:**

- Ensure effective systems are in place to monitor and mitigate risks in relation to the oversight of deteriorating children, including assessment and relief of pain, and to monitor that sufficient staffing with the right skills and qualifications are available to meet the needs of all patients in the emergency department.

### **In maternity at University Hospital Coventry:**

- Ensure effective systems are in place regarding cardiotocography (CTG) monitoring to ensure it is carried out in line with trust procedures.

### **In end of life care at University Hospital Coventry:**

- To ensure that effective governance systems are in place so consent to care and treatment is always sought in line with legislation and guidance in relation to records of mental capacity assessments relating to decisions regarding 'Do not attempt cardiopulmonary resuscitation' (DNACPR).

### **In neurosurgery at University Hospital Coventry:**

- To implement a systematic programme of clinical and internal audit to monitor quality of consultant's work to help assess the quality of neurosurgery and stimulate improvement in safety and effectiveness by learning from relevant data.

## **Action the trust SHOULD take to improve**

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

### **In urgent and emergency services at University Hospital Coventry:**

- Work with the local mental health trust to reduce delays in admission to a mental health unit for patients with serious mental health problems.
- Produce a clinical strategy for the children's ED agreed between the leaders of the paediatric service and the adult ED.
- Further reduce delays for patients requiring admission to general wards.
- Provide more space for patients in the resuscitation room.
- Continue to monitor that all children are clinically assessed within 15 minutes.

### **In medical care at University Hospital Coventry:**

- Monitor staff compliance with mandatory training
- Monitor staff compliance with safeguarding training.
- Ensure bed move data is accurately reviewed and monitored.
- Continue to work to improve the timeliness in which patients with sepsis are treated.
- Review how mental capacity assessments are recorded.
- Continue to work to improve RTT performance in medical specialties.



# Summary of findings

- Continue to work to improve resolution timeliness for complaints.

## **In surgery at University Hospital Coventry:**

- To monitor staff compliance with the infection control practices across the surgical service.
- To monitor how records are stored safely and confidentially maintained.
- To monitor that all staff complete their mandatory training.
- To monitor all medical staff are trained to the required level of safeguarding for both adult and children.
- To reduce the number of patients whose operation was cancelled and not treated within 28 days.
- To continue to work to improve the admitted referral to treatment time.

## **In critical care at University Hospital Coventry:**

- To monitor that all members of staff are compliant with the trust's infection control and prevention policy.
- To review adherence to the Guidelines for the Provision of Intensive Care Services (GPICS) for multidisciplinary meetings. The GPICS standard stated that a consultant intensivist led multidisciplinary clinical ward rounds within intensive care must occur every day (including weekends and national holidays). The ward round must have daily input from nursing, microbiology, pharmacy and physiotherapy.
- To monitor that all records within Cardiothoracic critical care (CTCC) are kept to a good quality and be comprehensive; namely legible and in sequence with evidence of assessments for post-operative delirium risk and falls.
- To review the medical arrangements of the CTCC met intensive care core standards, which require that an intensive care consultant leads the care on all intensive care units.
- To consider how the CTCC can effectively monitor outcomes for patient care to drive improvements.

## **In maternity at University Hospital Coventry:**

- Review staffing levels to consistently meet the nationally recommended 1:28 midwife-to-birth ratio.
- Monitor the service can demonstrate all women who need one-to-one care on both the midwifery led unit and delivery suite consistently receive it.
- Ensure all staff are up-to-date with their mandatory training and annual emergency skills drills training.
- Review the storage of resuscitation drugs, epidural drugs and medical gases.
- Review the maternity dashboard to ensure it includes all required performance indicators and local or national targets.
- Monitor that records are safely stored.
- Monitor that staff completed mandatory training and in particular are up-to-date with neonatal resuscitation training.
- Increase the monitoring of information and performance in order to drive improvement in the maternity service.
- Maintain accurate bed occupancy levels to obtain full oversight of bed occupancy levels.

## **In neurosurgery at University Hospital Coventry:**

- Review systems so that staff keep appropriate records of patients' care and treatment so that it is in line with 'The Records Management Code of Practice for Health and Social Care 2016'.

# Summary of findings

- Monitor that patient records stored securely in line with 'The Data Protection Act, 2018'.
- Continue to work to have timely access to an interventional radiologist to ensure patients are not at risk of coming to avoidable harm because their urgent health needs are addressed in a timely manner.
- Review immediate access to a dedicated emergency theatre to ensure patients do not come to harm because their urgent health needs are not met in a timely manner.
- Consultants should contribute to Spinal Outcome Registries such as the Spine Tango.
- Review the pre-operative assessment process to afford patients and significant others privacy and dignity.
- Monitor that management and the consultant team work collaboratively to resolve conflict quickly and constructively and share responsibility to deliver good quality care.
- Provide clarity about the consultant's roles and what they are personally accountable for so that there are clear lines of responsibility.
- The trust should monitor that all staff complete mandatory training and additional training for their role in line with trust policy.
- Monitor that waiting times for treatment are in line with current good practice.
- Promote seven day working and appropriate access to support services.

## **In children and young people's services at University Hospital Coventry:**

- To review the current arrangements for the provision of formal safeguarding supervision for nurses on the paediatric wards.
- To review with commissioners the provision of a seven day CAMHS to the trust.
- To monitor that that medical staff in children's services comply with the trust standard for appraisals.
- To take steps to improve the response rate the FFT questionnaires in paediatrics.
- To review the management of young people with challenging behaviours on ward 14 to ensure that the necessary safeguards are in place to support the welfare of children and staff.
- To continue to work in partnership with commissioners and mental health services to develop services address the demands of CAMH patients in the trust and the wider community.
- Review systems so that patient notes are stored securely in the children's service.
- To continue to review the RTT for children referred to the paediatric dietetic service
- To review the role and function of ward 14 to ensure it is not providing a CAMHS service rather than functioning as an acute paediatric ward.

## **In end of life care at University Hospital Coventry:**

- To prioritise action to improve mandatory training achievement.
- To continue to address the improvement of facilities for having difficult conversations with relatives in clinical areas.
- To prioritise the use of accurate and complete activity data that demonstrates the responsiveness of the specialist palliative care team in relation to referrals.
- To continue to develop plans to provide a seven-day face to face service to support the care of patients at the end of life, with clear action and timelines identified.

# Summary of findings

## **In outpatients at University Hospital Coventry:**

- Continue to improve the referral to treatment times.
- Consider ways to improve Friends and Family Test response rates.
- Monitor that all staff complete mandatory training, including safeguarding and mental capacity act awareness.
- Continue to work further towards providing a seven-day outpatient service.
- Continue to work to making all patient records electronic to ensure essential information is always accessible to all staff.
- Review ways to increase capacity in the ophthalmology department
- Monitor that letters to patients and GPs are sent out in a timely manner.
- Consider how waiting time information in clinics can be updated regularly so patients are aware of any delays.
- Monitor that complaints are managed in a timely way.

## **In diagnostic imaging at University Hospital Coventry:**

- To review safeguarding training requirements for all staff in the department.
- To promote meaningful engagement with patients and carers.
- To monitor the privacy and dignity of patients in waiting areas.

## **In urgent and emergency care at Hospital of St Cross:**

- Continue to monitor that waiting times for initial clinical assessment and time to treatment
- Monitor staff compliance with mandatory training.
- Implement an effective audit cycle and use outcomes to drive improvements
- Consider ways to better engage with staff, patients and the local community regarding the development of the UCC
- Review governance systems and the information collected to monitor safety and performance.
- Consider ways to strengthen local and overarching trust leadership to improve communications and engagement with all staff.
- Consider defined written procedures for emergency presentations.

## **In medical care at Hospital of St Cross:**

- To monitor staff are compliant with mandatory training.
- To monitor that staff routinely wash their hands between patients or when entering and leaving clinical areas.
- To monitor that all staff receive an annual appraisal.
- To review processes embedded to improve discharge planning in line with national recommendations.
- To monitor that required risk assessments on patients are completed in line with national guidance.
- To monitor that patients' capacity assessments are completed in line with the mental capacity act.
- To monitor that the prescription of medicines is recorded correctly and that correct dose of administrations are documented.

# Summary of findings

- To consider how patients can access to seven-day services in line with the required recommendation for stroke and rehabilitation patients.
- Review and reduce the length of stay for non-elective patients in general medicine and geriatric medicine.

## **In surgery at Hospital St Cross:**

- Continue to monitor that waiting times from referral to treatment times.
- Review how information about day procedures is communicated to the patient's GP.
- Review access to the wards.
- Review procedures regarding theatre staff changing or covering their theatre attire when moving between theatres and the wards.
- Provide support for medical staff to attend training on the mental capacity act and deprivation of liberty safeguards.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led at the trust as good. This was an improvement from the last inspection. We rated 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. There was a mix of experience within the executive directors with some new to the executive role and others with considerable experience.
- The trust had a clear vision for what it wanted to achieve and workable place to turn it into action developed with involvement from staff, patients and key groups representing the community. The current trust strategy built on the previous one so staff were familiar with the overarching principles.
- Managers across the trust promoted a positive culture that supported and valued staff, created a sense of common purpose based on shared values. Staff felt supported, respected, and valued.
- Effective Fit and Proper Person checks were in place.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. Although in some areas such as across the adults and children's emergency departments this was not well developed.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust had systems and processes in place to identify learning from incidents and complaints to make improvements and to manage performance.
- The trust's learning from deaths process was well established and effective.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with secure safeguards.

# Summary of findings

- The trust engaged very well with patients, staff, the public and local organisations to plan and manage services, and collaborated with partner organisations effectively.
- The trust was very committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. There was trust wide commitment to innovation with patient experience and safety at the heart of improvements.

However:

- Although the trust had a systematic approach to measure the effectiveness of its speaking up policies, procedures and culture the number of contacts was low limiting the opportunity for the review of themes and associated learning. In addition, the role of the freedom to speak up guardian (FTSUG) was undertaken by one of the directors and, whilst they were supported in this through a number of confidential contacts across the trust, the trust recognised it may not be the most appropriate person. Plans were in place to recruit a new FTSUG.
- The trust was in a challenging financial position with a control deficit in 2017/18 and although had achieved their cost improvement programme in 2017/18 over half of this had been non-recurrent money.

## Use of resources

A report of an inspection of the trust's use of resources, carried out by NHS Improvement, is available here: [www.cqc.org.uk/provider/RKB/Reports](http://www.cqc.org.uk/provider/RKB/Reports).

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Aug 2018	Good ↑ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018	Good ↑ Aug 2018	Requires improvement ↔ Aug 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
University Hospital Coventry	Requires improvement ↔ Aug 2018	Requires improvement ↔ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018	Good ↑ Aug 2018	Requires improvement ↔ Aug 2018
Hospital of St Cross	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018	Good ↔ Aug 2018
<b>Overall trust</b>	Requires improvement ↔ Aug 2018	Good ↑ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018	Good ↑ Aug 2018	Requires improvement ↔ Aug 2018

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

## Ratings for University Hospital Coventry

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018	Good ↑ Aug 2018	Requires improvement ↔ Aug 2018
Medical care (including older people's care)	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018
Surgery	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018
Critical care	Good ↑ Aug 2018	Requires improvement ↓ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018	Requires improvement ↔ Aug 2018
Maternity	Requires improvement Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018
Services for children and young people	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018
End of life care	Good ↑ Aug 2018	Good ↑ Aug 2018	Outstanding ↑ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018
Outpatients	Good Aug 2018	N/A	Good Aug 2018	Requires improvement Aug 2018	Good Aug 2018	Good Aug 2018
Diagnostic imaging	Good Aug 2018	N/A	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018
Neurosurgery	Requires improvement Aug 2018	Requires improvement Aug 2018	Good Aug 2018	Requires improvement Aug 2018	Requires improvement Aug 2018	Requires improvement Aug 2018
<b>Overall*</b>	Requires improvement ↔ Aug 2018	Good ↑ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018	Good ↑ Aug 2018	Requires improvement ↔ Aug 2018

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



## Ratings for Hospital St Cross Rugby

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↑ Aug 2018	Requires improvement ↔ Aug 2018	Good ↑ Aug 2018
Medical care (including older people's care)	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018
Surgery	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Requires improvement ↓ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018
Outpatients	Good Aug 2015	N/A	Good Aug 2015	Good Aug 2015	Requires improvement Aug 2015	Good Aug 2015
<b>Overall*</b>	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018	Good ↔ Aug 2018

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

# University Hospital Coventry

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

## Key facts and figures

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

Services provided at this hospital include:

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

## Summary of services at University Hospital

**Requires improvement**   

# Summary of findings

We inspected eight core services and two additional services (neurosurgery and diagnostic imaging) at this hospital. Whilst we rate additional services, we do not include them in the overall aggregation of ratings for a hospital, or at trust level.

Our rating of core services stayed the same. We rated the hospital as requires improvement overall because:

- Our rating for safe stayed as required improvement. Urgent and emergency care and maternity were rated as requires improvement. Medical care, surgery, critical care, services for children and young people, end of life care and outpatients were all rated as good, showing improvements from the last inspection overall.
- Our rating for effective improved to good overall. Critical care was rated as requires improvement. Urgent and emergency care, medical care, surgery, maternity, children and young people and end of life care were all rated as good, showing improvements from the last inspection overall. We inspect but do not rate effective for outpatients.
- Our rating for caring stayed as good. All services were rated as good, apart from end of life care, which was rated as outstanding.
- Our rating for responsive stayed as required improvement. Urgent and emergency care, surgery and outpatients were rated as requires improvement. Medical care, critical care, maternity, children and young people and end of life care were all rated as good, showing improvements from the last inspection overall.
- Our rating for well led improved and was rated as good. Urgent and emergency care, medical care, surgery, maternity, children and young people, end of life care and outpatients were rated as good showing improvements from the last inspection overall. Critical care was rated as requires improvement.

Our ratings of the additional services were:

- Overall, neurosurgery was rated as requires improvement. Safe, effective, responsive and well led were rated as requires improvement. Caring was rated as good.
- Overall, diagnostic imaging was rated as good. Safe, caring, responsive and well led were rated as good. We inspect but do not rate effective for this service.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

Details of emergency departments and other urgent and emergency care services

- University Hospital emergency department
- Children's emergency department, University Hospital
- Hospital of St Cross urgent care centre (This was inspected separately).

*(Source: Routine Provider Information Request (RPIR) P2 – Sites)*

The Emergency Department (ED) at University Hospital Coventry is a Major Trauma Centre providing comprehensive accident and emergency services to Coventry and parts of Warwickshire. There is a dedicated 24-hour children's ED with a separate entrance and waiting area. It has eight treatment cubicles and six observation beds. It is managed by the trust's paediatric service, not urgent and emergency care. Information in this report applies to the adult and children's departments unless described separately.

The main department consists of:

- A rapid assessment and treatment area with six cubicles for patients who arrive by ambulance.
- Two walk-in triage assessment rooms.
- A six bay resuscitation room, including a paediatric resuscitation area.
- A major treatment area with room for 21 patients.
- A nurse-delivered minor injury service.
- A 17-bed observation ward.
- A purpose-built specialist mental health assessment room, with two further specialist rooms on the ED observation ward.

The trust is a designated receiving hospital for major incidents requiring chemical, biological, radiological and nuclear (CBRN) decontamination.

We last inspected the emergency departments in March 2015 and rated them as 'Requires Improvement'.

During this inspection we visited the ED at University Hospital Coventry from 24 to 26 April 2018, including a Wednesday evening. We undertook an unannounced inspection on 11 May 2018. We spoke with 6 patients and their relatives, approximately 47 trust staff at different levels and in different roles and three ambulance service trust staff. We looked at 20 patients records and observed how the ED functioned and how patients were managed and cared for.

## Summary of this service

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

- The service provided mandatory training in key skills but not everyone completed it. Staff told us that high levels of clinical demand meant that staff could not always be spared to attend training.

# Urgent and emergency services

- There had been recent improvements in risk management of adult patients but we could not be sure that they were fully embedded. Risk assessments for children were inconsistent with delays for initial assessment and no system for identifying clinical deterioration. Once we raised this with the trust, immediate action was taken.
- The service did always not have enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment. Records showed that not all shifts were filled and there was a high reliance on temporary staff. Patients' needs were met at the time of inspection.
- Staff in the children's ED did not assess and monitor patients regularly to see if they were in pain. They did not support those unable to communicate using suitable assessment tools.
- The service took account of patients' individual needs but was not always able to meet them. The observation ward did not provide the therapeutic environment required by patients with serious mental health problems.
- People could not access the service when they needed it. Patients waiting for admission to a ward spent longer in the emergency department than in most other hospitals in England.
- There was no clear management oversight of the children's ED.
- The department had a vision for what it wanted to achieve and initial plans to turn it into action developed with involvement from staff and patients. However, means of achieving it lacked detail and there was no reference to the emergency needs of children.

However:

- 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.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- 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 understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The trust planned and provided services in a way that met the needs of local people.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- Managers at all levels in the emergency department had the right skills and abilities to run a service providing high-quality sustainable care.
- There were effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The department engaged well with patients, staff and the public to plan and manage appropriate services, and collaborated with most partner organisations effectively.

# Urgent and emergency services

## Is the service safe?

**Requires improvement** ● → ←

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

- The service provided mandatory training in key skills but not everyone completed it. Staff told us that high levels of clinical demand meant that staff could not always be spared to attend training.
- The service did not always control infection risk well. Results from monthly infection control audits carried out by matrons showed that compliance with hospital policies varied from 82%-86% in the emergency department between January and March 2018. In the observation ward compliance varied 84% and 86% for the same time period.
- Some parts of the premises were unsuitable for emergency patients. The resuscitation room was too small and there was poor line of sight of patients in the major treatment area.
- There had been recent improvements in risk management of adult patients but we could not be sure that they were fully embedded. Risk assessments for children were inconsistent with delays for initial assessment and no clear system for identifying clinical deterioration. Once we raised this with the trust, immediate action was taken.
- The service did not always have enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment. Records showed that not all shifts were filled and there was a high reliance on temporary staff. Patients' needs were met at the time of inspection. Plans were in place to improve this.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service managed 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.
- The service had enough medical staff although 10 doctors had been recently recruited from overseas and were still becoming familiar with local working practices.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

## Is the service effective?

**Good** ● → ←

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

# Urgent and emergency services

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs while they were in the emergency department.
- Staff assessed and monitored patients in the adult ED regularly to see if they were in pain. Pain assessment was included in the hourly safety checks carried out by nursing staff. Effective pain relief was given in a timely manner and its effects were monitored.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- 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 understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- 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:

- Staff in the children's ED did not assess and monitor patients regularly to see if they were in pain. They did not support those unable to communicate using suitable assessment tools.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** ● → ←

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

- The service took account of patients' individual needs but was not always able to meet them. The observation ward did not provide the therapeutic environment required by patients with serious mental health problems.
- People could not access the service when they needed it. Patients waiting for admission to a ward spent longer in the emergency department than in most other hospitals in England.

# Urgent and emergency services

However:

- The trust planned and provided services in a way that met the needs of local people. Changes had been made to the use of the ambulatory emergency centre (AEC), which had significantly reduced congestion in the ED.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

Good  

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

- Managers at all levels in the emergency department had 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.
- 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. A robust governance system was in place with detailed information about the department's performance discussed at regular governance meetings and used to demonstrate effectiveness and progress.
- There were effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The department collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The department engaged well with patients, staff and the public to plan and manage appropriate services, and collaborated with most partner organisations effectively.
- There was a commitment to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However,

- There was unclear management oversight of the children's ED. Leadership for the children's ED was provided by the hospital's paediatric service with input from emergency medicine consultants from the adult ED. However, there were no regular meetings between the two groups of specialists and no formal process for obtaining advice from the emergency medicine consultants.
- The department had a vision for what it wanted to achieve and initial plans to turn it into action developed with involvement from staff and patients. However, means of achieving it lacked detail and there was no reference to the emergency needs of children.

## Outstanding practice

- The emergency department had been voted as the training department of the year 2017 by the Royal College of Emergency Medicine.



# Urgent and emergency services

- Staff were offered immediate support and counselling if they had been the subject of verbal or physical abuse by patients or members of the public.

## Areas for improvement

We found areas for improvement in this service.

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

- Ensure effective systems are in place to monitor and mitigate risks in relation to the oversight of deteriorating children, including the assessment and relief of pain, and to monitor that sufficient staffing with the right skills and qualifications are available to meet the needs of all patients in the emergency department.

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

- Work with the local mental health trust to reduce delays in admission to a mental health unit for patients with serious mental health problems.
- Produce a clinical strategy for the children's ED agreed between the leaders of the paediatric service and the adult ED.
- Further reduce delays for patients requiring admission to general wards.
- Provide more space for patients in the resuscitation room.
- Continue to monitor that all children are clinically assessed within 15 minutes.

# Medical care (including older people's care)

Good  

## Key facts and figures

University Hospitals Coventry and Warwick NHS Trust has 607 medical inpatient beds located across two sites: University Hospital Coventry and Hospital of St. Cross. Medical care services at both sites are managed by one management team. University Hospital has 538 medical inpatient beds located across 29 wards and units.

The trust had 77,802 medical admissions from December 2016 to November 2017. Emergency admissions accounted for 28,864 (37.1%), 1,774 (2.3%) were elective, and the remaining 47,164 (60.6%) were day cases.

Admissions for the top three medical specialties were:

- General medicine: 24,179 admissions.
- Gastroenterology: 14,611 admissions.
- Clinical oncology (previously radiotherapy): 12,791 admissions.

## Summary of this service

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

- There had been progress made to the majority of areas noted for improvement found during our previous inspection. Infection prevention and control practices had improved. Leadership had been strengthened, middle management were more visible and this had a positive impact on staff morale and culture.
- The service shared lessons learned from reported incidents and complaints. There had been a decrease in the number of serious incidents that had been reported and there was effective use of daily safety huddles meetings to communicate with teams.
- Patient outcomes were monitored and different specialty teams worked together to ensure action was taken to improve outcomes for patients.
- Patient's individual needs were met and there was an excellent holistic approach to caring for people living with dementia.

## Is the service safe?

Good  

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had an effective understanding of their responsibilities in relation to safeguarding of vulnerable adults and children. Nursing and medical staff were able to explain safeguarding arrangements and when they were required to report issues, to protect the safety of vulnerable patients.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean and there were some control measures to prevent the spread of infection. Processes had improved since our previous inspection.

# Medical care (including older people's care)

- The service had suitable premises and equipment and looked after them well. All wards were secure and resuscitation equipment was accessible.
- The service had robust systems in place to ensure the safety of patients. This included risk assessments and monitoring of clinical conditions. Risk assessments were completed for people who used services.
- Staff kept appropriate records of patients' care and treatment. Most records were clear, up-to-date and available to all staff providing care.
- Medicines were given and stored in line with best practice. Patients received the right medication at the right dose at the right time.
- Incidents were managed appropriately. 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.
- The service planned for emergencies and staff understood their roles if one should happen. There was a major incident policy and service contingency plan in place.

However:

- The service provided mandatory training but not all staff had completed it in accordance with the service's targets.
- Not all staff had received safeguarding training on how to recognise and report abuse but staff were aware of how to recognise signs of abuse and make referrals if required.
- The service generally had enough nursing 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. Due to ongoing recruitment issues, some medical wards were short of one registered nurse for both the early and the late shifts during our inspection, but we saw effective mitigations were in place. Patients' needs were being met.
- Some prescriptions were not always clear with regards to the route of administration.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Audits were completed to ensure staff followed guidance and progress with implementation of guidance was monitored.
- 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.
- Pain relief on wards was well managed. Patients were prescribed pain relief to be given 'when required' were able to request this when they needed it. Pain score tools were used to monitor pain.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. Medical services contributed in a number of national audits relating to patient safety and treatment.
- Staff were competent for their roles. Most staff had received an appraisal to review work performance, provide support and monitor the effectiveness of the service.

# Medical care (including older people's care)

- The service provided a seven-day service. All specialities held ward rounds on a daily basis including weekends. Access to diagnostics was available seven days a week. Out of hours, a consultant was available on-call at all times.
- Most staff understood the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and generally knew how to use these to support patients in their care.

## Is the service caring?

Good   

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff of all levels introduced themselves and took time to interact in a considerate and sensitive manner. Staff spoke with patients in a respectful way.
- Staff provided emotional support to patients to minimise their distress. Relatives we spoke with said they had felt very well supported, and that communication from both medical and nursing staff had been very open, with clear explanations about their loved one's treatment
- Staff involved patients and those close to them in decisions about their care and treatment. We observed staff involving patients and their relatives during assessments and when taking observations on the ward. If the patient's relative had any questions, staff were able to discuss these at the time.

## Is the service responsive?

Good   

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

- The trust planned and provided services in a way that met the needs of local people. Services provided reflected the needs of the population served. Services ensured flexibility, choice, and continuity of care where possible. The facilities and premises were appropriate for the services that were delivered at the time of our inspection.
- The service took account of patients' individual needs. The service had an excellent holistic, person centred care approach to meeting the needs of people living with a dementia.
- The service had revised practice to improve patient flow. Discharge planning had improved and records clearly showed that discharge planning started promptly within 24 hours of admission.

However:

- From January 2017 to December 2017, the trust's referral to treatment time (RTT) for admitted pathways for medicine was consistently worse than the national average.
- Although the service treated concerns and complaints seriously, they were not always investigated, responded to, and closed in a timely manner. Improvements had been made and service leaders were working hard to improve this.

## Is the service well-led?

Good  

# Medical care (including older people's care)

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

- The service had managers with the right skills and abilities to run a service providing high-quality sustainable care. The visibility of middle managements had improved. There were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Most managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The culture had improved since our previous inspection. Almost all staff reported feeling respected and valued.
- The service 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. There were effective structures, processes and systems of accountability in place to support the delivery of the strategy and good quality services.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. There were assurance systems in place, and performance issues were escalated appropriately through clear structures and processes.
- The service collected, analysed, managed and used information well to support most of its activities, using secure electronic systems with security safeguards. There was a whole-service awareness of performance and issues were escalated to the board appropriately
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The service was supporting patients to be actively involved in their own care and treatment.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

## Outstanding practice

We saw evidence of outstanding care and responsiveness to patients with complex needs such as those living with dementia or a learning disability. We spoke with two activity coordinators who worked across medical inpatient wards. There was an activity day room on ward 20. The activity coordinators introduced newly admitted patients to the room and discussed their interests with them. The coordinators provided a range of activities for patients such as music therapy, live bands, afternoon tea, art days, and movie days. Art work of patients was displayed in the day room.

## Areas for improvement

We found areas for improvement in this service.

### Action the trust SHOULD take to improve

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

- Monitor staff compliance with mandatory training
- Monitor staff compliance with safeguarding training.

# Medical care (including older people's care)

- Ensure bed move data is accurately reviewed and monitored.
- Continue to work to improve the timeliness in which patients with sepsis are treated.
- Review how mental capacity assessments are recorded.
- Continue to work to improve RTT performance in medical specialties.
- Continue to work to improve resolution timeliness for complaints.

# Surgery

Good  

## Key facts and figures

Surgery services provided by University Hospitals Coventry and Warwickshire NHS trust are located on two hospital sites. University Hospital Coventry is the main site with Hospital St Cross, Rugby as the additional site.

This report relates to surgery services provided at University Hospital, Coventry which provides both elective and emergency surgery to the population of Coventry and Warwickshire with a wider catchment area for specialist services.

The trust has 33 operating theatres overall, 374 surgical inpatient beds across the two hospitals and 17 surgical wards and units.

All patients admitted were treated under the direct care of a consultant. A senior house officer supported surgical care 24 hours a day, seven days a week. Patients are cared for and supported by registered nurses, care assistants and allied health professionals such as physiotherapists and pharmacists.

We inspected the hospital from 24 to 26 April and on 18 May 2018. As part of the inspection we visited the following areas:

- Surgery pre-assessment clinic.
- The surgery on day of admission units (SODA) (Wards 32 and 33).
- Surgical assessment unit (Ward 21).
- Day surgery unit (Ward 31).
- Interventional radiology unit
- Two day surgery theatres and three main theatres.
- Recovery area.
- Emergency care unit (Ward 22).
- Wards 52 and 53 (trauma and orthopaedic).

The trust had 41,185 surgical admissions from December 2017 to November 2017. Emergency admissions accounted for 11,967 (29.1%), 20,019 (48.6%) were day case, and the remaining 9,199 (22.3%) were elective.

During the inspection, we spoke with 37 staff of various grades, including ward and theatre managers, nurses, therapists, consultants, healthcare assistants, and housekeepers. We spoke with 12 patients and their families, observed care and treatment and looked at 32 patient's medical records. We received comments from people who contacted us to tell us about their experiences, and reviewed performance information about the hospital.

The service was last inspected in March 2015. At that inspection, it was rated as requires improvement overall, including safe, responsive and well led. It was rated good for effective and caring. During this inspection we looked at the changes the surgical services had made to address our concerns.

## Summary of this service

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

# Surgery

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Managers investigated incidents and there were procedures in place to share lessons learned with the whole team and the wider service.
- 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 monitored the effectiveness of care and treatment and consistently used the findings to improve them.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service managed patients' pain effectively and provided or offered pain relief regularly.
- Staff provided patients with enough food and drink to meet their needs and improve their health.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Lessons learned from complaints were shared with all staff members effectively.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- The trust generally planned and provided services in a way that met the needs of local people.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had managers with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had an embedded systematic approach to continually monitor the quality of its services.
- Continuous improvement, and learning from when things go wrong was not evident across all areas.

However:

- The service generally controlled infecting risk well. However, not all staff followed the trust's infection control guidance to ensure patients were kept safe from the spread of infection.
- The service provided mandatory training in key skills but did not ensure all nursing and medical staff completed it. However, there was an action plan in place to address this.
- Most staff had not received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. Staff generally understood their roles and responsibilities under the Mental Health Act 1983 and the MCA.
- Records were not always stored appropriately to maintain patient confidentiality.
- Patients could not access the service when they needed it. Waiting times for treatment were not in line with good practice. The number of cancelled operations for non-clinical reasons was worse than the England average. However, the service had implemented an action plan to review patient harm and monitor those waiting over 18 weeks.



# Surgery

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff. The data provided showed that nursing staff had met or exceeded the trust training target of 95% in 14 of the 22 modules for which qualified nursing staff were eligible.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff completed safeguarding training but the percentage of surgical staff completing training did not always meet the trust target of 95%
- The service had suitable premises in most areas and systems were in place to ensure equipment was well looked after.
- Staff assessed risks to patients and monitored their safety, so they were supported to stay safe. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service. Assessments were in place to alert staff when a patient's condition deteriorated.
- The service planned for emergencies and staff understood their roles if one should happen.
- 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 prescribed, gave, and recorded most medicines well. Patients generally received the right medication at the right dose at the right time.
- 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.

However:

- The service mostly controlled infections risk well. However, not all nursing and medical staff used appropriate control measures to prevent the spread of infection.
- Staff kept appropriate records of patients' care and treatment. However, not all records were kept in locked trolleys to maintain confidentiality.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.

# Surgery

- 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 dietary adjustments for patients for religious, cultural, personal choice or medical reasons when required.
- The service managed patients' pain effectively and provided or offered pain relief regularly.
- The service monitored the effectiveness of care and treatment and consistently used the findings to improve them. Outcomes for patients were variable with the trust performing better than the national average for most indicators. We saw action plans in place to manage poor outcome performance across the service such as fracture neck of femur.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them, when required, to provide support and monitor the effectiveness of the service.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service was working towards seven-day services.
- Staff supported patients to manage their own health, care and well-being and to maximise their independence following surgery and as appropriate for individuals. The trust had an enhanced recovery programme which provided patients with information on how to manage their wellbeing to ensure they were as fit as possible for their procedure.

However:

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. However, the Mental Health Act (MHA), the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were not part of mandatory training. The trust did have plan to place to mandate MCA and DoLS training in the future.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

However:

- From December 2016 to November 2017, the Friends and Family Test response rate for surgery at University Hospital, Coventry was 26% which was below the England average of 29%. Ward 21 (short stay unit) and Ward 22 (surgical assessment unit) showed an annual recommendation rate of less than 80%.

## Is the service responsive?

**Requires improvement** ● → ←

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

# Surgery

- Patients could not always access the service when they needed it but performance was improving. Waiting times from referral to treatment were longer than the England average although the position was improving and the trust had an action plan to address waiting times.
- The percentage of patients not treated within 28 days after a cancelled operation (17%) was consistently worse than the England average of 7%. The surgical speciality services score card for the surgery on day of admission (SODA) unit which showed a rate of 12% which was greater than the trust target of 6%.
- From January to March 2018, theatre utilisation ranged from 66% to 79%. This was worse than the national average of theatre utilisation time, which was approximately 80%.
- Patients remained in recovery for considerable lengths of time most days due to either the unavailability of a bed or insufficient staffing levels on the wards. However, the extended length of stay in recovery did not appear to affect the theatre waiting lists with most being completed on time.

However:

- The trust planned and provided services in a way that met the needs of local people. An interventional service providing day cases had been developed to meet demand.
- Services were planned which took into account the individual needs of patients.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

**Good**  

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

- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- 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 improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service collected, analysed, managed and used most information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, the public and local organisation to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- During our inspection, we found areas of concern that were highlighted in our March 2015 inspection and had not improved. For example, there were inconsistencies with infection control and we observed both medical and nursing staff entering and leaving clinical areas without washing their hands or using hand gel.

## Outstanding practice

- Funded by the West Midlands Strategic Health Authority, the West Midlands Surgical Training Centre was located within the main University Hospital building to provide comprehensive simulation of a real operating environment and deliver medical, educational and instructional teaching using plastinated specimens. (Plastination is a technique or process used in anatomy to preserve bodies or body parts). It was one of only a handful of UK medical training facilities to have been granted a Human Tissue Authority licence that allowed trainee surgeons to practise on donated body material, providing them with what lecturers stated was a far more realistic operating experience than they would get via more conventional practice on models. The centre had a state-of-the-art surgical suite and an adjoining 30 seat seminar room. The centre attracted delegates nationally and internationally.

## Areas for improvement

We found areas for improvement in this service.

### **Action the trust SHOULD take to improve surgical services.**

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

- To monitor staff compliance with the infection control practices across the surgical service.
- To monitor how records are stored safely and confidentially maintained.
- To monitor that all staff complete their mandatory training.
- To monitor all medical staff are trained to the required level of safeguarding for both adult and children.
- To reduce the number of patients whose operation was cancelled and not treated within 28 days.
- To continue to work to improve the admitted referral to treatment time.

# Critical care

Requires improvement   

## Key facts and figures

University Hospitals Coventry and Warwickshire NHS Trust had two critical care units both located at University Hospital: a general critical care unit (GCCU) and a cardiothoracic critical care unit (CTCC).

The GCCU sat under Theatres and Anaesthetics directorate and had 30 beds; however, they were funded to operate 21 level three beds. These could be flexed to facilitate 16 level 3 beds and 10 level 2 beds, as demand required.

The CTCC sat under the Cardiac and Respiratory directorate and had 22 beds; they were funded to operate 13 beds, generally configured as seven level three beds and six level two beds, flexing the dependency as required. The unit was primarily a surgical post-operative unit and so capacity was reduced at weekends to reflect this. At weekends, five level three beds and six level two beds were funded and flexed according to need and dependency.

Level three beds were beds for critically ill patients, who were ventilated and have other complex care requirements and level two beds were for patients who have high dependency needs but are not ventilated.

Patients were admitted to GCCU from the emergency department, theatres, ward, and hospital departments.

The trust was a level one major trauma centre and was a member of the regional critical care and trauma networks. Major trauma centres are set up to provide specialised trauma care and rehabilitation. They are hubs that work closely with local trauma units.

A critical care outreach service was in place to facilitate timely admission and discharge from critical care units, prevent readmission to critical care and promote continuity of care and improve services. The outreach team had a role in educating staff across the trust about the management of critically ill patients, and those at risk of deterioration.

## Summary of this service

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

- Records in CTCC were of a mixed quality, some were illegible and medical notes were out of sequence and upside down. This made it difficult to see at a glance a coherent plan of care.
- Multidisciplinary working was not always fully effective. We did not see a dietetic, microbiologist or speech and language therapists (SALT) at MDTs; nor did these services work seven days a week. We also observed MDT meetings in CTCC and found they did not always have daily input from SALT and dietetics.
- There was a delay in reporting to ICNARC which meant that a similar benchmarking comparison with other critical care units and the effectiveness of care provided could not be made for cardiothoracic critical care. This meant that assurance could not be made that the unit performed favourably with other critical care units. This had not improved since our last inspection three years ago.
- Staff we spoke with said that the two units did not currently function as one and that there was the risk of staff leaving if rotation was mandated. In critical care staff spoke of conflict between the intensivist consultants and cardiothoracic consultants. Staff we spoke with said that nursing staff had to intervene in disagreements and calm situation. This had not improved since our last inspection three years ago.

However:

# Critical care

- There was a dedicated training and development team in place. Arrangements were in place to provide annual mandatory training to all members of staff. Staff we spoke with understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff used care bundles to ensure the delivery of the minimum standard of care and staff had dietetic support to support patients effectively. Staff were trained to assess a patient's experience of pain, which was a crucial component in providing effective pain management. Staff were suitably skilled, qualified, and knowledgeable to work safely and effectively with the patient group. All staff had a trust-wide and local induction programme. All staff received a trust wide and local induction, the local induction being in the form of boot camps ran by MDT staff.
- We saw a person-centred approach with specific needs of the individual kept in mind. Staff understood the impact of the critical care environment on patients and relatives, and delivered emotional support and care in often changing conditions. Relatives and patients, we spoke with said that they had received good information about their care and treatment and had been involved in decisions about their care.
- The service was well-staffed for the acuity of patients and level of activity. Staff had been apportioned into teams to sit within designated areas with a supernumerary co-ordinator overseeing that area. Patients and visitors' individual needs were considered throughout the service. The service worked with external parties to access the best support and advice for both patients and staff.
- Critical care services were consultant led and supported well by dedicated matrons. The senior team were well established and staff told us they were approachable and accessible. There was evidence of professional management development and routes to clinical progression within critical care. Local managers promoted a positive culture that supported and valued nursing staff. Staff told us that there was considerable commitment and passion in the teams. All staff we spoke with said they felt proud to work for the service and that the individual team working was excellent. Staff were self-motivated, supported and encouraged to make improvements and changes to the service.

## Is the service safe?

Good  

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

- There was a dedicated training and development team in place. Arrangements were in place to provide annual mandatory training to all members of staff.
- Staff we spoke with understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. Feedback from staff we spoke with suggested that this learning has been embedded
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Critical care services complied with Guidelines for the Provision of Intensive Care Services (GPICS) for safe use of equipment standard. Staff received training in how to use the equipment used across the service and monitored completion of staff competencies on each piece of equipment.
- The leadership team ensured that nursing staff, with the right skills and level of competency, based on the complexity of the patient's needs were deployed to ensure the safest patient care. Appropriate risk assessments were carried out.

# Critical 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 GCCU was supported by a team of intensivist consultants, registrars and junior doctors who covered the unit 24/7. The CTCC had intensivist consultant cover between 8am and 4pm; the team could access the GCCU intensivist out of hours.
- Records were generally stored in a secure way that ensured patient confidentiality. Records in GCCU were accurate, complete, legible and up-to-date.
- The service prescribed, gave, recorded and stored medicines well. A full-time pharmacist was available on the ward to ensure medicines were prescribed safely and to provide advice and support to the critical care team.
- The service had recently implemented improvements to the incident reporting process. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support. Staff we spoke with said they felt supported to report incidents and believed there was a learning culture.
- Data from the Patient Safety Thermometer (PST) showed that the trust reported six new pressure ulcers, no falls with harm and no new urinary tract infections in patients with a catheter from December 2016 to December 2017.

However:

- From January to December 2017, the trust's 95% training completion target for nursing staff was met for eight of the 16 mandatory training modules. From January to December 2017, the trust's 95% training completion target for nursing staff was met for one of the three safeguarding modules.
- A microbiologist did not attend daily multidisciplinary ward rounds in line with Guidelines for the Provision of Intensive Care Services (GPICS); however, a consultant microbiologist did attend each unit independently daily and was available for advice. The guidelines for the Provision of Intensive Care Services 2015 state that the critical care team should have access to a microbiologist of adequate experience and seniority, who can help identify and mitigate infection control risks, and advise on the choice and duration of antimicrobial chemotherapy in accordance with local formularies as a part of antibiotic stewardship.
- In CTCC, intensivists were not on the unit 24 hours a day and there was a risk of a delay in receiving access to their input when the GCCU was busy. Staffing met patients' needs during the inspection.
- Records in CTCC were of a mixed quality, some were illegible and medical notes were out of sequence and upside down. This made it difficult to see a coherent plan of care quickly. The trust took action to address this once we raised it as a concern.

## Is the service effective?

**Requires improvement** ● ↓

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

- The delay in reporting to ICNARC meant that a similar benchmarking comparison with other critical care units and the effectiveness of care provided could not be made for cardiothoracic critical care. This had not improved since our last inspection three years ago. This meant that assurance could not be made that the unit performed favourably with other critical care units.

# Critical care

- Multidisciplinary working was not always fully effective. We did not see a dietetic, microbiologist or speech and language therapists (SALT) at MDTs; nor did these services work seven days a week. We also observed MDT meetings in CTCC and found they did not always have daily input from SALT and dietetics.

However:

- The service used national guidance to ensure they provided care and treatment, and had evidence of its effectiveness. There were regular ICNARC audits within the GCCU to ensure compliance and the results were shared with staff. ICNARC data used statistical testing to identify whether there was a statistically significant difference between a unit's performance and the national average. The results for GCCU showed that the unit's risk adjusted hospital mortality ratios for all patients and high-risk patients were within expected limits compared to the other hospitals that participated in ICNARC.
- The trust used national guidance for parenteral and enteral nutrition and appropriate arrangements were in place to highlight the risk of dehydration within the critical care units.
- Patients were assessed for pain using a score tool and pain relief was given as needed. Staff were trained to assess a patient's experience of pain, which was a crucial component in providing effective pain management.
- Staff were suitably skilled, qualified, and knowledgeable to work safely and effectively with the patient group. All staff had a trust-wide and local induction programme.
- We saw evidence that national priorities to improve the population's health were being supported on the units.
- Staff in critical care understood the principles and values that underpinned the legal requirements in the Mental Capacity Act and Deprivation of Liberty safeguards. Staff understood that any action they took on a patient's behalf was to be done while being least restrictive of the person's rights and freedom of action.

## Is the service caring?

Good   

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

- We saw a person-centred approach with specific needs of the individual kept in mind. We saw lots of caring interactions, for example, patients being comforted and cared for by staff on the ward and visitors afforded equal consideration.
- Staff understood the impact of the critical care environment on patients and relatives, and delivered emotional support and care in often changing conditions. Staff told us that they built relationships with families to guide them in providing emotional support to one another and the patient.
- Relatives and patients, we spoke with said that they had received good information about their care and treatment and had been involved in decisions about their care. The service provided a patient diary for patients that were sedated so their visitors could write in it about when they visited and any news they wanted to share. These were kept by the patient bed.

However:

- We observed a heated discussion between a cardiothoracic consultant and an intensivist regarding a care plan that was in sight and ear shot of patients.



# Critical care

## Is the service responsive?

**Good** ● → ←

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

- The service was well-staffed for the acuity of patients and level of activity. However, they struggled at times to meet local demand for the service due to the size of the units.
- Patients and visitors' individual needs were considered throughout the service. The service worked with external parties to access the best support and advice for both patients and staff.
- Generally, patients could access critical care services when they were required. Staff we spoke with said there were regular bed management meetings that reviewed both elective and emergency hospital admissions, the demands of the critical care units and patients' risks.
- The service had a formal complaints process and concerns could be raised using complaints forms, which were available in reception. There were posters displaying procedures for making complaints, and people could make complaints through the Patient Advice and Liaison service.

## Is the service well-led?

**Requires improvement** ● → ←

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

- Staff we spoke with said that the two units did not currently function as one and that there was the risk of staff leaving if rotation was mandated. They believed the skill set to be very different and could compromise nurses to operate outside their scope if forced to move.
- There were concerns from staff about the lack of unified working between the two units which had led to a confrontation culture particularly between the consultants. Most staff expressed concerns about the trustwide culture of some consultants having too much authority and did not listen to advice. In critical care, staff spoke of conflict between the intensivist consultants and cardiothoracic consultants. Staff we spoke with said that nursing staff had to intervene in disagreements and calm situations. We were told of a small cohort of cardiac surgeons who did not value the support of the intensivists and that it was felt this compromised the care of patients. This had not improved since our last inspection.
- The service had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, but they were not always followed consistently. During the inspection, we observed a heated discussion, regarding a care plan, between a cardiothoracic consultant and intensivist that was in sight and ear shot of patients. We saw patients looking visibly disturbed by this.
- Medical staff told us that they did not routinely raise incidents because they were no longer assured their incidents would be investigated in full.
- The opinion expressed from both units was that there was little progress being made at executive level to unify the units. There was still no unification of staff, procedures and policies.

However:

# Critical care

- Critical care services were consultant led and supported well by dedicated matrons. The senior team were well established and staff told us they were approachable and accessible. There was evidence of professional management development and routes to clinical progression within critical care. There was a culture of learning, development and progression.
- The trust had a vision for what it wanted to achieve and staff knew and understood the trust's values. Staff told us and we saw this evidenced in how they worked well together as a team. The strategy to improve links between GCCU and CTCC included offering nursing staff the opportunity to work in both areas gaining wider experience.
- Local managers promoted a positive culture that supported and valued nursing staff. Staff told us that there was considerable commitment and passion in the teams.
- The quality assurance processes in critical care were robust and governance arrangements considered national standards. There were regular meetings and these were well attended by staff at all levels. There was a departmental Quality, Improvement and Productivity (QIPs) meeting which had multidisciplinary attendance. These meetings included discussions including lessons learnt on incidents, complaints, morbidity and mortality and pharmacy reports.
- Staff told us that senior staff were open to feedback and positive to implement change. Staff told us they had implement a 'celebration event' which celebrated people who had come into the ward and survived.
- The service generally engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The service collected patient and relative feedback via the Friends and Family Test data. However, both units had very low response rates.
- Staff were self-motivated, supported and encouraged to make improvements and changes to the service. There were appropriate systems in place to review service delivery and, when needed, to ensure that lessons were learned and appropriate actions taken.

## Areas for improvement

### Action the trust SHOULD take to improve

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

- To monitor that all members of staff are compliant with the trust's infection control and prevention policy.
- To review adherence to the Guidelines for the Provision of Intensive Care Services (GPICS) for multidisciplinary meetings. The GPICs standard stated that a consultant intensivist led multidisciplinary clinical ward rounds within intensive care must occur every day (including weekends and national holidays). The ward round must have daily input from nursing, microbiology, pharmacy and physiotherapy.
- To monitor that all records within CTCC are kept to a good quality and be comprehensive; namely legible and in sequence with evidence of assessments for post-operative delirium risk and falls.
- To review the medical arrangements of the CTCC met intensive care core standards, which require that an intensive care consultant leads the care on all intensive care units.
- To consider how the CTCC can effectively monitor outcomes for patient care to drive improvements.

# Maternity

Good 

## Key facts and figures

University Hospitals Coventry and Warwickshire (UHCW) NHS Trust has a maternity service based at University Hospital. The maternity service is part of the Women's and Children's Service Group.

The trust has 83 maternity beds at University Hospital: Ward 24 (an antenatal ward with 22 beds); Ward 25 (a postnatal ward with 34 beds); the labour ward (22 beds) and a midwifery led unit (five suites). There is also two obstetric theatres and a fetal medicine unit and fetal wellbeing clinic at this site.

The trust provides the full range of maternity services including antenatal care, fetal wellbeing, fetal medicine, scanning, maternity triage, labour ward (with 96 hour consultant presence), antenatal and postnatal wards, the Lucina Birth Centre, a bereavement service, infant feeding and professional midwifery advocates.

The trust hosts the national Tommy's miscarriage centre. University Hospital has a biomedical research unit with dedicated research midwives who recruit patients to National Institute for Health Research studies.

The maternity service provides tertiary level care for patients with pregnancies at less than 32 weeks gestation across Coventry and Warwickshire. Maternity services are supported by neonatal critical care provision, which includes a network neonatal intensive care unit, special care baby unit, and transitional care nursery.

The trust actively participates in the national Maternity and Neonatal Safety Collaborative and is part of the Coventry and Warwickshire Local Maternity System (LMS).

Specialist services provided by maternity services at the trust include:

- Antenatal and newborn screening team.
- Antenatal, obstetric and midwifery led specialist clinics.
- Bereavement midwives.
- Combined obstetric antenatal clinics for renal, hypertension, endocrine, haematology, and morbid obesity.
- Community midwifery.
- Fetal medicine department.
- Fetal well-being unit.
- Infant feeding midwife.
- Intrapartum obstetric and midwifery-led care.
- Maternity risk management team.
- Obstetric theatres.
- Postnatal obstetric and midwifery led care.
- Professional midwifery advocates.
- Recurrent miscarriage counselling.
- Safeguarding children's midwife.

# Maternity

- Sonography.
- Teenage pregnancy midwifery project.
- Training and education (including parent education).

The community team consisted of seven teams in Coventry and two teams in Rugby. The trust also ran an antenatal clinic from the Hospital of St Cross site in Rugby. We did not inspect this during our inspection.

From October 2016 to September 2017, there were 5,732 deliveries at the trust.

During our inspection, we spoke with 56 members of staff including leaders of the service, matrons, midwives, health care assistants and consultants. We also held a focus group for community staff during our inspection, which eight community staff attended. We spoke with 13 patients and five partners or relatives present on the maternity unit during our inspection.

We observed staff safety huddles where staff discussed patients' care and treatment. We reviewed 14 patient records and 14 patient prescription charts in addition to information displayed on huddle boards and noticeboards located in the department. We also reviewed information regarding the service received from the trust before and following the inspection.

We last inspected the maternity department at University Hospital in March 2015. For that inspection, we rated the maternity and gynaecology service as Good overall.

We previously inspected the maternity department at University Hospital jointly with gynaecology. Therefore, we cannot compare our new ratings for this inspection of maternity services directly with the previous ratings.

## Summary of this service

We previously inspected the maternity department at University Hospital jointly with gynaecology. Therefore, we cannot compare our new ratings for this inspection of maternity services directly with the previous ratings.

We rated this service as good overall because:

- The service had suitable premises and equipment and looked after them well. The labour ward was located close to the obstetric theatres and neonatal unit in the event of patients requiring transfer.
- The service managed patient safety incidents well. Staff recognised incidents and knew how to report them. Managers investigated incidents quickly and shared lessons learned and changes in practice with staff. When things went wrong, staff apologised, provided patients with honest information, and gave them suitable support.
- Staff of different kinds worked together as a team to benefit patients. Doctors, midwives and other healthcare professionals supported each other to provide good care. Staff respected their colleagues' opinions and staff at all levels could contribute to the discussion and were prepared to challenge each other.
- Staff assessed and managed women's pain effectively and regularly. Patients had medicated pain relief methods available such as epidurals and natural pain relief options such as labouring in water such as birthing pools.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

# Maternity

- Staff provided appropriate information and timely emotional support to patients to minimise their distress. Bereavement midwives provided patients and those close to them with specialist bereavement support during and following a pregnancy loss or neonatal death for as long as they needed it.
- Staff involved patients and those close to them in decisions about their care and treatment. Feedback from patients and those close to them was consistently positive about the level of tailored support staff provided.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Staff aimed to alleviate patient concerns before they became formal complaints. However, they were not always responded to in a timely way.
- The trust had a clear vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The recently recruited Head of Midwifery (HoM) already had a well-defined vision and strategy for the service.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. Maternity staff recognised colleagues' contribution for going the extra mile in their roles. The service was involved in the trust's employee of the month award and appreciation cards scheme.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. The service had opened a Tommy's National Centre for Miscarriage Research in April 2016. This was the first world-class research centre to be opened dedicated to researching the causes of early miscarriage.

However:

- The service did not always have 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 midwife to birth ratio was not in line with national recommendations. Even using bank staff did not mean they had enough staff on each shift with the right skills and experience. Patients' needs were being met at the time of the inspection.
- Managers did not ensure all staff had completed their mandatory training and skills drills training. Staff training compliance for the Neonatal Life Support (NLS) Update was below the trust target of 95% at 82%.
- The service had systems in place to ensure the safety of patients; however, they were not always followed. Cardiotocography (CTG) monitoring was not always carried out in line with trust procedures.
- The service did not collect information to provide assurance that they could improve care in response to data collated. For example, the service did not record delays in patients receiving some pain relief.
- Some staff morale was low. A number of staff told us they were "burnt out and tired" due to the staffing shortages the department was experiencing.
- People could access the service when they needed it. However, patients told us it could take a number of hours to complete their antenatal appointments. The trust could not provide us with accurate bed occupancy levels and were therefore not assured they had full oversight of their bed occupancy levels.

## Is the service safe?

**Requires improvement** ●

# Maternity

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

- The service did not always have 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 midwife to birth ratio was not in line with national recommendations. Even using bank staff did not mean they had enough staff on each shift with the right skills and experience. Patients' needs were being met at the time of the inspection.
- Managers did not ensure all staff had completed their mandatory training and skills drills training. Staff training compliance for the Neonatal Life Support (NLS) Update was below the trust target of 95% at 82%.
- The service prescribed, gave and recorded medicines well. However, resuscitation drugs were not always protected from tampering and medical gases were stored in the clean utility area on the antenatal ward without the required medical gases warning signage on the door.
- The service had systems in place to ensure the safety of patients; however, they were not always followed. Cardiocography (CTG) monitoring was not always carried out in line with trust procedures.

However,

- The service had suitable premises and equipment and looked after them well. The labour ward was located close to the obstetric theatres and neonatal unit in the event of women and babies requiring transfer.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- 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.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and included all the necessary patient information. However, patient records trollies were sometimes left unattended by staff and could not be locked away.
- 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 demonstrated they knew how to apply it.
- The service managed patient safety incidents well. Staff recognised incidents and knew how to report them. Managers investigated incidents quickly and shared lessons learned and changes in practice with staff. When things went wrong, staff apologised and provided patients with honest information and gave them suitable support.

## Is the service effective?

**Good** 

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed the most up-to date guidance.
- The service made sure staff were competent for their roles. Staff at all levels received development opportunities to support their role and personal development needs.

# Maternity

- Staff of different kinds worked together as a team to benefit patients. Doctors, midwives and other healthcare professionals supported each other to provide good care. Staff respected their colleagues' opinions and staff at all levels could contribute to the discussion and were prepared to challenge each other.
- Staff assessed and managed women's pain effectively and regularly. Patients had medicated pain relief methods available such as epidurals and natural pain relief options such as labouring in water in birthing pools.
- 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 to make decisions about their own care.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.

However:

- The service did not always collect information to provide assurance that they could improve care in response to data collated. For example, the service did not record delays in patients receiving some pain relief.

## Is the service caring?

**Good** ●

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff respected patient's dignity and confidentiality at all times.
- Staff involved patients and those close to them in decisions about their care and treatment. Feedback from patients and those close to them was consistently positive about the level of tailored support staff provided.
- Staff provided appropriate information and timely emotional support to patients to minimise their distress. Bereavement midwives provided patients and those close to them with specialist bereavement support during and following a pregnancy loss or neonatal death for as long as they needed it.

## Is the service responsive?

**Good** ●

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

- The trust planned and provided services in a way that met the needs of local people. There were facilities for partners and families to stay. Visiting times for partners and relatives were flexible.
- The service took account of patients' individual needs. A range of specialist services were offered including the fetal wellbeing unit and obstetric anal sphincter injury clinic (OASIS).
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Staff aimed to alleviate patient concerns before they became formal complaints. However, they were not always responded to in a timely way.

However:

# Maternity

- People could access the service when they needed it. However, patients told us it could take a number of hours to complete their antenatal appointments.

## Is the service well-led?

**Good** 

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

- The trust had a clear vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The recently recruited Head of Midwifery (HoM) already had a well-defined vision and strategy for the service.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Local managers of the service felt supported by their immediate leaders and able to effect change.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were most proud of the strong, committed and supportive team working at all levels in the department.
- 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. Maternity staff recognised colleagues' contribution for going the extra mile in their roles. The service was involved in the trust's 'world class colleague' of the month award and appreciation cards scheme.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. The service had opened a Tommy's National Centre for Miscarriage Research in April 2016. This was the first world-class research centre to be opened dedicated to researching the causes of early miscarriage.

However:

- Some staff said morale was low. A number of staff told us they were "burnt out and tired." due to the staffing shortages the department was experiencing.

## Outstanding practice

The maternity department won the Royal College of Midwives midwifery service of the year award for 2017. The maternity team was also shortlisted for the Slimming World Award for Best Partnership Working for their work on the new model of maternity supervision (A-EQUIP) to develop midwives in partnership with colleagues at a local university and two neighbouring NHS trusts. The service had opened a world-class research centre dedicated to researching the causes of early miscarriage.

The maternity service had opened a Tommy's National Centre for Miscarriage Research in April 2016. This was the first world-class research centre to be opened dedicated to researching the causes of early miscarriage. The service worked



# Maternity

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

## Areas for improvement

We found areas for improvement in this service.

### Action the trust **MUST** take to improve

- Ensure effective systems are in place regarding cardiotocography (CTG) monitoring to ensure it is carried out in line with trust procedures.

### Action the trust **SHOULD** take to improve

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

- Review staffing levels to consistently meet the nationally recommended 1:28 midwife-to-birth ratio.
- Monitor the service can demonstrate all women who need one-to-one care on both the midwifery led unit and delivery suite consistently receive it.
- Ensure all staff are up-to-date with their mandatory training and annual emergency skills drills training.
- Review the storage of resuscitation drugs, epidural drugs and medical gases.
- Review the maternity dashboard to ensure it includes all required performance indicators and local or national targets.
- Monitor that records are safely stored.
- Monitor that staff completed mandatory training and in particular are up-to-date with neonatal resuscitation training.
- Increase the monitoring of information and performance in order to drive improvement in the maternity service.
- Maintain accurate bed occupancy levels to obtain full oversight of bed occupancy levels.

# Neurosurgery services

**Requires improvement** ●

## Key facts and figures

Ward 43 at University Hospital is the neurosurgery ward with 46 inpatient beds. This area provides inpatient care for surgical patients with neurological conditions and includes a step down unit for patients post-surgery or transferred from the Intensive Care Unit.

*(Source: Routine Provider Information Request (RPIR) P2 – Sites)*

The neurosurgical service is a tertiary service covering a population of 1.5 million delivered over five sites across Coventry, Warwickshire and Worcestershire. In-patients are cared for on ward 43 which has an adjacent 12 bed Neuro Enhanced Care Unit.

The department currently has nine consultant neurosurgeons and two associate specialists, all based at University Hospital but who also provide neurosurgery outreach services to other local hospitals in Warwickshire and Worcestershire. The consultant team is supported by seven clinical fellows, five specialty trainee doctors, seven senior house officers and clinical specialist nurses for neuro-oncology and neurovascular.

Over 3,000 neurosurgical procedures are performed each year by the trust's team of neurosurgeons. The consultants have varying specialist interests and the unit covers all aspects of neurosurgical practice.

*(Source: trust website)*

The trust has two dedicated elective neurosurgery theatres (14 and 15). The neurosurgery specialty does not have a dedicated emergency theatre for neurosurgery. Neurosurgery shares access to two emergency theatres but these are shared across all specialties and patients are prioritised on clinical need. At times, this resulted in the cancellation of other elective patients.

The service did not have an interventional radiologist in post at the time of this inspection.

We carried out an inspection on 23, 24 and 25 April 2018. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk with were available. Prior to the inspection we reviewed information we had about the service and information from stakeholders.

The inspection team consisted of an inspector and one specialist advisor. We visited ward 43, the neurosurgery ward and the neurosurgery operating theatre.

During the inspection visit the inspection team:

- Spoke with five patients who were using the service.
- Spoke with the managers and the nurse in charge for the ward.
- Spoke with eight members of staff including senior managers, consultants, doctors, nurses, support workers, nurses, administrative staff and allied health professionals.
- Reviewed seven patient records relating to assessments, care plans, and observations plus ten drug charts.

Following the inspection, we reviewed additional performance data and other information provided by the trust.

The service was last inspected in March 2015; however, neurosurgery was not inspected as a separate core service but was inspected as part of the 'surgery' core service framework. We have inspected this service as an additional service, so we do not include the ratings for this service in the overall aggregation of ratings for core services at this hospital.

# Neurosurgery services

## Summary of this service

We rated it as requires improvement because:

- Staff did not always keep appropriate records of patients' care and treatment and record were not stored securely.
- Not all eligible staff had completed mandatory training.
- Eligible medical staff in neurosurgery had not met the 95% target met for any of the three safeguarding modules.
- The service did not have an interventional radiologist. This meant patients were at risk of coming to avoidable harm because their urgent health needs were not addressed in a timely manner.
- The service did not have a dedicated emergency theatre. We found that elective surgeries were cancelled to accommodate emergency cases. This increased the risk of harm to patients on the waiting list for surgery.
- The service did not monitor the effectiveness of care and treatment and use the findings to improve them. They did not compare local results with those of other services to learn from them.
- Consultants did not contribute to Spinal Outcome Registries. This meant there was a lack of reliable data on volume of patients, procedures undertaken and outcomes for this main patient group.
- The pre-operative assessment room did not afford patients and significant others privacy and dignity.
- People could not always access the service when they needed it. Waiting times from treatment and arrangements to admit, treat and discharge patients were not line with good practice.
- From January to December 2017, University Hospital's referral to treatment time (RTT) for admitted pathways for neurosurgery was consistently worse than the England average.
- Theatre Utilisation was 65% at the time of our inspection and just under 19% of patients' surgery was cancelled on the day.
- We found consultant staff did not feel respected and valued.
- Management and teams did not work collaboratively to resolve conflict quickly and constructively.
- There was no clarity about the consultant's roles and what they were personally accountable for. This meant there were no clear lines of responsibility.
- There was no robust systematic programme of clinical and internal audit to monitor quality of consultant's work.
- The service did not use a systematic approach to continually improving the quality of its services and safeguarding high standards of care.
- There was limited seven day working and limited access to support services.

However:

- The service managed patient safety incidents well and when. When went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. The service used information to improve the service.
- The service controlled infection risk well and had suitable premises and equipment.
- The service prescribed, gave, recorded and stored medicines well.

# Neurosurgery services

- Staff were trained in safeguarding and understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service had enough competent staff with the right qualifications, skills, training and experience to keep people safe.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques and planned for patients' religious, cultural and other preferences.
- 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.
- Staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care, cared for all patients with compassion and kindness and provided emotional support to patients to minimise their distress.
- The service planned and provided services in a way that met the needs of local people and took account of patients' individual needs.
- The service treated concerns and complaints seriously.
- The service had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support some of its activities, using secure electronic systems with security safeguards.
- The service engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

## Is the service safe?

### Requires improvement



We rated it as requires improvement because:

- Staff did not always keep appropriate records of patients' care and treatment. Records were not consistently structured or clear. Records were not kept secure.
- The service provided mandatory training in key skills to all staff, however not everyone had completed it. The 95% target was met for seven of the 14 courses for which qualified nursing staff in neurosurgery were eligible. The 95% target was met for one of the 13 modules for which medical staff in neurosurgery were eligible.
- Eligible medical staff in neurosurgery had not met the 95% target met for any of the three safeguarding modules.
- Infection prevention control audits were varied and showed the unit were not always compliant with infection prevention control techniques.

# Neurosurgery services

- The service did not have an interventional radiologist. This meant patients were at potential risk of coming to avoidable harm because their urgent health needs were not addressed in a timely manner.
- The service did not have dedicated emergency theatre. We found that elective surgeries were cancelled to accommodate emergency cases. This increased the risk of harm to patients on the waiting list for surgery.

However:

- 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.
- 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.
- Staff used control measures to prevent the spread of infection. Action plans were put in place to address non-compliance with infection control techniques.
- The service had suitable premises and 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 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 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 had sufficient numbers of consultant staff to run on-call rotas (covering cranial and spinal surgery either together or separately). This was in line with SBNS standards (Standards for Patients requiring Neurosurgical Care). This meant there were sufficient numbers to allow provision of sub-specialised care according to national guidelines.

## Is the service effective?

**Requires improvement** ●

We rated it as requires improvement because:

- The service did not monitor the effectiveness of care and treatment and use the findings to improve them. They did not compare local results with those of other services to learn from them. This meant there was a lack of reliable data on volume of patients, procedures undertaken and outcomes for neurosurgical patients. For example, consultants did not contribute to Spinal Outcome Registries such as the Spinal Tango. However, there were plans in place to address this.
- There was an ineffective systematic programme of clinical and internal audit to monitor quality of consultant's work. This meant senior management and clinicians had limited robust data to help assess the quality of neurosurgery and stimulate improvement in safety and effectiveness by learning from relevant data.
- There was limited seven day working and limited access to support services.

However:

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

# Neurosurgery services

- 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 planned 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.
- 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?

**Good** ●

We rated this service as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

However:

- The pre-operative assessment room did not afford patients and significant others privacy and dignity.

## Is the service responsive?

**Requires improvement** ●

We rated it as requires improvement because:

- People could not always access the service when they needed it. Waiting times from treatment and arrangements to admit, treat and discharge patients were not in line with good practice.
- From January to December 2017 University Hospital's referral to treatment time (RTT) for admitted pathways for neurosurgery was consistently worse than the England average.
- Theatre Utilisation was 65% at the time of our inspection and just under 19% of patient's surgery were cancelled on the day.

However:

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.

# Neurosurgery services

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

**Requires improvement** ●

We rated it as requires improvement because:

- We found consultant staff did not all feel respected and valued.
- Management and teams did not always work collaboratively to resolve conflict quickly and constructively and share responsibility to deliver good quality care.
- There was limited clarity about the consultant's roles and what they were personally accountable for. This meant there were no clear lines of responsibility. This meant there was a risk of consultants holding no professional accountability for the quality of their own work.
- The service did not use a systematic approach to continually be improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.

However:

- The service had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support some of its activities, using secure electronic systems with security safeguards.
- The service engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

## Areas for improvement

We found areas for improvement in this service.

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

- To implement a systematic programme of clinical and internal audit to monitor quality of consultant's work to help assess the quality of neurosurgery and stimulate improvement in safety and effectiveness by learning from relevant data.

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

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

- Review systems so that staff keep appropriate records of patients' care and treatment so that it is in line with 'The Records Management Code of Practice for Health and Social Care 2016'.
- Monitor that patient records stored securely in line with 'The Data Protection Act, 2018'.

# Neurosurgery services

- Continue to work to have timely access to an interventional radiologist to ensure patients are not at risk of coming to avoidable harm because their urgent health needs are addressed in a timely manner.
- Review immediate access to a dedicated emergency theatre to ensure patients do not come to harm because their urgent health needs are not met in a timely manner.
- Consultants should contribute to Spinal Outcome Registries such as the Spine Tango.
- Review the pre-operative assessment process to afford patients and significant others privacy and dignity.
- Monitor that management and the consultant team work collaboratively to resolve conflict quickly and constructively and share responsibility to deliver good quality care.
- Provide clarity about the consultant's roles and what they are personally accountable for so that there are clear lines of responsibility.
- The trust should monitor that all staff complete mandatory training and additional training for their role in line with trust policy.
- Monitor that waiting times for treatment are in line with current good practice.
- Promote seven day working and appropriate access to support services.



# Services for children and young people

Good  

## Key facts and figures

Coventry University Hospital provided a range of children and young people's services which included inpatients, outpatients and a separate Children's Emergency Department (CED) with a waiting area. The children's outpatient department was a separate facility managed by children's services. The hospital had 94 inpatient paediatric beds on separate wards which were purpose built. Care was available for infants, children and adolescents.

Care was provided for children and young people up to the age of 18 years and was provided for emergency admissions, medical day case admissions, surgical day cases and inpatient surgical cases. There was a six bedded paediatric High Dependency Unit (HDU).

The service provided care for newborn babies requiring treatment in the neonatal unit which was a level 3 unit and was part of the South West Midlands Network. Care was provided via 27 cots, five of which were intensive care, six were high dependency care and 16 were special care and transitional care with facilities for parents to stay with their baby in hospital.

Care for children was supported by a school, a seven day a week play specialist service and a wide range of specialist staff including dietitians, physiotherapists, speech and language therapists (SALT) and social workers. A team of paediatric and neonatal consultants, paediatric trainees and specialist children's nurses provided a range of services including the following: allergy, oncology services, diabetes, infant feeding and developmental care, asthma and epilepsy.

Data provided by the trust indicated that from December 2016 to November 2017 there were 11,598 spells within children's services. This was an increase from December 2015 to November 2016 when there were 7,172 spells. Emergency spells accounted for 80.9% (9,386 spells), 16.8% day case spells (1,952 spells) and the remaining 2.2% were elective (260 spells).

We carried out our inspection of Coventry University Hospital from the 24 to the 26 April 2018. During our inspection we visited clinical areas in the service including paediatric wards the neonatal unit, medical day unit, day theatre and the children's outpatient department.

During our inspection, we spoke with:

- Three children and young people who were using the service and 14 relatives.
- The managers of each of the departments or the member of staff in day to day charge of the department.
- 56 other staff members including senior managers, consultant paediatricians and neonatologists, junior doctors, nurses, pharmacists, play specialists therapists and support staff and administrative staff.

The service was last inspected in March 2015, when the service was rated as requires improvement overall. It was rated as requires improvement for safe and well led and good for effective, caring and responsive.

## Summary of this service

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

- Staff recognised incidents and reported them appropriately. Managers investigated incidents and provided feedback to staff. Lessons were learnt as a result of incidents and actions monitored.

# Services for children and young people

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service controlled infection risk well. The service had suitable premises and equipment and looked after them well. Equipment was checked at regular intervals to ensure it was safe for use. The service prescribed, gave, recorded and stored medicines well.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. Outcomes were generally better than the national average.
- 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 understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff provided emotional support to patients to minimise their distress. Staff were able to build relationships very quickly with children, young people, parents and their families. Staff involved parents and those close to them in decisions about their treatment.
- The service took account of patients' individual needs.
- Patients could mainly access the service when they needed it. Waiting times from referral to treatment arrangements to admit, treat and discharge patients were in line with practice. There were delays in the provision of specialist mental health inpatient beds across the county and nationally. The service was maintaining patient safety and was meeting the needs of children and young people with mental health and self-harming behaviours.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with staff.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. There was strong local leadership within children's services and staff spoke positively about team working and collaboration and being recognised for their contribution to the clinical team.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, coping with both the expected and the unexpected. The women and children's clinical group had a divisional risk register which identified key risks and was regularly reviewed.
- The service engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

# Services for children and young people

- The service did not always have enough nursing 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 had carried out a staffing needs analysis and determined that they were not always meeting the recommended level of nurses in accordance with the Royal College of Nursing (RCN) safer staffing guidance. Patients' needs were met during the inspection.
- Due to the increase of clinical activity across children's services in the last 12 months the service did not always have had enough medical staff with the right qualifications, skills and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment but individual care records were not managed in a way that kept patients safe. Records were not kept secure.
- There was low participation in the Friends and Family Test, the service was aware of this and was encouraging families to feedback about their care. Local surveys were held with respondents reporting a 'mainly good experience'.

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The trust set a challenging target for mandatory training and figures for the end of March 2018 showed that nursing and medical staff were compliant with all modules and had met the trusts 95% target.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean and used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well. Equipment was checked at regular intervals to ensure it was safe for use.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support where necessary. The assessment and management of risks to patient safety was a challenge to the service due to the increase in the number of patient's with mental health concerns requiring care on an acute paediatric ward.
- The service prescribed, gave, recorded and stored medicines well.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and provided feedback to staff. Lessons were learnt as a result of incidents and actions monitored. 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. Managers used this to improve the service.

However,

- The service did not always have enough nursing 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 had carried out a staffing needs analysis and determined that they were not always meeting the recommended level of nurses in accordance with the Royal College of Nursing (RCN) safer staffing guidance. However, shortfalls were managed on a daily basis to ensure minimum ratios were achieved. Patients' needs were met during the inspection.

# Services for children and young people

- Due to the increase of clinical activity across children's services in the last 12 months the service did not always have had enough medical staff with the right qualifications, skills and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment but records were not kept secure.

## Is the service effective?

Good  → ←

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. Meals took account of the choices made by young people. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Patients' pain was assessed and managed well using age appropriate pain tools.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. Outcomes were generally better than the national average.
- 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 worked together as a team to benefit patients. Doctors, nurses and other health care professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

## Is the service caring?

Good  → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Staff were able to build relationships very quickly with children, young people, parents and their families.
- Staff involved parents and those close to them in decisions about their treatment. Parents were encouraged to be actively involved in their child's care.

However:

- There was low participation in the Friends and Family Test, the service was aware of this and was encouraging families to feedback about their care. Local surveys were held with respondents reporting a 'mainly good experience'.

# Services for children and young people

## Is the service responsive?

Good ● → ←

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

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- Patients could mainly access the service when they needed it. Waiting times from referral to treatment arrangements to admit, treat and discharge patients were in line with practice. There were delays in the provision of specialist mental health inpatient beds across the county and nationally. The service was maintaining patient safety and was meeting the needs of children and young people with mental health and self-harming behaviours.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with staff.

## Is the service well-led?

Good ● ↑

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

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. There was strong local leadership within children's services and staff spoke positively about team working and collaboration and being recognised for their contribution to the clinical team.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Children's services had developed a paediatric and neonatal speciality strategy for 2018/19- 2020/21, which formed part of the women and children's clinical group business plan.
- Managers across the service promoted a positive culture that supported and values staff, creating a sense of common purpose based on shared values. Throughout our inspection, we observed a strong child centred culture across children's services.
- The service 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. Paediatric wards and the neonatal unit reviewed the quality of care through attendance at the daily safety huddles, weekly meetings and a review of the ward and unit level quality data about their service.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, coping with both the expected and the unexpected. The women and children's clinical group had a divisional risk register which identified key risks and was regularly reviewed. During the inspection we did not identify any risks that were not recorded on the risk registers.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

# Services for children and young people

- The service engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## Outstanding practice

The neonatal unit had achieved Baby Friendly (Unicef) level two accreditation status and was the first trust in the West Midlands to achieve this and only one of 7% of units to achieve this nationally. We spoke to parents in the Transitional Care Unit which provided parents with the facilities to take the lead in caring for their child. Parents were unreserved in their praise for the care they had received on the TCU. One parent told us they would score the service 11 out of ten.

## Areas for improvement

We found areas for improvement in this service.

### Action the trust SHOULD take to improve

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

- To review the current arrangements for the provision of formal safeguarding supervision for nurses on the paediatric wards.
- To review with commissioners the provision of a seven day CAMHS to the trust.
- To monitor that that medical staff in children's services comply with the trust standard for appraisals.
- To take steps to improve the response rate the FFT questionnaires in paediatrics.
- To review the management of young people with challenging behaviours on ward 14 to ensure that the necessary safeguards are in place to support the welfare of children and staff.
- To continue to work in partnership with commissioners and mental health services to develop services address the demands of CAMH patients in the trust and the wider community.
- Review systems so that patient notes are stored securely in the children's service.
- To continue to review the RTT for children referred to the paediatric dietetic service
- To review the role and function of ward 14 to ensure it is not providing a CAMHS service rather than functioning as an acute paediatric ward.

# End of life care

Good ● ↑

## Key facts and figures

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

The trust had 1,991 deaths between December 2016 to November 2017.

*(Source: Hospital Episode Statistics)*

Between 1 October 2017 and 31 March 2018 there were 1,041 referrals to the specialist palliative care team. This included referrals for terminal care, symptom control, complex psychosocial problems, advance care planning and complex ethical decision making. Of those referrals approximately 50% were for cancer and 50% for non-cancer.

During our inspection we visited 13 clinical areas such as the emergency department and wards including; care of the elderly; gastroenterology; urology; neurology; oncology and general medicine. We observed an end of life committee meeting, a discharge meeting, and a palliative care multi-disciplinary meeting and board round.

We met with 53 staff including; executive and non-executive end of life care leads; a palliative care consultant; palliative care nurses; care of the dying nurses; a palliative care pharmacist; the speciality clinical director and group manager; the head of resuscitation; chaplaincy staff; bereavement staff; a mortuary manager and clinical lead; allied health professionals; the integrated discharge team; matrons; ward managers; registered nurses; consultants and junior doctors; healthcare assistants; and, porters.

We spoke with four patients and two relatives. We reviewed 45 patient records including; 33 'Recommended Summary Plan for Emergency Care and Treatment' (ReSPECT) forms in relation to 'do not attempt cardiopulmonary resuscitation' (DNACPR) decisions; four medication records and eight care records.

## Summary of this service

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

- There were improvements to safety performance through the identification of and action against safety incidents, risks and patient assessment processes relating to end of life care.
- There was improved recording of 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decisions and discussions.
- Care and treatment was delivered in line with evidence based national guidance such as National Institute for Health and Care Excellence (NICE) guidance.
- Patient outcomes were monitored and improved through participation in the national care of the dying audit and subsequent internal audits relating to the individual plan of care for the dying person.
- There were a range of training initiatives available for a variety of staff groups involved in end of life care so that staff had the skills, knowledge and experience to deliver effective care.

# End of life care

- Patients at the end of life and those close to them were treated with kindness, respect and compassion. They were involved in making decisions about their care. Staff went the extra mile to meet patients' individual needs and were supported by volunteer care of the dying champions.
- There was a clear vision and strategy in place with identified priorities and monitoring of action taken by the end of life care committee. Governance structures around end of life care were in place to ensure continuous improvement.
- There was a strong culture of quality end of life care across the trust, with active engagement, involvement, commitment and representation from a range of staff groups.
- There were opportunities for and examples of innovation in end of life care, including the development of compassionate communities' projects to improve end of life care for patients within the trust and the community.

However:

- Consent to care and treatment was sought in line with legislation and guidance. However, some patient records of mental capacity assessments relating to decisions regarding 'Do not attempt cardiopulmonary resuscitation' (DNACPR) were not always maintained.
- Mandatory training achievement fell below trust targets in a number of areas.
- Facilities for having difficult conversations with relatives were limited, although this had been identified by the trust and was being incorporated into work plans.
- Activity data relating to the responsiveness of the specialist palliative care team was incomplete which meant monitoring of response times to referrals was limited.
- The trust did not provide a seven-day face to face service to support the care of patients at the end of life.

## Is the service safe?

Good  

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

- The maintenance and use of equipment kept patients safe, for example, through improved tracking of syringe drivers, monitoring of the administration of medicines via syringe drivers and improved access to training for staff.
- Safeguarding systems, processes and practices were developed, implemented and communicated to staff. With the exception of staff affected by sickness all specialist palliative care nurses were up to date on their safeguarding training.
- Staff identified and responded appropriately to changing risks to patients at the end of life, for example through the use of triaging processes for patient referral.
- Records were well maintained and kept securely. Information was available for staff to deliver safe care and treatment to patients at the end of life.
- Medicines were appropriately prescribed and administered in line with national and local guidance on anticipatory prescribing just in case patients experienced symptoms commonly experienced at the end of life.
- The service had a good track record on safety, for example, in relation to the reporting and identification of safety incidents relating to end of life care with evidence of improved safety performance over time.



# End of life care

- Lessons were learned and improvements made when things went wrong. For example, the identification of themes relating to safety incidents and medicines management had seen a 55% reduction in reported incidents in response to measures put in place.
- Nursing staffing levels and skill mix were comparable with the planned levels at the time of our inspection. Medical cover was seen to sufficiently meet the needs of patients.

However:

- The trust set a challenging target for mandatory training at 95%. Mandatory training achievement fell below trust targets in a number of areas for both nursing and medical staff. For example, in relation to safeguarding, health and safety and information governance.

## Is the service effective?

Good  

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

- Patient's needs were assessed and care and treatment delivered in line with evidence based guidance to achieve effective outcomes.
- Pain was assessed and managed and there were assessment processes in place for patients who have difficulty communicating.
- Patient's nutrition and hydration needs were identified and met in relation to national guidance for caring for patients in the last days and hours of life.
- Patient's care and treatment outcomes were monitored through trust participation in the national end of life care audit. Where outcomes were identified as being below average there was evidence of action plans and improvement over time.
- The service ensured that staff had the skills, knowledge and experience to deliver effective care, support and treatment.
- Staff teams and services worked together across the organisation to deliver effective end of life care. This included engagement with a wide range of generalist and non-palliative specialist services where end of life care was prioritised. This was reflected in data that showed a 50/50 split between cancer and non-cancer referrals to the specialist palliative care team.
- Patients were identified who were in need of extra support. This included patients in the last year of life where there was evidence of improved assessment processes relating to identifying patients with an uncertain recovery who were at risk of dying.

However:

- Consent to care and treatment was sought in line with legislation and guidance. However, some patient records of mental capacity assessments relating to decisions regarding 'Do not attempt cardiopulmonary resuscitation' (DNACPR) were not always maintained.
- The trust did not provide a seven day face to face service to support the care of patients at the end of life. However, there were good communication processes and evidence of specialist team support to ward staff to ensure plans were in place to support the care of patients throughout the week.

# End of life care

## Is the service caring?

**Outstanding**  

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

- The service ensured that patients were treated with kindness, respect, and compassion, and that they are given emotional support when needed. The whole team involved including members of the chaplaincy, mortuary, and bereavement and portering teams treated the deceased with respect and demonstrated understanding of the needs of the bereaved. Mementos were provided for families.
- Staff were committed to ensuring the patient experience at the end of life was as positive as possible. For example, we were told of a number of situations where staff had supported family events such as weddings, graduation ceremonies and the medical photography team providing posters for one patient with views of hills and scenery to meet a patient's wishes.
- Staff understood the impact that a patient's care, treatment or condition had on their wellbeing and on those close to them, both emotionally and socially.
- Patients were supported to be actively involved in making decisions about their care.
- Patient's privacy and dignity were respected. Staff on the wards and members of the specialist palliative care team were seen to respond in a compassionate, timely and appropriate way when patients were distressed or in pain. There were volunteer care of the dying champions who would spend time with patients at the end of their life especially for patient who were isolated and had no family as well as with patients whose family may not be able to get to the hospital in a timely manner.

## Is the service responsive?

**Good**  

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

- The services provided reflect the needs of the population served and they ensure flexibility, choice and continuity of care. For example, the service supported patients with cancer and those with other conditions such as motor neurone disease and respiratory conditions.
- Patients at the end of life were generally nursed in side rooms and there were facilities available for relatives to stay overnight.
- The service took account of the particular needs and choices of different patients. There was a strong culture of advance care planning for patients at the end of life.
- Patients could access care in a timely way. The specialist palliative care team would generally visit the patient on the day of referral.
- There had been improvements to the coordination of fast track discharge across the trust, including for patients in the last weeks or months of life, although ongoing improvements were needed. The service responded well to patients in the last days or hours of life following the rapid discharge pathway, with 94% of patients seen by the specialist palliative care team dying in their preferred place of care.

# End of life care

- Complaints relating to the care of patients at the end of life were reviewed by the specialist palliative care team with a view to learning lessons and improving care.

However:

- Facilities for having difficult conversations with relatives were limited, however the end of life care committee were piloting a room for this purpose on one ward and recognised the need to improve this across the trust.
- Activity data relating to the responsiveness of the specialist palliative care team was incomplete. This meant that the trust were unable to accurately monitor how quickly the team responded to referrals.

## Is the service well-led?

Good  

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

- Leaders were visible and approachable. They had the skills needed and understood the challenges to quality and sustainability for end of life care services.
- There was a clear vision and strategy with identified priorities and action plans that had been developed with the collaboration of internal and external stakeholders, with quality and sustainability a key priority for the trust and the end of life care committee.
- Staff felt positive and proud of the quality of end of life care delivered and there was a strong culture of quality end of life care throughout that included both specialist and generalist staff.
- The structures, processes and systems of accountability supported good quality and sustainable services.
- Staff were clear about their roles in relation to end of life care and there were clear processes to ensure that all levels of governance and management interact with each other.
- There were clear and effective processes for managing risks, issues and performance. Risk registers included identified risks in relation to end of life care and these were regularly reviewed and action taken through the end of life care committee.
- Appropriate and accurate information was being effectively processed, challenged and acted upon; for example, through the development of an end of life care dashboard to provide an overview of quality in end of life care services. However, the response times of the specialist palliative care team were not consistently monitored.
- Staff were actively engaged in end of life care across the trust through the development of champions across a range of staff groups including nurses, healthcare assistants, consultants and volunteers.
- There were systems in place for learning, continuous improvement and innovation.

## Outstanding practice

The end of life care and chaplaincy service were working in partnership with the local community trust and hospice to develop a Compassionate Communities initiative. The initiative provided a service where specially trained volunteers worked to support people in the community. The trust took the lead in providing the volunteers and coordinating the

# End of life care

service. The service included support for those in the last year of life, those in the last days of life and their carers, and those who had been bereaved. Other community projects included support for patients with respiratory conditions who were at risk of unplanned admission to hospital, with initial evidence suggesting a 20% reduction in admission to hospital for this group of patients.

## Areas for improvement

We found areas for improvement in this service.

### Action the trust **MUST** take to improve

- To ensure that effective governance systems are in place so consent to care and treatment is always sought in line with legislation and guidance in relation to records of mental capacity assessments relating to decisions regarding 'Do not attempt cardiopulmonary resuscitation' (DNACPR).

### Action the trust **SHOULD** take to improve

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

- To prioritise action to improve mandatory training achievement.
- To continue to address the improvement of facilities for having difficult conversations with relatives in clinical areas.
- To prioritise the use of accurate and complete activity data that demonstrates the responsiveness of the specialist palliative care team in relation to referrals.
- To continue to develop plans to provide a seven-day face to face service to support the care of patients at the end of life, with clear action and timelines identified.

# Outpatients

Good 

## Key facts and figures

University Hospitals Coventry and Warwickshire NHS Trust is one of the UK's largest trusts and serves a population of about 1,000,000 across Coventry, Warwickshire and beyond. Inpatient and outpatient services are provided from two hospital sites, University Hospital at Coventry and Hospital of St Cross, at Rugby. In total, the trust has 1,250 beds and provides both elective and emergency care. University Hospital Coventry and Warwickshire is a major trauma centre and specialises in cardiology, neurosurgery, stroke, joint replacements, in vitro fertilisation and maternal health, diabetes, cancer care and kidney transplants.

The hospital provides outpatient services covering a range of specialities and conditions including, medicine; cardiology; ophthalmology; neurology; rheumatology; diabetes; respiratory and elderly medicine. Surgical clinics include ear, nose and throat (ENT), dentistry, colorectal, vascular, orthopaedics and trauma. Blood test services are provided within the outpatient department along with physiotherapy and occupational therapy. Outpatient appointments are planned (elective) or via rapid access clinics for urgent care pathways. Walk in clinics are provided for emergency ophthalmology (eye casualty) and phlebotomy services.

Outpatients includes all areas where people undergo physiological measurements, diagnostic testing, receive diagnostic test results, are given advice or receive care and treatment without being admitted as an inpatient or day case.

Outpatient services at the University Hospital are located throughout the hospital, with a main hub situated on the ground floor, which is served by several reception desks. The fracture clinic and dermatology clinic were near the main outpatient department, and had separate reception areas and facilities. The Wisden Centre is located on the University Hospital site but away from the main outpatient hub. It provides clinical support to patients with diabetes and hormonal illnesses' through education, research, and physiotherapy.

The outpatients' service was operated by two directorates; specialist medicine and ophthalmology directorate, which included dermatology, ENT and trauma and orthopaedics, and clinical support services directorate, which included therapy service, diabetes services, phlebotomy and general outpatient clinics. Each directorate was led by a clinical director, an operational director and a modern matron.

The service provided consultant and nurse-led outpatient clinics across a range of specialities, in the outpatients' department. Outpatient clinics were held from Monday to Friday between 8.30am and 5.30pm. Some ad-hoc Saturday appointments were provided dependant on specialty.

During our inspection we spoke with 15 patients as well as some of their relatives. We spoke with 28 members of staff including nurses, reception and booking staff, secretaries, managers, cleaning staff, health care assistants, medical students, doctors, consultants, therapists and phlebotomists. We observed care, including patient and doctor consultations and looked at 10 patient records. We also reviewed performance information about the department and the trust.

The service was previously inspected in September 2016. That inspection also included diagnostic and imaging services. Diagnostic and imaging services are now inspected separately and have a separate report. During this inspection, we only looked at services provided within outpatients. The last inspection rated the service as requires improvement overall. We found the service was requires improvement for safe, responsive and well-led, and good for caring. We inspect, but do not rate effective.

# Outpatients

## Summary of this service

We cannot compare ratings to previous inspections as we inspected outpatients with diagnostic imaging previously. We rated it as good because:

- The service provided mandatory training in key skills to staff. Most staff had completed mandatory training in line with trust policy
- The service 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 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 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.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service adjusted for patients' religious, cultural, and other preferences.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- Generally, 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 in different teams worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The service took account of patients' individual needs.
- The service had managers at all levels with the right skills and abilities to run a service working to provide high-quality sustainable care.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by aiming to create an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- 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, we also found:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had basic training on how to recognise and report abuse and they knew how to apply it. Some medical staff had not completed the appropriate level of safeguarding training required by the trust and some nursing staff had not received the required level of safeguarding recommended by national guidance.

# Outpatients

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act (MCA) 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. However, not all staff received specific training in MCA or Deprivation of Liberty Standards (DoLS).
- People could not always access the service when they needed it. Waiting times for treatment were not in line with good practice. There were still large numbers of patients waiting to be seen in the outpatient department.
- The service sometimes collected, analysed, managed and used information to support its activities, using secure electronic systems with security safeguards. However, some patient notes and referrals had gone missing or not been available for clinic appointments.

## Is the service safe?

**Good** ●

We cannot compare ratings to previous inspections as we inspected outpatients with diagnostic imaging previously. We rated it as good because:

- The service provided mandatory training in key skills to staff. Most staff had completed mandatory training in line with trust policy.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Effective standards of cleanliness were maintained across the outpatient areas, with reliable systems in place to prevent healthcare-associated infections. All the outpatient areas we visited were modern in appearance and the environment and equipment were visibly clean.
- The service mostly had suitable premises and equipment was looked after well. The design, maintenance, and use of facilities were generally suitable for use. However, some waiting areas in outpatients' services were not suitable for the volume of patients attending.
- Systems and procedures were in place to assess, monitor, and manage risks to patients. Staff we spoke with demonstrated knowledge and understanding of patient risk, particularly for elderly or frail patients with more than one medical condition.
- The service mostly had enough staff with the right qualifications, skills, training, and experience to keep people safe from avoidable harm and to provide the right care and treatment. Staffing levels and skill mix were planned based on the number of clinics run within the service.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and generally available to all staff providing care. Some patient records were not stored securely. Patients' individual care records were generally written and managed in a way that kept people safe from avoidable harm.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time. Arrangements for managing medicines in outpatient services were suitable to ensure patients were kept safe from avoidable harm.
- 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. This had improved from our inspection in September 2016.

# Outpatients

- The service planned for emergencies and staff understood their roles if one should happen. The hospital had a service contingency plan in place for staff to use in the event of interruption to essential services such as electricity and water supply.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had basic training on how to recognise and report abuse and they knew how to apply it. Some medical staff had not completed the appropriate level of safeguarding training required by the trust and some nursing staff had not received the required level of safeguarding recommended by national guidance. However, appropriate arrangements were in place to ensure patients were kept safe from avoidable harm.

## Is the service effective?

We cannot compare ratings to previous inspections as we inspected outpatients with diagnostic imaging previously. We do not rate effective for outpatients.

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service adjusted for patients' religious, cultural, and other preferences. All patients in the main outpatient department had their nutritional and hydration needs risk assessed using the malnutrition universal screening tool (MUST).
- Pain of individual patients was assessed using a pain management tool and managed well. Pain relief could be prescribed within the outpatient department and subsequently dispensed by the pharmacy as required.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. Following an outpatient appointment, clinicians completed an electronic outcome form. Doctors also dictated a letter to be sent to the patient and their GP. An electric copy of the outcome letter was stored with the patient's electronic notes.
- Generally, 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. The hospital's appraisal policy stated that all staff were required to have an annual appraisal using the job description and person specification for their post. There was a process for identifying any training and development needs. Staff had opportunities for development and received an annual appraisal.
- Staff in different teams worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Outpatient teams worked together to plan and deliver care and treatment. Staff in different teams and services worked together to assess, plan and deliver co-ordinated care.

However:

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act (MCA) 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. However, not all staff received specific training in MCA or Deprivation of Liberty Standards (DoLS). The trust told us MCA training was role specific and relevant mainly to the emergency department. We were also told this training would now be delivered to all newly qualified nurses and advanced clinical practitioner nurses via a workshop.



# Outpatients

## Is the service caring?

**Good** ●

We cannot compare ratings to previous inspections as we inspected outpatients with diagnostic imaging previously. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Patients were treated with respect and compassion throughout their care within the outpatient service. All patients we spoke with were highly complementary of the care they had received in outpatient services and many had used the services for a number of years.
- Staff provided emotional support to patients to minimise their distress. Staff throughout the department understood the need for emotional support. We spoke with patients and relatives who all felt that their emotional wellbeing was cared for.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff communicated with people so that they understood their care, treatment and condition.

## Is the service responsive?

**Requires improvement** ●

We cannot compare ratings to previous inspections as we inspected outpatients with diagnostic imaging previously. We rated it as requires improvement because:

- Patients could not always access the service when they needed it. Overall waiting times from referral to treatment were worse than the England average and some were not improving in line with the trust's recovery plan. The trust had a patient access policy which provided guidance to staff on the management of patients waiting for treatment.
- Department waiting times for individual clinics were not recorded or collected by the service. Whilst there were information boards to keep patients informed of delays these were not consistently updated.
- Patients and their GP's did not always receive timely clinic letters following an outpatient appointment.
- Whilst car parking facilities were available for outpatient appointment the number of parking bays did not always meet demand. Incidents occurred where patients and staff had been unable to park their car which had resulted in clinic delays and missed appointments. There was a plan to address some of the car parking issues in the future.
- Some outpatient speciality clinics did not have separate waiting areas for children.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results. However, not all complaints were responded to within the timeframe required by trust guidelines and some complaints were not shared with all staff. There were a number of complaints about the quality of patient care.

However;

- The trust generally planned and provided services in a way that met the needs of local people. Staff tried to book patients in clinics closest to their home address as various clinics were run at satellite locations.
- Waiting times for patients with cancer were generally in line or better than the England average.

# Outpatients

- The service took account of patients' individual needs. The different outpatient departments were signposted, and volunteers were situated in the main hospital entrance and offered patient's individual assistance to find a clinic if required. Patients with particular needs were prioritised to be seen promptly.

## Is the service well-led?

**Good** ●

We cannot compare ratings to previous inspections as we inspected outpatients with diagnostic imaging previously. We rated it as good because:

- The service had managers at all levels with the right skills and abilities to run a service working to provide high-quality sustainable care. A revised governance structure for outpatients had been developed and was supported by trust wide operational and strategic outpatient groups.
- The service had a vision for what it wanted to achieve and had some plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. However, the documented strategy for outpatient services was still in development.
- Managers across the trust tried to promote a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. However, some staff said they did not always feel valued by the trust. Most staff we spoke with reported a good culture within their own department or team and said they felt supported by their colleagues and matrons in their individual areas. Most staff said their line managers looked after them well.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by aiming to create an environment in which excellence in clinical care would flourish. Governance structures were in place to support the functions of outpatient services. There was a clear reporting structure within outpatients and with the rest of the trust.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The service had a comprehensive risk register in place that detailed accurately risks to the service, actions taken to mitigate risks, a risk level, and a review date.
- The service generally engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. Feedback was sought from patients through Friends and Family Test (FFT) questionnaires and local patient feedback surveys.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. The trust had a specialist teaching centre which used technology to help train doctors and nurse's surgical techniques. The unit is the only one in the UK and is used by other organisations across the country. Surgical staff working in the outpatient's department had used the facilities in the centre and reported that it was very beneficial.

However;

- The service sometimes collected, analysed, managed and used information to support its activities, using secure electronic systems with security safeguards. However, some patient notes and referrals had gone missing or not been available for clinic appointments. Some data was not collected or reported on. There were some systems to ensure the information used to monitor, manage and report on quality and performance was accurate, valid, reliable, timely and relevant.

# Outpatients

## Areas for improvement

### Action the trust **SHOULD** take to improve

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

- Continue to improve the referral to treatment times.
- Consider ways to improve Friends and Family Test response rates.
- Monitor that all staff complete mandatory training, including safeguarding and mental capacity act awareness.
- Continue to work further towards providing a seven-day outpatient service.
- Continue to work to making all patient records electronic to ensure essential information is always accessible to all staff.
- Review ways to increase capacity in the ophthalmology department
- Monitor that letters to patients and GPs are sent out in a timely manner.
- Consider how waiting time information in clinics can be updated regularly so patients are aware of any delays.
- Monitor that complaints are managed in a timely way.

# Diagnostic imaging

Good 

## Key facts and figures

The trust's radiology department sits within the clinical diagnostics group and provides an imaging service using a wide range of methods and specialised interpretation of those images. The clinical radiology department provides imaging for the diagnosis and interventional treatment of a large array of conditions. The multi-disciplinary team performs nearly 300,000 examinations a year.

In addition to diagnostic procedures, the trust undertakes a wide range of interventional and therapeutic investigations: x-ray (general and emergency department); fluoroscopy and theatres; breast imaging/mammography; ultrasound, including musculoskeletal and interventional imaging; magnetic resonance imaging (MRI) scanning; computerised tomography (CT) scanning; bone density scanning; nuclear medicine; vascular imaging; and interventional radiology.

The radiology department provides support for level one trauma with 24/7 onsite radiographer cover for CT, plain film, and an on-call service for theatre, interventional, and MRI scans.

The trust is a training department for radiologists, advanced practitioners, radiographers, assistant practitioners, and nurses, and is committed to providing state of the art imaging through constantly evolving techniques.

*(Source: Acute Routine Provider Information Request (RPIR) Context acute tab)*

Interventional radiology was inspected and our findings are reported in the surgery services section.

## Summary of this service

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. As this is an additional service, we do not include this service's ratings in our aggregation of core services ratings at this hospital.

We rated it as good because:

- Changes had been made to strengthen the management and governance structure in this core service, which had led to a culture of continuous assessment of risk and focus of improving performance. There had been progress made to the majority of areas noted for improvement found during our previous inspection.
- The service shared lessons learned from reported incidents and complaints. There was effective use of daily safety huddles meetings to communicate with teams.
- The service monitored its performance including turnaround times. The team were proud that they had been delivering their diagnostic targets since 2015.
- The service developed their staff in order to deliver appropriate care and treatment. They ensured staff attended mandatory training and received an appraisal of their development needs.

However:

- Only medical staff received safeguarding children training to level 3.

# Diagnostic imaging

- The design of the building did not always lend itself to providing appropriate waiting areas or segregation of male and female patients. The service had made improvements in order to provide facilities to protect patient's privacy and dignity, although the solutions were not always reliable.
- There was minimal evidence of engagement with patients and the public to ensure services reflected local needs.

## Is the service safe?

**Good** ●

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

We rated it as good because:

- The service managed patient safety incidents well. Incidents were reported, investigated and lessons learned were shared. The service also monitored and acted on emerging themes from incident reporting.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The trust had set a challenging target of 95% for mandatory training and while this had not been met, compliance was above 84% for all courses.
- The service had systems and processes in place to ensure that risks to patients were assessed, monitored and managed to provide safe care and treatment. Referrals were checked to avoid unnecessary exposure to radiation and the service received information from the wards to care appropriately for inpatients while in the department.
- The design of the environment within diagnostic imaging kept people safe from avoidable harm. There were quality assurance processes in place to ensure that equipment was maintained appropriately for use.
- The service had enough staff with the right qualifications, skills, training and experience to provide the right care and treatment. Staffing was monitored and actively managed on a daily basis and communicated at safety huddles.
- Staff kept appropriate records of patients' care and treatment. Electronic records were securely stored, and were clear, up-to-date and available to staff providing care.
- The service managed medicines well. There were systems in place to ensure that medicines were stored, prescribed and administered appropriately, including contrast media used to enhance imaging.

## Is the service effective?

We inspect but do not rate effective. We found:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. They had a mandatory audit programme and held regular radiation protection committee meetings, which focussed on keeping exposure to ionising radiations as low as reasonably practicable.
- Patients had access to hydration in order to meet their needs and improve their health while in the department.
- Staff worked together as a team to benefit patients. There was a culture of multidisciplinary teamwork that supported the needs of patients throughout the hospital and after discharge home.

# Diagnostic imaging

- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. Patients' were asked for their consent prior to procedures or examinations taking place.

## Is the service caring?

**Good** ●

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

We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff introduced themselves to patients by name.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Patients were supported emotionally and some claimed they felt they had received world-class care.

## Is the service responsive?

**Good** ●

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

We rated it as good because:

- Patients could access the service in a timely way. The percentage of patient waiting over six weeks for diagnostic tests was consistently below (better than) the England average (From January to December 2017). The service actively monitored turnaround times on a daily basis and shared this at daily huddle meetings.
- The trust planned and provided services in a way that met the needs of local people. The University Hospital was a trauma site and therefore ensured there was access to clinical diagnostics at all times
- The service took account of patients' individual needs. There were processes in place to ensure that staff in the department were aware of individual needs of transferred in patients.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. There was a process for the service to managed formal complaints and they monitored the number of complaints received each month on their performance scorecard.

However:

- The design of the building did not always lend itself to providing appropriate waiting areas or segregation of male and female patients.

## Is the service well-led?

**Good** ●

# Diagnostic imaging

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

We rated it as good because:

- The service was led by open and accessible managers. There were various lead roles within the department and staff told us they felt supported by leaders.
- Managers promoted a positive culture that supported and teamwork. Daily safety huddles were used for sharing learning and praise.
- We saw there was a clear governance structure underpinned by defined meetings responsibilities. There was now a radiology management board that reported to an executive level committee.
- The service had systems for identifying risks, planning to eliminate or reduce them, and monitoring their performance. There was evidence that risk to provision of the service was discussed as part of everyday business. We saw that the performance of the service was monitored on a scorecard, benchmarked against key performance indicators.
- The service collected, analysed, managed and used information well to support its activities in order to continually improve. Electronic database systems were used to track patient data and manage and store image files. Staff stored records securely.
- The leadership team for the service were passionate about continuous improvement. There had been progress made in the areas noted for improvement at our previous inspection.

However:

- There was minimal evidence of engagement with patients and the public to ensure services reflected local needs.

## Areas for improvement

### Action the trust **SHOULD** take to improve

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

- To review safeguarding training requirements for all staff in the department.
- To promote meaningful engagement with patients and carers.
- To monitor the privacy and dignity of patients in waiting areas.

# Hospital of St Cross

St Cross Hospital  
Barby Road  
Rugby  
Warwickshire  
CV22 5PX  
Tel: 01788572831  
[www.uhcw.nhs.uk](http://www.uhcw.nhs.uk)

## Key facts and figures

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

At the Hospital of St Cross in Rugby, there is an urgent care centre (UCC). The UCC delivers a nurse led service and delivers a minor injury and illness service. This service is available 24 hours a day, seven days a week.

The Hospital of St Cross, Rugby provides a smaller range of hospital services, including an urgent care centre, general medicine including elderly care, elective surgery including a surgical day unit, and a range of outpatient services.

The medical care service at Hospital of St Cross has 69 medical inpatient beds located across five wards and units. The wards are supported by physiotherapists, occupational therapists, dieticians, audiologists and speech and language therapists who are based at St Cross. Cardiac rehabilitation is also available to support all patients who have recently undergone treatment for a heart attack, angina, heart failure, and heart surgery.

At the Hospital of St Cross there are six operating theatres, an inpatient ward (cedar ward) and a day surgery unit. There are 41 beds located on cedar ward the day surgery unit has 22 beds.

*(Sources: Routine Provider Information Request (RPIR) – Beds and Total staffing; trust website)*

## Summary of services at Hospital of St Cross

**Good**   

We did not inspect outpatients at this inspection but we combine the last inspection ratings to give the overall rating for the hospital. At this inspection, we inspected the urgent care centre, medical care and surgery.

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



# Summary of findings

- Our rating for safe remained as good overall. Staffing levels generally met patients' needs and there was a focus on assessing risks and managing deteriorating patients. Environments and equipment were well maintained.
- Our rating for effective was good. Patients' outcomes were generally monitored to drive improvements and there were systematic audit programmes. Care was provided based on national guidance. Staff were competent for their roles and in most areas
- Our rating for caring remained the same as good overall. Staff were cared for patients with respect and compassion and feedback from patients was very positive.
- Our rating for responsive remained the same as good overall. However, surgery was not meeting referral to treatment targets.
- Our rating for well led remained as requires improvement overall. There was not clear leadership and effective governance systems in the urgent care centre. Innovation was lacking.

# Urgent and emergency services

Good  

## Key facts and figures

Details of emergency department and other urgent and emergency care services

- University Hospital emergency department. (This was inspected separately.)
- Children's emergency department, University Hospital. (This was inspected separately.)
- Hospital of St Cross urgent care centre.

*(Source: Routine Provider Information Request (RPIR) P2 – Sites)*

At the Hospital of St Cross in Rugby, there is an urgent care centre (UCC). The UCC delivers a nurse led service and delivers a minor injury and illness service. This service is available 24 hours a day, seven days a week.

Patients over the age of five years can attend the UCC, where nursing staff undertake an assessment and give advice and treatment. Patients are able to have X-rays, blood tests and a pharmacy is available. Direct transfer arrangements with the local NHS ambulance trust (which has a base on the hospital site) enable deteriorating patients to be taken to the University Hospital site at Coventry immediately. Advice from the emergency medicine team at University Hospital is available to UCC staff 24 hours a day and seven days a week. There is a fracture clinic service at St Cross Hospital.

We last inspected the urgent care centre (UCC) in March 2015 and rated it as 'Requires Improvement'.

During this inspection we visited the UCC at Hospital of St Cross from 1 to 2 May 2018. We also visited unannounced on the evening of 11 May 2018. We spoke with 12 patients and their relatives, 15 trust staff at different levels and in different roles, including nurses and receptionists. We looked at 15 patient records and observed how the UCC functioned at different times of the day and how patients were managed and cared for.

## Summary of this service

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

- Staff cared for patients with compassion. Patients universally praised staff for their kindness and their understanding of their needs.
- Risks to patients were assessed, and their safety monitored and managed so they were supported to stay safe.
- 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 UCC provided care and treatment that was based on national guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Patients' pain was assessed and managed well.
- The service generally took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

# Urgent and emergency services

- The trust was planning services in a way that met the needs of local people.
- Patients could access services when they needed them.

However,

- There was a lack of visibility from senior trust leaders to the staff in the UCC.
- The service did not have a clear strategy and vision for what it wanted to achieve and lacked workable plans to turn it into action.
- Local managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values: however, recent changes in the UCC had affected morale.
- The UCC lacked a systematic approach to continually improving the quality of its services and to safeguard high standards of care.
- The service engaged with patients, staff, the public and local organisations to plan and manage appropriate services, but this could be improved.
- There was limited evidence that the UCC was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## Is the service safe?

Good   

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

- The service provided mandatory training in key skills to most staff but did not always make sure everyone completed it. Plans were in place to improve this.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service generally had suitable premises and equipment and looked after them well. However, not all staff-only areas were kept secured, posing potential risks to visitors. Staff took action to address this immediately.
- Risks to patients were assessed, and their safety monitored and managed so they were supported to stay safe.
- 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.
- 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. Patients received the right medication at the right dose at the right time.
- The service generally managed patient safety incidents well. Staff recognised incidents and reported them appropriately.

# Urgent and emergency services

## Is the service effective?

Good ● → ←

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

- The UCC provided care and treatment that was based on national guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Patients' pain was assessed and managed well.
- The service made sure staff were competent for their roles.
- Staff of different kinds worked together as a team to benefit patients.
- The UCC delivered a service through which patients could access some of the urgent care services they may need. This service was available 24 hours a day, 7 days a week.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2008, including deprivation of Liberty Safeguards (DoLS).
- There was a systematic programme of audits taking place over a planned cycle.
- The service had some systems for monitoring the effectiveness of care and treatment to use the findings to improve them.

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Patients universally praised staff for their kindness and their understanding of their needs.
- Staff provided emotional support to patients to minimise their distress. Patients commented that staff were visible and approachable.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients were aware of plans for their care and treatment and said they had been provided with the information they required.

## Is the service responsive?

Good ● ↑

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

However:

- The service generally took account of patients' individual needs.

# Urgent and emergency services

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The trust was planning services in a way that met the needs of local people.
- Patients could access services when they needed them.

## Is the service well-led?

**Requires improvement** ● → ←

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

- There was a lack of visibility from senior trust leaders to the staff in the UCC.
- The service did not have a clear strategy and vision for what it wanted to achieve and lacked workable plans to turn it into action.
- Local managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values: however, recent changes in the UCC had affected morale.
- The UCC lacked a systematic approach to continually improving the quality of its services and to safeguard high standards of care.
- The service engaged with patients, staff, the public and local organisations to plan and manage appropriate services, but this could be improved.
- There was limited evidence that the UCC was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However,

- Managers at the local level had the right skills and abilities to run a service providing high-quality sustainable care.
- The UCC generally had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service generally collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

## Areas for improvement

We found areas for improvement in this service.

### Action the trust SHOULD take to improve

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

- Continue to monitor that waiting times for initial clinical assessment and time to treatment
- Monitor staff compliance with mandatory training.
- Implement an effective audit cycle and use outcomes to drive improvements
- Consider ways to better engage with staff, patients and the local community regarding the development of the UCC

# Urgent and emergency services

- Review governance systems and the information collected to monitor safety and performance.
- Consider ways to strengthen local and overarching trust leadership to improve communications and engagement with all staff.
- Consider defined written procedures for emergency presentations.

# Medical care (including older people's care)

Good  

## Key facts and figures

University Hospitals Coventry and Warwickshire NHS Trust is one of UK's largest trusts and serves a population of about 1,000,000 across Coventry, Warwickshire and beyond. Inpatient services are provided from two hospital sites, University Hospital Coventry (the larger site) and the Hospital of St Cross, Rugby. In total, the trust has 1,250 beds and provides both elective and emergency care.

The Hospital of St Cross, Rugby provides a smaller range of hospital services, including an urgent care centre, general medicine including elderly care, elective surgery including a surgical day unit, and a range of outpatient services.

The medical care service at Hospital of St Cross has 69 medical inpatient beds located across five wards and units. The wards are supported by physiotherapists, occupational therapists, dieticians, audiologists and speech and language therapists who are based at St Cross. Cardiac rehabilitation is also available to support all patients who have recently undergone treatment for a heart attack, angina, heart failure, and heart surgery.

Ward	Specialty	Beds
Hoskyn Ward	<b>Elderly care</b>	<b>25</b>
Mulberry Ward	<b>Elderly care and rehabilitation</b>	<b>22</b>
Oak Ward	<b>Rehabilitation</b>	<b>22</b>
Endoscopy unit		<b>N/A</b>
Cardiac Catheterisation mobile unit	<b>Cardiology</b>	<b>N/A</b>

(Source: Routine Provider Information Request (RPIR) P2 - Sites)

We carried out an announced inspection from 1 May to 2 May 2018 during which we visited Oak, Mulberry and Hoskyn wards, the cardiac catheter laboratory and endoscopy unit.

During the inspection, we spoke with 17 staff of various grades including matrons, ward managers, ward sisters, nurses, student nurses, consultants and housekeeping staff. We spoke with 14 patients and their families, observed care and treatment and looked at 13 patients' medical records and 8 patients' prescription charts. We attended nursing and medical handovers and observed multidisciplinary team (MDT) meetings.

The service was last inspected in March 2015 at that inspection the medical service was rated requires improvement in the safe and well-led domains. In the effective domain, caring and responsive key questions they were rated good. During this inspection, we looked at the changes and considered any progress that had been made within the medical services

## Summary of this service

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

# Medical care (including older people's care)

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We observed staff members were courteous and helpful to patients and treated them with dignity and respect.
- Generally, the service prescribed, gave, recorded and stored medicines in accordance with best practice. Patients received the right medication at the right dose at the right time.
- The service generally had suitable premises and equipment and looked after them according to the manufacturer's instructions. The service generally controlled infection risk well. Most staff complied with infection prevention and control policy.
- There were effective systems in place to recognise and respond to deteriorating patients' needs.
- Staff generally kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Entries were clear and legible and most entries were dated and signed.
- The service generally 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 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 service provided care and treatment based on national guidance and evidence of its effectiveness. Audits were completed to ensure staff followed guidance and progress with implementation of guidance was monitored.
- The service monitored the effectiveness of care and treatment and generally used the results to improve them. Information about the outcomes of patient's care and treatment, both physical and mental where appropriate, were routinely collected and monitored. This was done through local audits and national audits.
- The service made sure staff were competent for their roles. Managers appraised most staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- The service had managers with the right skills and abilities to run a service providing high-quality sustainable care. Nursing staff reported that there was strong local leadership on the wards and that matrons and ward managers were both visible and supportive. They told us that they felt supported by the local management team.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, not all staff had received safeguarding training on how to recognise and report abuse. Staff were aware of how to recognise and report safeguarding concerns.
- The service provided mandatory training for staff, but not all had completed it to meet the trust's standard of 95% compliance.
- There was no seven-day service provided at the hospital of St Cross within the medical service. The medical patients did not have access to physiotherapy, occupational therapy or SALT service during the weekends and bank holidays.
- People could access the service when they needed it. However, the length of stay for medical patients was higher than the England national average due in part to system wide pressures in social care support.



# Medical care (including older people's care)

## Is the service safe?

Good  

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

- Generally, the service prescribed, gave, recorded and stored medicines in accordance with best practice. Patients received the right medication at the right dose at the right time.
- The service generally had suitable premises and equipment and looked after them according to the manufacturer's instructions.
- The service controlled infection risk well. Most staff complied with infection prevention and control policy.
- There were effective systems in place to recognise and respond to deteriorating patients' needs. Appropriate risk assessments were undertaken.
- Staff generally kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. Entries were clear and legible and most entries were dated and signed.
- The service generally had enough nursing 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 almost always had enough medical 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 most of the time.
- The service managed patient safety incidents and learned from incidents. Staff recognised incidents and reported them in a timely manner.
- The service planned for emergencies and staff understood their roles if one should happen.
- 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.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However, not all staff had received safeguarding training on how to recognise and report abuse. Staff were aware of how to recognise and report safeguarding concerns.
- The service provided mandatory training for staff, but not all had completed it to meet the trust's standard of 95% compliance.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Audits were completed to ensure staff followed guidance and progress with implementation of guidance was monitored.

# Medical care (including older people's care)

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other nutritional needs.
- The service managed patients' pain effectively and provided pain relief. Patients told us that their pain was adequately controlled. They told us that pain relief was offered and given immediately after it was requested.
- The service monitored the effectiveness of care and treatment and generally used the results to improve them. Information about the outcomes of patient's care and treatment, both physical and mental where appropriate, were routinely collected and monitored. This was done through local audits and national audits.
- Staff were competent for their roles. Managers appraised most staff's work performance and held supervision meetings with them to provide support and monitor their efficiency so that the service was effective.
- All groups of staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide effective care.
- Staff had access to the information they needed to deliver effective care and treatment to patients. Information was available to deliver effective care and treatment to relevant staff in a timely and accessible way.
- Staff generally understood their roles and responsibilities under the Mental Capacity Act 2005. Patients were asked for their consent prior to procedures or examinations taking place.

However:

- There was no seven-day service provided at the hospital of St Cross within the medical service. The medical patients did not have access to physiotherapy, occupational therapy or SALT service during the weekends and bank holidays.

## Is the service caring?

Good   

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We observed staff members were courteous and helpful to patients and treated them with dignity and respect. Staff understood and respected patients' social, cultural and religious needs and how these may relate to their care needs.
- Staff provided emotional support to patients to minimise their distress. Staff showed awareness of the emotional and social impact of patients care and treatment. Staff involved patients and those close to them in decisions about their care and treatment.
- Patients felt that staff communicated with them in a way which they could understand their care, treatment and condition. Staff communicated with patients in a way that was appropriate and respectful.

## Is the service responsive?

Good   

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

# Medical care (including older people's care)

- Service planning and delivery to meet the needs of the local people. The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs. Patients were assessed on admission to identify any additional support or needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.

However:

- People could access the service when they needed it. However, the length of stay for medical patients was higher than the England national average due in part to system wide pressures in social care support.

## 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 a service providing high-quality sustainable care. Nursing staff reported that there was strong local leadership on the wards and that matrons and ward managers were both visible and supportive. They told us that they felt supported by the local management team.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The nursing leadership team had introduced a trust wide pressure ulcer prevention forum and a falls forum. There were monthly senior nurse's meetings for ward managers and the senior multi-disciplinary team. This enabled staff to network and share issues and ideas for improved practice this also acted as a problem-solving forum.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. Nursing staff on the medical wards told us they reviewed quality and performance during daily safety huddles.
- 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 service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

## Areas for improvement

We found areas for improvement in this service.

# Medical care (including older people's care)

## Action the trust **SHOULD** take to improve

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

- To monitor staff are compliant with mandatory training.
- To monitor that staff routinely wash their hands between patients or when entering and leaving clinical areas.
- To monitor that all staff receive an annual appraisal.
- To review processes embedded to improve discharge planning in line with national recommendations.
- To monitor that required risk assessments on patients are completed in line with national guidance.
- To monitor that patients' capacity assessments are completed in line with the mental capacity act.
- To monitor that the prescription of medicines is recorded correctly and that correct dose of administrations are documented.
- To consider how patients can access to seven-day services in line with the required recommendation for stroke and rehabilitation patients.
- Review and reduce the length of stay for non-elective patients in general medicine and geriatric medicine.

# Surgery

Good   

## Key facts and figures

University Hospitals Coventry and Warwickshire NHS Trust (UHCW) provides both elective and emergency surgery to the population of Coventry and Warwickshire with a wider catchment area for specialist services.

The trust provides surgical services on sites at University Hospital Coventry and the Hospital of St Cross, Rugby. Surgical services at the Hospital of St Cross shared some of the management and governance structures with the University Hospital Coventry and some information was available only at trust level.

The trust has 33 operating theatres and 374 surgical inpatient beds across 17 surgical wards and units. At the Hospital of St Cross there are six operating theatres, an inpatient ward (cedar ward) and a day surgery unit. There are 41 beds located on cedar ward the day surgery unit has 22 beds.

The trust had 41,185 surgical admissions from December 2017 to November 2017. Emergency admissions accounted for 11,967 (29.1%), 20,019 (48.6%) were day case, and the remaining 9,199 (22.3%) were elective. This data was not broken down by hospital site.

We carried out an inspection on 1st and 2nd May 2018. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk with were available. Prior to the inspection we reviewed information we had about the service and information from stakeholders.

The inspection team consisted of an inspector, two specialist advisors and an Expert by Experience. We visited cedar ward, the day surgery unit and the operating theatres.

During the inspection visit the inspection team:

- Spoke with 10 patients who were using the service.
- Spoke with the managers or the nurse in charge for each of the wards.
- Spoke with 36 members of staff including senior managers, doctors, nurses, theatre staff, support workers, administrative staff and allied health professionals.
- Reviewed 16 patient records relating to assessments, care plans, and observations plus five medicines administration charts.

Following the inspection we reviewed additional performance data and other information provided by the trust.

The service was last inspected in March 2015, when we rated it as good overall. At that inspection we rated all key questions as good.

## Summary of this service

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff assessed risks to patients and monitored their safety, so they were supported to stay safe. Assessments were in place to alert staff when a patient's condition deteriorated.

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- The service managed patient safety incidents well. Staff were aware of the importance of reporting incidents and learning from incidents was communicated within the trust.
- Systems were in place for the safe management of medicines. Staff prescribed, gave, recorded and stored medicines well.
- 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. Managers appraised staff's work performance and provided opportunities for staff to reflect on their practice
- The service provided care and treatment based on national guidance and evidence of its effectiveness. They assessed staff compliance with guidance and identified areas for improvement.
- Multi-disciplinary team working was good. Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff supported patients to manage their own health, care and well-being and to maximise their independence following surgery.
- Staff cared for patients with compassion. Patients universally praised staff for their kindness and their understanding of their needs.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients were aware of plans for their care and treatment and said they had been provided with the information they required.
- The service planned and provided services to meet the needs of local people. They worked with local commissioners and other stakeholders to ensure the service was used as effectively as possible.
- The service took account of patients' individual needs. Care records did not always provide individualised information about the patient's nursing needs which was easily accessible but this was mitigated by other information available to staff.
- 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.

However:

- People could not always access the service when they needed it. Waiting times from referral to treatment were longer than the England average although the position was improving and the trust had an action plan to address waiting times.
- Information about day procedures were not always communicated to the patient's GP.
- Access to the wards was not controlled and therefore presented a potential security risk
- Theatre staff did not always change or cover their theatre attire when moving between theatres and the wards.

## Is the service safe?

Good   

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

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- The service provided mandatory training in key skills to all staff. Whilst the trust target of 95% had not been met for all courses overall compliance was at over 90%.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff assessed risks to patients and monitored their safety, so they were supported to stay safe. Assessments were in place to alert staff when a patient's condition deteriorated.
- 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.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Systems were in place for the safe management of medicines. The service prescribed, gave, recorded and stored medicines well.
- The service managed patient safety incidents well. Staff were aware of the importance of reporting incidents and learning from incidents was communicated within the trust.

However:

- Information about day procedures were not always communicated to the patient's GP. This issue was raised with the trust during our inspection and appropriate action has been taken.
- Although the service had suitable premises and equipment and looked after them well, access to the wards was not controlled and therefore presented a potential security risk.
- Whilst systems and processes were in place to prevent and control infection, staff did not always follow them. Theatre staff did not change or cover their theatre attire when moving between theatres and the wards.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. They assessed staff compliance with guidance and identified areas for improvement.
- Staff gave patients enough food and drink to meet their needs. They assessed their nutritional risk and when necessary monitored the amount they ate and drank.
- The service managed patient's pain well. Patients told us they received pain relief promptly and staff monitored its effectiveness.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided opportunities for staff to reflect on their practice. The service exceeded the trust target of 90% of staff having received an appraisal.
- Multidisciplinary team working was effective. Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide coordinated care.

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- Staff supported patients to manage their own health, care and well-being and to maximise their independence following surgery.
- 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 less than two thirds of medical staff who had completed training on the mental capacity act and deprivation of liberty standards.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion. Patients universally praised staff for their kindness and their understanding of their needs.
- Staff provided emotional support to patients to minimise their distress. Patients commented that staff were visible and approachable.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients were aware of plans for their care and treatment and said they had been provided with the information they required.

## Is the service responsive?

**Requires improvement** ● ↓

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

- People could not always access the service when they needed it. Waiting times from referral to treatment were longer than the England average although the position was improving and the trust had an action plan to address waiting times.

However:

- The service planned and provided services to meet the needs of local people. They worked with local commissioners and other stakeholders to ensure the service was used as effectively as possible.
- The service took account of patients' individual needs. Care records did not always provide individualised information about the patient's nursing needs which was easily accessible but this was mitigated by other information available to staff.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

**Good** ● → ←

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



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- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Matrons and managers were visible and supportive.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action this linked to the overall trust strategy.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff spoke about an open and transparent culture.
- The service 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. Staff were clear about the processes and how and where information was shared.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Risks were clearly identified in the clinical groups risk register.
- The service was taking steps to engage with patients and staff to plan and manage appropriate services.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

## Areas for improvement

### Action the trust SHOULD take to improve

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

- Continue to monitor that waiting times from referral to treatment times.
- Review how information about day procedures is communicated to the patient's GP.
- Review access to the wards.
- Review procedures regarding theatre staff changing or covering their theatre attire when moving between theatres and the wards.
- Provide support for medical staff to attend training on the mental capacity act and deprivation of liberty standards.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

# Our inspection team

This inspection was led by Bernadette Hanney, Head of Hospital Inspection, and Phil Terry Inspection Manager. The team for the well led review, core services and unannounced inspections included 22 inspectors, three of which were mental health inspectors, one pharmacist inspector, 32 specialist advisers and one expert by experience. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.