

# Bedford Hospital NHS Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Requires improvement 

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

Bedford Hospital NHS Trust was opened in 1803 and became an NHS trust on 1 November 1991. It provides a range of hospital services to over 270,000 people, predominantly from north and mid Bedfordshire, as well as a 900,000-population catchment area for vascular services.

Most acute services are provided at the South Wing site. The North Wing (Gilbert Hitchcock House) site provides rehabilitation facilities, including physiotherapy, as well as supporting a number of specialist clinics.

## Overall summary

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



## What this trust does

Bedford Hospital NHS Trust has approximately 400 inpatient beds, of which 24 are maternity, 16 are paediatric, ten are critical care and 28 are day-case beds. The trust has 10 operating theatres, as well as a laser and plastics unit and oral surgery treatment unit, providing elective (planned) and emergency surgical facilities for general surgery, trauma and orthopaedics, vascular, breast, urology, oral maxillofacial and plastic surgery. The trust holds around 350 outpatient clinics per week across most specialities, such as trauma and orthopaedics, cardiology, dermatology, diabetes, and obstetrics.

As of April 2018, the trust employed 2,832 (headcount) staff which equates to 2,471 WTE. This includes: 304.8 WTE medical and dental staff, 765.7 WTE nursing and/or midwifery staff and 1,400.6 WTE other staff.

### Patient numbers

Trust activity (March 2017 to February 2018):

- 75,689 A&E attendances (increase of 4% compared to the same time 2016/17)
- 55,003 inpatient admissions (increase of 7% compared to the same time 2016/17)
- 337,160 outpatient attendances (increase of 8% compared to the same time 2016/17)
- 2,747 deliveries (decrease of 2% compared to the same time 2016/17)
- 804 deaths (decrease of 5% compared to the same time 2016/17)

## 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 inspected the following acute health services as part of our continual checks on the safety and quality of healthcare provision:

- Urgent and emergency care.
- Surgery.
- Outpatients.
- Maternity.
- Children and young people.

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 for the trust overall. What we found is summarised in the section headed: Is this organisation well-led?

## What we found

Our overall rating of acute health services stayed the same. We took into account the current ratings of services not inspected this time. We rated services as requires improvement because:

- We rated safe, effective and well-led as requires improvement and caring and responsive as good.
- We rated two of the trust's services as requires improvement and six as good overall.

## Overall trust

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

- We rated safe, effective and well-led as requires improvement and caring and responsive as good.
- We rated two of the trust's services as requires improvement and six as good overall, we took into account the current ratings of the three services not inspected this time.
- We rated well-led for the trust overall as good.
- During this inspection, we did not inspect medical care, critical care or acute end of life care services. The ratings we published following the previous inspections are part of the overall rating awarded to the trust this time.

## Are services safe?

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

- Urgent and emergency care, surgery and maternity services were rated as requires improvement. Not all services had enough staff with the right qualifications, skills, training, not all staff had attended mandatory skills, not all staff complied with infection control practices and medicines management was not always managed safely.
- Children and young people's services and outpatients were rated as good.

## Are services effective?

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

- Urgent and emergency care, was rated as requires improvement. There was variable performance in some national audits and not all services had action plans to drive improvements. Not all staff had an annual appraisal.

# Summary of findings

- Surgery, maternity, and children and young people were rated as good.
- We inspected but did not rate effective for outpatients.

## Are services caring?

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

- All services were rated good for caring.
- 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 improved. We rated it as good because:

- Urgent and emergency care, maternity, children and young people services, surgery and outpatients was all rated as good. The trust mostly planned and provided services in a way that met the needs of local people, services took account of some patients' individual needs. The services treated concerns and complaints seriously, investigated them and learned lessons from them.

## Are services well-led?

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

- Urgent and emergency care and maternity were rated as requires improvement. Due to operational pressures, managers and matrons were regularly required to work clinically, which meant they did not have adequate time to support staff and capacity to carry out all aspects of the leadership role. Not all risks had been identified on the risk register, and some identified risks had no actions to reduce the level, risks were not always updated regularly. Some staff reported a bullying and intimidation culture from the senior leadership team, whilst others reported they felt respected and valued by the team.
- Children and young people services, surgery and outpatients was all rated as good.
- We identified poor assessment and poor conclusion for one serious incident and we asked the trust to carry out a further review.
- We found one complaint where the family of a deceased relative had complained and the response letter did not appear to answer all the relative's concerns. We raised this with the trust who carried out another review of the complaint.
- There was no overarching risk register detailing all the high level risks across all areas. All risk were captured on divisional risk registers they included many low-grade risks that did not change, which suggested a lack of clarity between the use of risk assessments and risk registers.
- The board assurance framework detailed the risks to the delivery of the strategic objectives but lacked clear links to the operational risks that may impact on these. The actions and mitigations were not as robust as they could be to provide the board with the required assurance.

# Summary of findings

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in maternity services

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

## Areas for improvement

We found areas for improvement including 12 breaches of legal requirements that the trust must put right. We found 33 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 service quality.

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

## Action we have taken

We issued requirement notices to the trust. Our action related to breaches of 3 legal requirements in urgent and emergency care, surgery and maternity core services.

## What happens next

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

## Outstanding practice

The maternity service had participated in the 'obstetric anal sphincter injury' (OASI) pilot (Royal College of Obstetricians and Gynaecologists (RCOG)), which involved introducing a OASI care bundle. The new care bundle had shown a significant reduction in third and fourth degree perineal tears, reducing the rate from approximately 3% to around 1%.

## Areas for improvement

### Action the trust MUST take to improve.

We told the trust that it must take action to comply with regulations in relation to the following regularity breaches:

The trust must:

- The trust must ensure that mandatory training and safeguarding training compliance is in line with trust targets.
- The trust must ensure that staff are compliant with effective infection control and prevention techniques.
- The trust must ensure that all emergency equipment checks are done in line with trust policy and that there is a system in place for ensuring that this is completed.

# Summary of findings

- The trust must ensure that staffing numbers are appropriate to clinical demands, including the provision of a suitably qualified children's nurse.
- The trust must ensure all staff receive an appraisal.
- The trust must ensure pressure relieving equipment is available when required and staff report delays through the incident reporting system as appropriate.
- The trust must ensure the maternity risk register identifies who the individual responsible is for reviewing and monitoring each risk. The trust also must ensure the risk register is updated regularly when changes to mitigation are made.
- The trust must ensure staff have the appropriate competencies for their role.
- The trust must ensure all maternity staff have attended the multidisciplinary 'skills and drills' emergency training.
- The trust must ensure women are offered carbon monoxide monitoring in line with national recommendations and this is documented within the women's maternity patient records.
- The trust must ensure they consistently complete their emergency equipment checks to evidence that the equipment is suitable and ready for use.
- The trust must ensure staffing levels across the service are reviewed in a timely manner and there is always an appropriate number of registered midwives working on the maternity ward overnight to keep women and babies safe.

## **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:

The trust should ensure that:

- The trust should ensure there is a dedicated mental health room which is hazard free.
- The trust should ensure all clinical audits such as infection control and patient record audits, plus mandatory reported RCEM audits, have action plans attached to improve compliance.
- The trust should ensure it is consistently recognised deteriorating patients accurately and in a timely manner by auditing its compliance to NEWS and PEWS escalation.
- The trust should audit its compliance to the sepsis 6 guidance.
- The trust should ensure all medicines are stored safely and securely and ambient room temperatures and fridge temperatures are monitored, recorded and exceptions are escalated appropriately.
- The trust should ensure its leaders have sufficient dedicated time to monitor the quality of their service.
- The trust should ensure all risks are recorded on the service risk register.
- The trust should ensure its information systems record all relevant information in line with national guidelines.
- The trust should ensure there are regular departmental team meeting which keeps staff informed of development plans and shared learning.
- The trust should ensure electrical safety testing is undertaken on all electrical equipment.
- The trust should ensure patient privacy and dignity is protected while booking into the emergency department.

# Summary of findings

- The trust should ensure printed information is available in additional languages to English.
- The trust should ensure access to the emergency department is secure through all its entrances.
- The trust should ensure patient consent is recorded in a consistent way.
- The trust should monitor the effectiveness of pain relief provided.
- The trust should provide formally recorded clinical supervision for relevant staff.
- Ensure all eligible staff are compliant with mandatory training, including medicines management and immediate life support.
- Ensure the stock room where drugs are stored in the oncology clinic is locked when not occupied by a member of staff.
- Review outpatient waiting facilities to ensure patients and relatives have enough seating areas.
- Continue to review nurse staffing levels and skill mix to meet the needs of patients at all times
- Encourage all staff to adhere to standards of infection prevention and control
- Increase appraisal rates for staff in surgery.
- Review processes for the provision of discharge information to patients' GPs to ensure timeliness.
- Improve the completion of records of fluid intake and nursing interventions such as re-positioning.
- Review all clinical guidelines in a timely manner so they are up to date and reflect national guidance.
- Ensure patient information is stored securely at all times.
- Take steps to improve the timeliness of responses to complaints.
- The trust must ensure the maternity risk register identifies who the individual responsible is for reviewing and monitoring each risk. The trust also must ensure the risk register is updated regularly when changes to mitigation are made.
- The trust must ensure staff have the appropriate competencies for their role.
- The trust must ensure all maternity staff have attended the multidisciplinary 'skills and drills' emergency training.
- The trust must ensure women are offered carbon monoxide monitoring in line with national recommendations and this is documented within the women's maternity patient records.
- The trust must ensure they consistently complete their emergency equipment checks to evidence that the equipment is suitable and ready for use.
- The trust must ensure staffing levels across the service are reviewed in a timely manner and there is always an appropriate number of registered midwives working on the maternity ward overnight to keep women and babies safe.

# Summary of findings

## 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 because:

- The trust has a relatively stable executive board. Leaders had the experience, capacity, capability and integrity to identify the challenges and took actions to address these. Leaders at every level were visible and approachable.
- The trust had a clear vision and set of values, which had been in place for a number of years and were well known by staff and embedded across the organisation.
- The trust acknowledged its overall strategy was limited as the aim was to merge with a local NHS trust. Until the outcome of this was known developing a more definitive strategy, for example, if the merger did not go ahead was challenging
- The executive team and managers generally promoted a positive culture that supported and valued staff, creating a sense of common purpose based on the trust's shared values. Staff were committed to improving the quality of care and patient experience. Staff felt ownership for the hospital and their services and were proud to work at the trust.
- We found that all the employment files had been well maintained to provide assurance of checks to ensure that directors met the Fit and Proper Persons Requirement.
- The board and other levels of governance in the organisation function effectively and interact with each other appropriately. Structures, processes and systems of accountability, including the governance and management of partnerships, were set out, understood and mostly effective, although the committee structure was complex with some duplication. Staff were clear about their roles and accountabilities.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them. Performance issues were escalated to the appropriate committees and the board through structures and processes in place. The trust had systems and processes in place to identify learning from incidents and complaints to make improvements and to manage performance.
- The trust generally 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 in order to plan and improve services, and collaborated with partner organisations effectively.
- There was a strong focus on learning and improvement throughout the organisation. The trust was committed to improving patient care, experience and outcomes. There was participation in audits and research, and learning from deaths and serious incidents was shared.

However

- We identified poor assessment and poor conclusion for one serious incident and we asked the trust to carry out a further review.

# Summary of findings

- We found one complaint where the family of a deceased relative had complained and the response letter did not appear to answer all the relative's concerns. We raised this with the trust who carried out another review of the complaint.
- There was no overarching risk register detailing all the high-level risks across all areas. All risks were captured on divisional risk registers but they included many low-grade risks that did not change, which suggested a lack of clarity between the use of risk assessments and risk registers.
- The board assurance framework detailed the risks to the delivery of the strategic objectives but lacked clear links to the operational risks that may impact on these. The actions and mitigations were not as robust as they could be to provide the board with the required assurance.

## Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at [www.cqc.org.uk/provider/rc1/reports](http://www.cqc.org.uk/provider/rc1/reports).

## Ratings tables

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

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

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

### Ratings for the whole trust

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

## Ratings for Bedford Hospital

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

# Bedford Hospital

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## Key facts and figures

Bedford Hospital provides services including urgent and emergency care for adults and children and young people 24 hours a day, seven days a week.

There are approximately 400 beds. The number of staff employed by the hospital as of April 2018, was 2,832.

The emergency department had 75,689 attendances from March 2017 to February 2018 and 335,751 outpatient appointments. From January 2017 to December 2017, there were 2,747 babies delivered at the trust. There were 17,396 surgical admissions from March 2017 to February 2018 and in CYP the trust reported 3,455 patient spells (inpatient episodes) for the same period.

During the inspection we spoke with 69 patients and their relatives and 185 staff. We attended the trust board meeting, multi-disciplinary meetings, handovers and checked 96 healthcare records.

## Summary of services at Bedford Hospital

### Requires improvement

At this inspection, we inspected urgent and emergency services, surgery, outpatients, maternity and children and young people services. We did not inspect medical care, critical care or end of life care services at this inspection, but we combine the last inspection ratings to give the overall rating for the hospital.

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

- Our rating for safe remained requires improvement because not all services achieved appropriate staffing levels or ensured mandatory training was completed. Medicines were not always managed safely and services did not always control infection risks well.
- Our rating for effective remained requires improvement because there was variable performance in some national audits monitored and not all services monitored the effectiveness of pain relief. Some policies and guidance had expired review dates and not all staff received an annual appraisal.
- Our rating for caring remained good because feedback from patients confirmed they were treated with compassion and offered emotional support. Patients and their families were involved in decisions made about their care and treatment.

# Summary of findings

- Our rating for responsive improved. We rated it good because patients could access services when they needed them. Waiting times from referral to treatment were mostly better than the England average. Complaints were treated seriously and lessons learnt were shared with staff.
- Our rating for well led remained requires improvement because not all managers had the necessary skills for their role and timely action was not always taken to address concerns. Risk registers were not always updated. Some staff reported a bullying and intimidation culture from the senior leadership team, whilst others reported they felt respected and valued by the team.

# Urgent and emergency services

Requires improvement  

## Key facts and figures

The emergency department (ED) at Bedford Hospital provides 24-hour services, seven days per week to the local population. There are 15 majors' cubicles, seven minors' cubicles and two dedicated paediatrics cubicles. The department has a clinical decision unit (CDU) comprising six chairs for ambulant patients. The Trust has a streaming model in place.

Patients present to the department either by walking into the reception area or arriving by ambulance via a dedicated ambulance only entrance. Self-presenting patients, report and registered at the reception desk. Patients were then 'streamed' by a doctor, according to their clinical condition. The streaming service was not always operational, and in these circumstances, a triage nurse saw walk-in patients.

The inspection team consisted of one hospital inspector, two mental health inspectors, two specialist advisors (a registrar in emergency medicine and a nurse with emergency medicine experience), plus a member of the CQC medicines team. During our inspection we spoke with 28 members of staff, 12 patients and relatives and reviewed 20 sets of patients' notes.

The department had 75,689 attendances from March 2017 to February 2018. This was an increase in attendances of 3% from March 2016 to February 2017. Approximately 20,000 attendances were for children under 18 years old. From July 2017 to June 2018, there was an average of 1400 ambulance attendances per month at Bedford ED.

## Summary of this service

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

There were several breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This included:

- Poor mandatory training compliance.
- Poor infection control and prevention practice.
- Inconsistencies in the monitoring of equipment for ensuring safe use.
- Reduced nurse staffing levels.
- There were gaps in the provision of a qualified children's registered nurse in the department.
- Department meetings were separated by staff grade: there were no whole team meetings and there were no joint handovers between medical and nursing staff.
- Staff appraisal rates were lower than the Trust target. Clinical supervision was not routinely provided or formally recorded for all relevant staff.
- The service did not ensure there was a dedicated mental health room that was free from hazard.
- Concerns raised during our inspection in 2015 had not been resolved.
- Unauthorised people could enter the department unchallenged.

# Urgent and emergency services

- The environment in the majors' area did not allow all the patients in each bay to be observed easily. The waiting room was too small to accommodate all the patients using it at sometimes. Patients were not observed in the waiting areas.
- There were limited facilities for patients with individual needs. There was no hearing loop and there was no information available in foreign languages. Staff did not always use translation services when necessary and used family members instead.
- Consent was rarely documented.
- Patients checking in at the ED desk could be observed and overheard by waiting patients.
- Patients were not always reviewed by a consultant within 14 hours of admission, in line with recommendations.
- Time of waiting for a specialty review was not recorded. This included time spent waiting for a psychiatric assessment and time waiting to see a specialty doctor.

However:

- Staff knew their responsibilities for escalating concerns and reporting incidents.
- Patient's nutritional needs were met, with oral diet provided to patients who were in the department for long periods.
- Patients were prioritised according to the clinical condition.
- Patients were positive about the care received. They were included in discussions around care and kept informed of treatment plans.
- From April 2017 to March 2018 the monthly percentage of patients that left the trust's ED before being seen for treatment was better than the England average in all but two months, and from November 2017 to March 2018, no patients left before being seen.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

## Is the service safe?

**Requires improvement** ● → ←

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

- Although staff understood how to protect patients from abuse and the service worked well with other agencies to do so not all staff had completed safeguarding training to the required levels.
- While the service provided mandatory training in key skills to all staff not all staff had completed all the required mandatory training, we saw the effects of low compliance in training in infection control practices and medicines management.
- The service did not control all infection risks well, although there was no evidence of this impacting on patient care or causing harm.
- The service did not have suitable premises for all patients using the service. Although most equipment in the department met the needs of the service, it was not always looked after well.
- Although some risks to patients were assessed, not all safety results and performance was monitored, this included compliance to sepsis screening, and responding to, and escalating deteriorating patients.

# Urgent and emergency services

- The service did not always have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment. Nurse staffing was on the service risk register.
- The service did not always prescribe and manage medicines well. Room temperature were not recorded, medicines were not always stored in line with best practice. Medicines were decanted into different boxes and we found one medicines cupboard unlocked in a paediatric cubicle.

However:

- The service planned for emergencies and staff understood their roles if one should happen.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff were required to complete training on how to recognise and report abuse.
- Staff kept appropriate records of patients' care and treatment.
- The service managed patient safety incidents well.
- The service used some safety monitoring results well.

## Is the service effective?

**Requires improvement** ● ↓

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

- Staff did not always monitor the effectiveness of pain relief provided.
- The service monitored the effectiveness of care and treatment and had mixed results in national audits. There were no action plans for audits where they had failed to meet the national standards.
- While the service made sure staff were competent for their roles, not all staff had received an appraisal. Clinical supervision was not formally provided or recorded.
- Consent to treatment was rarely documented in patient notes.

However, we also found:

- The service provided care and treatment based on national guidance and had evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff of different disciplines worked together as a team to benefit patients.

## 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.

# Urgent and emergency services

- Staff provided emotional support to patients to minimise their distress. Patients were very happy with the care and support they were receiving.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Good** ● → ←

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

- The trust mostly planned and provided services in a way that met the needs of local people.
- The service took account of some patients' individual needs.
- Patients could access the service when they needed it and in a prompt way. Most waiting times were better than the England average. We did not see any long delays for treatment during our inspection.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- There was limited information available in languages other than English, and not all patients who required an interpreter were offered one.

## Is the service well-led?

**Requires improvement** ● ↓

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

- Although the service had some managers at all levels with the right skills and abilities to run the service, not all managers had the skills or the capacity to carry out all aspects of the leadership role.
- While the service had a structure in place to provide a systematic approach to improving the quality of services and safeguarding standards of care these were not operating effectively. Governance meetings were not well attended and there were no formal departmental team meetings between nurses and doctors. Some local and national audits showed poor compliance and there were no robust action plans to address this. Some of the concerns raised following our previous CQC inspection in 2015 had not been addressed and remained the same during this inspection.
- Despite the service having some systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, not all risks had been identified on the risk register, and some identified risks had no actions to reduce the level of risk.
- Although the service collected, analysed, managed and used information to support some of its activities, some of the information recorded was misleading and inaccurate, and some information systems were unable to record all relevant data.
- While the service was trying to improve services by learning from things that went well and from things that went wrong, many of the concerns raised during the 2015 CQC inspection had not been addressed and remained the same during this inspection

# Urgent and emergency services

However:

- The trust 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 engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

## Areas for improvement

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

### **Action the trust MUST take to improve urgent and emergency care services.**

We told the trust that it must take action to comply with regulations in relation to the following regularity breaches:

The service must:

- The service must ensure that mandatory training and safeguarding training compliance is in line with trust targets.
- The service must ensure that staff are compliant with effective infection control and prevention techniques.
- The service must ensure that all emergency equipment checks are done in line with trust policy and that there is a system in place for ensuring that this is completed.
- The service must ensure that staffing numbers are appropriate to clinical demands, including the provision of a suitably qualified children's nurse.
- The service must ensure all staff receive an appraisal

### **Action the trust SHOULD take to improve urgent and emergency care 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:

The service should ensure that:

- The service should ensure there is a dedicated mental health room which is hazard free.
- The service should ensure all clinical audits such as infection control and patient record audits, plus mandatory reported RCEM audits, have action plans attached to improve compliance.
- The service should ensure it is consistently recognised deteriorating patients accurately and in a timely manner by auditing its compliance to NEWS and PEWS escalation.
- The service should ensure all medicines are stored safely and securely and ambient room temperatures and fridge temperatures are monitored, recorded and exceptions are escalated appropriately.
- The service should ensure its leaders have sufficient dedicated time to monitor the quality of their service.
- The service should ensure all risks are recorded on the service risk register.
- The service should ensure its information systems record all relevant information in line with national guidelines.
- The service should ensure there are regular departmental team meeting which keeps staff informed of development plans and shared learning.

# Urgent and emergency services

- The service should ensure electrical safety testing is undertaken on all electrical equipment.
- The service should ensure patient privacy and dignity is protected while booking into the ED
- The service should ensure printed information is available in additional languages to English.
- The service should ensure access to the department is secure through all its entrances.
- The service should ensure patient consent is recorded in a consistent way.
- The service should monitor the effectiveness of pain relief provided.
- The service should provide formally recorded clinical supervision for relevant staff.

Good  

## Key facts and figures

Surgical services at the Bedford Hospital NHS trust are provided mainly on the South Wing site. Surgical services are managed within the planned care division.

The planned care division provides a full range of emergency and elective surgical services.

The trust has three inpatient surgical wards, with a total of 91 beds and one day surgery unit consisting of 17 trolley spaces and two side rooms. There is also an integrated ward that cares for patients with fractured hips (part of surgical services) and patients who have experienced a stroke (medical services).

The division runs ten operating theatres, as well as a laser/plastics unit and an oral surgery treatment unit. The division also runs a pre-operative assessment unit, audiological science service.

Surgical services provided include the following specialties: general surgery; orthopaedics; trauma; ear, nose and throat; vascular; breast; urology; plastic surgery; and, oral maxillofacial.

The trust is a specialist vascular hub and provides services for patients from the Luton and Dunstable and Milton Keynes areas. Ophthalmology services are sub-contracted to another NHS Trust and are therefore not reported here.

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

The trust had 17,396 surgical admissions from March 2017 to February 2018. Emergency admissions accounted for 3,723 (21.4%), 11,853 (68.1%) were day case, and the remaining 1,820 (10.5%) were elective.

*(Source: Hospital Episode Statistics)*

We carried out an inspection from 31 July 2018 to 2 August 2018. Our inspection was a short unannounced inspection (staff had 24-hour notice that we were coming). Prior to the inspection we reviewed information we had about the service and information from stakeholders. The inspection team consisted of an inspector and two specialist advisors and a member of the CQC medicines team. We visited the areas caring for surgical patients. These were:

- Richard Wells Ward
- Reginald Hart Ward
- Shand Ward
- Shuttleworth Ward
- Tavistock Ward (day surgery unit)
- Operating theatres and recovery
- Plastics and laser unit
- Pre-assessment clinic

During the inspection visit the inspection team:

- Spoke with 15 patients who were users of the service.
- Spoke with the managers or the nurse in charge for each of the wards and clinical areas

# Surgery

- Spoke with 45 members of staff including senior managers, doctors, nurses, support workers, nurses, administrative staff and allied health professionals.
- Reviewed 13 patient records relating to assessments, care plans, and observation charts.

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

The service was last inspected in December 2015 when we rated it as requires improvement overall. Safe and well led were rated requires improvement and effective, caring and responsive were rated as good. At this inspection, we rated the service as good overall. Safe was rated as requires improvement and the remaining domains were rated as good.

## Summary of this service

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

- Standards of environmental cleanliness were mostly good and when we identified lapses, they were addressed immediately.
- The service had suitable premises and looked after them well.
- Staff understood how to protect patients from abuse and had a good knowledge of their responsibilities to report safeguarding concerns and make referrals.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- The service managed patient's pain well.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff cared for patients with compassion, provided emotional support and involved them in decisions about their care and treatment.
- Patients could access the service when they needed it.
- The service took account of patients' individual needs.
- The service planned and provided services to meet the needs of local people.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve in the short term and workable plans to turn it into action.
- The service 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.

However:

- Medicines were not always managed safely.
- While most equipment was available when required, there were delays in obtaining pressure relieving mattresses in busy periods and pressure relieving cushions were not readily available.

# Surgery

- Although staff assessed risks to patients and monitored their safety, when assessments alerted staff to the risk of a patient's condition deteriorating, these patients were not always reviewed in a timely manner.
- While the service had enough nursing staff with the right qualifications; vacancy levels, a significant volume of inexperienced staff and the use of temporary staffing, sometimes impacted on the timeliness of care.
- The processes in place to prevent and control infection were not consistently adhered to.
- Although staff kept records of patients' care and treatment these were not always appropriate for each individual patient. Records were not always stored securely.
- While the service managed most patient safety incidents well, nurses did not always recognise when incidents had occurred and required reporting.
- The percentage of staff completing mandatory training did not reach the trust target of 90%.
- Some clinical guidelines were past their review date and were not based on the most up to date evidence.
- There was an inconsistent approach to monitoring patients' fluid intake.
- Appraisal rates did not meet the trust's target of 90%.
- Nurses frequently did not attend doctors ward rounds and the doctors and other professionals met separately to discuss patients.
- There were some challenges with the provision of interventional radiology out of normal working hours.
- Complaints were not always managed in a timely manner.

## Is the service safe?

**Requires improvement** ● → ←

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

- Medicines were not always managed safely. The temperature of rooms used for medicines storage on the wards were above recommended limits. We found one example of an expired bag of intravenous fluids on a ward and some patients own medicines that were past their expiry date. Some emergency drugs in theatres were not stored securely and some medicines in the anaesthetic room were drawn up prematurely.
- Whilst most equipment was available when required, there were delays in obtaining pressure relieving mattresses in busy periods and pressure relieving cushions were not readily available.
- Although staff assessed risks to patients and monitored their safety, so they were supported to stay safe, when assessments alerted staff to the risk of a patient's condition deteriorating (NEWS), these patients were not always reviewed in a timely manner. Patients were not always re-positioned regularly when they were at risk of developing pressure ulcers to prevent the development of an ulcer.
- Whilst the service had enough nursing staff with the right qualifications, to keep people safe from avoidable harm and abuse and staffing levels were planned to meet the needs of patients; vacancy levels, a significant volume of inexperienced staff and the use of temporary staffing, sometimes impacted on the timeliness of care.
- The processes in place to prevent and control infection were not consistently adhered to. We observed some junior doctors wearing jewellery when in theatre attire. Trust audits of infection control practices noted variable compliance with hand hygiene policy.

# Surgery

- Although staff kept records of patients' care and treatment these were not always appropriate for each individual patient. Nursing care plans were standardised and did not always reflect the individual needs of the patient. Information about the patient's admission to hospital was not always sent to their GP in a timely way following discharge. Records were not always stored securely.
- Nurses did not always recognise when incidents had occurred and required reporting.
- The service provided mandatory training in key skills to all staff. The percentage of staff completing mandatory training did not reach the trust target of 90% and completion of training by medical staff did not reach the trust target in six of the eight mandatory modules. The trust had reviewed their approach to training to improve completion rates.

However:

- Standards of environmental cleanliness were mostly good and when we identified lapses, they were addressed immediately.
- The service had suitable premises and looked after them well.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff completion of safeguarding training was over 80%, although it did not meet the trust target of 90%. Staff had a good knowledge of their responsibilities to report safeguarding concerns and make referrals. They were supported by the trust safeguarding team to do this.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse. Junior doctor vacancies resulted in some rota gaps, which meant junior doctors sometimes covered additional wards, than was planned.
- Records were clear, up-to-date and available to all staff providing care.
- The service managed most patient safety incidents well. Although there had been three never events, learning from these was well managed. Managers investigated incidents and shared lessons learned with the whole team and the wider service. At the inspection in December 2015 we found staff did not always receive feedback on incidents, and were unaware of never events and serious incidents that had occurred. At this inspection we found learning from incidents had improved and staff received feedback from incidents.

## 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 and improve their health. Patients had access to specialist advice and nutritional support as required.
- The service managed patient's pain well. Patients told us they received pain relief promptly, although staff did not always monitor 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 results of most national audits showed trust performance was generally in line with national averages. Action plans were in place where improvements were required.

# Surgery

- The service was working towards seven-day services. Consultants completed ward rounds at the weekend and the discharge planning team worked at weekends. In most instances, therapies provided only an on-call service at weekends and pre-assessment clinics were held Monday to Friday.
- 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. We observed therapies staff were based on some wards and staff communicated well with each other.
- 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. Consent was obtained in line with legislation and when patients did not have the capacity to make specific decisions, the principles of the Mental Capacity Act were followed.

However:

- While the service provided care and treatment based on national guidance and evidence of its effectiveness and they assessed staff compliance with guidance and identified areas for improvement; some clinical guidelines were past their review date and were not based on the most up to date evidence.
- While the service made sure staff were competent for their roles and provided training to enable staff to develop their skills, appraisal rates did not meet the trusts target of 90%. A total 76% of staff in surgery had an annual appraisal by 31 August 2018.
- There was an inconsistent approach to monitoring patient's fluid intake, which meant it was difficult to determine the amount of fluids patients consumed. When fluid balance charts were used to monitor patients input and output, they were not always consistently completed.
- Nurses frequently did not attend doctors ward rounds and the doctors and other professionals met separately to discuss patients.
- There were some challenges with the provision of interventional radiology out of normal working hours.

## 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 said staff were considerate and kind in their approach. They said that although they were busy they showed patience and understanding to patients who were confused and vulnerable.
- Staff provided emotional support to patients to minimise their distress. Patients told us staff listened to their concerns and clinical nurse specialists provided additional support when needed.
- 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 needed to help them make decisions about their care.

## Is the service responsive?

Good   

# Surgery

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

- Patients could access the service when they needed it. Waiting times from referral to treatment were above the national average in January 2018, although had declined over the last three months prior to the inspection. The percentage of operations cancelled on the day of surgery was in line with the national average, although showed an upward trend.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The service took account of patients' individual needs. Staff had access to advisors for patients with learning disabilities, interpreters were available and a butterfly symbol was used to denote patients with dementia.
- 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.

However,

- Complaints were not always managed in a timely manner.

## Is the service well-led?

Good  

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

- 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. Although the management team were new into post, they had a good understanding of the challenges and issues within the service.
- The service had a vision for what it wanted to achieve in the short term and workable plans to turn it into action. Due to the potential merger of the trust with a neighbouring trust meant that there was no formalised long-term strategy.
- 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. Governance meetings were well structured and demonstrated appropriate flow of information to ensure continuous learning and improvement.
- The service 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.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There was a sense of positivity from almost all staff we spoke with, who were loyal to the trust and who had a sense of shared purpose.
- The service engaged with staff through regular staff meetings at which staff were encouraged to share their views.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. Most of the areas of concern we identified during the inspection in December 2015, had been addressed.

However:

# Surgery

- Surgical services did not have formal processes in place to engage with patients and the public in the development of services. Although feedback from patients was obtained and used to improve services.
- While electronic information was stored and accessed in a secure manner, patient information held in paper records was not always securely managed at ward level.

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## Areas for improvement

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

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

We told the trust that it must take action to comply with regulations in relation to the following regularity breaches:

- The trust must ensure pressure relieving equipment is available when required and staff report delays through the incident reporting system as appropriate

### **Actions the trust should take to improve:**

- Review nurse staffing levels and skill mix to meet the needs of patients at all times
- Encourage all staff to adhere to standards of infection prevention and control
- Review the storage of medicines.
- Increase appraisal rates for staff in surgery.
- Review processes for the provision of discharge information to patients' GPs to ensure timeliness.
- Improve the completion of records of fluid intake and nursing interventions such as re-positioning.
- Review all clinical guidelines in a timely manner so they are up to date and reflect national guidance.
- Ensure patient information is stored securely at all times.
- Take steps to improve the timeliness of responses to complaints.

# Maternity

Requires improvement 

## Key facts and figures

Bedford Hospital NHS trust provides maternity services to women living across the county of Bedfordshire. Inpatient maternity services are provided solely on the Bedford hospital site and are located on the first and second floor of the Cygnet wing, the trust's dedicated women and children's unit. Outpatient maternity services are provided at Bedford hospital and within the local children centres and GP practices. There are six community midwifery teams based in various locations across the county, which cover Bedford Borough and Bedford Central. Each community midwifery team comprises of approximately five to six community midwives.

The maternity service at Bedford Hospital NHS trust provides consultant and midwife-led antenatal, intrapartum, and postnatal care. There are 34 inpatient beds, spread across the delivery suite, the midwife led unit and the joint antenatal and postnatal maternity ward. Outpatient services include antenatal clinics, a day assessment unit, a triage unit and some screening services. Community midwifery services are provided at local children's centres, GP practices or the women's home address.

From January 2017 to December 2017, there were 2,747 deliveries at the trust. This was similar to the number of deliveries for the previous period (January 2016 to December 2016). Of the 2,747 births, 55.9% were normal (non-assisted) deliveries, which is below the England average (59.4%) and 15.9% were instrumental deliveries (ventouse or forceps), which is higher than the England average (12.5%). Additionally, 13.7% were elective caesarean section deliveries, which is similar to the England average (12.4%), and 14.5% were emergency caesarean section deliveries, which is also similar to the England average (15.7%).

We carried out an unannounced inspection of the maternity service on 31 July to 2 August 2018. We visited clinical areas in the service including the delivery suite, Acorn suite, Orchard ward, the antenatal clinic, the day assessment unit and the triage area. We spoke with 15 women and their relatives, and 43 members of staff, including hospital midwives, community midwives, consultants, anaesthetists, senior managers, student midwives and support staff. We observed care and treatment and reviewed nine patient care records, 12 prescription charts and 13 observation charts.

At the last comprehensive inspection in December 2015, we rated three key questions for the service as requires improvement (safe, responsive and well-led) and two key questions (effective and caring) as good. We rated the service requires improvement overall, so we re-inspected all five key questions. We previously inspected maternity jointly with the gynaecology service, so we cannot compare our new ratings with previous ratings.

The inspection team consisted of one CQC hospital inspector, one CQC mental health inspector, and two specialist advisors (two midwives).

## Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- Conclusions from incident investigations did not always identify appropriate learning and actions. Learning identified through audit completion and perinatal mortality and morbidity meetings were not robustly shared within the division.

# Maternity

- The working environment did not always encourage openness and honesty, and staff satisfaction and morale was mixed. Some staff were worried about the repercussions of speaking candidly and engaging with the senior leadership team.
- Midwifery staffing levels were not always suitable for the level of care women and babies required.
- Due to operational pressures, ward managers and matrons were regularly required to work clinically, which meant they did not have adequate time to support staff and implement changes.
- Midwives had not received the required training and competency assessments to undertake 'scrub' or recovery duties. We also identified this as a concern during our last inspection in December 2015, and found little improvement had been made.
- There were not effective governance processes established for the completion of emergency and daily checklists on Orchard ward and the delivery suite.
- Medical staff compliance with mandatory training was variable and their safeguarding children training was below the trust target. Similarly, less than half of the maternity staff had attended a multidisciplinary 'skills and drills' training session.
- Complaints were not always dealt with in a timely manner.
- Patient records were not stored securely on the maternity ward and prescription records were not always completed with the patients' weight and allergy status.
- Actions taken by the service to mitigate identified risks were not always updated regularly on the risk register to evidence timely and appropriate action had been taken to address them.

However:

- Staff cared for women and babies with compassion, dignity and respect. Women felt involved in their care and were given informed choice of where to give birth.
- The maternity service worked closely with commissioners and other stakeholders to plan delivery of care and treatment for the local population. This collaborative working ensured future planning covered recommendations laid out by NHS England and the Department of Health.
- The maternity service took account of women's individual needs, including those who were in vulnerable circumstances or had complex needs. Bereavement care provision was in place to support families from their initial loss, throughout their time in hospital and return home.
- The women's and children division had a newly developed vision, which had been developed with involvement from staff at all levels. Staff were committed to fulfilling the vision.
- The service used current evidence-based guidance and quality standards to inform the delivery of care and treatment. Staff monitored its effectiveness and used the findings to improve practice and the care provided. The service acted promptly to address any patient outcomes that were not in line with trust thresholds or national averages.
- Women's and babies' nutrition and hydration needs were identified, monitored, and met. There was access to an infant feeding specialist to assist women and babies when needed, and the trust's breastfeeding initiation rate was better than the national average.

# Maternity

## Is the service safe?

### Requires improvement

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated safe as requires improvement because:

- Overnight staffing levels on the maternity ward were not always suitable for the level of care women and babies often required. It was common for the second midwife to be moved to the delivery suite overnight, leaving one registered midwife and one maternity care assistant on the ward.
- Although midwifery staffing levels were regularly reviewed within the service, appropriate staffing levels were not always achieved and the service regularly relied on agency staff to fill any shortfalls in their planned establishment.

Patients safety incidents were not always reported or managed well with the maternity service.' Whilst staff generally recognised incidents and reported them appropriately, they did not always report when there were staffing issues within the service. Community staff could not always access the trust's incident electronic online system in the community, which meant incident reporting opportunities were sometimes missed. Conclusions from incident investigations did not always identify appropriate learning and actions, although when learning was identified, it was shared with the whole team and the wider service.

- Although the service provided multidisciplinary 'skills and drills' emergency training, less than half of the maternity staff had attended the training.
- While staff understood the need to protect women and babies from abuse, and worked well with other agencies to do so, not all medical staff had completed the training at the required level to ensure they had the appropriate knowledge to do so.
- The processes in place to ensure emergency equipment was checked daily, was not always adhered to by staff.
- Patient records were not stored securely on the maternity ward, which meant they could potentially be accessed by unauthorised persons.
- While we found that risks to both women and babies were managed well, and patients generally received assessments, treatment, and observations in a timely manner, there was no evidence of carbon monoxide monitoring in any of the nine patient records we reviewed, which is not in line with national recommendations. In addition, there was inconsistent recording of telephone calls made by women to the day assessment clinic, which meant there was a risk that frequent callers would not be identified and supported appropriately by staff.
- Although the service provided mandatory training in key skills to staff, they did not make sure all staff completed it. Mandatory training compliance for medical staff was variable as they did not meet the trust target for four of the seven mandatory training courses. Midwifery staff met the trust target of 90% for most of their mandatory training courses, except for resuscitation.
- Prescription records were not always completed with the patients' weight and allergy status. There were not effective governance processes in place to ensure storage temperatures were checked daily and that out-of-range temperatures were acted upon.
- Learning identified through perinatal mortality and morbidity meetings were not robustly shared within the division.

# Maternity

- While the maternity service had systems and processes in place to prevent and control the spread of infection, we observed they were not always followed when staff entered and exited the maternity ward.
- Although the service completed the national maternity safety thermometer, which was an improvement from our last inspection in December 2015, data collection was limited and meant the service was unable to consistently benchmark themselves against other maternity services.

However:

- Midwifery staff exceeded the trust's compliance targets for all safeguarding training modules.
- Measures and controls were in place to minimise the risk of a baby being abducted from the unit.
- Medical staffing levels within the maternity service were sufficient to keep women and babies safe from avoidable harm and abuse at the time of the inspection. This was achieved by consultants regularly supporting less experienced junior colleagues out of hours. The frequency of this was not monitored.
- The premises and environment was generally appropriate to keep women and their babies safe. Whilst the service only had one dedicated obstetric theatre, mitigating actions had been taken to reduce this risk.
- Staff compliance with the two-day maternity specific training programme and blood transfusion training exceeded the trust target of 90%.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.

## 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 used current evidence-based guidance and quality standards to inform the delivery of care and treatment. Local and national audits were completed and actions were taken to improve care and treatment when indicated.
- 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 acted promptly to address any patient outcomes that were not in line with trust thresholds or national averages, for example, the service had reduced its perinatal mortality rate.
- Women who used the maternity service were supported to live healthier lives and manage their own health, care, and wellbeing. In October 2017, Bedford hospital was reaccredited with the UNICEF baby friendly initiative stage three.
- A competency framework was embedded to ensure that newly qualified midwives gained the skills and experience they needed, and most maternity staff had received an annual appraisal.
- Staff understood their responsibilities regarding consent and we saw consent was undertaken in line with the trust consent policy.

# Maternity

- Women's and babies' nutrition and hydration needs were identified, monitored, and met. There was access to an infant feeding specialist to assist women and babies when needed, and the trust's breastfeeding initiation rate was better than the national average.
- Pain was assessed and managed on an individual basis and was regularly monitored by maternity staff. Although the service did not formally monitor the length of time women waited for an epidural to be sited, delays in medication were monitored through their daily situation reports. The service met the other national standards for obstetric anaesthesia.
- The maternity service was now managed under the newly formed women's and children division, and we saw the multidisciplinary team worked together to benefit patients. Medical staff, midwives, anaesthetists, and other healthcare professionals supported each other to provide good care. The service had recently held a joint study day for all staff within the division to improve their multidisciplinary working.
- Women had access to midwifery, obstetric and anaesthetic support seven days per week. Arrangements were in place to keep women and their babies safe out of hours.
- Although staff compliance with their Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards was below the trust target, staff demonstrated a good knowledge and understanding of their responsibilities under the Mental Health Act 1983 and the MCA. They knew how to support women experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- Midwives had not received the required training and competency assessments to undertake 'scrub' or recovery duties during and post obstetric surgery. We also identified this as a concern during our last inspection in December 2015, and we found little improvement had been made.
- Learning from audits was not widely shared within the division.

## 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 women and babies with compassion, and they were motivated to provide care that promoted women's privacy and dignity. Feedback from women and relatives confirmed that staff treated them well and with kindness.
- Staff provided emotional support to women and their families to minimise their distress and we were provided with many examples of this. Women's emotional and social needs were as important to staff as women's physical needs, and there was ongoing support for bereaved women and their families.
- Overall, staff involved women and those close to them in decisions about their care and treatment. They provided women and their partners the opportunity to ask questions.

## Is the service responsive?

**Good** ●

# Maternity

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 maternity service took account of women's individual needs, including those who were in vulnerable circumstances or had complex needs. Bereavement care provision was in place to support families from their initial loss, throughout their time in hospital and return home. Staff provided many examples of when midwifery staff had gone above and beyond their role to ensure families' individual needs were met.
- The service mostly planned and delivered services in a way that met the need of local people. The importance of choice, personalisation, consistency, and continuity of care was reflected in the future of the maternity care provision. The service worked closely with local commissioners and neighbouring trusts to ensure this future planning covered recommendations laid out by NHS England and the Department of Health.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.
- Women could generally access the right care at the right time. The maternity service had not closed the unit on any occasions from July 2017 to June 2018.

However:

- The service did not formally monitor delayed induction of labours or elective caesarean sections.
- Complaints were not dealt with in the timescales set out by the trust.

## Is the service well-led?

**Requires improvement** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated well-led as requires improvement because:

- Although the service had managers who demonstrated an awareness of the performance and challenges, timely action was not always taken to address the concerns identified within the service. While staff feedback about ward managers and matrons was positive, feedback about the senior leadership team was variable. Some staff felt the team was supportive and approachable, however, others felt they were intimidating and suppressive.
- Whilst the service had taken some action to address the culture within the service since our last inspection in December 2015, staff satisfaction and morale remained mixed. Some staff reported a bullying and intimidation culture from the senior leadership team, whilst others reported they felt respected and valued by the team. The working environment did not always encourage openness and honesty. Some staff were worried about the repercussions of speaking candidly.
- Information gathered before, during and after our inspection suggested that some staff were reluctant to engage with senior managers and the service due to the fear of retribution.
- Although staff felt they were generally kept informed and consulted about changes to the service provision, they did not always feel their views were listened to or acted upon.

# Maternity

- Due to operational pressures, ward managers and matrons were regularly required to work clinically, which meant they did not have adequate time to support staff and implement changes.
- Whilst the service had arrangements in place for identifying, recording, and reviewing risks, actions taken by the service to mitigate their identified risks were not always updated regularly on the risk register. This meant we could not be assured timely and appropriate action was taken to address the risks within the service.
- Although there were examples of service improvements and innovations devised and implemented by frontline staff, some of the concerns raised during our December 2015 inspection had not been addressed or remained the same during this inspection.

However:

- Staff told us they felt empowered and encouraged by middle management to provide individualised care to both women and their families.
- The arrangements for governance were clear and generally operated effectively, and staff understood their roles and accountabilities.
- The women's and children division had a newly developed vision, which had been developed with involvement from staff at all levels. Staff were committed to fulfilling the vision.
- While we found there was variable awareness and understanding of the local maternity system, we saw workstreams had been developed to support its development and delivery.
- The service collected, analysed, managed, and used information well to support its activities, using secure electronic systems with security safeguards.
- Staff recognised the importance of engaging with women, their families, and local organisations, and involved them in the development of their service. There was effective team working across all clinical areas.

## Outstanding practice

The maternity service had participated in the 'obstetric anal sphincter injury' (OASI) pilot (Royal College of Obstetricians and Gynaecologists (RCOG)), which involved introducing a OASI care bundle. The new care bundle had shown a significant reduction in third and fourth degree perineal tears, reducing the rate from approximately 3% to around 1%.

## Areas for improvement

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

### Action the trust MUST take to improve

We told the trust that it must take action to comply with regulations in relation to the following regularity breaches:

#### In Maternity:

- The trust must ensure all staff have completed the appropriate level of safeguarding children training.
- The trust must ensure the maternity risk register identifies who the individual responsible is for reviewing and monitoring each risk. The trust also must ensure the risk register is updated regularly when changes to mitigation are made.
- The trust must ensure staff have the appropriate competencies for their role.
- The trust must ensure all maternity staff have attended the multidisciplinary 'skills and drills' emergency training.

# Maternity

- The trust must ensure women are offered carbon monoxide monitoring in line with national recommendations and this is documented within the women's maternity patient records.
- The trust must ensure they consistently complete their emergency equipment checks to evidence that the equipment is suitable and ready for use.
- The trust must ensure staffing levels across the service are reviewed in a timely manner and there is always an appropriate number of registered midwives working on the maternity ward overnight to keep women and babies safe.

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

### **In Maternity:**

- The trust should ensure maternity staff comply with infection prevention and control best practice.
- The trust should ensure they continue to act to address the culture issues within the maternity service.
- The trust should ensure all staff have completed their mandatory training.
- The trust should ensure all complaints are dealt with in a timely manner, as per trust guidance.
- The trust should ensure patient records are stored securely and are not accessible by unauthorised persons.
- The trust should ensure prescription records are fully completed, and include the patient's weight and allergy status.
- The trust should ensure all telephone calls made by women to the maternity unit are always recorded to enable frequent callers to be identified and appropriately supported.
- The trust should ensure learning identified through audit or the perinatal mortality and morbidity meetings are effectively shared with staff within the division.
- The trust should ensure the maternity leaders have sufficient dedicated time to monitor the quality of their service.
- The trust should ensure the maternity service collects adequate data for the completion of the national maternity safety thermometer each month.

# Services for children and young people

Good  

## Key facts and figures

Bedford Hospital NHS trust provides child health services to children and young people living across the county of Bedfordshire. The trust has a dedicated women and children's unit, Cygnet wing, which include services for children and young people.

The children's service provides outpatient and inpatient facilities, as well as emergency and elective surgery for children up to the age of 16. Patients between the ages of 16 and 17 are assessed on an individual basis, and depending on their choice and medical need, a decision is made in terms of where they are cared for. The service consists of a neonatal unit (Meadowbank), a children's ward and children's assessment unit (Riverbank), as well as a children's outpatient department.

The children's inpatient ward has 16 overnight beds/cots and four beds are available for day surgery. The children's assessment unit (CAU) has eight beds/cots and a waiting room which is co-located on Riverbank Ward. The CAU is a consultant led multi-functional area. The majority of children are referred directly from primary care by the GP to the consultant. The area also carries out ambulatory procedures. In addition, the ward has indoor and outdoor play areas and facilities for children and teenagers. A parents' unit is located on the ward with a sitting room, bathroom and two bedrooms. There is a dedicated children's outpatient department. The neonatal unit has nine special care cots, one intensive care cot and two high dependency cots. It has been designated as a level one unit, but also undertakes additional work, providing short-term intensive care to babies of 30 weeks gestation and above.

From March 2017 to February 2018, the trust reported 3,455 patient spells (inpatient episodes). Of these, 2,922 (85%) were emergency (not planned), 498 (14%) were day cases, and the remaining 35 (1%) were elective (planned).

Our inspection, from 31 July to 2 August 2018, was short notice unannounced to enable us to observe routine activity. We undertook a further unannounced visit on 16 August 2018. We visited clinical areas in the service including the children's ward, the children's assessment unit including ambulatory care, the neonatal ward, children's outpatient unit, and theatre recovery. We spoke with three patients and 16 parents, and 31 members of staff, including consultant paediatricians, junior doctors, senior managers, nurses, phlebotomists, play specialists and support staff. We observed care and treatment, and reviewed 20 medical care records and five prescription charts.

At the last inspection in December 2015, we rated three key questions for the service requires improvement (safe, effective and well-led), and two key questions as good (caring and responsive). We rated the service requires improvement overall.

The inspection team consisted of two CQC hospital inspectors, one CQC mental health inspector, two specialist advisors with expertise in paediatrics and two members of the CQC medicines team.

## Summary of this service

Our overall rating of this service has improved since our December 2015 inspection when we rated it requires improvement. At this inspection, we rated the service good because:

- There was a strong, visible patient and family-centred culture. Staff were highly motivated and inspired to provide care and treatment that was kind, compassionate and promoted patients' dignity, and respected people's needs.

# Services for children and young people

- Leadership was strong, supportive and visible. The leadership team understood the challenges to service provision and actions needed to address them. Staff were committed to providing the best possible care for children, young people and their families. Staff felt ownership for the service and were proud to be part of the children's service.
- The service had a vision of what it wanted to achieve and clear objectives to ensure the vision was met. The vision was developed with involvement from staff.
- Staff understood their responsibilities to raise concerns and report patient safety incidents. There was an effective governance and risk management framework in place to ensure incidents were investigated and reviewed in a timely way. Learning from incidents was shared with staff and changes were made to delivery of care because of lessons learned.
- The service made sure staff were competent for their roles. Mandatory training in key skills was provided to all staff and the service made sure everyone completed it. Staff were encouraged to develop their knowledge, skills and practice.
- The service generally provided care and treatment based on national guidance and evidence of its effectiveness. Local and national audits were completed and actions were taken to improve care and treatment when indicated.
- The children's unit was imaginatively decorated, and equipment and toys were used creatively to create a fun, warm and child-friendly environment. Play was seen as an essential part of children's care. There was a wide range of age appropriate toys, games and books for children and young people, including an outside play area. Play therapists supported the care and treatment of children and young people and arranged a schedule of activities.

However:

- Medical staffing levels did not always meet planned levels or national recommendations. However, we found there was generally enough staff to keep people safe from avoidable harm and to provide the right care and treatment.
- Written records were not always legible and medical staff who made entries could not easily be identified. Patient medical records were not always stored securely.
- We found some policies and guidance had expired their review date. This meant there was a risk staff were referring to out-of-date guidance. At the time of our inspection, 26% of paediatric guidelines were out-of-date. The trust provided assurance that all out of date guidance had been risk assessed, prioritised and allocated.
- Prescriptions of medications, recording of administration or reason for not administering were not consistently recorded in line with the trust policy. The review of antibiotic medication was not always recorded on prescription charts after three days in line with trust guidelines.
- Not all the environment was maintained in accordance with Department of Health guidance. Flooring in some rooms within the children's outpatient department did not comply with relevant Health Building Note (HBN) requirements.

## 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 most staff were compliant. The trust target of 90% completion was met for the majority of mandatory training courses. There were enough suitably skilled staff to provide care if patients needed life support.

# 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. Staff had training on how to recognise and report abuse and they knew how to apply it. Measures and controls were in place to minimise the risk of a baby or child being abducted from the unit.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean and used control measures to prevent the spread of infection, such as handwashing and use of personal protective equipment.
- The service had satisfactory premises and suitable equipment and looked after them well. Most of the equipment was checked at regular intervals to ensure it was safe for use, where we found equipment was overdue for its check staff took prompt action to address this. Equipment required for resuscitation was available for all ages and processes were in place to ensure emergency equipment was checked daily.
- Systems and procedures were in place to assess, monitor and manage risks to patients. Staff completed and updated risk assessments for each patient. They kept clear records and asked for support where necessary. Staff told us the assessment and management of patients with mental health concerns was sometimes a challenge due to the increase in the number of patients, however they were managed safely.
- Staff kept appropriate records of patients' care and treatment. There were systems in place to flag medical records when children had particular needs. Records were available to all staff providing care.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment. The service carried out a staffing needs analysis and met the recommended level of nurses in accordance with the Royal College of Nursing (RCN) safer staffing guidance.
- The service stored medicines well. There were effective governance arrangements in place to ensure controlled medicines and storage temperatures were checked daily.
- 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. Managers used this to improve the service.

However:

- Not all the environment was maintained in accordance with Department of Health guidance. Flooring in some rooms within the children's outpatient department did not comply with relevant Health Building Note (HBN) requirements.
- The service did not always have enough medical staff with the right qualifications, skills and experience. Measures were in place to keep patients safe from avoidable harm and to provide the right care and treatment.
- Written records were not always legible and medical staff who made entries could not easily be identified. Patient medical records were not always stored securely.
- Prescriptions of medications, recording of administration or reason for not administering were not consistently recorded in line with the trust policy. The review of antibiotic medication was not always recorded on prescription charts after three days in line with trust guidelines.
- Although fridge temperatures were recorded daily, there was no record of the minimum and maximum temperature, as per trust policy.

# Services for children and young people

## Is the service effective?

Good ● ↑

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

- The service made sure staff were competent for their roles. Staff were encouraged and supported to develop their knowledge, skills and practice. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked capacity to make decisions about their care.
- Staff worked together as a team to benefit patients. Doctors nurses and other healthcare professionals supported each other to provide care. Staff worked closely with child and adolescent mental health services, to ensure the mental health needs of children and young people were met.
- Patients' pain was assessed and managed well using age appropriate pain tools. Nursing staff and play specialists used distraction techniques to distract children from painful procedures.
- 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. Results were similar to the national average.
- Patients had access to most services seven days a week. While some services, such as certain imaging services, were not available 24 hours a day, arrangements were in place to ensure safe and effective care was available for children and young people.
- 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.
- Children, young people and families were supported to live healthier lives and manage their own health, care and wellbeing.
- The service reviewed the effectiveness of care. Local and national audits were completed and actions were taken to improve care and treatment when indicated.

However:

- While the service generally provided care and treatment based on national guidance some policies and guidance had expired their review date.

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with kindness and compassion. Feedback from patients and those close to them confirmed that staff treated them well and with kindness. Parents and carers told us they were very happy with the care and support they received throughout the children's service.

# Services for children and young people

- Staff provided emotional support to patients to minimise their distress. spoke with parents and carers who all felt that their emotional wellbeing was cared for. Patients we spoke with said they had received good emotional support and felt they had been given enough time to ask questions.
- Staff involved parents and those close to them in decisions about their child's care and treatment. Parents were actively encouraged to be involved in their child's care. Patients and parents felt well informed about their treatment and could explain what would happen next. Parents told us that doctors discussed different treatment options with them and they were encouraged to be part of the decision-making process. Patients and those close to them told us they felt listened to, respected and had their views considered.
- Staff recognised when patients and their families required additional support to help them understand and ask relevant questions about their care and treatment.

## 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 hospital provided a range of children and young people's services, which included inpatients, outpatients, ambulatory care, and phlebotomy. The children's outpatient department was a separate outpatient facility and managed by the children's service. Separate wards were purpose built for infants and children. Care was provided for emergency admissions, inpatient admissions, medical day case admissions and surgical day cases.
- The service took account of patients' individual needs. Play was an essential part of children's care. Play specialists supported the care and treatment of children and young people as needed.
- Staff had a good awareness of patients with complex needs and those patients who may require additional support should they display difficult behaviours during their time in hospital.
- The children's ward and neonatal ward had facilities for parents to stay overnight with their children. Separate bathroom arrangements were available for parents, as well as a kitchen area where they could prepare food and drinks.
- Patients could access the service when they needed it. Waiting times from referral to treatment arrangements to admit, treat and discharge patients were in line with standards.
- The service received few formal complaints. Concerns and complaints were treated seriously and the service investigated complaints and learned lessons from the results which were shared these with staff.

## Is the service well-led?

Good  

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

- The service had managers at all levels with 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 their senior management team and ward managers.

# Services for children and young people

- The service had a vision for what it wanted to achieve and workable plans to turn it into action, which had been developed with involvement from staff.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were committed to improving the quality of care and patient experience. Throughout our inspection, we observed a strong child-centred culture across children's services.
- The service 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 paediatric ward and neonatal unit reviewed the quality of care through attendance at the daily safety huddles, team meetings and monthly quality committee meetings.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, coping with both the expected and the unexpected. A local risk register was in place which was regularly reviewed.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Performance measures were clear and these were reported on and monitored through the quality meetings.
- 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.

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## Areas for improvement

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

The trust should:

- Review the long-term impact of consultants covering junior doctor roles.
- Review policies and guidelines in a timely manner, so they are up-to-date and reflect national guidance and recommendations.
- Review their processes regarding medical record storage and legibility of entries.
- Review flooring in the outpatient consultation rooms and phlebotomy rooms, taking into account HBN 00-10 regulations which considers floors should be washable, and have curved edges to prevent bacterial growth.
- Review their processes regarding medicines management, in line with the trust policy.
- Monitor daily minimum and maximum fridge temperatures, in line with the trust policy.

# Outpatients

Good 

## Key facts and figures

Outpatient services at the Bedford Hospital NHS trust are provided mainly on the South Wing site, although some outpatient and physiotherapy services are provided at the North Wing site. Outpatient services and administration are managed within the planned care division

Outpatient services at the Bedford Hospital Trust were mostly based on the ground and first floor of the main hospital site. Some clinics were held in other buildings on the main hospital site, such as the oncology clinic. The trust runs outpatient clinics covering a wide range of specialties and medical conditions, including trauma and orthopaedics, urology, respiratory, cardiology, diabetes, and oncology.

Between March 2017 to February 2018 there were 335,751 outpatient appointments. This figure demonstrates there has been a 12% increase in the number of outpatient appointments since 2014, when there were nearly 300,000 appointments.

We last inspected outpatients jointly with diagnostic imaging in December 2015, so we cannot compare our new ratings directly with previous ratings.

There are consultant and nurse-led outpatient clinics across a range of specialities, which are provided in the outpatient's departments. Outpatient clinics are held from Monday to Friday from 8am until 6pm.

Our inspection was announced three days before the inspection which meant staff knew we were coming.

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

During the inspection visit, the inspection team:

- Spoke with eight patients who were using the service and three relatives or carers
- Spoke with 38 staff members including senior managers, matrons, doctors, nurses, physiotherapists and administrative staff
- Reviewed four patients' records relating to assessments and care plans.
- Reviewed patient feedback about the service

## Summary of this service

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

We rated it as good because:

- We rated safe, caring, responsive and well led as good. Effective was not rated, as we are not confident we are collecting enough information to rate this area.
- The service managed risk to patients well, this included infection control, having suitable premises and equipment, assessing and managing patients at risk of deteriorating, and understanding how to protect patients from abuse
- There were enough suitably qualified and experienced staff to keep patients safe.

# Outpatients

- The service managed patient safety incidents well.
- The service worked in line with national guidance, monitoring the effectiveness of care and treatment and using the findings to improve.
- Patients were treated with compassion and respect.
- Patients could access the service when they needed it, with waiting times mostly better than the England average.
- The service took account of patients' individual needs.
- Managers had the right skills and abilities to run the service in order to provide high quality sustainable care.
- Managers supported and valued staff through the promotion of a positive culture and engaged well with staff
- The service used a systematic approach to improve the quality of its services, recognising risks and developing plans to reduce to eliminate these.
- The service used feedback from patients to improve the service.

However,

- Not all staff completed the required mandatory training courses.
- Some clinics could become overcrowded and did not always have enough seating available.
- The stock room where drugs were stored in the oncology clinic was not locked when occupied by a member of staff.
- The service did not always manage complaints in a timely way.

## Is the service safe?

**Good** ●

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

We rated it as good because:

- Staff understood how to protect patients from abuse and were aware of the requirement to work 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 had the appropriate level of safeguarding training for the services they delivered.
- The service controlled infection risk well. Staff collected safety information and shared it with staff, patients and visitors. They used control measures to prevent the spread of infection and all staff we observed followed the trust infection control and prevention policy. All clinical areas were visibly clean and regular quality and safety checks were completed.
- The service had suitable premises and equipment and looked after them well. We visited several buildings used by patients and found they were generally clean, organised and well-lit, and provided efficient treatment facilities.
- Systems and procedures were in place to assess, monitor and manage risks to patients. Clinical guidelines were followed to manage a deteriorating patient and referrals were triaged by a clinical specialist to ensure high risk patients were provided with an earlier appointment.

# Outpatients

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm an abuse and to provide the right care and treatment. At the time of our inspection, we observed there were enough staff with the right skills mix to meet patient needs.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Medicines were prescribed, dispensed, administered, recorded and mostly stored in accordance with best practice. Patients received the right medication and 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

- Although the trust provided mandatory training in key skills to staff, they did not make sure all staff completed it. Mandatory training compliance was generally near to, or above the trust target. Medicine management training compliance was 60% which was significantly below the trust target of 90%.
- On occasions some clinic areas could become overcrowded and did not always have enough space to seat all patients and their families/carers.
- The stock room where drugs were stored in the oncology clinic was not locked when occupied by a member of staff.

## Is the service effective?

Effective was not rated, as we are not confident we are collecting enough information to rate this area. We found that:

- Policies were aligned and referenced to national guidance, such as National Institute for Health and Care Excellence (NICE) guidelines. Staff were knowledgeable and dedicated to providing excellent patient care based on nationally recognised guidelines.
- Patients attended the outpatient's department for short time periods, however, staff gave patients with specific needs, such as those with diabetes, enough food and drink to meet their needs.
- Pain relief was well managed. Pain relief could be prescribed within the outpatient department and subsequently dispensed by the pharmacy department as required. Outpatient clinics had access to simple analgesia and local anaesthetic preparations when required.
- 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. Most staff had an annual appraisal and they held supervision meetings to provide support and monitor the effectiveness of the service.
- Staff from all disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Outpatient services worked with speciality teams across the trust and external providers to plan and deliver care and treatment.
- The service supported people to live healthier lives and care was planned holistically using health assessments where appropriate.

# 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.

## Is the service caring?

**Good** ●

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

We rated it as good because:

- Patients were treated with compassion, kindness, dignity and respect, when receiving care. Feedback from people who used the service, those who are close to them and stakeholders was positive about the way staff treated people.
- 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.

## Is the service responsive?

**Good** ●

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

We rated it as good because:

- The outpatient's department planned and provided services in a way that met the needs of local people. Some clinics were provided in other NHS Hospitals, GP surgeries and community health centres to promote ease of access to appropriate services.
- The service took account of patient's individual needs. The different outpatient departments were mostly clearly signposted, and volunteers were situated in the main hospital entrance and offered patient's individual assistance to find a clinic if required.
- People could access the service when they needed it. Waiting times from referral to treatment were mostly better than the England average. Patients could access the majority of services in a timely way for initial assessments, diagnoses and/or treatment.

However

- While the service did not always manage complaints in a timely manner, lessons learned from the investigation of complaints were shared with staff.

## Is the service well-led?

**Good** ●

# Outpatients

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

We rated it as good because:

- The service had managers at all levels with the right skills and abilities to run a service working to provide high-quality sustainable care.
- While the service had a vision for what it wanted to achieve, some workable plans remained under development due to the possible merger with a local NHS trust. All staff told us the vision for the outpatient's department continued to be one that focused on the delivery of safe and excellent patient care.
- 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 used a systematic approach to continually improve the quality of its services and safeguarding high standards of care and it continued to aim to create an environment in which good clinical care would flourish.
- The outpatient's department had effective systems for identifying risks and timely plans to eliminate or reduce risks.
- The service collected, analysed, managed and used information to support all its activities, using secure electronic systems and security safeguards.
- The service engaged well with staff and collaborated with partner organisations effectively. Patient feedback was sought by staff and comments shared amongst the team and was used to influence change within the service.
- 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 the service. See the Areas for Improvement section above

### Action the trust SHOULD take to improve

#### In Outpatients:

- Ensure all eligible staff are compliant with mandatory training, including medicines management and immediate life support.
- Ensure the stock room where drugs are stored in the oncology clinic is locked when not occupied by a member of staff.
- Review waiting facilities to ensure patients and relative have enough seating areas.
- Ensure complaints are responded to in a timely manner.

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

Maternity and midwifery services

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Maternity and midwifery services

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### Regulated activity

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

#### Regulation

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

# Our inspection team

Bernadette Hanney, Head of Hospital Inspection and Julie Fraser, Inspection Manager led this inspection. An executive reviewer supported our inspection of well-led for the trust overall.

The team included 6 further inspectors, 2 mental health inspectors and 2 pharmacy specialist inspectors, 8 specialist advisers, 1 safeguarding advisor and 2 governance advisors.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.