

Countess of Chester Hospital NHS Foundation Trust

The Countess of Chester Hospital

Quality Report

Countess of Chester Health Park
 Liverpool Road
 Chester
 CH2 1UL
 Tel:01244365000
 Website: www.coch.nhs.uk

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This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this hospital	Requires improvement	
Urgent and emergency services	Good	
Medical care (including older people's care)	Good	
Surgery	Good	
Critical care	Good	
Maternity and gynaecology	Good	
Services for children and young people	Good	
End of life care	Requires improvement	
Outpatients and diagnostic imaging	Good	

Summary of findings

Letter from the Chief Inspector of Hospitals

The Countess of Chester Hospital is part of The Countess of Chester Hospital NHS Foundation Trust which provides a full range of acute and a number of specialist services including an urgent and emergency care, general and specialist medicine, general and specialist vascular surgery and full consultant led obstetric and paediatric hospital service for women, children and babies.

The Countess of Chester Hospital is situated within the Countess of Chester health park in Cheshire, and provides services to a population of approximately 412,000 residents mainly in Chester and surrounding rural areas, Ellesmere Port, Neston and the Flintshire area.

Over 425,000 patients attend the Trust for treatment every year. The Countess of Chester Hospital has approximately 680 beds.

We carried out this inspection as part of our scheduled program of announced inspections.

We visited the hospital on the 16, 17, 18, 19 February 2016. We also carried out an out-of-hours unannounced visit on 26 February 2016. During this inspection, the team inspected the following core services:

- Urgent and emergency services
- Medical care services (including older people's care)
- Surgery
- Critical care
- Maternity and gynaecology
- Children and young people
- End of life
- Outpatients and diagnostic services

Overall, we rated Countess of Chester hospital as 'requires improvement'. We have judged the service as 'good' for effective, caring and well led. We found that services were provided by compassionate, caring staff and patients were respected and treated with dignity. However, improvements were needed to ensure that services were safe and responsive to people's needs.

Our key findings were as follows:

Leadership and Management

- The hospital was led and managed by an accessible and visible executive team. This team were well known to staff, visited most wards and departments regularly, and responded to issues that staff raised, however some staff on surgical wards did not feel they were as engaged with board members.
- We saw that the board had taken some steps to improve communication within all staff using a variety of methods of communication including department visits, drop in sessions, newsletters and social media.
- There was clear leadership and communication in services at a local level, senior managers were visible, approachable, and staff were supported in the workplace. Staff achievements were recognised both informally and through staff recognition awards.

Summary of findings

- There was a positive culture throughout teams in the hospital and staff were committed to being part of the trusts vision and strategy going forward.

Access and Flow

- The trust had established policies and both internal and external escalation procedures in place to support access and flow across the trust which were co-ordinated through meetings held at various points through the day to assess and prioritise patient movements in the trust. This included a designated hospital team who were responsible for patient flow, and provided senior nurse presence and clinical leadership across the trust out of hours.
- Access and flow remained a challenge in the emergency department, The trust achieved the 95% four hour target on two occasions between November 2014 and October 2015,
- There were issues with access and flow across the medical and surgical wards with high bed occupancy rates and delayed discharges due to the complexity of patient's needs. Some medical patients were being nursed in non-speciality beds. Trust data showed In August 2015 data showed that there were 34 patients in total, which rose to 120 in September and further increased to 130 in October 2015. We observed that this data included those patients who were supported in escalation beds within urgent care.
- A number of extra beds had been opened to help support flow through the hospital at both Countess of Chester Hospital and Ellesmere Port Hospital, which were focused on intermediate care delivery.
- At the time of our inspection, there were approximately 100 patients who remained in hospital due to delays in transfers of care. These were due to a variety of reasons including packages of care and decisions about community living arrangements.
- The trust was working closely with other strategic leaders to plan system delivery, strategy and plans in order to support elective and emergency admissions, attendances and discharges to the hospital. As part of this, the trust had introduced a number of initiatives including a general practitioner admissions unit (GPAU) which opened at the end of the announced aspect of this inspection. During the unannounced inspection, we observed that the general practitioner admissions unit (GPAU) was having a positive impact on flow through the hospital and there had been a reduction in patients who were delayed in being transferred from the hospital.
- Medical services met the national 18-week referral to treatment time targets in all specialities from September 2014 to September 2015.
- The maternity service had closed six times during 2015 due to staff activity. This had been managed safely through the escalation policy, which involved working with other local maternity services and emergency ambulance services.
- In January 2016, the trust achieved the referral to treatment (RTT) targets, of 95%, in all areas and specialities with the exception of ear, nose and throat at 94%.
- All three cancer wait measures (patients seen within two weeks, 31 day wait and 62 day wait) were generally better than the England average from 2013/14 to 2015/16, although October and November 2015 were below the target of 85% for 62-day wait at 77% and 79.8% for the planned care division.

Cleanliness and Infection control

- Clinical areas at the point of care were visibly clean; however, we did identify some cleanliness issues in urgent and emergency services, outpatients and in non clinical areas specifically related to an area within maternity services.
- The trust had infection prevention and control policies in place, which were accessible to staff and staff were knowledgeable on preventing infection.

Summary of findings

- There was enough personal protective equipment available, which was accessible for staff and staff used this appropriately.
- Staff generally followed good practice guidance in relation to the control and prevention of infection in line with trust policies and procedures.
- Between April 2015 to December 2015, there were two cases of MRSA bacteraemia reported across the trust. Lessons from all cases were disseminated to staff for learning across directorates.
- The hospital undertook early screening for infections including MRSA during patient admissions and preoperative assessments. This meant that staff could identify and isolate patients early to help prevent the spread of infection.

Nurse Staffing

- The trust had established process in place to assess nurse staffing levels, which included using an evidence based tool. The trust was also in the early stages of using a workload management tool (NHPPD) from the recently published Lord Carter model hospital review. The hospital was also piloting an national activity monitoring tool, to gain robust data on required nurse staffing levels going forward.
- The trust undertook biannual nurse staffing establishment reviews as part of mandatory requirements. As part of this, key objectives were set though this work to support safer staffing. Data provided as part of this review in January 2016 identified that over-all the trust had maintained over 95% of staffing levels planned against actual levels for nine months, however there was the recognition that additional nurse recruitment was required.
- There were a number of initiatives in place to support recruitment, notably the trust had recently appointed 20 – 30 registered nurses from Spain.
- The trust had systems in place to review midwifery staffing levels using national guidance (National Institute of Clinical Excellence : Safe Midwifery staffing for Maternity units 2015 NG4) and were in the process of employing additional midwives following the most recent review in January 2016.
- However, nurse-staffing levels, although improved, remained a challenge across most areas. Staffing levels were maintained by staff regularly working extra shifts and with the use of bank or agency staff. Inductions were in place for new staff in order to mitigate the risk of using staff that were not familiar with the hospital.

Medical Staffing

- Medical treatment was delivered by skilled and committed medical staff.
- The information we reviewed showed that medical staffing was generally sufficient at the time of the inspection.
- Data from January 2016 showed minimal use of locum cover.
- Trust data at the time of inspection showed a turnover rate of 17.7% and a sickness rate of 0.41% for medical staff.
- A shortage of a paediatric consultant was recorded on the divisional risk register on 21/10/15 however; approval had been obtained to increase medical staffing in this area.
- The number of palliative care consultants was below the recommended staffing levels outlined by the Association for Palliative Medicine of Great Britain and Ireland, and the National Council for Palliative Care guidance, which states there should be a minimum of one WTE consultant per 250 beds.
- The trusts medical staffing information confirmed 60 hours consultant cover for the delivery suite. This meant the service met the recommendation in the safer childbirth best practice guidelines.
- Interventional radiologists worked on a rota system. There were seven consultants covering 24 hours per day, seven days a week. The trust had recently recruited three interventional radiologists to manage the increasing workload.