



# Review of compliance

University Hospitals Coventry and Warwickshire  
NHS Trust  
University Hospital

<b>Region:</b>	West Midlands
<b>Location address:</b>	University Hospital Clifford Bridge Road, Walsgrave Coventry West Midlands CV2 2DX
<b>Type of service:</b>	Doctors consultation service Doctors treatment service Diagnostic and/or screening service
<b>Date of Publication:</b>	March 2012
<b>Overview of the service:</b>	University Hospital provides a wide range of acute services for patients requiring planned and unplanned care including specialist services in cardiology, neurosurgery, stroke, IVF, diabetes, cancer care and kidney

	<p>transplants. University Hospital is one of two hospital sites managed by University Hospitals Coventry and Warwickshire (UHCW) NHS Trust, serving a population of 1,000,000 people.</p>
--	--

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**University Hospital was meeting all the essential standards of quality and safety.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review because concerns were identified in relation to:

Outcome 04 - Care and welfare of people who use services

Outcome 13 - Staffing

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 28 December 2011, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

Information shared by West Midlands Ambulance Trust raised concerns about the number of times ambulances failed to achieve a 30 minute 'turnaround time' when they took patients to University Hospital, Coventry.

We undertook this review of compliance because we wanted to check if the information we received had any direct impact on patients using University Hospital.

We made an unannounced visit to the adult Emergency Department at University Hospital, Coventry on 28 December 2012.

We observed the experience of people attending the department.

During our visit to the Emergency Department we spoke with four people and three of their relatives about their experience. Their comments included,

"Staff are very good – they have been very polite, they listened to me and I could see they were interested in their work".

We spoke with several medical and nursing staff. Their comments included,

"The team is excellent, we work really well together."

We found that people attending the Emergency Department receive care and support in a safe and timely manner. People's dignity and privacy are respected.

We found there are sufficient numbers of suitably qualified, skilled and experienced staff to meet the health and welfare needs of people attending the Emergency Department.

## **What we found about the standards we reviewed and how well University Hospital was meeting them**

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

People attending the Emergency Department receive care and support in a safe and timely manner and their dignity and privacy is respected.

### **Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

There are sufficient numbers of suitably qualified, skilled and experienced staff to meet the health and welfare needs of people attending the Emergency Department.

## **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

We observed that people attending the Emergency Department are assessed so people can be treated in order of priority. We noted that two people walking in to the department were called to the triage rooms for assessment within 10 minutes of 'booking in' by providing their details at the reception desk.

Two people confirmed they were offered pain relief when they were being assessed, to make sure discomfort was minimised while they waited for diagnosis or treatment.

The Emergency Department has a separate entrance and 'booking in' system for people arriving by ambulance.

Staff explained the system of care pathways, such as cardiac and stroke, to make sure people have timely access to specialist services.

We saw that staff upheld the privacy and dignity of people attending the department. For example, people were accommodated in single cubicles. Where doors to the cubicles were left opened, we saw that privacy curtains were used. We observed that staff closed the doors when they delivered care or talked to people. We observed staff knocking on closed doors or asking, "Can I come in?" when curtains were drawn. The department has 37 individual cubicles.

There is a dedicated imaging department within the Emergency Department, including x-ray and MRI scanner, which facilitates timely diagnosis and minimises people's

waiting times.

We observed nursing staff explaining treatment decisions to people at a level and pace that enabled them to understand.

The relative of one younger adult told us, "The doctor took the time to explain what had happened and what was wrong. The doctor spoke to my son and not to me – I was very impressed with this."

We observed a nurse responding sensitively to person who was agitated and confused about what was happening. We saw that staff acknowledged how people were feeling and were aware of strategies to alleviate people's anxiety.

### **Other evidence**

There were systems in place to monitor the progress of people through the department to make sure people were not waiting unduly to be discharged or admitted into a bed. An excess of four hours in the department is considered a 'breach'. On the day of our visit the system identified two breaches, but both were due to the person's clinical condition requiring a longer stay.

We spoke with the HALO (Hospital Ambulance Liaison Officer). He stated there were no delays with ambulance transfers at UHCW and told us there was a very good working relationship with trust.

The information given to us by West Midlands Ambulance Trust showed that University Hospital was the second busiest hospital in the region for receiving patients by ambulance in October 2011. The average 'turnaround' was 29 minutes.

During our visit, the computer system for monitoring the ambulance 'handover' times was shown to us. We saw that there had been 27 admissions to the department between midnight and 11am, with an average turnaround time of 13 minutes.

### **Our judgement**

People attending the Emergency Department receive care and support in a safe and timely manner and their dignity and privacy is respected.



## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

People attending the department made positive comments about the medical and nursing staff. Their comments included,

"Staff are very good – they have been very polite, they listened to me and I could see they were interested in their work".

One healthcare assistant told us, "My manager always says, 'treat people the way you would like to be treated', I think we always remember that when we are working here."

##### Other evidence

There are consultant doctors on duty in the Emergency Department for a minimum of 18 hours each day, which means people attending the department benefit from specialist medical knowledge. Staff told us that University Hospital is preparing to become a trauma centre later this year.

One consultant doctor we spoke with had recently started working in the department. He told us, "The department is very patient orientated. The skills and competency among the nursing staff are impressive. Staff support each other well."

There are clear lines of accountability within the department. All grades of staff spoke with told us they were well supported by management. One newly qualified nurse told us, "I get a lot of support from management and senior staff. I never feel "out of my depth" as there is always someone to call on for help or advice.

One senior nurse commented, "There is always good access to medical staff when we need it."

We spoke with a senior nurse involved in the management of the department. We discussed the current nursing duty rota. We noted that the number of staff on duty is reduced during the night shift although the average number of people in the department remains the same, until about 3am when a reduction in numbers of people attending the department is noticed.

We were told that the distribution of nursing hours has been under review for some time and there is currently a period of consultation following a proposal to redistribute nursing hours across each 24 hour period to reflect the numbers of people attending the department.

The senior nurse told us there were 13 to 15 registered nurses, a cardiac nurse practitioner, an emergency nurse practitioner and five health care assistants on duty between 7.30pm and 9.30pm. There were 9 registered nurses and three health care assistants on duty between 9pm and 8am. We looked at the nursing allocation rota between 18 and 25 December 2011 which confirmed the nursing staff complement was usually achieved.

We saw daily allocation sheets prepared before the start of each shift so that staff are deployed effectively to maintain an effective skill mix.

Absences are covered by the hospital's own 'bank' of nurses, which should provide some continuity for people using the service.

There appears to be sufficient ancillary staff, such as cleaning staff, to make sure that nursing staff do not spend undue lengths of time undertaking non-caring tasks.

Senior nurse managers told us about the development programme for nursing and healthcare staff to make sure they develop and retain the specialist skill required for working in the department. The nursing and care staff we spoke with confirmed they had good access to training.

### **Our judgement**

There are sufficient numbers of suitably qualified, skilled and experienced staff to meet the health and welfare needs of people attending the Emergency Department.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA