

East and North Hertfordshire NHS Trust

Lister Hospital

Quality Report

Coreys Mill Lane
Stevenage
Hertfordshire
SG1 4AB
Tel: 01438 314333
www.enherts-tr.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

Urgent and emergency services

Inadequate



Services for children and young people

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

Lister Hospital is a 720-bed district general hospital in Stevenage. It offers general and specialist hospital services for people across much of Hertfordshire and south Bedfordshire and provides a full range of medical and surgical specialties.

The Care Quality Commission (CQC) previously carried out a comprehensive inspection on 20 to 23 October 2015, which found that overall, the hospital had a rating of 'requires improvement'.

We carried out an unannounced, focused inspection on 17 May 2016 to review concerns found during our previous comprehensive inspection. The inspection focused on the adult emergency department (ED) and Bluebell ward, part of the children's and young people's service. We inspected parts of the five key questions for both services but did not rate them. Whilst we saw that significant improvements had been made since the last inspection, there was, in some areas, further work required to ensure all patients received safe and high quality care and treatment.

Our key findings were as follows:

- We observed that all staff were caring and compassionate towards patients and visitors within the department.
- Patients and those close to them felt involved in their care and had all intended treatments and procedures explained to them fully. Parents told us they were fully involved in plans of care for their children and were provided with appropriate information.
- During the previous inspection, the triage system within the ED was not effective in recognising potential patient safety risks, however, the department had taken significant work to address this and the new process appeared to be efficient and safe at this inspection.
- There were improvements to hand hygiene and overall cleanliness of the ED.
- The recording of patients' allergies had improved.
- Systems were in place to monitor patients at risk of deterioration in the ED, including regular patient safety rounds.
- Care records generally reflected the patient care that had occurred whilst a patient was in the ED; nursing records were generally more detailed and documented communications and interactions with patients.
- The risk assessments we reviewed, including falls and pressure area risk assessments, were generally completed appropriately and reflected patients' needs.
- There had been improvements in compliance with information governance and in the protection of patients' confidential information.
- At this inspection, the trust was on track with their planned trajectory for compliance for all mandatory training as 81% of ED staff had had planned education days.
- Staffing levels met patients' needs at the time of the inspection.
- Communication and care of patients with additional needs had been developed through additional training.
- An effective ED development plan was in place to document necessary improvements and current progress against them.
- The delivery of this development plan was being monitored with key actions which had accountable clinicians to maintain an effective oversight of risks.
- Within the ED, policies and procedures to support staff had improved to ensure staff understood their responsibilities whilst caring for patients. Departmental risks were being assessed and managed effectively.
- Whilst attendances remained high, the ED appreciated the importance of developing staff and ensuring they had the appropriate training for their roles, ensuring that staff attended necessary courses and training. Staff engagement had improved within the department.
- Staff culture and morale within the ED had improved and staff felt valued within their roles even during times of high pressure and demand.
- Data collection and its use to monitor and improve the service had generally improved within the ED.

Summary of findings

- The care being provided to children with complex care needs, demonstrated learning from incidents had taken place and improvements had been implemented.
- Staff were using a paediatric early warning score (PEWS) chart appropriately to identify early signs that a child was at risk of deteriorating. The use of PEWS was being monitored through regular audits.
- Bluebell ward had recently introduced the NHS children and young people's safety thermometer to measure harm free care and to drive improvements.
- The ward was visibly clean and staff followed infection prevention and control guidelines in accordance with trust policy. There was the appropriate amount and type of medical equipment on the ward to meet the needs of the patients.
- Actual nurse staffing met patients' needs on the day of the inspection. After our previous inspection, nurse staffing levels had increased. However, recruitment was ongoing so there was a reliance on agency and bank staff to maintain the planned rota.
- Patients and parents told us that pain was regularly assessed and well controlled.
- There had been an improvement in the number of staff that were trained to care for a child with complex needs.
- Following our previous inspection, the trust had an improvement plan for children and young people's services. We found there had generally been progress with improvements, for example, the ward had introduced an acuity tool to plan staffing to meet the dependency of patients.
- The service's risk register reflected the key risks highlighted on the improvement plan and was being reviewed and updated regularly.
- Since February 2016, an educational facilitator had been supporting the ward team, working with the ward manager and focusing on leadership, support and staff engagement.
- The culture on Bluebell ward had improved and we observed respectful, professional interactions between medical and nursing teams.

However, there were also areas of poor practice where the trust needs to make improvements.

- The department was consistently not meeting the 15 minute time to triage target but had systems in place to monitor all patients at risk of deteriorating.
- The time to initial clinical assessment for patients' data was not yet being collected but plans were in place to achieve this by the end of October 2016.
- The ED had not consistently met the four hour treat, transfer or discharge national performance measure since June 2015 but performance was improving.
- Some leaders felt that the improvements in the ED had had to been made without the full support of other specialties in the hospital.
- Staff knowledge of duty of candour had not improved since the previous inspection.
- The ED mental health room was not always used in line with trust policy.
- The improvement plan for children and young people's services stated that actions related to equipment on Bluebell Ward were fully implemented. However, some of the equipment had not been maintained correctly. We were not assured that processes had been put in place to ensure that medical equipment was being serviced and therefore safe to use. We escalated this to the trust during the inspection and immediate actions were taken with new monitoring processes set up immediately.
- There was not always evidence that bank and agency staff had received a local induction to familiarise them with working on Bluebell Ward.
- There were further improvements required regarding staff training for example; senior trained nurses were required to attend advanced life support courses. In the meantime, appropriately trained staff from the children's emergency department and assessment units were available to support the ward.
- A strategy and vision for the children and young people's service was under development.
- At the time of the inspection, there was not a non-executive director representing the children and young people's service on the trust board.

Summary of findings

Whilst the areas for improvement identified in the previous inspection remain in place, in addition, the trust should:

- Seek to improve staff understanding of duty of candour in the adult ED.
- Ensure that the ED mental health room is always used in line with trust policy.
- Continue to develop appropriate systems to be able to monitor the time to initial clinical assessment for patients within the department.
- Ensure effective processes are in place to ensure that medical equipment in storage is correctly maintained and available for use on Bluebell ward.
- Ensure bank and agency staff working on Bluebell Ward receive an appropriate local induction that is recorded.
- Ensure staff on Bluebell ward receive appropriate training including advanced life support to provide care for patients with high dependency needs or in clinical emergencies.
- Ensure there is a non-executive director representing the children and young people's service on the trust board.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Urgent and emergency services

Rating

Inadequate



Why have we given this rating?

We carried out a focused inspection on 17 May 2016 to review concerns found during our previous comprehensive inspection on 20 to 23 October 2015. We inspected parts of four of the five key questions but did not rate them. Overall, we observed the following improvements had been made to the emergency department (ED) since our last inspection:

- We observed that all staff were caring and compassionate towards patients and visitors within the department.
- Patients and those close to them felt involved in their care and had all intended treatments and procedures explained to them fully.
- During the previous inspection, the triage system within the ED was not effective in recognising potential patient safety risks, however, the department had taken significant work to address this and the new process appeared to be efficient and safe at this inspection.
- There were improvements to hand hygiene and overall cleanliness of the department.
- The recording of patients' allergies had improved.
- Systems were in place to monitor patients at risk of deterioration in the ED, including regular patient safety rounds.
- Care records generally reflected the patient care that had occurred whilst a patient was in the ED; nursing records were generally more detailed and documented communications and interactions with patients.
- The risk assessments we reviewed, including falls and pressure area risk assessments, were generally completed appropriately and reflected patients' needs.
- There had been improvements in compliance with information governance and in the protection of patients' confidential information.

Summary of findings

- At this inspection, the trust was on track with their planned trajectory for compliance for all mandatory training as 81% of ED staff had had planned education days.
- Staffing levels met patients' needs at the time of the inspection.
- There was a wider awareness between staff of how the department was performing against the four-hour target and which areas impacted on this performance.
- Communication and care of patients with additional needs had been developed through additional training.
- An effective ED development plan was in place to document necessary improvements and current progress against them.
- The delivery of this development plan was being monitored with key actions having accountable clinicians to maintain an effective oversight of risks.
- Policies and procedures to support staff had improved to ensure staff understood their responsibilities whilst caring for patients.
- Departmental risks were being assessed and managed effectively.
- Whilst attendances remained high, the department appreciated the importance of developing staff and ensuring they had the appropriate training for their roles, ensuring that staff attended necessary courses and training.
- Staff engagement had improved within the department.
- Staff culture and morale within the ED had improved and staff felt valued within their roles even during times of high pressure and demand.
- Data collection and its use to monitor and improve the service had generally improved within the ED.

However, we found that:

- The department was consistently not meeting the 15 minute time to triage target but had systems in place to monitor all patients at risk of deteriorating.

Summary of findings

- The time to initial clinical assessment for patients' data was not yet being collected but plans were in place to achieve this by the end of October 2016.
- The ED had not consistently met the four hour treat, transfer or discharge national performance measure since June 2015 but performance was improving.
- Some leaders felt that the improvements in the ED had had to be made without the full support of other specialties in the hospital.
- Staff knowledge of duty of candour had not improved since the previous inspection.
- The ED mental health room was not always used in line with trust policy.

Services for children and young people

Requires improvement



We carried out a focused inspection on 17 May 2016 to review concerns found during our previous comprehensive inspection on 20 to 23 October 2015. We inspected parts of the five key questions but did not rate them. This was a focused inspection of Bluebell Ward and we did not give the service an overall rating. Overall, we observed the following improvements had been made since our last inspection:

- The care being provided to children with complex care needs, demonstrated learning from incidents had taken place and improvements had been implemented.
- Staff were using a paediatric early warning score (PEWS) chart appropriately to identify early signs that a child was at risk of deteriorating. The use of PEWS was being monitored through regular audits.
- The ward had recently introduced the NHS children and young people's safety thermometer to measure harm free care and to drive improvements.
- The ward was visibly clean and staff followed infection prevention and control guidelines in accordance with trust policy.
- There was the appropriate amount and type of medical equipment on the ward to meet the needs of the patients.
- Actual nurse staffing met patients' needs on the day of the inspection. After our previous

Summary of findings

inspection, nurse staffing levels had increased. However, recruitment was ongoing so there was a reliance on agency and bank staff to maintain the planned rota.

- Patients and parents told us that pain was regularly assessed and well controlled.
- There had been an improvement in the number of staff that were trained to care for a child with complex needs.
- Generally, we observed staff treating patients and their family members with dignity and respect.
- Parents told us they were fully involved in plans of care for their children and were provided with appropriate information.
- Following our previous inspection, the trust had an improvement plan for children and young people's services. We found there had generally been progress with improvements, for example, the ward had introduced an acuity tool to plan staffing to meet the dependency of patients.
- The service's risk register reflected the key risks highlighted on the improvement plan and was being reviewed and updated regularly.
- Since February 2016, an educational facilitator had been supporting the ward team, working with the ward manager and focusing on leadership, support and staff engagement.
- The culture on the ward had improved and we observed respectful, professional interactions between medical and nursing teams.

However, we found:

- The improvement plan for children and young people's services stated that actions related to equipment on Bluebell Ward were fully implemented. However, some of the equipment had not been maintained correctly. We were not assured that processes had been put in place to ensure that medical equipment was being serviced and therefore safe to use. We escalated this to the trust during the inspection and immediate actions were taken with new monitoring processes set up immediately.

Summary of findings

- There was not always evidence that bank and agency staff had received a local induction to familiarise them with working on Bluebell Ward.
 - There were further improvements required regarding staff training for example; senior trained nurses were required to attend advanced life support courses. In the meantime, appropriately trained staff from the children's emergency department and assessment units were available to support the ward.
 - A strategy and vision for the children and young people's service was under development.
 - At the time of the inspection, there was not a non-executive director representing the children and young people's service on the trust board.
 - A parent of a young baby who has been cared for on the ward had not been offered breakfast.
 - One member of staff had referred to a child who appeared distressed as 'naughty' when talking with inspectors.
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Lister Hospital

Detailed findings

Services we looked at

Urgent and emergency services; Services for children and young people.

Detailed findings

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Background to Lister Hospital

East and North Hertfordshire NHS Trust provides secondary care services for a population of around 600,000 in East and North Hertfordshire as well as parts of South Bedfordshire and tertiary cancer services for a population of approximately 2,000,000 people in Hertfordshire, Bedfordshire, north-west London and parts of the Thames Valley. There are approximately 720 beds at the Lister Hospital. The trust has a turnover of approximately £375m and 5,290 staff are employed by the trust, representing around 4,540 whole time equivalent posts.

The area served by the trust for acute hospital care covers a population of around 600,000 people and includes south, east and north Hertfordshire, as well as parts of Bedfordshire.

The trust's main catchment is a mixture of urban and rural areas in close proximity to London. The population is generally healthy and affluent compared to England averages, although there are some pockets of deprivation

most notably in Stevenage, Hatfield, Welwyn Garden City and Cheshunt. Over the past ten years, rates of death from all causes, early deaths from cancer and early deaths from heart disease and stroke have all improved and are generally similar to, or better than, the England average.

The trust concluded its "Our Changing Hospital" programme in October 2014, having invested £150m to enable the consolidation of inpatient and complex services on the Lister Hospital site, delivering a reduction from two to one district general hospitals.

The trust has five clinical divisions: medical, surgical, cancer, women's and children's and clinical support services, each led by divisional director and divisional chair. These are supported by a corporate infrastructure. Therapy services, outpatient pharmacy services and pathology services are provided by different organisations.

Our inspection team

Our inspection team was led by:

Inspection Manager: Phil Terry

The team included six CQC inspectors and four clinical specialists (including two consultants and two senior nurses).

Detailed findings

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive of people's needs?
- Is it well-led?

We carried out this unannounced inspection to follow up on some concerns identified on the previous

comprehensive inspection in October 2015. We carried out this inspection to focus on the adult emergency department and Bluebell ward, part of the children and young people's service.

We talked with nine patients, three visitors and 12 staff in the adult emergency department and eight children and their parents and nine staff on Bluebell ward. We looked at 17 patients' records and associated documents.

We would like to thank all staff, patients, and carers for sharing their balanced views and experiences of the quality of care and treatment at Lister Hospital.

Facts and data about Lister Hospital


Lister Hospital is a 720-bed district general hospital in Stevenage. It offers general and specialist hospital services for people across much of Hertfordshire and south Bedfordshire and provides a full range of medical and surgical specialties. General wards are supported by critical care (intensive care and high dependency) and coronary care units, as well as pathology, radiology and other diagnostic services. There are specialist sub-regional services in urology and renal dialysis.

In December 2014, the final redevelopment phase of the £19 million investment in the emergency department at

the Lister Hospital was completed. The department, which is now larger, better designed with an increased number of cubicles and resuscitation areas and better facilities for children has a dedicated CT scanner.

A new ward block also opened accommodating 62 in-patients with 50% in single en-suite rooms. The ground floor is located next to the emergency department, and provides the Acute Medical Unit for patients referred by GPs and transferred from the emergency department.

Urgent and emergency services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	Inadequate 

Information about the service

The emergency department (ED) at Lister hospital provides a 24 hour, seven days a week service to the local population. Between January 2016 and May 2016, there had been 42,941 attendances to the ED at Lister hospital.

Patients are initially seen by a senior nurse, where a brief triage assessment is carried out to establish the severity of a patient's condition. Patients are then directed to minors/urgent care or majors for a full clinical assessment.

Minors/urgent care consists of a waiting area and five side rooms for patient assessments and treatments. This area is where patients with minor illnesses and injuries that don't require emergency priority treatment are seen.

Majors is formed of a waiting area, assessment rooms, the Darting area (where up to four patients can have initial diagnostic tests completed), priority seating (where patients who required further observations and are waiting for a cubicle within majors are seated), four side rooms and 11 cubicles.

The department also contains a six bedded resuscitation area where patients with life threatening conditions are cared for.

A clinical decision unit (CDU) with 12 beds is linked to the ED; this is where patients can be admitted for up to 48 hours if an immediate decision about their care and treatment cannot be reached.

The department has its own separate children's ED with its own waiting room, clinical assessment areas and an observation area as well as its own resuscitation bay. The children's ED was not inspected as the focus of this inspection was the adult ED.

Patients present to the department either by walking into the reception area or arriving by ambulance via a dedicated ambulance only entrance. Patients who self-presented to the department reported to the reception area where they were booked in and directed to the waiting area.

A hospital ambulance liaison officer worked within the department to assist with ambulance handovers and managing ambulance flow during times of high demand. The member of staff worked for an NHS ambulance trust and was not employed by the hospital.

Patients who attended the ED should be expected to be assessed and admitted, transferred or discharged within a four hour period in line with the national target.

We carried out a focused inspection on 17 May 2016 to review concerns found during our previous comprehensive inspection on 20 to 23 October 2015. During this inspection, we visited all clinical areas of the adult ED. We spoke with nine patients, 10 staff, three people visiting their relatives and two ambulance staff. We also looked at the care plans and associated records of 12 people.

Urgent and emergency services

Summary of findings

We carried out a focused inspection on 17 May 2016 to review concerns found during our previous comprehensive inspection on 20 to 23 October 2015. We inspected parts of four of the five key questions but did not rate them. Overall, we observed the following improvements had been made to the ED:

- We observed that all staff were caring and compassionate towards patients and visitors within the department.
- Patients and those close to them felt involved in their care and had all intended treatments and procedures explained to them fully.
- During the previous inspection, the triage system within the ED was not effective in recognising potential patient safety risks, however, the department had undertaken significant work to address this and the new process appeared to be efficient and safe at this inspection.
- There were improvements to hand hygiene and overall cleanliness of the department.
- The recording of patients' allergies had improved.
- Systems were in place to monitor patients at risk of deterioration in the ED, including regular patient safety rounds.
- Care records generally reflected the patient care that had occurred whilst a patient was in the ED; nursing records were generally more detailed and documented communications and interactions with patients.
- The risk assessments we reviewed, including falls and pressure area risk assessments, were generally completed appropriately and reflected patients' needs.
- There had been improvements in compliance with information governance and in the protection of patients' confidential information.
- At this inspection, the trust was on track with their planned trajectory for compliance for all mandatory training as 81% of ED staff having had planned education days.
- Staffing levels met patients' needs at the time of the inspection.

- There was a wider awareness between staff of how the department was performing against the four hour target and which areas impacted on this performance.
- Communication and care of patients with additional needs had been developed through additional training.
- An effective ED development plan was in place to document necessary improvements and current progress against them.
- The delivery of this development plan was being monitored with key actions which had accountable clinicians to maintain an effective oversight of risks.
- Policies and procedures to support staff had improved to ensure staff understood their responsibilities whilst caring for patients.
- Departmental risks were being assessed and managed effectively.
- Whilst attendances remained high, the department appreciated the importance of developing staff and ensuring they had the appropriate training for their roles, ensuring that staff attended necessary courses and training.
- Staff engagement had improved within the department.
- Staff culture and morale within the ED had improved and staff felt valued within their roles even during times of high pressure and demand.
- Data collection and its use to monitor and improve the service had generally improved within the ED.

However, we found that:

- The department was consistently not meeting the 15 minute time to triage target but had systems in place to monitor all patients at risk of deteriorating.
- The time to initial clinical assessment for patients' data was not yet being collected but plans were in place to achieve this by the end of October 2016.
- The ED had not consistently met the four hour treat, transfer or discharge national performance measure since June 2015 but performance was improving.
- Some leaders felt that the improvements in the ED had had to been made without the full support of other specialties in the hospital.
- Staff knowledge of duty of candour had not improved since the previous inspection.

Urgent and emergency services

- The ED mental health room was not always used in line with trust policy.

Are urgent and emergency services safe?

We carried out a focused inspection on 17 May 2016 to review concerns found during our previous comprehensive inspection on 20 to 23 October 2015. We inspected parts of this key question but did not rate it. Overall, we observed improvements to safety within the ED which included:

- During the previous inspection, the triage system within the ED was not effective in recognising potential patient safety risks, however, the department had taken significant work to address this and the new process appeared to be efficient and safe at this inspection.
- Staff understanding of incident reporting systems had improved.
- Improved systems were in place to ensure cleanliness and high levels of hygiene throughout the department, with designated domestic support to ensure any problems were promptly addressed.
- Staff compliance with hand hygiene on this inspection had improved but some shortcomings were still observed. Results from hand hygiene audits also showed recent improvements.
- Generally, we saw improvements in the use of facilities and premises on this inspection to ensure patients' needs were being met.
- The maintenance and use of equipment within the ED kept people safe.
- The recording of patients' allergies had improved.
- At this inspection, the trust was on track with their planned trajectory for compliance for all mandatory training as 81% of ED staff had had planned education days.
- Care records generally reflected the patient care that had occurred whilst a patient was in the ED; nursing records were generally detailed and documented communications and interactions with patients.
- Systems were in place to monitor patients at risk of deterioration in the ED, including regular patient safety rounds.
- The risk assessments we reviewed, including falls and pressure area risk assessments, were generally completed appropriately and reflected patients' needs.

Urgent and emergency services

- During this inspection, we observed there had been improvements in compliance with information governance and in the protection of patients' confidential information.
- Improved visibility and identification of the lead consultant role had helped ensure that deteriorating patients waiting for beds were quickly identified and there was appropriate oversight of all patients' clinical acuity in the department.
- Staffing levels met patients' needs at the time of the inspection.

However, we found that:

- The department was consistently not meeting the 15 minute time to triage target but had systems in place to monitor all patients at risk of deteriorating.
- The time to initial clinical assessment for patients' data was not yet being collected but plans were in place to achieve this within the next three months.
- The ED mental health room was not always utilised in line with trust policy.
- Duty of candour knowledge was not consistent across all staff groups in the department.
- Full protective personal equipment was not always utilised by staff when cleaning rooms, beds and equipment increasing the likelihood of cross-contamination. We raised this with senior managers at the time of the inspection.
- Not all falls and pressure area risk assessments were supported by a care plan where required.

Incidents

- During our previous inspection, some staff told us they were reluctant to report staffing related incidents due to them being a common occurrence. However, during this inspection staff told us they now reported staffing related incidents and felt these were dealt with more appropriately than before. We saw an increase in numbers of reported staffing related incidents on this inspection compared to the previous inspection.
- There had been no Never Events reported within the ED between May 2014 and May 2016. A never event is a serious incident that is wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

- Seven serious incidents (SI) were investigated between January 2016 and May 2016. There were no themes to the serious incidents and necessary actions had been taken and documented for each SI.
- An electronic system was used for reporting untoward incidents. All staff, including agency and locum staff, we spoke with knew how to access and use this system, which was an improvement on the last inspection.
- Between January and May 2016, 321 incidents had been reported within the ED; from the trust's database we saw that 14 of these were overdue and remained on hold awaiting review, there were no particular trends or themes of incidents that were on hold. One of the reports on hold was a child protection incident that occurred in July 2015 and stated no action had been taken. We raised this with senior managers who said actions had been taken but there was a delay in update the incident log due to the number of incidents that required investigating.
- Pressure ulcers made up the highest proportion of incidents reported (149 incidents). However the majority of these incidents were reported on admission to hospital and not related to care whilst in the department. The next most reported incidents were in relation to staffing incidents (16 incidents), care incidents (16 incidents) and capacity incidents (10 incidents).

Duty of Candour

- From November 2014, NHS providers were required to comply with the Duty of Candour Regulation 20 of the Care Quality Commission (Registration) Regulations 2014. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- During our previous inspection, five nursing staff we spoke with were not aware of the change in regulations relating to duty of candour.
- On this inspection, medical staff we spoke with in the ED were aware of duty of candour; however several nursing staff we spoke with had minimal knowledge of this and what it meant in practice.
- Staff told us they knew the importance of being open and honest with patients if something went wrong.

Urgent and emergency services

Cleanliness, infection control and hygiene

- During our previous inspection, hand hygiene audits were not conducted regularly and we saw extensive non-compliance with hand hygiene practice. Staff compliance with hand hygiene on this inspection had generally improved. Results from hand hygiene audits also showed recent improvements.
- We observed that staff washed their hands following patient contact; however, staff did not always use alcohol gel when travelling between different clinical areas increasing the risk of cross-contamination between areas.
- The ED matron had carried out infection control audits monthly with results showing 100% compliance against a target of 100% since February 2016, with between 60% and 90% compliance in the months prior to this. Staff groups that were consistently non-compliant prior to February were identified and actions put in place to improve compliance. We saw evidence of this within the ED development plan, which reflected what staff told us during our inspection.
- In the previous inspection, we also saw minimal use of personal protective equipment and delays in cleaning of bodily fluids and spills throughout the department. This had generally improved on this inspection.
- Personal protective equipment was available throughout the department but was not always used in accordance with the trust's infection control policy. For example, we observed that some staff wore gloves but did not wear their aprons, which increased the risk of cross contamination.
- The department was visibly clean at all times during this inspection and we often saw clinical ED staff working effectively with domestic staff to complete cleaning tasks. Improved systems were in place to ensure high levels of cleanliness were maintained.
- A notice board was present in the department that displayed information relating to the domestic staff who worked in ED as well as cleaning schedules. This meant that ED staff could identify members of the domestic team and any concerns were identified to domestic staff and dealt with promptly.
- A designated domestic member of staff was assigned to the ED at all times to enable timely cleaning where necessary. Feedback from the ED manager was that the domestic arrangements had improved since the previous inspection.

- We saw an improvement in the management of sharps within the ED; all sharps containers were labelled, clean and not overfilled, however temporary closures were not in place for 60% of containers increasing the risk of a needle stick injury or spread of infection..
- Within the ED, 83% of staff had attended mandatory infection control training, which was below the trust target of 90%. Further training sessions had been booked.

Environment and equipment

- The use of facilities and premises did not always keep people safe at all times at the last inspection. Generally, we saw improvements in this area on this inspection.
- During our previous comprehensive inspection, we saw the number of patients within the resuscitation area regularly exceeded the appropriate capacity. We saw no evidence that this had occurred since the last inspection.
- Within the department's improvement plan, they had taken steps to plan capacity management if the necessity for resuscitation increased in demand for these beds. Several majors' cubicles could be used as step down rooms for the most stable patients.
- We raised concerns regarding the layout of the department on our previous inspection, as patients sat within the waiting area were not visible by staff. Following the last inspection, the department had addressed this concern by assigning an emergency medical technician (EMT) or clinical support worker (CSW) to the area 24 hours a day to ensure patients were monitored. However, on this inspection, the waiting area was not consistently manned by an EMT or CSW; we observed that the allocated member of staff was absent for periods up to 30 minutes. We escalated this concern to senior managers during the inspection who took action to address this.
- A room specifically for those who presented with mental health conditions had been established within the adult ED. This room complied with the Royal College of Emergency Medicine (RCEM) standards and a full risk assessment was carried out. However, during our inspection, we saw a patient with mental health needs was left in the room unobserved. Directly outside the room, there was an unobserved, unalarmed exit into the main hospital corridor which meant that patients could easily abscond. The use of this room was not in line with hospital protocol, which meant that there was an

Urgent and emergency services

increased risk to patients and staff. This concern was present during our previous inspection as a similar situation had occurred. We escalated this concern to senior managers during this inspection.

- The maintenance and use of equipment within the ED kept people safe. All equipment had been checked for suitability of use within the ED. All defibrillators we reviewed had received daily and a weekly check as appropriate to ensure their accuracy and safety for use.

Medicines

- Within our previous inspection there were no concerns in relation to the safe storage of medicines. However, we found that patient medicine charts did not always accurately reflect patient allergies, and we had seen four patient records who had either no allergy recorded when the patient told us they had an allergy, or the incorrect allergy was documented. Not all patients were wearing wristbands with their personal details on the last inspection. On this inspection, we found that all patient records clearly documented their allergy status and patients' wristbands reflected this.
- During this inspection, the door to the medicines' storage room was left unlocked and we were able to access the room. This was immediately noticed by a member of staff and the room locked. Despite the door being unlocked, medicines in this room were not accessible as all had been stored correctly in either locked cupboards or the locked refrigerator. Medicines were not overstocked and were within expiration dates.

Records

- Care records were written and managed in a way that kept people safe. We reviewed 12 patient records and found them to be legible, accurate and stored securely. Records were a combination of paper and electronic records.
- Observations and investigations undertaken were clearly documented and patients' observations on the ED's intentional rounding forms were completed. Intentional rounding is a structured approach whereby nurses conduct checks on patients at set times to assess and manage their fundamental care needs
- During our previous inspection, patients' records were not always stored confidentially as computer terminals were left unlocked. During this inspection, we observed there had been improvements in compliance with information governance. A member of staff told us that

the computers now locked automatically when left idle for more than one minute. Managers also told us that if they noticed a smartcard had been left unattended they would identify the member of staff immediately and discuss the importance of keeping records safe.

- We observed that all unattended computer terminals were locked when not in use and staff removed smartcards. The ED development plan contained an action relating to improving information governance and addressing smartcards being left in computer terminals.
- A new care bundle was being piloted within the department to make risk assessments more condensed and easier to complete, this had received positive feedback from staff, managers and external peers and continued to be used.

Safeguarding

- A detailed policy was in place in relation to safeguarding adults and children. Staff were aware of this policy and how it related to practice.
- There were systems in place to make safeguarding referrals if staff had concerns about a child or vulnerable adult. The staff we spoke with demonstrated a good understanding of the types of concerns they would look for and their responsibilities following identification of a safeguarding concern.
- All staff were required to complete safeguarding training. There were three different levels of training. All clinical staff were required to complete paediatric and adult safeguarding training at level one and two, with some staff required to complete level three paediatric safeguarding training. Within the ED, 93% of staff had completed level two adult safeguarding, which met the trust's target of 90%. In relation to safeguarding children training, 97% of staff had attended level one and level two, and 82% had attended level three, the target for this was also 90%. Further training sessions were planned.

Mandatory training

- Mandatory training included topics such as information governance, health and safety, manual handling and safeguarding.
- On our previous inspection, we saw that the majority of subjects did not meet the trust's target of 90% attendance for staff.

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- Improvements in this area included the trust placing an education facilitator within the department to have complete oversight of all staff's mandatory training. A database was maintained to ensure managers could monitor staff training attendance and advise staff where necessary to complete their training updates in a timely manner.
- The trust had recognised that due to increased demand and attendances within the ED, it had been difficult to allocate long periods of time for staff to attend training days. Alternative training methods had been identified to deliver statutory and mandatory training to ED staff.
- Team champions were trained to deliver training to their colleagues, sessions were delivered in the ED and staff who were non-compliant with attendance received a letter to inform them of the need to attend.
- The trust's trajectory for the year was to reach 90% compliance for ED staff by September 2016. At this inspection, the trust was on track with their suggested trajectory for compliance for all mandatory training at 81% with all staff having planned education days. This remained an area of focus for both the department and the trust in general but despite the ED's non-compliance with training targets, mandatory training was not present within the ED development plan.

Assessing and responding to patient risk

- A clear triage process was in place during our inspection. During the previous inspection, the triage system within the ED was not effective in recognising potential patient safety risks, however, the department had taken significant work to address this and the new process appeared to be efficient and safe at this inspection.
- Patients were met by a senior nurse (band 6 or above with specific competencies for carrying out triage) following booking into the department; the nurse assigned the patient a triage priority to ensure each patient attended the correct area of the ED in a timely way. The nurse we spoke with who was in this role during our inspection was clear about the requirements of the role and what to do if a patient appeared critically unwell and required urgent medical intervention.
- We reviewed time to triage data provided by the trust, which showed that patients that had presenting to ED had waited on average 24 minutes for triage between February 2016 and May 2016. The trust's target was for this initial triage to be carried out within 15 minutes. Not meeting this time to triage target was present within the department's risk register, which stated that whilst the targets were not being met, the department's performance had improved with the new process since the last inspection.
- From the trust's board report dated 29 April 2016, on 27 April 2016, the time to triage for the 173 adults seen in the ED was 16 minutes 52 seconds and the time to treatment (the time from arrival in the ED to be seen by a doctor) was 52 minutes and 48 minutes, below the trust target of one hour.
- The time which patients waited between triage and a full clinical assessment was not being measured by the department; this was due to the IT system used which could not identify these times. This was being addressed in conjunction with the trust's IT department with a resolution anticipated by August 2016. This was detailed on the ED development plan.
- The trust told us following the inspection, that all patients received an initial triage to identify clinical risk and were then signposted to minors, majors or Darting areas where they would then receive a more detailed initial clinical assessment and treatment.
- The trust told us that although the data for the clinical observations and assessments was held on the electronic system, it did not currently have the technological ability to formally report the initial clinical assessment times. The trust was working with the Information team to configure the IT system to be able to report this information and it was planned that this would be in place by the end of July /August 2016.
- Patients were monitored while waiting for their initial clinical assessment and treatment by a qualified nurse. A clinical support worker (CSW) in the waiting area was present to ensure that any deterioration was noted and acted upon. The CSW also performed observations at the frequency requested on the electronic patient record while the patients were waiting to ensure that risks to patients were properly assessed and monitored. During our inspection, this member of staff was not always present in the area to oversee patients: we escalated this to senior managers at the time of the inspection.
- During the October 2015 inspection, we observed a lack of patient confidentiality with triage occurring by the front door of the department. This remained a problem

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and a full resolution had not been found. The nurse we spoke with was mindful of the lack of privacy and told us that they asked patients for a minimal history to avoid any sensitive information being overheard.

- The 'lead consultant' role continued to be successful within the ED, with a badge to identify them to all other staff. The lead consultant had responsibility for all majors patients within the ED and ensuring those with the highest acuity were seen in a timely way. Staff told us that improved visibility and identification of the lead consultant had helped ensure that deteriorating patients waiting for beds were quickly identified. Staff also said that there was sufficient oversight of all patients' clinical acuity in the department through the safety rounds conducted every two hours by the lead consultant and nurse in charge.
- The National Early Warning Score (NEWS) was used within the electronic patient record (EPR) to show escalating patient risk. NEWS is a standardised physiological assessment tool, designed to alert the clinical team to any medical deterioration and trigger a timely clinical response. This was highlighted on the previous inspection as a risk due to poor compliance with the completion of NEWS.
- During this inspection, we saw an improvement in the completion of NEWS being documented within patient records, with any deterioration in scores being escalated appropriately.
- Whilst risk assessments were more widely completed than during our previous inspection, we found that staff did not always create a care plan if a patient was deemed high risk. We saw two patients that had been identified as high risk of falling, but no associated actions were documented on the form. Two patient records out of the 12 reviewed showed that repositions and pressure area care was being carried out, but no initial skin damage assessment completed, therefore staff may not know how high a risk the patient was or any specific skin areas that required specific attention.
- If ambulances were experiencing handover delays in the department, the lead consultant and nurse in charge carried out regular safety checks of patients waiting to ensure if any deterioration occurred this was dealt with promptly.
- The trust had responded to concerns raised during our previous inspections regarding patients being left on scoop stretchers for prolonged periods of time by improving education and communication between staff.

Scoops are devices, which assist in movement of unwell patients who may have a spinal cord injury. If patients remain on a scoop for longer than 45 minutes it increases the risk of pressure ulcer development; especially in elderly or frail patients who may have other risk factors.

- During this inspection, we did not see any patients left on scoops for prolonged periods of time. We also saw a poster displayed to remind staff that patients should not remain on a scoop for longer than 45 minutes. Both nursing and ambulance staff could explain the importance of this and confirmed that this guidance was adhered to. We were told that if a patient had remained on a scoop for over 45 minutes this would be reported as an incident, we were told there had not been any reported incidents in relation to this since our previous inspection.

Nursing staffing

- Nurse staffing met patient needs during our inspection. There were two unfilled qualified staff shifts for the day of inspection; however the department had mitigated this risk by deploying two senior nurses from the management team to work clinically.
- We saw evidence during our previous inspection that agency staff were well inducted and completed a checklist when it was their first time in the department to ensure they understood all of the processes and policies applicable. We found this practice had been consistently maintained during this inspection with the nurse in charge being aware of which agency staff were working and that they had completed the relevant checks to ensure their competency.
- The matron showed us the Band 7 handover sheet that had been introduced in the department since our previous inspection. The sheet included details of staffing issues, use of agency staff, escalations made during the shift and a checklist to ensure the resuscitation trolleys and fridge temperatures had been checked for that day. The checklist was signed by the member of staff responsible for checking the equipment and counter-signed by the Band 7 responsible for the shift.

Medical staffing

- There were no changes to medical staffing from our previous inspection, which met patients' needs at this inspection.

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- Consultant cover was provided from 8am to 10pm seven days a week, with two consultants usually in the department during these times. Between 10pm and 8am, cover was provided on an on call basis. Overnight there were three middle grade doctors and four senior house officers (SHOs).
- During our inspection, medical cover met the necessary requirements of the department's rota and there were no vacant shifts.

Major incident awareness and training

- We did not gather evidence for this as part of the inspection.

Are urgent and emergency services effective? (for example, treatment is effective)

We carried out a focused inspection on 17 May 2016 to review concerns found during our previous comprehensive inspection on 20 to 23 October 2015. We did not inspect this key question.

Evidence-based care and treatment

- We did not gather evidence for this as part of the inspection.

Pain relief

- We did not gather evidence for this as part of the inspection.

Nutrition and hydration

- We did not gather evidence for this as part of the inspection.

Patient outcomes

- We did not gather evidence for this as part of the inspection.

Competent staff

- We did not gather evidence for this as part of the inspection.

Multidisciplinary working

- We did not gather evidence for this as part of the inspection.

Seven-day services

- We did not gather evidence for this as part of the inspection.

Access to information

- We did not gather evidence for this as part of the inspection.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We did not gather evidence for this as part of the inspection.

Are urgent and emergency services caring?

We carried out a focused inspection on 17 May 2016 to review concerns found during our previous comprehensive inspection on 20 to 23 October 2015. We inspected parts of this key question but did not rate it. Overall, we observed the following improvements to care within the ED:

- We observed that staff were caring and compassionate during all interactions with patients.
- Where problems with care provided by agency staff arose, there were appropriate plans in place to ensure feedback was provided and these staff did not work in the department again. Evidence was provided to show this occurred when necessary.
- Patients and those close to them felt involved in their care and had all intended treatments and procedures explained to them fully.

Compassionate care

- On our previous inspection, we noted that some interactions between agency staff and patients were not always compassionate. Throughout this inspection, we observed patients being treated with compassion, dignity and respect by all staff at all times.
- Staff responded to patients' needs in a friendly and caring manner at all times during this inspection.
- Curtains were drawn and privacy was respected when staff were supporting patients with personal care.
- We were told about an example where an agency nurse had not demonstrated the communication skills required when caring for patients within the ED. The agency had been informed and this nurse would not be used again.

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- Relatives said they had been offered refreshments during their time in ED and that staff treated them with care and compassion.
- One patient out of the nine we spoke with had experienced a lack of confidentiality as a doctor had discussed her personal and medical details in the waiting area. We did not observe any other examples of breached patient confidentiality.

Understanding and involvement of patients and those close to them

- Patients and those close to them felt involved in their care and had all intended treatments and procedures explained to them fully.
- Most patients and relatives we spoke with stated that they felt well-informed about their diagnosis, care and treatment. Both a consultant and a pharmacist had spoken to the family of one patient to explain what was happening and provide details of the medication being administered.

Emotional support

- Staff displayed an awareness of patients' emotional needs.

Are urgent and emergency services responsive to people's needs? (for example, to feedback?)

We carried out a focused inspection on 17 May 2016 to review concerns found during our previous comprehensive inspection on 20 to 23 October 2015. We inspected parts of this key question but did not rate it. Overall, we observed improvements to responsiveness within the ED which included:

- There was a wider awareness between staff of how the department was performing against the four hour target and which areas impacted on this performance.
- Communication and care of patients with additional needs had been developed through additional training.

However, we found that:

- The department had not consistently met the four hour target to admit, transfer or discharge patients since June 2015, although recent performance was improving.

Service planning and delivery to meet the needs of local people

- We did not gather evidence for this as part of the inspection.

Meeting people's individual needs

- Following our previous inspection, the department had made improvements to meeting individual patient's needs by providing staff with additional training to enhance their knowledge on communicating and caring for those with additional or complex needs, such as patients with learning disabilities.
- Staff we spoke with felt that this training had helped them understand patients' needs and the importance of including these patients in their care and not just communicating with carers or families.

Access and flow

- The Department of Health performance measure for all EDs is to admit, transfer or discharge 95% of patients within four hours of arrival at ED.
- During our inspection, eight patients had been in the department for more than four hours by 11am; these were either waiting for a mental health review or a specialty bed within the hospital. Upon our arrival there were 16 patients in department with an approximately one hour wait to see a doctor; there were no delays in ambulance handovers.
- For the period 28 March to 24 April 2016, the department did not meet the national performance measure and only achieved 69.5% performance, equating to a total of 2,562 patients who waited over four hours in the adult ED. The England average during this time period was 91%. Performance for the three months prior to this was 77.3% against the England average of 87.9% showing a decline in performance.
- Between 8 May 2016 and 22 May 2016, 1,096 patients waited more than four hours in the ED; the main reasons recorded were due to a lack of ED capacity (76%), and the second highest reason was due to delays in medical or surgical reviews (8%). Performance for this period had improved to 81%.
- During our inspection, we observed improved staff awareness of the department's performance against the four hour performance target. Posters were displayed in the staff room with the weekly performance figures for the month of April. Senior staff we spoke with were able

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to tell us what the four hour performance figure was for the department during the current working week, which was 86%, which if it remained consistent during the week, would have represented an improvement in performance.

- On the day of our inspection, we saw that one patient had been admitted to Clinical Decision Unit (CDU) on 13 May 2016 and was still awaiting transfer on 17 May 2016; this was due to social care needs and availability. Appropriate care was being provided to this patient whilst he remained on the CDU. The CDU is where patients can be admitted for up to 48 hours if an immediate decision about their care and treatment cannot be reached.

Learning from complaints and concerns

- We did not gather evidence for this as part of the inspection.

Are urgent and emergency services well-led?

We carried out a focused inspection on 17 May 2016 to review concerns found during our previous comprehensive inspection on 20 to 23 October 2015. We inspected parts of this key question but did not rate it. Overall, there were improvements to leadership within the ED which included:

- An effective ED development plan was in place to document necessary improvements and current progress against them.
- The delivery of this development plan was being monitored with key actions having accountable clinicians to maintain an effective oversight of risks.
- Policies and procedures to support staff had improved to ensure staff understood their responsibilities whilst caring for patients.
- Departmental risks were being assessed and managed effectively.
- Whilst attendances remained high, the department appreciated the importance of developing staff and ensuring they had the appropriate training for their roles, ensuring that staff attended necessary courses and training.
- Staff engagement had improved within the department.
- Data collection and its use to monitor and improve the service had improved within the ED.

However, we found that:

- Some leaders felt that the improvements in the ED had had to been made without the full support of other specialties in the hospital.

Vision and strategy for this service

- We did not gather evidence for this as part of the inspection.

Governance, risk management and quality measurement

- We saw improvements in governance and risk management had occurred following our previous inspection in October 2015. Policies and procedures were more robust to ensure staff knew their roles and responsibilities within the department. This included the triage process, assessment completion and escalation procedures if a patient deteriorated. The department's risk register reflected the risks identified at the last inspection and robust actions were in place to manage these risks.
- Following the October 2015 inspection, a development plan had been put into place within the ED. We found that this action plan documented all concerns raised, and whilst most actions were still in progress, they were reflected in practice within the ED at this inspection. All leaders in ED had a sufficient oversight of this document and were up to date with the department's progress.
- Within the ED development plan, there were 19 required developments documented: within these there were 37 associated actions with responsible operation leads identified. Out of these 37 actions, 28 were noted to be fully completed with the remainder showing actions that were on track and in line with plan's completion date.
- Data collection had also improved within the ED so performance in meeting the time to triage could be monitored more effectively.
- The divisional risk register for ED recorded 17 risks to the adult emergency department. The top three risks identified were: nursing vacancies increasing the risk of delayed initial assessment and unobserved deterioration, overcrowding within the ED, and delivery of quality indicators. Within the risk register, we saw that

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concerns raised during our previous inspection, including the failure to meet triage targets and infection control risks were detailed on the register and that clear actions to reduce the risks were recorded.

- The department provided us with the key actions and future plans to mitigate the risks and we saw that each risk contained within the risk register had an associated clinician linked to it to show ownership of the risk. Risks with a significant concern were escalated to the corporate risk register and actions also documented.
- The matron and other managers within the ED had a good knowledge of the risk register and could describe the department's risks and associated actions that were being taken.

Leadership of service

- We spoke to all leaders of the ED that were available during this inspection about how they felt the department had changed and improved following our comprehensive inspection in October 2015.
- All leaders showed a full awareness of the ED development plan and how the department was progressing against it, we were told this plan was a regularly discussed within departmental meetings and all leaders had a part to play in progressing with the improvements. A steering group had been established to assist in ED improvements.
- All leaders told us they felt significant improvements had been made within the department but some felt unsupported by the trust as a whole. Some leaders told us that they felt the ED had been left to deal with the concerns mainly by itself and the department had been identified as needing improvements when the patient flow issues were across all specialties in the hospital. Some staff said that effective working and support from other specialties in the hospital could be improved and that at times this inhibited the department moving forward and improving.
- Leaders within the ED said that they were unable to meet the four hour target and that this was due to a lack of involvement and shared ownership from other directorates within the trust reducing patient flow out of the department. It was the perception of leaders within ED that communication and involvement of surgical

teams did not work well and that there was a barrier in ensuring patients were seen in a timely way by the surgical team. This meant that patients did not reach the correct destination at the earliest opportunity. We raised this with the executive team on the day of the inspection who told us of the trust's longer term plans to address this issue.

Culture within the service

- We spoke with several members of staff who said that morale had improved since our previous inspection. We saw a comment displayed in the staff room, which said: "The place has improved beyond recognition in the last year". Staff within the department were open to ideas and there was a strong band 7 leadership team.
- The matron told us that the handover sheets had improved communication between the Band 7's within the department. The information regarding staffing and escalation issues was also fed back to the senior management team at departmental meetings, which led to further improved communication and team working.
- Senior leaders within the department also told us they felt that the overall culture and morale had improved since inspection and that all staff groups worked together more effectively within the department.

Public engagement

- We did not gather evidence for this as part of the inspection.


Staff engagement

- The adult ED had recently introduced an 'away day' and all staff were encouraged to attend. On the day of our inspection, one away day had taken place and a further four were scheduled. The away day was attended by a variety of staff who worked within the ED to encourage multidisciplinary working. It included education and mandatory training, team building exercises and a discussion on roles and responsibilities.

Innovation, improvement and sustainability

- We did not gather evidence for this as part of the inspection.

Services for children and young people

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	Requires improvement 

Information about the service

The children and young people's services at the Lister Hospital cared for children and young people up to and including age 16 years and young people under the Child and Adolescent Mental Health Service (CAMHS) up to and including age 17 years. The service included 20-bedded children's inpatient care on Bluebell Ward.

We undertook a focused unannounced inspection on 17 May 2016. We visited Bluebell Ward and focused on areas of concern from our previous comprehensive inspection in October 2015. These included; nursing staffing levels and skills, equipment, infection control practices, documentation and leadership. Therefore, not all parts of each key question were inspected. The service on Bluebell Ward was inspected but not rated.

We talked with eight patients and parents and nine staff, including nurses, doctors, managers and support staff. We observed the care provided and interactions between patients and staff. We reviewed the environment and observed infection prevention and control practices. We reviewed healthcare records and charts associated with five patients and other supporting information supplied by the trust.

Summary of findings

We carried out a focused inspection on 17 May 2016 to review concerns found during our previous comprehensive inspection on 20 to 23 October 2015. We inspected parts of the five key questions but did not rate them. This was a focused inspection of Bluebell Ward and we did not give the service an overall rating. Overall, we observed the following improvements had been made since our last inspection:

- The care being provided to children with complex care needs, demonstrated learning from incidents had taken place and improvements had been implemented.
- Staff were using a paediatric early warning score (PEWS) chart appropriately to identify early signs that a child was at risk of deteriorating. The use of PEWS was being monitored through regular audits.
- The ward had recently introduced the NHS children and young people's safety thermometer to measure harm free care and to drive improvements.
- The ward was visibly clean and staff followed infection prevention and control guidelines in accordance with trust policy.
- There was the appropriate amount and type of medical equipment on the ward to meet the needs of the patients.
- Actual nurse staffing met patients' needs on the day of the inspection. After our previous inspection, nurse staffing levels had increased. However, recruitment was ongoing so there was a reliance on agency and bank staff to maintain the planned rota.
- Patients and parents told us that pain was regularly assessed and well controlled.

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- There had been an improvement in the number of staff that were trained to care for a child with complex needs.
- Generally, we observed staff treating patients and their family members with dignity and respect.
- Parents told us they were fully involved in plans of care for their children and were provided with appropriate information.
- Following our previous inspection, the trust had an improvement plan for children and young people's services. We found there had generally been progress with improvements, for example, the ward had introduced an acuity tool to plan staffing to meet the dependency of patients.
- The service's risk register reflected the key risks highlighted on the improvement plan and was being reviewed and updated regularly.
- Since February 2016, an educational facilitator had been supporting the ward team, working with the ward manager and focusing on leadership, support and staff engagement.
- The culture on the ward had improved and we observed respectful, professional interactions between medical and nursing teams.

However, we found:

- The improvement plan for children and young people's services stated that actions related to equipment on Bluebell Ward were fully implemented. However, some of the equipment had not been maintained correctly. We were not assured that processes had been put in place to ensure that medical equipment was being serviced and therefore safe to use. We escalated this to the trust during the inspection and immediate actions were taken with new monitoring processes set up immediately.
- There was not always evidence that bank and agency staff had received a local induction to familiarise them with working on Bluebell Ward.
- There were further improvements required regarding staff training for example; senior trained nurses were required to attend advanced life support courses. In the meantime, appropriately trained staff from the children's emergency department and assessment units were available to support the ward.

- A strategy and vision for the children and young people's service was under development.
- At the time of the inspection, there was not a non-executive director representing the children and young people's service on the trust board.
- A parent of a young baby who has been cared for on the ward had not been offered breakfast.
- One member of staff had referred to a child who appeared distressed as 'naughty' when talking with inspectors.

Services for children and young people

Are services for children and young people safe?

We carried out a focused inspection on 17 May 2016 to review concerns found during our previous comprehensive inspection on 20 to 23 October 2015. We have not rated the service for safe and elements of this key question were not inspected. Overall, we observed the following improvements had been made since our last inspection on Bluebell ward:

- The care being provided to children with complex care needs, demonstrated learning from incidents had taken place and improvements had been implemented.
- Staff were using a paediatric early warning score (PEWS) chart appropriately to identify early signs that a child was at risk of deteriorating. The use of PEWS was being monitored through regular audits.
- The ward had recently introduced the NHS children and young people's safety thermometer to measure harm free care and to drive improvements.
- The ward was visibly clean and staff followed infection prevention and control guidelines in accordance with trust policy.
- There was the appropriate amount and type of medical equipment on the ward to meet the needs of the patients.
- Actual nurse staffing met patients' needs on the day of the inspection. Further to our previous inspection, nurse staffing levels had increased. However, recruitment was ongoing so there was a reliance on agency and bank staff to maintain the planned rota.

However, we found that:

- Some of the equipment had not been maintained correctly and was not labelled as clean to use. We escalated this to the trust on the day of the inspection and immediate actions were taken, including a full inventory check. All the equipment found in use on the ward was within service date.
- There was not always evidence that bank and agency staff had received a local induction to familiarise them with working on Bluebell Ward.

Incidents

- During our previous comprehensive inspection, we found that the service was going through a significant

change and improvement programme following five serious incidents reported over an 18-month period. Improvements were required in the procedures to manage children whose condition was at risk of deteriorating and to ensure all staff had the necessary skills to both identify and manage the deteriorating child.

- During the focused inspection, we found that the service had taken a series of actions to improve the safety and quality of care and treatment provided for the children on the ward, in response to learning from incidents. These actions included additional staff training and competencies for caring for the children with complex needs. For example, a child had been admitted to Bluebell Ward during the inspection, with complex care needs, including requiring an artificial airway. We found that the appropriate staff, equipment and care plans were in place, demonstrating that the ward were able to meet the needs of this child and learning from previous incidents had taken place.
- The ward used an electronic system to report incidents. From November 2015 to April 2016, 103 incidents were reported, which was an increase from the same period in the previous year, when staff reported 78 incidents. There were no serious incidents reported regarding Bluebell Ward during this time (November 2015 to April 2016).
- Incidents that had been reported by Bluebell Ward were shared during a staff meeting (April 2016) and we saw evidence that these had been discussed and areas highlighted for action and awareness in the minutes.

Safety thermometer

- During our previous comprehensive inspection, the service did not use the NHS children and young people's safety thermometer.
- During the focused inspection, we found that the service were contributing to the NHS children and young people's safety thermometer, which focused on children's safety issues and included areas such as deterioration of a child's condition, whether an intravenous cannula had come out, pain scores and skin integrity.
- Monthly data had been collected since November 2015 and the overall safety indicators showed a generally improving performance. For example, the proportion of

Services for children and young people

patients with 'harm free' care in November 2015 was 57% and in April 2016, it was 100%. However, the results of the safety thermometer were not on display in the ward.

Cleanliness, infection control and hygiene

- During our previous comprehensive inspection, we found that the ward was visibly clean. However, medical staff did not always follow the trust's infection prevention and control policy and we observed poor hand hygiene amongst medical staff.
- During the focused inspection, we found that the ward was visibly clean and was generally tidy and uncluttered. The dirty utility area was particularly clean and well organised.
- There were hand sanitisers at every bed space and at other points throughout the ward. However, we found one empty hand sanitiser dispenser. We brought this to the attention of the ward manager and it was filled immediately.
- We saw staff adhere to handwashing procedures and the use of hand gel. We saw that nursing and medical staff washed their hands and used hand gel between patients, adhered to the 'bare below the elbow' trust policy and correctly used personal protective equipment such as aprons and gloves.
- Staff reported their standard practice was to clean items of equipment before and after use and label them as cleaned. However, not all equipment was labelled to indicate that it was clean. For example, eight out of 19 infusion pumps in the clean utility room were not labelled as clean. This meant that staff could not be sure that all equipment was clean and ready to use. We informed a member of nursing staff and the items were promptly cleaned and labelled.
- The ward used disposable privacy curtains between bed spaces. We found they were visibly clean and were clearly labelled with the date they were changed. This complied with the trust policy.
- Cleaning schedules were found throughout the ward, showing consistent completion of dates and times of cleaning.
- The ward undertook local audits of hand hygiene practice. This indicated 100% compliance for March and April 2016.
- During our previous comprehensive inspection, we observed on a number of occasions the double doors were left open to Bluebell Ward and children could easily roam out onto the corridor. We also found that the ward lacked sufficient equipment. For example, the trust found that 11 pieces of equipment that monitored the amount of oxygen there was in the blood were not working and subsequently were condemned following a serious incident. Six cardiac monitors and blood pressure monitors also needed replacement.
- During the focused inspection, the entrance to the children's unit, where Bluebell Ward was located, had a lockable sliding door. Following our previous inspection, a further swipe access door had been put in place for Bluebell Ward. Staff were able to access doors through use of codes or swipe cards. Access for visitors was via an intercom system. We observed that the doors to the unit and Bluebell Ward were kept closed appropriately. This meant that the clinical areas were secure.
- During the focused inspection, we found there was appropriate equipment available in the event of an emergency, including a paediatric resuscitation trolley. This was consistently checked on a daily basis. However, whilst the contents of the boxes that contained tracheostomy kit were all in usable date, staff were not always recording the required monthly checks. This meant that there was a risk that equipment would not be available when required.
- On the day of the inspection, we found that medical equipment on the ward and in use was well maintained and of the appropriate amount and type to meet the needs of the patients. However, in the ward's storerooms, we found some items that had not been appropriately maintained. For example, four out of 16 infusion pumps were past their service dates. This meant that we were not assured that appropriate processes were in place to ensure that medical equipment was appropriately maintained and safe to use.
- We discussed our findings with electronics and biomedical engineering (EBME) staff who were present on the ward. They immediately replaced or removed the equipment that had not been serviced. We also raised our concerns with the trust executive team and an audit of all medical equipment on Bluebell Ward took place within three working days of the inspection. During the audit, 134 pieces of equipment were located and all

Environment and equipment

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were found to have been within their service date. We requested an update from the trust about 33 items of equipment that were found to be missing. Detailed information was provided, outlining that a further 16 items had been found (six of which were condemned). The remaining 17 missing items had been risk assessed to consider whether they were needed for patients on Bluebell Ward. The majority of the missing items were not considered essential and three items were being replaced. Ongoing monthly audits of equipment were planned and a new process for when equipment was taken from the ward had been drafted.

Medicines

- We did not gather evidence for this as part of the inspection.

Records

- During our previous comprehensive inspection, we found the overall standard of documentation was poor.
- During the focused inspection, we checked healthcare records associated with five patients including multiple paediatric early warning scoring tool (PEWS) charts and medical and nursing staff documentation. The documents we looked at were fully completed, accurate and legible.
- The trust told us that they were working hard at improving the standard of patient documentation on Bluebell Ward. This was being monitored by weekly quality audit checks. Results of recent audits (January to March 2016) were provided and showed that 100% of nursing documentation entries were legible and contained no abbreviations and 95% were signed.

Safeguarding

- We did not gather evidence for this as part of the inspection.

Mandatory training

- During our previous comprehensive inspection, we found an overall compliance of 94% with mandatory training.
- During the focused inspection, the overall percentage of ward nursing staff on Bluebell Ward who were up-to-date with mandatory training (April 2016) was in line with the trust target (90%).

Assessing and responding to patient risk

- During our previous comprehensive inspection, we found that work was in progress with improvements to procedures to assess children whose condition was at risk of deteriorating and to ensure all staff had the necessary skills to both identify and manage the deteriorating child.
- During our focused inspection, we found that the ward had changed the tool they were using to identify early signs that a child's condition was at risk of deteriorating. The staff used a paediatric early warning score (PEWS) system, which was incorporated into the patient's observation chart. When observations including temperature, heart rate and respiratory rate were documented on the chart, a risk score could be calculated to indicate a potential change in the child's condition. There were different PEWS charts related to the age of the patient. There was a graded escalation aid on the reverse of the chart. For example, if the score generated was three, staff were prompted to request the patient to be reviewed by the nurse in charge of the ward and a doctor.
- The escalation aid also incorporated a tool called SBAR (situation, background, assessment and recommendation) to assist with effective communication.
- Internal audits of completion of PEWS on Bluebell Ward in April 2016 indicated 100% compliance. It also showed that when a PEWS score had been raised, appropriate escalation had been documented.
- Senior staff shared new draft copies of PEWS charts with inspectors. The charts were being adapted to include other items including pain assessment and wound site checks.
- We checked 14 PEWS charts and found that they were overall appropriately completed. We found one chart where the score had not been calculated correctly. This was discussed with the trained nurse looking after the patient, who agreed that the score was incorrect. However, the score had not affected the care the child had received.
- We reviewed PEWS charts for evidence of appropriate escalation of concerns. There were three episodes of clinical deterioration noted that had triggered PEWS escalation. Two of these episodes had corresponding escalation actions documented on the PEWS chart. The third escalation was not documented on the PEWS chart. However, we found that the episode was

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documented in the corresponding healthcare records. We found that a doctor had reviewed the patient and there was a plan of care in place for the time of the rise in PEWS score. This meant that staff were escalating concerns regarding children's observations, guided by the PEWS.

- We spoke with a trained nurse, who told us they used the PEWS tool along with their professional expertise to monitor the clinical condition of children in their care.
- We checked healthcare records associated with five patients including risk assessments. We found nine out of ten risk assessments had been completed fully. We brought the incomplete assessment that was related to nutritional risk, to the attention of the nurse in charge during the inspection.
- On the day of inspection, we found that staff had appropriately considered the risks related to the care of a patient with complex care needs, which included requiring an artificial airway. For example:
 - The child was cared for on a one to one basis and continually supervised.
 - The nurse caring for the patient confirmed that they had the appropriate training to care for the patient.
 - There was a checklist to ensure the essential equipment was in place.
 - Equipment including oxygen supply, suction and oxygen equipment was available at the bedside.
 - There was an emergency box of equipment available by the bedside.
 - The patient was continually monitored, including saturation of oxygen and heart rate.
 - Next to the cot was a notice board, containing individualised key safety information.
 - Emergency guidelines were on display at the bedside.
 - There was a care plan individualised to the patient's specific needs.

Nursing staffing

- During our previous comprehensive inspection, we found that nursing staffing was being supported by the matron. This was to provide support such as decision making relating to staffing levels and movement of staff throughout the unit. Also, the service at this time did not use a formal acuity tool to assess nurse staffing requirements.
- During our focused inspection, we found that the number of trained staff had been increased on the Bluebell Ward. This meant there was an extra trained nurse planned for each night shift.
- On the day of the inspection, the actual staffing of the ward met the planned numbers and skill mix. However, this was being achieved through employing temporary staff (three out of seven staff on duty).
- Quality indicators, including those related to staffing, were monitored on a monthly basis. This showed for April 2016, the funded whole time equivalent (WTE) for Bluebell Ward was 31.7 and the actual WTE was 26.6 The percentage of agency nurses employed in April 2016 was 20% and bank nurses was 8.5%. The staff sickness rate was 7%, which was higher than the trust target (3.5% or lower). Also, almost 17% of shifts in the month, were classed a red flagged (short staffed).
- We checked staffing rotas. These showed that a baseline level of two to three substantive trained nurses were planned for each shift. This reduced the risk of shifts being covered entirely with temporary staff, who may have been unfamiliar with the ward.
- Acuity tools had been implemented in April 2016 to measure the dependency of the patients and assess the staffing needs. Staff assessed the patients' acuity each shift and collected this information electronically. This information was also put on the ward's whiteboard. The ward staff had been using the acuity tool on a trial basis for a month and were making adjustments to ensure that it worked as effectively as possible. Staff were able to access information from the system and share with the inspectors. This included the nurse to patient ratio on a particular day and the percentage of temporary staff employed. Senior staff were pleased with the progress they were making in this area.
- The acuity tool indicated that 45% of staff were temporary (either bank or agency) during a 24 hour period in the week prior to the inspection. Although most shifts had temporary staff cover, we were told they were often nurses who knew the ward well and worked there regularly. For example, a trained agency nurse told us that they were very familiar with the ward and had worked shifts there for over two years.
- During the inspection, we saw that there were local induction forms to be completed for temporary staff (agency or bank). The trust policy stated a local induction should be carried at the start of the shift unless the member of staff has already worked a in the

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same location within the last 365 days. The trust provided a breakdown of the number of bank and agency staff that had worked on the ward from March and May 2016. On average 46 members of temporary staff had worked on the ward each month. The trust found evidence of a completed local induction in many cases, with a monthly compliance rate of between 79% and 82%. However, the trust acknowledged that actions were needed to improve this compliance level. These included the ward manager monitoring and keeping records of all flexible workers who have received induction to the ward and the matron and nursing services manager receiving weekly compliance data. These actions were due to be monitored by including them within the overall improvement plan for children and young people's services.

- The ward had a staff vacancy rate of 16% (April 2016). We were informed that recruitment of trained nursing staff was ongoing. They were aiming to appoint seven new trained nurses by September 2016. These included an agency nurse taking a permanent position on the ward and a return to practice nurse.

Medical staffing

- We did not gather evidence for this as part of the inspection.

Major incident awareness and training

- We did not gather evidence for this as part of the inspection.

Are services for children and young people effective?

We carried out a focused inspection on 17 May 2016 to review concerns found during our previous comprehensive inspection on 20 to 23 October 2015. We have not rated the service for effective and elements of this key question were not inspected. Overall, we observed the following improvements had been made since our last inspection on Bluebell ward:

- Patients and parents told us that pain was regularly assessed and well controlled.
- There had been an improvement in the number of staff that were trained to care for children with complex needs.

However, we found that:

- There were further improvements required regarding staff training for example; senior trained nurses were required to attend advanced life support courses. In the meantime, appropriately trained staff on children's emergency department and assessment units were available to support the ward.

Evidence-based care and treatment

- We did not gather evidence for this as part of the inspection.

Pain relief

- We asked six patients and their parents about their experiences of pain relief on Bluebell Ward. They all told us that staff monitored and assessed pain regularly and they felt their pain was well controlled.
- Safety thermometer data showed that the majority of patients were not in pain when monthly audits took place.
- A pain score tool was being included in the new versions of PEWS charts we saw in draft on the ward.

Nutrition and hydration

- We did not gather evidence for this as part of the inspection.

Patient outcomes

- We did not gather evidence for this as part of the inspection.

Competent staff

- During our previous comprehensive inspection, due to a number of incidents relating to lack of staff knowledge, two senior nurses were seconded to Bluebell Ward to support staff until training plans were established. The training plans included all band six nurses attending Advanced Paediatric Life Support (APLS) courses and all staff to have training in resuscitation equipment. Trained staff were also to receive training regarding care of patients with tracheostomy and non-invasive respiratory support.
- During the focused inspection, the ward manager explained that all the substantive qualified staff had completed the training and associated competencies to care for patients with complex needs, such as requiring non-invasive respiratory support or having a

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tracheostomy. Therefore, there should be two nursing staff on each shift that were trained to care for these types of patient. A spreadsheet was maintained by the ward manager, in order to monitor ongoing compliance with training. This demonstrated there had been a significant increase in the number of staff who had attended training, following our previous inspection. We found that there had been progress with training plans including:

- We found that 11 out of 25 staff had received training on the use of resuscitation equipment and 17 out of 23 (trained nurses) had been trained in the use of emergency treatment calculations for resuscitation of children.
- All but two trained nurses had received training in the use of continuous positive airway pressure (CPAP- a type of non-invasive respiratory support) including new types of respiratory support equipment used on the ward.
- All trained nursing staff but one has completed the tracheostomy training.
- 15 trained nursing staff had completed central venous access device training.
- Eight staff had attended a revised Paediatric intermediate Life Support (PILS) programme since October 2015 with two more staff due to attend in June 2016. This course included recognition and initial management of the seriously ill child and skill stations to practice airway management, care of the choking child, emergency circulatory access, fluid administration and medicines.
- However, the plan for all band six nurses to attend an Advanced Paediatric Life Support (APLS) course by April 2016 had not been achieved. The trust explained that places on external APLS training courses were limited and a member of the team had been unable to complete the course as planned in November 2015 due to illness. The trust had therefore arranged for in house APLS training in November 2016 and two additional spaces had been secured on the APLS course being run in Cambridge in December 2016. In the meantime, to reduce the risk of not having staff on duty with the appropriate training, three members of staff had accessed a paediatric high dependency course (two were awaiting the results and one had started). Also, to ensure appropriately trained staff are available to support staff with a deteriorating patient on Bluebell Ward; all of the band six nurses (except a new member

of the team) working in either the children's emergency department or the children's assessment unit, have attended an APLS course. They would attend any resuscitation situation and assist with a deteriorating child on Bluebell when required.

- Staffing rotas we checked showed evidence of nurses being allocated time to attend training.
- During the previous comprehensive inspection, we found that the staff appraisal rate on Bluebell Ward was 78% (August 2015). During the focused inspection, this had improved with 83% of nursing staff having an appraisal in the last twelve months (April 2016). However, this did not yet meet the trust's target for appraisal completion which was 90% or higher.

Multidisciplinary working

- We did not gather evidence for this as part of the inspection.

Seven-day services

- We did not gather evidence for this as part of the inspection.

Access to information

- We did not gather evidence for this as part of the inspection.

Consent

- We did not gather evidence for this as part of the inspection.

Are services for children and young people caring?

We have not rated the service for caring. This was a focused inspection of Bluebell Ward and elements of this key question were not inspected. We found that:

- We observed staff treating patients and their family members with dignity and respect.
- Parents told us they were fully involved in plans of care for their children and were provided with appropriate information.

However, we found that:

- A parent of a young baby who has been cared for on the ward had not been offered breakfast.

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- One member of staff had referred to a child who appeared distressed as 'naughty' when talking with inspectors.

Compassionate care

- Nursing staff were observed to be caring and compassionate in their interactions with patients and their families.
- Staff were observed to be respectful and patients were treated with dignity.
- We spoke with eight patients and their parents. The majority reported that the staff were kind, caring and responded to their needs. However, a parent of a young baby told us they had not been offered breakfast and they were feeling uncomfortable. They also asked the inspector for a towel so that they could have a wash. We raised this with ward staff who told us that the ward policy was to offer meals to mothers with children aged less than six months. The staff apologised to the parent and ensured that a towel and meals were provided.
- During our inspection, a patient appeared distressed and was difficult to settle. We discussed strategies that ward staff used when a child was upset. The play specialists were often requested to assist in these situations. On this occasion, the play specialist on duty was settling another anxious child on the ward. A member of medical staff later praised the trained nurse for managing to calm the child down. However, another member of staff had referred to the child as 'naughty' when talking with inspectors. This comment was not appropriate and we informed senior managers of this during the inspection. In response, the nursing services manager approached the child's parent following our inspection. The parent was satisfied with the child's care and no concerns were raised regarding staff behaviour on Bluebell Ward.
- The NHS Friends and Family Test (FFT) were questions asking patients and relatives if they would recommend the ward to their family and friends. The number of patients or relatives who would recommend Bluebell Ward from January to April 2016 ranged from 50-100%. However, the number of patients or relatives that responded to the survey was low, with one to 12% of those discharged taking part. There were twenty five comments captured during the surveys and they

contained a mixture of views. The positive comments were often about the friendly ward staff. Negative comments included areas such as noise on the ward and the quality of the food.

Understanding and involvement of patients and those close to them

- We spoke to eight patients and their parents. They felt involved in the planning, treatment and care of their child. They all said that communication was good. One child showed us how he could use the call bell to alert a member of staff when needed.
- The parents we spoke with told us they had been provided with all the information they needed and felt able to ask any questions.

Emotional support

- A parent with told us that the medical staff had been very honest and open with them when recently delivering bad news. Although they were upset, they greatly appreciated the open and transparent approach.

Are services for children and young people responsive?

We have not rated the service for responsive. This was a focused inspection of Bluebell Ward and this key question was not inspected.

Service planning and delivery to meet the needs of local people

- We did not gather evidence for this as part of the inspection.

Access and flow

- We did not gather evidence for this as part of the inspection.

Meeting people's individual needs

- We did not gather evidence for this as part of the inspection.

Learning from complaints and concerns

- We did not gather evidence for this as part of the inspection.

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Are services for children and young people well-led?

We carried out a focused inspection on 17 May 2016 to review concerns found during our previous comprehensive inspection on 20 to 23 October 2015. We have not rated the service for being well-led and elements of this key question were not inspected. Overall, we observed the following improvements had been made since our last inspection on Bluebell ward:

- Following our previous inspection, the trust had developed an improvement plan for children and young people's services. We found there had been progress in addressing the concerns raised in our previous inspection. For example, the ward had introduced an acuity tool to plan staffing to meet the dependency of patients.
- The services risk register reflected the key risks highlighted on the improvement plan and was being reviewed and updated regularly.
- Since February 2016, an educational facilitator had been supporting the ward team, working with the ward manager and focusing on leadership, support and staff engagement.
- The culture on the ward had improved and we observed respectful, professional interactions between medical and nursing teams.

However, we found that:

- The improvement plan for children and young people's services stated that actions related to equipment on Bluebell Ward were fully implemented. However, we were not assured that processes had been put in place to ensure that medical equipment was being correctly maintained and therefore safe to use. We escalated this to the trust during the inspection and immediate actions were taken and a new monitoring process immediately put in place.
- A strategy and vision for the children and young people's service was under development.
- At the time of the inspection, there was not a non-executive director representing the children and young people's service on the trust board.

Vision and strategy for this service

- During our previous comprehensive inspection, we found that although there was a strategy for the service, further development of this was required. A new strategy and vision for the children and young people's service was under development at the time of this inspection.
- The trust had an improvement plan for children and young people's services which included the development of the strategy and vision. Away days for staff were planned to involve them in its development and was due for completion by September 2016.
- Senior staff told us that the plans for the service included moving paediatric patients who required day case surgery to be cared for in the hospital's day surgery unit. It was anticipated that this would improve bed availability on Bluebell Ward for patients. This was in planning stages and was not expected to start until the end of 2016.

Governance, risk management and quality measurement

- During our previous comprehensive inspection, we found that the management of risk within the service needed to be more robust and addressed in a more timely manner.
- The trust's improvement plan for children and young people's services included reviewing of clinical framework including meetings, roles and responsibilities. The improvement plan indicated that this had been addressed in April 2016 and a revised structure was being re-embedded within the service. During this focused inspection, we found that the acute paediatric service was holding meetings to discuss risk management. Meeting minutes and the associated action log for a meeting in January 2016 was reviewed. The agenda included prompts to ensure incidents, complaints, risk register and updates to action plans following serious incidents were discussed and monitored. Paediatric and neonatal services staff also held joint clinical governance meetings, and we reviewed the minutes of these meetings that took place in February and April 2016. These included discussions of learning from incidents and complaints received by the service.
- The trust had a quality development programme board, which monitored the progress with developing the

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service further following the comprehensive inspection. This included ensuring that all band six trained nursing staff will undertake APLS training, as this had not yet been achieved on Bluebell Ward.

- The improvement plan for children and young people's services indicated that actions had been fully implemented regarding equipment. This included reviewing and replacement of monitoring equipment and ensuring that an inventory system for equipment was in place. There was an equipment inventory list in use on Bluebell Ward. However, we found that some items of medical equipment had not been maintained in the appropriate timeframe. This meant that we were not assured that appropriate processes had been put in place as stated in the improvement plan. We discussed our findings with members of the executive management team during the inspection. A full audit of equipment on Bluebell Ward was arranged. The trust informed us that the results of the audit would be reported to the medical devices committee and the divisional board of clinical support services.
- There was a risk register for acute paediatric services, which included Bluebell Ward. There were seven risks listed and they included many areas highlighted on the services improvement plan. For example, risks relating to the security of the ward and appropriate care for patients with high dependency needs were documented. There was evidence of regular review of risks and updates being added.

Leadership of service

- During our previous comprehensive inspection, we found that the leadership of the service had not been effective in addressing known areas of risk. There was a non-executive director who had responsibility for championing children's services at board level but staff providing care for children did not know who this person was and had not seen the non-executive on the ward.
- At our focused inspection, there was not a non-executive director representing the children and young people's service on the trust board. The board were looking into appointing to this position. However, the director of nursing undertook the role of the children's champion at the trust.

- Bluebell Ward was led by the ward manager along with relevant clinical leads. The nursing services manager had overall responsibility for services for children and young people at the trust.
- We spoke with a senior nurse who was working in a role of educational facilitator. Since February 2016, they had been supporting the ward team. This involved working with the ward manager once a week focusing on leadership, support and staff engagement. The educational facilitator had gathered baseline information from the ward, including a staff survey. They felt that significant progress with improvements on the ward had been made in a short space of time.

Culture within the service

- During our previous comprehensive inspection, we spoke with staff who told us the culture of Bluebell Ward was hierarchical and narrow minded. Three staff told us medical staff did not communicate with junior nursing staff, which made staff feel they were ordered about rather than communicated with.
- At our focused inspection, we found that the culture on the ward appeared to have improved. We observed effective communication and good, respectful rapport between nurses and medical staff.
- The trust had secured funding for a culture change programme for continuing improvement in the children and young people's service.

Public engagement

- The NHS Friends and Family Test response rate for Bluebell Ward was noted to be low (one to 12% January to April 2016). The trust stated they were identifying a role to take the lead for patient experience for children and young people's services.

Staff engagement

- During our previous comprehensive inspection, staff told us they rarely saw a member of the executive team apart from the Director of Nursing who was seen on Bluebell Ward regularly.
- We spoke with staff on Bluebell Ward during the focused inspection. We found that staff morale generally seemed to have improved on the ward since the previous inspection.

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- Senior staff told us there had been an increase in engagement with the children and young people's services staff by members of the executive team, since the previous inspection.
 - There was a ward meeting in April 2016, which was the first one of the year. It was held in the early evening to enable staff to attend. Minutes showed that five members of staff attended and discussions took place regarding, appraisals and training, sickness management, incidents, audits and the acuity tool. Further meetings were planned for every other month.
 - The staff survey results (2015) for the women and children division, which included Bluebell Ward, were encouraging with positive performance noted regarding appraisal rate and confidence in reporting unsafe clinical practice. However, there were key areas the division were focusing on, including staff working extra hours and feeling pressure to attend work when feeling unwell. The division provided an action plan, which was in progress to address issues raised.
- Innovation, improvement and sustainability**
- Following our recent inspection, the trust had developed an improvement plan for children and young people's services. We found there had been progress and improvements made including:
 - The introduction of the NHS children and young people's safety thermometer.
 - Infection control and hand hygiene compliance.
 - Training to care for patients with complex needs.
 - Increased trained nurse staffing at night.
 - The introduction of an acuity tool.
 - Use of PEWS.
 - SBAR escalation aid (part of PEWS).
 - Improving team culture.
 - Appropriate type and amount of equipment for the needs of patients.
 - Improved security of Bluebell Ward.
 - However, there were remaining areas that required improvement. These included:
 - There was not a member of staff on each shift who had completed a paediatric advanced life support course.
 - Having effective processes in place to monitor and ensure medical equipment was maintained correctly.
 - Having effective processes in place to monitor and ensure bank and agency staff receive a local induction to familiarise them with working on Bluebell Ward.
 - There was not a non-executive director representing the children and young people's service on the trust board.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

Areas for improvement identified in the previous inspection remain in place.

- To improve staff understanding of duty of candour.
 - To ensure that the ED mental health room is always used in line with trust policy.
 - To continue to develop appropriate systems to be able to monitor the time to initial clinical assessment for patients within the department.
 - To ensure effective processes are in place to ensure that medical equipment in storage is correctly maintained and available for use.
- To ensure bank and agency staff working on Bluebell Ward receive a local induction that is recorded.
 - To ensure staff on Bluebell ward receive appropriate training including advanced life support to provide care for patients with high dependency needs or in clinical emergencies.
 - To ensure there is a non-executive director representing the children and young people's service on the trust board.