

# South Tees Hospitals NHS Foundation Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Requires improvement 

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

# Summary of findings

## Combined quality and resource rating

Requires improvement 

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

## Background to the trust

The South Tees Hospitals NHS Foundation Trust provides specialist, acute and community services to a population of 1.5 million people. The trust has nine locations registered with CQC; it operates from two acute hospital sites and a number of community sites. The trust provides specialist regional services for people in the Tees Valley and the wider area including parts of Durham, North Yorkshire and Cumbria.

The health and life expectancy of people in the Middlesbrough area is generally worse than the England average. Deprivation is worse than the England average and there are higher numbers of children living in poverty.

CQC carried out a comprehensive inspection of the trust in December 2014 where we inspected all core services and rated the trust as requires improvement overall. We carried out a follow up inspection in 2016 of the core services that required improvement. At the 2016 inspection we rated safe, effective, caring, responsive and well-led as good. We rated the trust as good overall.

We found in 2014 the trust was in breach of regulations and issued requirement notices regarding regulation 17: Good governance and regulation 18: Staffing. The trust had produced an action plan to address these. Some of the actions were completed and others were ongoing at the time of the 2019 inspection.

## Overall summary

Our rating of this trust went down since our last inspection. We rated it as **Requires improvement**  

## What this trust does

The two main hospital sites are James Cook University Hospital in Middlesbrough and Friarage Hospital in Northallerton; these provide acute services. The trust also delivers community services in Hambleton, Redcar, Richmondshire, Middlesbrough and Cleveland.

In total, the trust has approximately 1,350 beds across two acute hospitals and community and employs around 9,000 staff. The trust provides urgent and emergency services, medical services, surgical services, critical care services, maternity services, children and young people's services, end of life care and outpatient & diagnostic services. The James Cook University hospital is identified as a regional major trauma centre. Community services included:

- Minor injury unit
- Community inpatients
- Community adults
- Community midwifery
- Community end of life care and

# Summary of findings

- Community children and young people

It has a purpose-built academic centre with medical students and nursing and midwifery students undertaking their clinical placements on site.

In the 12 months from August 2017 – July 2018 data showed that the trust had the following bed days:

- 137,628 (very high compared nationally) inpatient admissions;
  - Medical Care
    - 75,187 admissions (**very high** when compared nationally)
    - 2,583 Elective admissions
    - 32,439 Emergency admissions
    - 40,165 Day case
  - Surgery
    - 10,500 Elective admissions (**very high** when compared nationally)
    - 11,510 emergency admissions (**high** when compared nationally)
    - 26,188 day admissions (**high** when compared nationally)
  - Urgent & Emergency
    - 138,534 A&E attendances (**high** when compared nationally)
    - 30,161 attendees arriving by ambulance
    - 24,655 A&E attendances admitted
  - End of life care
    - 2,029 in-hospital deaths (**very high** when compared nationally)
  - Children & Young People
    - 13,504 admissions (**high** when compared nationally)
  - Outpatients
    - 910,916 Outpatient attendances (**high** when compared nationally)
  - Maternity (Jul17 – Jun18)
    - 4,890 deliveries (**high** when compared nationally)
    - Caesarean section rate 24.8% (**very low** when compared nationally)
    - Instrumental delivery rate 9.7% (**very low** when compared nationally)
    - Non-instrumental delivery rate 65.5% (**very high** when compared nationally)

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

# Summary of findings

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

## What we inspected and why

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

From the 15 to 17 January 2019 and 5 to 7 February 2019 we carried out a planned unannounced inspection of urgent and emergency care, medical, surgical and diagnostics services provided by this trust, as part of our continual checks on the safety and quality of health care services.

A further announced inspection took place between 5 to 7 February 2019 where we looked at the quality of leadership at the trust and how well the trust managed the governance of its services. At this inspection we identified concerns about the critical care services which prompted us to carry out an unannounced inspection of critical care from the 21 to 23 February 2019.

We inspected urgent and emergency services at the trust as attendances were high when compared nationally, there was variable performance in the national Royal College audits, the trust was a major trauma centre, and there was a mortality outlier alert for intracranial injury. The two sites shared management and some staffing.

We inspected medical services at both James Cook University Hospital and Friarage Hospital as admissions were high when compared nationally, the trust was a mortality outlier for chronic renal failure, the majority of serious incidents occurred in medicine, there were a number of historical CQC actions the trust SHOULD take to improve services and the highest number of concerns raised with CQC related to medical services.

We inspected surgical services at James Cook University Hospital and Friarage Hospital because admissions were high when compared nationally; there had been a number of never events, mostly in surgery at the trust; there was variable performance in the national surgical audits, and there were historical CQC actions the trust SHOULD take to improve services.

We inspected diagnostics services at James Cook University Hospital and Friarage Hospital because there had been some significant serious incidents; data indicated staffing concerns and there were a number of historical CQC actions the trust SHOULD take to improve services

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

## What we found

### Overall trust

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

- We rated well-led at the trust level as requires improvement.
- At trust level we rated safe, effective and well-led as requires improvement with caring and responsive as good.
- The ratings went down for some services and domains. Both James Cook and Friarage hospitals were rated as Requires improvement overall.

# Summary of findings

- Critical care services had deteriorated significantly since the last inspection. We found them to be inadequate in Safe at both acute hospitals and requiring improvement in effective, responsive and well led. Caring remained Good at James Cook University hospital. We did not have enough evidence to rate caring at the Friarage hospital.
- The overall rating for urgent and emergency care at the Friarage deteriorated to requires improvement overall.
- The well led rating in surgery at both sites went down to requires improvement.
- The safe domain in medicine and urgent and emergency care at James Cook hospital went down one rating to requires improvement.
- Diagnostic imaging services at both acute sites were rated as requires improvement overall.
- Patients and carers gave positive feedback about the care they received.
- Community services were not inspected; their previous rating was Good overall.
- In rating the trust, we took into account the current ratings of the other services not inspected this time.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

## Are services safe?

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

- The safety of services had deteriorated at both acute hospital sites since the previous inspections. Critical care was rated inadequate for safe at both sites. There were two serious incidents where trust and national guidance were not followed in relation to raised NEWS scores which led to adverse outcomes for the patients involved. There had also been three serious incidents resulting in patient harm as a consequence of critical care beds not being available.
- Critical care staff were not regularly reporting incidents of staffing shortages and their impact on patient safety. We observed staffing shortages during the inspection, supernumerary coordinators were not in place in all areas and GPICS standards of 1:1 care for level three patients and 1:2 care for level two patients were not always adhered to. This posed significant risks to patients.
- The trust did not always adhere to their own guidance on the number of elective patients taken to theatre each day who required a critical care bed post operatively. This combined with the emergency demand for beds and the James Cook University hospital being a major trauma centre, meant there was a risk that there may not be capacity in critical care.
- Not all the critical care units were compliant with Health Building Note 04 02 best practice guidance. This was in relation to the size and design of some bed space areas and a limited number of isolation rooms. We also found storage areas were not locked or doors were propped open in each area we visited.
- Emergency care services did not meet the current paediatric standards for children in emergency departments: paediatric patients were not fully separated from adult patients and the dedicated paediatric areas were not secure to prevent adults from entering the area or children and young people from leaving. The designated mental health room did not meet the quality standards; it contained fixings and fittings which posed ligature and harm risks to patients, visitors and staff. There were shortages of nursing staff on rotas in urgent and emergency care.
- In medical services the medicines management surrounding reconciliation of patient medicines on admission was not robust.
- Patient records were not secure in ward areas. Records were stored in open, unlocked trolleys; whilst the trolleys did have lids with locks they were not locked.

# Summary of findings

- Mandatory training was below trust compliance for the services we inspected in some subjects, such as infection, prevention and control and safeguarding.
- The lack of radiologists impacted on delivery of the diagnostic imaging services.
- Not all diagnostic service staff were able to recognise incidents and report them appropriately. They were not effectively monitoring trends and themes from incidents. We saw incidents that had not followed the correct procedure of reporting both internally and externally.

However:

- Medical and surgical wards had sufficient staff to keep people safe from avoidable harm and to provide the right care and treatment
- Patients were assessed in the emergency department using the national early warning score which provided staff with early warning of deteriorating patients, enabling them to take the appropriate action and escalate any patient of concern to medical staff.
- Within surgical services the World Health Organisation safer surgery checks were embedded.
- Care plans and risk assessments were in place and these were completed in detail.

## Are services effective?

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

- The number of staff with the post registration award in critical care for the general HDU and ITU at the James Cook University hospital was 33%, this was below the national GPICS recommendation of 50%. The trust did not provide data for the other critical care units, so we were unable to assess compliance in these areas.
- National Audit and Research Centre (ICNARC) data was not collected for all the critical care units at the trust. This meant they could not monitor all patients care and treatment outcomes and benchmark them against similar units.
- There was limited critical care pharmacy provision across the units. This was not in line with GPICS recommendations, some areas had no specialist pharmacy input.
- The number of clinical educators in critical care compared to the number of staff was not in line with GPICS recommendations.
- Action plans we reviewed from urgent and emergency care service audits were not consistently completed, they did not have actions identified or re-audit dates included to improve performance. At the Friarage hospital the urgent and emergency care service did not participate in all the relevant national audits.
- We did not see that patients were offered food and nutrition, if required, during their attendance in urgent and emergency care.
- At Friarage hospital in medical care services we found that although initial nutritional risk assessments were completed, they were not always repeated weekly and some food and fluid charts were not fully completed.

However:

- Policies and procedures in urgent and emergency care, surgery and medical care were based on national guidance such as from the Royal Colleges and the National institute for health and care excellence (NICE).
- We saw evidence of an effective multi-disciplinary team (MDT) approach to patient care and treatment, including seeking advice and joint decision making about patients across the emergency departments and with other medical disciplines.

# Summary of findings

- Staff assessed and monitored patients regularly to see if they were in pain and provided pain relief as required.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The trust participated in national and local audits.

## Are services caring?

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

- Patients told us that they received compassionate care and that staff supported their emotional needs.
- There were examples of exceptional and excellent care provided by the Friarage surgical services staff.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Patients and relatives we spoke with told us they felt well informed by doctors and nursing staff about their condition, treatment options and plan of care.
- Spiritual and pastoral support was available to patients from the hospital chaplaincy service.

However:

- We observed that patients in the urgent and emergency care services were not consistently provided with buzzers to alert staff if they required assistance.
- The critical care units that did not have curtains in place made maintaining the privacy and dignity of patients more of a challenge.

## Are services responsive?

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

- The urgent and emergency care services performed better than the England average for the Department of Health's standard for emergency departments that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. They also performed better than the England average for the Royal College of Emergency Medicine standard that patients should wait no longer than one hour from time of arrival to receiving treatment.
- People could access the medical care and surgical services when they needed them. Waiting times from referral to treatment (RTT) and arrangements to admit, treat and discharge patients were in line with best practice and for surgery were consistently better than the England average.
- The medical and surgical services took account of patients' individual needs. Interpretation and translation services were available, and staff knew how to access them when needed. Staff, patients and relatives in these services were supported by an advisor for learning disability and autism. We saw initiatives in place to improve the care of those living with a learning disability or dementia.
- Patients were pre-assessed prior to surgery, which provided the opportunity to ask questions and facilitated informed consent.

However:

- People could not always access critical care services when they needed them. There were significant challenges with access, flow and capacity within the units. The bed occupancy had been consistently higher than the England average.



# Summary of findings

- Performance for achieving the timescales for provision of diagnostic radiology for cancer patients were not achieved.
- The average length of stay for non-elective patients in geriatric medicine at James Cook Hospital was higher than the England average.
- The critical care, diagnostic imaging and urgent and emergency care services did not always meet the needs of patients. There were challenges with some of the critical care environments and limited facilities for relatives to stay overnight. Follow up clinics for critical care were not well established and had no psychological input for patients. There was limited provision for patients with additional needs such as dementia and learning difficulty in the diagnostic imaging and urgent and emergency care services.

## Are services well-led?

Our rating of well-led went down. We rated it as requires improvement because:

- Incidents were not always reported, addressed in a timely manner or lessons learnt across the trust. Staff told us lessons learned were not shared with the whole team and the wider service. The diagnostic imaging service was not effectively monitoring trends and themes. We saw diagnostic incidents that had not followed the correct procedure of reporting both internally and externally.
- Numerous staff and doctors we spoke with felt senior managers above matron level were not visible, contactable or approachable.
- Staff morale was variable and was especially poor within critical care and surgical services.
- Staff we spoke with said they recognised the need for changes to be implemented but considered the amount of changes and speed of change in the organisation added to existing pressures.
- The risk registers for critical care and diagnostic imaging services in particular were not reflective of all the risks we identified including areas of concern from performance data. Regular review of risks and mitigating actions was also not always evident.
- We could not be assured that leaders and the corporate team understood the challenges to quality and sustainability within critical care. We lacked assurance about the training and skills of staff as information and overall compliance rates for all critical care staff was not provided.

However:

- Leadership in the urgent and emergency care services was stable and staff we spoke with felt supported by line managers and the department and centre senior management team. Staff we spoke with said that communication within the department was effective.
- Managers at core service level in medical care promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff reported a positive culture, good team working, and various avenues in which to receive and share information and concerns.
- The local leadership team in medical care had plans in place to address risks to the service, with access to information, such as monthly performance reports, to maintain quality.

## Ratings tables

The ratings tables (see page 15) show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.



# Summary of findings

## Outstanding practice

We found examples of outstanding practice in Critical care at James Cook and Medical Care and Surgery at Friarage Hospital. For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found areas for improvement including 26 breaches of legal requirements that the trust must put right. We also found things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

## Action we have taken

Following the inspection, we formally wrote to the trust under our powers requesting evidence that key patient safety risks identified by CQC specifically in relation to critical care were being effectively managed and mitigated. The trust responded and provided information around how they were now managing elective and emergency demand of critical care beds and how they were now ensuring appropriate staffing levels to meet this demand.

In addition, we issued four requirement notices to the trust. Our action related to breaches of legal requirements at a trust-wide level and in the core services we inspected.

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

## What happens next

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

## Outstanding practice

### Trust-wide

- The trust ran an extensive volunteer programme and had over 500 volunteers. Of these, 290 were therapeutic care workers. These volunteers were trained to support patients with specific needs such as those living with dementia or learning difficulties.

### In Critical care at James Cook

- There were high number of organ donors, the James Cook hospital ICU was an exemplar for donation practice.
- There were a number of projects that were focused on improving care for patients in intensive care. For example, the Enlightens study, which was looking at circadian rhythms (improving sleep patterns) and how these were affected by light. Light globes were in rooms for long stay patients; these slowly lit up as the sun rose and could also include bird song.

### In Medical Care at Friarage Hospital

- The Sir Robert Ogden Macmillan Centre opened in December 2018 at the Friarage Hospital and provided state of the art cancer care and support facilities. The centre provided a non-clinical, relaxed and supportive environment for patients and was designed and built upon lessons learnt from similar builds. The centre would enable the expansion of local cancer services. Staff we spoke with were extremely proud of the new facility and services they offered to patients.

# Summary of findings

## In Surgery at Friarage Hospital

- There were examples of exceptional and excellent care provided by the Friarage surgical services staff: they enabled a patient at the end of their life, to enjoy a special early Christmas celebration with their family, who were all accommodated through special arrangements on the ward. Staff also enabled a patient at the end of their life, to marry their partner on the ward, in accordance with their wishes.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

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

#### Trustwide:

- The trust must ensure that there are effective systems and processes to identify, assess, monitor and mitigate risks relating to the health, safety and welfare of patients and staff; especially within critical care. **(Reg 17)**
- The trust must ensure that there is effective engagement to seek and act on feedback for the purposes of continually evaluating and improving services; particularly in relation to improving engagement with all staff groups and external stakeholders including ensuring that senior managers are visible, accessible and provide the necessary support to staff. **(Reg 17)**
- The trust must ensure that the quality of record keeping is consistent and that staff maintain accurate and contemporaneous records for all patients and that patient records on the wards are stored securely when unattended. **(Reg 17)**
- The trust must ensure that all risks within departments are recorded on the risk register. **(Reg 17)**
- The trust must ensure that staff training compliance with mandatory training, especially resuscitation training, safeguarding children (Level 2) and safeguarding vulnerable adults (including Mental Capacity Act and Deprivation of Liberty Safeguards training) meets the trust target of 90%. **(Reg 18)**
- The trust must ensure that all staff have an up to date appraisal completed. **(Reg 18)**
- The trust must ensure that it meets all aspects of the duty of candour regulation and that the trust policy is always followed. **(Reg 20)**

### In Urgent and Emergency Services:

- The trust must take action to ensure that the environment is suitable for the purpose being used is secure and compliant with current standards especially for paediatric patients and patients with mental health needs. **(Reg 12)**
- The trust must take action to ensure that James Cook University hospital is able to meet all the requirements of the major trauma standards. **(Reg 12)**
- The trust must take action to ensure that staff have the required paediatric competencies at the urgent and emergency care services at Friarage hospital. **(Reg 18)**
- The trust must ensure that there are at all times sufficient numbers of suitably skilled and qualified nursing and medical staff in line with best practice and national guidance. **(Reg18)**

### In Critical care:

# Summary of findings

- The trust must ensure that nurse staffing is in line with GPICS recommendations of 1:1 care for level three patients and 1:2 care for level two patients. **(Reg 18)**
- The trust must review the role of supernumerary coordinators, the provision of clinical educators and the level of specialist pharmacy provision in critical care so they are in line with GPICS recommendations. **(Reg 18)**
- The trust must ensure that staff follow the appropriate IPC protocols to manage patients on the units with infections and to reduce the number of units acquired cases of infections. **(Reg 12)**
- The trust must ensure trust policy is followed in relation to stock checks and the recording of these checks, of controlled drugs. **(Reg 12)**
- The trust must review incidents related to pressure damage and take appropriate action to reduce the numbers. **(Reg 12)**
- The trust must improve incident reporting and the mechanisms for sharing learning when incidents are reported. **(Reg 12)**
- The trust must ensure that up to date critical care policies and guidance can be accessed by staff. **(Reg 12)**
- The trust must improve the quality and safety of services by ensuring that capacity and demand is appropriately managed including following their own standard operating procedure in relation to elective patients requiring critical care beds after surgery. **(Reg 17)**
- The trust must review the critical care outreach team capacity to ensure that there is adequate service provision for patients cared for outside of the unit requiring critical care support in line with best practice guidance. **(Reg 17)**
- The trust must review the findings of the national laparotomy report regarding the use of critical care beds and ensure appropriate actions are identified and taken. **(Reg 17)**
- The senior management team must be assured that information reviewed on performance is accurate and reliable and they must consider collecting ICNARC data for areas other than general ICU and HDU. **(Reg 17)**
- The trust must be able to provide assurance that nursing staff in critical care are trained in equipment and have the appropriate knowledge and skills to provide level two and three care. **(Reg 18)**

## In Diagnostics imaging:

- The trust must ensure there is a robust system to ensure that incidents are reported, managed and used for ongoing improvements according to Trust policy. **(Reg 17)**
- The trust must ensure there are sufficient numbers of suitably qualified staff, especially radiologists. **(Reg 18)**
- The trust must ensure the diagnostic service at Friarage hospital is compliant with good infection prevention and control practices at all times. **(Reg 12)**

## Action the trust SHOULD take to improve:

### Trustwide

### In Urgent and Emergency Services:

- The trust should continue to ensure performance in national audits improves and that related action plans address all concerns highlighted.
- The trust should ensure that if appropriate, patients are offered food and nutrition as required during the admission.
- The trust should ensure that all patients have access to call bells.

# Summary of findings

- The trust should ensure that all staff have access to multi-disciplinary debrief sessions following traumatic events.
- The trust should ensure that safety huddles are carried out and recorded as per trust protocol.

## **In Medical care:**

- The trust should ensure there are clear guidelines in line with best practice around prescribing, administering, managing and monitoring patients who require rapid tranquilisation and that staff understand and follow these guidelines.
- The trust should continue to ensure performance in national audits improves and that related action plans address all concerns highlighted.
- The trust should continue with staff recruitment and retention for medical staff to achieve planned fill rate establishment.
- The trust should ensure that there is a safe, effective culture surrounding patient safety incidents with strong leadership and robust management of root cause analysis.
- The trust should ensure that medicines management process is robust surrounding reconciliation of patient medicines on admission.
- The trust should continue to monitor the average length of stay for elective and non-elective patients to improve performance standards measured against the England national average.
- The trust should continue to monitor readmission rates for elective admissions to improve performance compared to the England average.
- The trust should ensure that all patient's nutritional risk assessments are updated and food and fluid charts are fully completed at the Friarage hospital.
- The trust should ensure that when staff complete a capacity form they fully document the reasoning behind a best interest decision and identify the names of other people that have been consulted in the making of that decision.

## **In Surgery:**

- The trust should ensure there is suitable and sufficient anaesthetic cover available when required.
- The trust should ensure patient consent is obtained in accordance with best practise guidance.
- The trust should ensure emergency resuscitation equipment trolleys are secure so that equipment or emergency drugs cannot be removed between checks.
- The trust should ensure the actions taken to safeguard refrigerated medicines are recorded, when fridge temperatures are not within the required range at the Friarage hospital.

## **In Critical care:**

- The trust should seek to improve staffs' understanding of female genital mutilation.
- The trust should review the level of administrative support in critical care areas.
- The trust should review the psychological elements of NICE CG83 rehabilitation after critical illness and consider inputting this into the follow up clinics.
- The trust should continue to work to reduce the number of non-delayed, out-of-hours discharges to the ward.
- The trust should review privacy and dignity for patients in areas where curtains are not in place.

# Summary of findings

## Is this organisation well-led?

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

Our rating of well-led went down. We rated it as requires improvement because:

- Not all leaders at Board/senior level had the necessary experience, knowledge, capacity, to lead effectively. The need to develop senior leaders was not always recognised or identified therefore action was not always taken. Although there was leadership training for certain roles within the organisation there was no recognised organisational development strategy to develop senior leaders and those aspiring to move into executive roles.
- We had concerns about the model for medical leadership; it had led to a splintered approach with a lack of clarity in accountabilities and a lack of a collective view of the medical priorities for the organisation.
- Staff at different levels of the organisation described the culture, at executive level, as top down and directive.
- There was a deterioration in staff engagement as evidenced by the staff survey. This was also confirmed by what staff told us about the culture of the organisation.
- We found little evidence of effective engagement with staff. We had a large number of senior clinicians raising concerns during our inspection process about the lack of clinical engagement in service changes within the trust, the trust's response to this was not open and receptive.
- There was mixed feedback from external stakeholders as to how engaged the trust was within the wider system to improve care pathways and services for patients.
- Equality and diversity were not consistently promoted. The trust was strengthening its methodology for engagement with those with particular protected characteristics. At the time of the inspection there were no staff networks in place.
- Whilst leaders were aware of some of the risks, issues and challenges they were not always acted upon in an effective or timely manner, such as those identified within critical care services and urgent and emergency care. Following the inspection, we formally wrote to the trust under our powers requesting evidence that key patient safety risks identified by CQC specifically in relation to critical care were being effectively managed and mitigated.
- The trust responded and provided information about how they were now managing elective and emergency demand of critical care beds and how they were now ensuring appropriate staffing levels to meet this demand.
- There was a lack of assurance in financial governance within the trust therefore quality priorities were not always being addressed in a timely manner. We found examples of payment for vital supplies not being prioritised and pieces of medical equipment being delayed which could potentially have compromised the treatment and care of patients.
- Finance and quality management were not effectively integrated to support decision making. Cost improvement planning and quality impact assessments were in need of improvement to ensure managers fully appreciated the risks relating to any service changes.
- Despite the trust's challenged financial position there was no evidence of a coherent financial strategy to achieve financial balance in the medium term.

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- Incidents were not consistently identified and reported on. Not all incidents were dealt with appropriately or quickly enough and there was limited thematic learning across the organisation. We saw examples of incidents that should have been reported and had not been recognised or reported as such. As a result, required data or notifications were inconsistently submitted to external organisations.
- It was not clear from the incidents we reviewed and information sent by the trust following the inspection if Duty of candour was fully complied with as there was a lack of evidence of written notification of an apology and whether any incident outcomes were routinely sent. The trust's digital status was relatively poor, however there were some business cases awaiting the outcome of funding decisions to improve this.

However:

- The trust had a mission statement, a vision and guiding values. The values were being reviewed. The trust had an overarching "Target Operating Model 2015 – 2020" and we were told the trust was refreshing its strategy. A clinical strategy was in development.
- There were structures, processes and systems of accountability for governance in place which had been reviewed although there was a lack of capacity for clinical governance leadership and management.
- Speciality directorates participated in appropriate research projects and recognised accreditation schemes.
- There was a focus on performance data, this sufficiently covered operational and financial information which was shared with staff from board to ward through the business intelligence unit.

## Use of resources

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

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↓ Jul 2019	Requires improvement ↓ Jul 2019	Good →← Jul 2019	Good →← Jul 2019	Requires improvement ↓ Jul 2019	Requires improvement ↓ Jul 2019

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

### Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↓ Jul 2019	Requires improvement ↓ Jul 2019	Good →← Jul 2019	Good →← Jul 2019	Requires improvement ↓ Jul 2019	Requires improvement ↓ Jul 2019
Community	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015
<b>Overall trust</b>	Requires improvement Jul 2019	Requires improvement Jul 2019	Good Jul 2019	Good Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019



The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for JAMES COOK UNIVERSITY HOSPITAL

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019
Medical care (including older people's care)	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019
Surgery	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019
Critical care	Inadequate ↓↓ Jul 2019	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Requires improvement ↓ Jul 2019	Requires improvement ↓ Jul 2019	Requires improvement ↓ Jul 2019
Services for children and young people	Good Oct 2016	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Oct 2016
End of life care	Good Oct 2016	Good Oct 2016	Good Jun 2015	Good Jun 2015	Good Oct 2016	Good Oct 2016
Diagnostic imaging	Requires improvement Jul 2019	N/A	Good Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019
Outpatients and Diagnostic Imaging	Good Oct 2016	N/A	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Oct 2016
Maternity and Gynaecology	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Outstanding Jun 2015	Good Jun 2015
<b>Overall*</b>	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↓ Jul 2019	Requires improvement ↓ Jul 2019

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

## Ratings for FRIARAGE HOSPITAL

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ Jul 2019	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↓ Jul 2019
Medical care (including older people's care)	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019
Surgery	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019
Critical care	Inadequate ↓↓ Jul 2019	Requires improvement ↓ Jul 2019	Not rated	Requires improvement ↓ Jul 2019	Requires improvement ↓ Jul 2019	Requires improvement ↓ Jul 2019
Services for children and young people	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015
End of life care	Good Oct 2016	Good Oct 2016	Good Jun 2015	Good Jun 2015	Good Oct 2016	Good Oct 2016
Diagnostic imaging	Requires improvement Jul 2019	N/A	Good Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019
Outpatients and Diagnostic Imaging	Good Oct 2016	N/A	Good Oct 2016	Good Oct 2016	Good Oct 2016	Good Oct 2016
Maternity and Gynaecology	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Outstanding Jun 2015	Good Jun 2015
<b>Overall*</b>	Requires improvement ↓ Jul 2019	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Good Jul 2019	Requires improvement ↓ Jul 2019	Requires improvement ↓ Jul 2019

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

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children and young people	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015
Community health inpatient services	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015
Community end of life care	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015
Urgent care	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Requires improvement Jun 2015	Good Jun 2015
Community nursing services or integrated care teams, including district nursing, community matrons and specialist nursing service	Good Jun 2015	Good Jun 2015	Outstanding Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015
<b>Overall*</b>	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015

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

# The James Cook University Hospital

Marton Road  
Middlesbrough  
Cleveland  
TS4 3BW  
Tel: 01642850850  
[www.southtees.nhs.uk](http://www.southtees.nhs.uk)

## Key facts and figures

James Cook University hospital in Middlesbrough provides a wide range of district general hospital services and specialist services such as neurosciences, renal medicine, spinal injuries, major trauma, cardiothoracic, vascular surgery and cancer services.

It has 1,024 beds, a 24-hour acute admissions unit and an emergency department which houses the major trauma centre for Durham, East Cleveland, Tees Valley and North Yorkshire and has its own helipad.

The hospital has a central operating suite containing 20 theatres, with two recovery areas, which is next to an adult surgical day unit (containing a further three theatres) and the paediatric day unit. Two additional theatres for gynaecology and obstetrics are in the central delivery suite and there are two more in the ophthalmology (eye) day unit.

Maternity services deliver more than 4,400 babies a year in purpose-built delivery and low dependency suites. The hospital has a regional tertiary neonatal intensive care unit and support a neonatal transport service.

James Cook University hospital has a 21-room imaging department and a purpose built six-bed radiology day unit. A medical physics department is also on this site together with isotope imaging. There is a central clinical laboratory which provides pathology service to wards and departments.

## Summary of services at The James Cook University Hospital

**Requires improvement** ● ↓

We rated James Cook University Hospital as requires improvement because:

- The ratings went down for some services and domains. We rated the hospital as requires improvement for safe and well-led with effective, caring and responsive as good.
- Critical care services had deteriorated significantly since the last inspection. We found them to be inadequate in Safe and requiring improvement in effective, responsive and well led. Caring remained Good. We were not assured that nurse staffing levels were always appropriate and in line with national GPICS recommendations.
- There were significant challenges with access, flow and capacity within the critical care units. The bed occupancy had been consistently higher than the England average.
- The critical care risk register not was reflective of all the risks we saw and areas of concern identified from performance data.

# Summary of findings

- Diagnostic imaging services were rated as requires improvement overall. We were not assured staff were able to recognise incidents and report them appropriately. Staff told us lessons learned were not always shared with the whole team and the wider service. There was a shortage of radiologists which was impacting on the service.
- Performance for achieving the timescales for provision of diagnostic radiology for cancer patients were not achieved.
- There was a lack of evidence to demonstrate engagement with patients who used the diagnostic and radiology services.
- The well led rating in surgery at both sites went down to requires improvement because numerous staff and doctors we spoke with felt senior managers above matron level were not visible, contactable or approachable.
- The safe domain in medicine and urgent and emergency care at James Cook hospital went down one rating to requires improvement. Paediatric patients attending the urgent and emergency care service were not fully separated from adult patients. Dedicated paediatric areas were not secure to prevent adults from entering the area or children and young people from leaving. The designated mental health room did not meet the quality standards for liaison psychiatry services, it contained fixings and fittings which posed ligature and harm risks to patients, visitors and staff. There were shortages of nursing staff within the department; these shortages were evident on the majority of shifts and consultant cover did not meet the major trauma standard requirements.
- Nursing and Medical staff training compliance for mandatory training failed to meet the trust target of 90%.
- We lacked assurance of shared learning and actions taken surrounding a serious patient safety incident in the catheter laboratory including whether staff were adhering to hospital policy surrounding swab and needle checks.
- Medicines management surrounding reconciliation of patient medicines on admission was not robust. At this inspection we found the 24-hour medicines reconciliation compliance rate had deteriorated to 58.5% in (December 2018) against a trust target of 80%.

However:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We observed positive, kind and caring interactions between staff and patients.
- On the majority of occasions, the urgent and emergency care service was meeting and performing better than the national performance standards. Patient flow within the department was effective.
- Policies and procedures were based on relevant national guidance.
- Within medical care and surgery services nurse staffing was managed using recognised tools and professional judgment.
- Staff identified patients in medical care at risk of nutritional and dehydration risk or requiring extra assistance at pre-assessment stage. Patients were offered support when required.
- Managers at all levels in the emergency and medical care services had the right skills and abilities to run a service providing high-quality sustainable care.
- In surgery the World Health Organisation safer surgery checks were embedded.
- Pain was well controlled for patients and we observed good multidisciplinary working.

# Urgent and emergency services

Good   

## Key facts and figures

The James Cook University Hospital is one of two emergency departments for South Tees hospitals NHS Foundation trust. The service provides urgent and emergency care for patients in the Middlesbrough area. It is also a regional trauma centre for the South Durham, East Cleveland, Tees Valley and North Yorkshire area. The service provides emergency treatment for patients 24 hours a day, seven days a week.

Minor injury units were available at Redcar Primary Care Hospital and a children's minor injury unit model is delivered at the Friarage Hospital.

From July 2017 to June 2018 there were 137,614 attendances at the trust's urgent and emergency care services. Information we reviewed showed that between July to December 2018, 55,575 patients attended the emergency department of these, 43,585 were adults and 11,990 were children and young people aged 0-18 years.

At the last inspection in June 2016, we inspected the "Effective" domain as it had been rated as requires improvement from the December 2014 inspection; the other domains were all rated as "Good". There were no breaches of regulation following the June 2016 inspection.

From the December 2014 inspection, a breach in regulation remained:

- Ensure that there are sufficient numbers of suitably qualified and experienced staff particularly in the A&E department.

Our inspection in January 2019 was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Before the inspection, we reviewed the information about this service and information previously requested from the trust.

During this inspection we visited the department on two separate occasions. We spoke with 15 patients, seven relatives and 28 members of staff. We observed staff delivering care and reviewed 31 sets of patient records. We reviewed trust policies and performance information from, and about the trust.

## Summary of this service

Our overall rating of this service was good because:

- Patients we spoke with were consistently positive about the care and experience they had received. Medical and nursing staff treated patients with dignity and respect; they supported patients and relatives who became distressed and understood the emotional impact an attendance in the emergency department had on the health and wellbeing of patients and relatives.
- On the majority of occasions, the trust was meeting and performing better than the national performance standards.
- Our observations of the emergency department showed patient flow was effective. Improved "front door" assessments including navigation had been implemented which supported timely, decision making.
- The department was visibly clean and tidy, and staff protected themselves and patients from infections by cleaning their hands and equipment.

# Urgent and emergency services

- A mental health liaison team provided cover within the department 24 hours a day, seven days a week.
- Staff applied safeguarding procedures for adults and children so that vulnerable people were protected from abuse.
- Leadership in the department was stable and staff we spoke with felt supported by line managers and the senior management team.
- The service had clear governance structures. Within the department we saw robust escalation systems in place and governance procedures to avoid overcrowding.
- Policies and procedures were based on guidance from the Royal College of Emergency Medicine and the National Institute for health and care Excellence (NICE).
- The service had systems in place for reporting, monitoring and learning from incidents. Staff we spoke with knew how to report incidents.

However:

- We did not receive assurance that the current paediatric environment met the standards for children in emergency departments.
- The designated mental health room did not meet the quality standards for liaison psychiatry services, it contained fixings and fittings which posed ligature and harm risks to patients, visitors and staff.
- There were shortages of nursing staff within the department; these shortages were evident on the majority of shifts we reviewed.
- We observed that patients were not routinely offered food and nutrition if required during their admission.
- We did not receive assurance that the provision for major trauma within the centre was able to meet all requirements of the major trauma standards on a consistent basis; specifically, consultant cover on site.
- Audit action plans we reviewed were not consistently completed, they did not all have actions identified or re-audit dates included to improve performance.
- Mandatory training rates did not consistently meet the trust target of 90%.

## Is the service safe?

**Requires improvement** ● ↓

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

- We did not receive assurance that the current paediatric provision in the department met the standards for children in emergency departments. Paediatric patients attending the service were not fully separated from adult patients. Dedicated paediatric areas were not secure to prevent adults from entering the area or children and young people from leaving.
- The designated mental health room did not meet the quality standards for liaison psychiatry services, it contained fixings and fittings which posed ligature and harm risks to patients, visitors and staff.
- We did not receive assurance that the provision for major trauma within the centre was able to meet all requirements of the major trauma standards on a consistent basis; specifically, consultant cover on site.



# Urgent and emergency services

- Mandatory training rates did not consistently meet the trust target of 90%. Some of the areas of non-compliance included infection prevention and control and PREVENT training. Following the inspection the trust reviewed the training data and confirmed that 21/23 consultants were compliant for resuscitation training. No additional data was provided regarding nurse staffing.
- Records we reviewed with regard to risk assessment documentation on falls and skin integrity were not documented as completed.
- There were shortages of nursing staff within the department; these shortages were evident on the majority of shifts we reviewed over a three month period.
- Safety huddles were not carried out or documented as carried out on every shift.
- The service did not always have multi-disciplinary debrief sessions following episodes of care to share learning, celebrate success or to improve future performance.

However:

- Patients were appropriately assessed using the national early warning system (adults-NEWS2) and for paediatrics (PEWS); this provided staff with early warning of deteriorating patients, to enable them to take the appropriate action and escalate any patient of concern to medical staff.
- Within the department we saw robust escalation systems in place and governance procedures to avoid overcrowding.
- A mental health liaison team was provided by a service level agreement from a neighbouring mental health trust. This service was available 24 hours per day, seven days a week.
- Staff applied safeguarding procedures for adults and children so that vulnerable people were safeguarded from abuse.

## Is the service effective?

Good   

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

- Policies and procedures were based on guidance from the Royal College of Emergency Medicine and the National institute for health and care excellence (NICE).
- We saw evidence of an effective multi-disciplinary team (MDT) approach to patient care and treatment, including seeking advice and joint decision making about patients across the emergency departments and with other medical disciplines.
- The service participated in national audits; performance against these was same as or better than other hospitals.
- The department scored the same as other emergency departments when asking patients if they thought that staff did everything they could to control patients' pain.

However:

- Action plans we reviewed in relation to audits were not consistently completed; not all had actions identified or re-audit dates included to improve performance.
- From records we reviewed and patients we spoke with we did not see that patients were offered food and nutrition if required during their attendance in the department.

# Urgent and emergency services

## Is the service caring?

Good   

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

- Patients we spoke with were consistently positive about the care and experience they had received.
- Medical and nursing staff treated patients with dignity and respect; they supported patients and relatives who became distressed and understood the emotional impact an attendance in the emergency department had on the health and wellbeing of patients and relatives.
- The trust's urgent and emergency care Friends and Family Test performance for percentage of patients recommending the service was better than the England average from September 2017 to July 2018.
- We heard staff introducing themselves by name and explaining the care and treatment

they were delivering.

- The trust scored better than other trusts for three of the 24 Emergency Department Survey questions relevant to the caring domain and about the same as other trusts for the remaining 21 questions.

However:

- We observed that patients were not consistently provided with buzzers, to alert staff if they required assistance.

## Is the service responsive?

Good   

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

- The service performed better than the England average for the Department of Health's standard for emergency departments that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department.
- The service performed better than the England average for the Royal College of Emergency Medicine standard that patients should wait no longer than one hour from time of arrival to receiving treatment.
- From October 2017 to September 2018 the monthly percentage of patients that left the trust's urgent and emergency care services before being seen for treatment was better than the England average.
- From October 2017 to September 2018 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was better than the England average.
- The trust, at 22%, was better than the England mean average of 28% when comparing the attendance to the admission rate (conversation rate).
- Our observations of the emergency department, showed patient flow was effective. Improved "front door" assessments including navigation had been implemented which supported timely, decision making.
- Within the department we saw robust escalation systems in place and governance procedures to avoid overcrowding.
- The service had systems in place for reporting, monitoring and learning from complaints.

# Urgent and emergency services

- The department provided services and made them available to patients with different needs, including patients with protected characteristics under the Equality Act and those in vulnerable circumstances.
- Staff working in the paediatrics area had implemented a “pyjama fairies” initiative; they provided new pyjamas from the fairies when they needed to remove a child’s pyjamas, due to a traumatic event.

## Is the service well-led?

Good  → ←

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

- Leadership in the department was stable and staff we spoke with felt supported by line managers and the department and centre senior management team. Staff we spoke with said that communication within the department was effective.
- The senior management team were proud of staff and the care they delivered and their resilience to pressures that working in an emergency department brought.
- The majority of staff we spoke with were complementary about the board and the culture, visibility and communication in the trust.
- A clear vision and strategy was in place for the emergency department, the directorate strategy was prepared in April 2018 and included a number of different workstreams, to support patients to access the right care, first time to achieve the best clinical outcomes.
- The service had clear governance structures.
- The emergency department had recently been recognised in a number of national award ceremonies.

However:

- Staff we spoke with were knowledgeable about the about the risks within the department not all these risks were not always documented in the risk register for the department.

## Areas for improvement

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

# Medical care (including older people's care)

Good   

## Key facts and figures

James Cook University Hospital and Friarage Hospital are the two acute hospitals forming South Tees Hospitals NHS Foundation Trust. The trust provides acute hospital services to the local population as well as delivering community services in Hambleton, Redcar, Richmondshire, Middlesbrough and Cleveland.

The trust had 75,067 medical admissions from July 2017 to June 2018. Emergency admissions accounted for 32,360 (43.1%), 2,639 (3.5%) were elective, and the remaining 40,068 (53.4%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 27,935
- Gastroenterology: 11,412
- Clinical haematology: 8,361

*(Source: Hospital Episode Statistics)*

The James Cook University Hospital has approximately 394 medical beds

- Ward 12
- Ward 14
- Ward 2
- Ward 26
- Ward 27
- Ward 28
- Ward 29
- Ward 3
- Ward 33
- Ward 4
- Ward 6
- Ward 9
- Ward 15 acute assessment unit
- Ward 1 Rapid Access Frailty assessment unit
- Ward 37 acute medical unit
- Ward 29 Monitored bay
- Coronary care unit
- Spinal injuries unit

# Medical care (including older people's care)

The trust was last inspected in October 2016 to confirm whether it had made improvements to services since our previous comprehensive inspection in December 2014. At that time, medicine services at The James Cook University Hospital (JCUH) received an overall rating of good.

Following our inspection of the service in 2016, no requirement notices were issued for medical services at JCUH. Actions we said the hospital SHOULD consider taking to improve, were:

- Ensure that the emergency nurse call bell in wards 10 and 12 at James Cook University Hospital is reviewed to ensure it is fit for purpose.
- Continue to review the level and frequency of support provided by pharmacists and pharmacy technicians to ensure consistency across wards.
- Ensure medication processes are followed consistently particularly 'do not disturb' procedures for staff completing medicine rounds.
- Ensure that the frequency of controlled drug balance checks are carried out in line with national guidance.

## Summary of this service

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

- The service had taken action to address the following concerns since our last inspection:
- A planned 19 week refurbishment was underway on wards 9, 10 and 12. Ward 3 had been refurbished and the nurse and emergency call systems issue had been resolved as part of this programme.
- Action had been taken to recruit additional pharmacy staff and pharmacy technicians to ensure consistency across wards.
- Priority was given to staff when dispensing medication to promote safe effective practice.
- We saw evidence on wards we visited that nurses checked controlled drugs in line with policy and audit practice confirmed consistent practice.

In addition;

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- To maintain safe nurse staffing levels, the service monitored staffing levels and reviewed these daily using nationally recognised tools alongside clinical judgment.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff identified patients at risk of nutritional and dehydration risk or requiring extra assistance at pre-assessment stage. Patients were offered support to eat and drink when required.

# Medical care (including older people's care)

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We observed positive, kind and caring interactions on the day units and between staff and patients.
- Patients we spoke to felt involved in their care and had been provided with information to allow them to make informed decisions.
- The core service had systems and processes in place to ensure that the needs of local people were considered when planning the service delivery.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The medical service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- The clinical centre had stable management structures in place, with clear lines of responsibility and accountability. We saw evidence of learning, continuous improvement and innovation within medical services at the location.

However:

- Nursing and Medical staff training compliance for mandatory training failed to meet the trust target of 90%. Nursing staff achieved 10 out of 24 of their core standards whilst medical staff met two of their 20 core standards.
- Medical staff failed to meet the trust target of 90% compliance with three of the five core standards in relation to safeguarding vulnerable adults training.
- Nursing and medical staff training failed to meet the trust target of 90% for Mental Capacity and Deprivation of Liberty Safeguards training.
- Medicines management surrounding reconciliation of patient medicines on admission was not robust.
- Patient records were not securely stored on ward areas.
- We lacked assurance of shared learning and actions taken surrounding a serious patient safety incident in the cardiac catheter laboratory including whether staff were adhering to hospital policy surrounding swab and needle checks.
- The James Cook University Hospital had a higher than expected risk of readmission for elective admissions against the England average.
- The service failed to meet the minimum standard in the 2017 Lung Cancer Audit for the proportion of patients seen by a Cancer Nurse Specialist.
- The average length of stay for non-elective patients in geriatric medicine at James Cook University Hospital was longer than the England average.
- One specialty was worse than the England average for RTT rates (percentage within 18 weeks) for admitted pathways within medicine.

## Is the service safe?

**Requires improvement**  

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

- Nursing and Medical staff training compliance for mandatory training failed to meet the trust target of 90%. Nursing staff met 10 out of the 24 core standards against trust target whilst medical staff met two out of the 20 core standards.

# Medical care (including older people's care)

- Medical staff failed to meet the trust target of 90% compliance in three of the five core standards in relation to safeguarding vulnerable adults training.
- We lacked assurance of shared learning and actions taken surrounding a serious patient safety incident in the cardiac catheter laboratory including whether staff were adhering to hospital policy surrounding swab and needle checks.
- Medicines management surrounding reconciliation of patient medicines on admission was not robust. At this inspection we found the 24-hour medicines reconciliation compliance rate had deteriorated to 58.5% in (December 2018) against a trust target of 80%.
- We found that patient records were not secure in ward areas. Records were stored in open, unlocked trolleys; whilst the trolleys did have lids with locks they were not locked. Although the trolleys were next to nursing stations where there were staff present most of the time there was no assurance that these areas were never left unattended.

However:

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Nurse staffing was managed using daily monitoring, acuity tools and professional judgment.
- Staff kept detailed records of patient's care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service had escalation policies, guidance and care pathways for deteriorating patients.
- The service had suitable premises and equipment and looked after them well. We found the hospital was accessible to wheelchair users, with clear signage. Access to all areas was controlled using magnetic door locks and by use of reception areas staffed by ward clerks.

## Is the service effective?

**Good** ● → ←

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other dietary preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. Pain relief was provided as prescribed and there were systems to make sure additional pain relief was accessed through medical staff, if required.
- The service made sure staff were competent for their roles. Managers appraised staffs' work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- We saw that patient records contained evidence of effective multi-disciplinary working; and we observed effective multidisciplinary information sharing at staff handovers and safety huddles.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service achieved grade A in the Sentinel Stroke National Audit Programme (SSNAP).



# Medical care (including older people's care)

- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.

However:

- The service had a higher than expected risk of readmission for elective admissions compared to the England average for clinical haematology, medical oncology and clinical oncology patients.
- The service participated in the 2017 Lung Cancer Audit standards and failed to meet the 90% standard for the proportion of patients seen by a cancer nurse specialist. The proportion of patients seen by a cancer nurse specialist was 82.5% which was an improvement since the last inspection in 2016.
- Staff training compliance failed to meet trust target of 90% for mental capacity act and deprivation of liberty safeguards training.

## Is the service caring?

Good   

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

- Staff cared for patients with compassion. The service had a strong patient focus and staff at all levels advocated for a positive patient experience.
- Feedback from patients confirmed that staff treated them well and with kindness. Feedback was collated via the trust's 1,000 voices campaign.
- Staff provided emotional support to patients to minimise their distress and worked well with specialist nurses and other services to ensure emotional needs were met.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

Good   

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

- The trust planned and provided services in a way that met the needs of local people.
- We saw that information leaflets and advice posters were available on the units we visited, these included discharge information, specialist services and general advice about nutrition and hydration.
- The service took account of patients' individual needs.
- The services had mechanisms in place to manage access and flow using various methods including redesigning pathways or carrying out audits to improve patient flow and working closely with commissioners.
- People could access the service when they needed it. Waiting times from referral to treatment (RTT) and arrangements to admit, treat and discharge patients were in line with best practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. The service recognised the importance of the views of patients and the public, and mechanisms were in place to hear and act on their feedback.

# Medical care (including older people's care)

However:

- The average length of stay for non-elective patients in geriatric medicine at James Cook Hospital was longer than the England average.

## Is the service well-led?

**Good** ● ➡ ➡

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

- Managers at service and clinical centre level had the right skills and abilities to run a service providing high-quality sustainable care. Staff spoke positively about their leaders and felt respected.
- Medical care services had a vision for what they wanted to achieve and workable plans to turn them into action developed with involvement from staff, patients, and key groups representing the local community.
- Service managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff reported a positive culture, good team working, and various places in which to receive and share information and concerns.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The governance structure was clear and the local leadership team had plans in place to address risks to the service, with access to information, such as monthly performance reports, to maintain quality.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. Staff we spoke with felt valued by the service.

However:

- We lacked assurance surrounding clinical governance dissemination as it was unclear how senior management could evidence board to ward information and staff awareness as feedback methods varied on differing wards.
- We had concerns regarding the management and process surrounding never events and subsequent learning following never events, shared learning and actions taken to prevent recurrence.

## Areas for improvement

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

# Surgery

Good   

## Key facts and figures

South Tees University Hospital trust surgery services provide elective and non-elective treatments across James Cook University hospital and Friarage hospital. They offer a range of specialities including: ear, nose and throat; general surgery; ophthalmology (eyes); oral and maxillofacial surgery; orthodontics; plastics and burns; urology and; vascular surgery.

The James Cook University Hospital has 20 main theatres, four day theatres, five minor theatres and 10 local theatres. At the time of inspection, there were 225 inpatient beds across nine surgical wards.

The trust had 48,148 surgical admissions from July 2017 to June 2018. Emergency admissions accounted for 11,450 (23.8 %), 26,147 (54.3 %) were day case, and the remaining 10,551 (21.9%) were elective.

Our inspection was unannounced (staff did not know we were coming). At our previous inspection we rated surgery services as good. At this inspection we inspected and rated all five key questions. To help us make our judgements, we visited ward 8 (urology, upper gastro-intestinal, bariatric, gynaecology), ward 25 (orthopaedics), ward 36 (trauma and orthopaedics), surgical admissions unit, post-operative surgical day unit (POSDU) and main operating theatres. We looked at the environment and we spoke with seven patients.

We spoke with fifty-two staff members including all grades of medical and nursing staff, non-registered nursing staff, housekeepers and administrative staff at the hospital. We also interviewed the senior team for the service. We observed practice, staff interactions with patients and viewed ten sets of care records. Before and after our inspection, we reviewed performance information about the trust and information provided to us by the trust.

## Summary of this service

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

- We rated safe, effective, caring and responsive as good and well-led as requires improvement.
- There were sufficient numbers of skilled medical and nursing staff to care for patients.
- We observed the World Health Organisation safer surgery checks were embedded and that staff used the national early warning score (NEWS 2) to identify if the clinical condition of a patient was deteriorating and required early intervention and or escalation to keep the patient safe.
- There was a positive incident reporting culture and staff received feedback following incident investigations.
- Medicines were stored, prescribed and administered safely.
- Trust policies were available for staff to access on the trust intranet. These reflected national evidence-based best practice and guidelines. The surgery service participated in numerous national audits to improve quality.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients with mental health conditions and those who lacked the capacity to make decisions about their care.
- Feedback from patients confirmed that staff treated them well and with kindness. Staff provided emotional support to patients to minimise their distress. We saw staff care for patients with compassion.

# Surgery

- From September 2017 to August 2018 the trust's referral to treatment time (RTT) for admitted pathways for surgery was consistently better than or similar to the England average.
- Staff, patients and relatives were supported by an advisor for learning disability and autism. We saw initiatives in place to improve the care of those living with a learning disability or dementia.
- Governance metrics were presented as dashboards each month and displayed on model-ward boards, for all staff to see. Managers explained it was their responsibility to ensure all staff were aware and did this through staff huddles around the model-ward board, staff meetings and written bulletins.
- We saw that the surgical services had an active risk register in place which identified risk, controls, gaps in control and action plans. All risks had review dates in place with evidence of updates.

However:

- Numerous staff and doctors we spoke with felt senior managers above matron level were not visible, contactable or approachable. Staff morale was variable.
- Staff we spoke with said they recognised the need for changes to be implemented but considered the amount of changes and speed of change in the organisation added to existing pressures.
- Staff raised concerns that there were too many different surgical specialties located on ward 8 and this made it a stressful environment to work in. They told us they never felt 'on top of the work'.
- Some staff and doctors we spoke with told us there was a lack of anaesthetists, which meant they felt 'stretched but not unsafe'. They explained this was because of a national shortage of anaesthetists.
- The 90.0% mandatory training compliance target was not met for any of the mandatory training modules for which medical staff were eligible.
- Although staff said they had enough equipment to carry out their role, some raised concerns that equipment nearing end of its life was unreliable and not always replaced promptly.
- The quality of record keeping was not consistently high which meant we were not assured that staff always maintained accurate and contemporaneous records for all patients.
- We were not assured that patient records on the wards were always stored securely and there was a risk of access to records by unauthorised persons, when unattended.
- Consent was not routinely obtained in accordance with best practise, as a two-stage process.

## Is the service safe?

Good   

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

- There were sufficient numbers of skilled medical and nursing staff to care for patients.
- There was a positive incident reporting culture and staff received feedback following incident investigations.
- We observed the World Health Organisation safer surgery checks were embedded.
- Staff used a national early warning score (NEWS 2) to assess the health and wellbeing of patients. These assessment tools enabled staff to identify if the clinical condition of a patient was deteriorating and required early intervention and or escalation to keep the patient safe.

# Surgery

- Compliance with emergency resuscitation equipment daily and weekly checks was mostly good and in accordance with local policy.
- All clinical, reception and waiting areas we inspected were visibly clean and all equipment we checked was clean and fit for purpose.
- Medicines were stored, prescribed and administered safely.
- Patients were assessed for delirium and dementia in line with national guidance and where required, provision was made for enhanced supervision of patients.
- We saw evidence that staff participated in major incident scenario training to ensure they were prepared to support the major trauma centre.

However:

- Some staff and doctors we spoke with told us there was a lack of anaesthetists, which meant they felt 'stretched but not unsafe'. They explained this was because of a national shortage of anaesthetists.
- The 90.0% mandatory training compliance target was not met for any of the five mandatory training modules for which medical staff were eligible.
- Although staff said they had enough equipment to carry out their role, some raised concerns that equipment nearing end of its life was unreliable and not always replaced promptly.
- The quality of record keeping was not consistently high which meant we were not assured that staff always maintained accurate and contemporaneous records for all patients
- We were not assured that patient records on the wards were always stored securely and there was a risk of access to records by unauthorised persons, when unattended.

## Is the service effective?

Good  ➡ ➡

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

- Trust policies were available for staff to access on the trust intranet. These reflected national evidence-based best practice and guidelines.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made appropriate adjustments for patients' religious, cultural requirements or other specific dietary preferences.
- Staff assessed and monitored patients regularly using suitable assessment tools, to see if they were in pain and gave additional pain relief to ease pain.
- The surgery services were involved numerous national audits such national hip fracture database, bowel cancer audit, national vascular registry, oesophago-gastric cancer national audit and national emergency laparotomy audit.
- The service made sure staff were competent for their roles. From October 2017 to September 2018, 77.2% of staff within surgery at the trust received an appraisal compared to a trust target of 80.0%.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care and all staff reported they experienced good teamwork.

# Surgery

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- Consent was not routinely obtained in accordance with best practise, as a two-stage process.

## Is the service caring?

**Good** ● → ←

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

- We saw staff care for patients with compassion.
- Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Patients also had access to multi-faith chaplaincy services and specialist nurses, for further information and support when required.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Patients and visitors had access to a wide range of written information and advice leaflets.

## Is the service responsive?

**Good** ● → ←

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

- The trust planned and provided services in a way that met the needs of local people.
- From September 2017 to August 2018 the trust's referral to treatment time (RTT) for admitted pathways for surgery was consistently better than or similar to the England average.
- From July 2017 to June 2018, the average length of stay for all elective patients at the trust was 3.5 days, which was better than the England average of 3.9 days.
- Patients were pre-assessed prior to surgery, which provided the opportunity to ask questions and facilitated informed consent.
- The service took account of patients' individual needs. Interpretation and translation services were available, and staff knew how to access them when needed.
- Staff, patients and relatives were supported by an advisor for learning disability and autism. We saw initiatives in place to improve the care of those living with a learning disability or dementia.
- We saw lots of compliment cards displayed as well as information advising how to raise a concern or complaint.

# Surgery

- Visiting times were extended, which enabled friends and relatives to visit more flexibly and participate in care if they wished to.
- Wards observed protected sleep times for patients to ensure they had adequate rest and sleep. This was in response to patient feedback.

## Is the service well-led?

**Requires improvement** ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- Numerous staff and doctors we spoke with felt senior managers above matron level were not visible, contactable or approachable.
- Staff raised concerns that there were too many different surgical specialties located on ward 8 and this made it a stressful environment to work in. They told us they never felt 'on top of the work'.
- Staff we spoke with said they recognised the need for changes to be implemented but considered the amount of changes and speed of change in the organisation added to existing pressures.
- Staff we spoke with in theatres said they no longer held department team meetings as these had been stopped by trust managers.
- Staff morale was variable, and staff raised concerns about being moved to backfill other wards. Some managers we spoke with described this as 'a permanent battle to motivate staff that need to be redeployed'.

However:

- Governance metrics were presented as dashboards each month and displayed on model-ward boards, for all staff to see. Managers explained it was their responsibility to ensure all staff were aware and did this through staff huddles around the model-ward board, staff meetings and written bulletins.
- We saw that the surgical centre had an active risk register in place which identified risk, controls, gaps in control and action plans. All risks had review dates in place with evidence of updates.
- Managers felt proud about staff resilience and retention.

## Areas for improvement

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



# Critical care

Requires improvement  

## Key facts and figures

South Tees Hospital NHS Foundation Trust had 72 adult critical care beds up until February 2019. After this inspection six beds at the Friarage hospital were closed in March 2019. The remaining 66 beds were across seven wards at The James Cook University Hospital in Middlesbrough. The hospital is a designated major trauma centre and the critical care facilities admit critically ill patients from Middlesbrough and surrounding areas as well as providing specialist care and taking regional referrals via the Critical Care Network.

The critical care service has speciality specific and general intensive care units (ICU) and high dependency units (HDU). These provide level two (patients who require pre-operative optimisation, extended post operative care or single organ support) and level three (patients who require advanced respiratory support or a minimum of two organ support) care to adult patients.

National Audit and Research Centre (ICNARC) data was collected from the general ICU and the general HDU at The James Cook University Hospital and the unit at the Friarage hospital. The data showed that between 1 April 2017 and 31 March 2018 on the general ICU there were 763 admissions with an average age of 55 years. Of these:

- 32% were unplanned admissions from the emergency department or outside of the hospital
- 24% were admitted following emergency surgery
- 16% were from ward areas
- 16% were planned or unplanned transfers from other critical care units
- 7% were planned admissions from theatre following elective surgery
- 3% were planned admissions from the emergency department or outside of the hospital
- 1% were from another critical care unit (repatriation)
- 1% were unplanned admissions from theatre following elective surgery

The average (mean) length of stay on the unit was 2.9 days.

Data from 1 April 2017 and 31 March 2018 on the general HDU showed that there were 1,315 admissions with an average age of 61 years. Of these:

- 30% were planned admissions from theatre following elective surgery
- 25% were planned or unplanned transfers from another critical care unit
- 20% were from ward areas
- 12% were unplanned admissions from the emergency department or outside of the hospital
- 11% were admitted following emergency surgery
- 1% were unplanned admissions from theatre following elective surgery
- 1% were planned admissions from the emergency department or outside of the hospital

The average (mean) length of stay on the unit was 1.8 days.

# Critical care

The units did not accept paediatric admissions. The anaesthetist or consultants may provide support in an emergency and stabilise the patient until a bed was available on the neonatal ICU or the dedicated intensive care transport service for children arrived.

The critical care outreach team (CCOT) provide a supportive role to medical and nursing staff on the wards when they are caring for deteriorating patients or supporting patients discharged from critical care. The outreach team offer a 12-hour service, seven days a week. The critical care service is part of the North of England Critical Care Network.

Our inspection was a responsive and unannounced (staff did not know we were coming) inspection following concerns received about the service.

At the last inspection all domains were rated as good across both hospital sites for critical care services.

During this inspection we visited each of the units on both hospital sites. At the James Cook hospital we spoke with four patients and nine relatives and 51 members of staff. We observed staff delivering care, looked at 16 patient records and 10 prescription charts.

We reviewed trust policies and performance information from, and about, the trust. We received comments from patients and members of the public who contacted us directly to tell us about their experiences.

## Summary of this service

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

- We were not assured that nurse staffing levels were always appropriate and in line with GPICS recommendations.
- We had concerns over the number of infections and incidents related to patients not being able to be isolated.
- We had concerns over the number of pressure ulcers reported in the service.
- We had concerns over the management of patients needed critical care when capacity was a challenge.
- Nursing and Medical staff training compliance for mandatory training failed to meet the trust target of 90%.
- Medicines management surrounding the stock check and recording of controlled drugs did not follow trust policy in all areas.
- We were concerned about the training and competence of nursing staff as we could not be provided with information on training for all areas.
- The provision of specialist pharmacists and clinical educators was not in line with GPICS recommendations.
- Policies and guidelines could not be seen on site as staff could not locate them.
- There were significant challenges with access, flow and capacity within the units. The bed occupancy had been consistently higher than the England average.
- The ICNARC data showed the number of out of hours discharges was higher when compared to similar units.
- The risk register not was reflective of all the risks we saw and areas of concern identified from performance data.
- We lacked assurance that the strategic aims had processes to monitor their implementation, and what progress was being made to deliver these.
- We could not be assured that the corporate team understood the challenges to quality and sustainability.

# Critical care

However:

- We saw good standards of record keeping in all areas visited.
- Daily checks of emergency equipment were undertaken in all areas.
- Patient outcomes, for the units that contributed to ICNARC, were in line with or better when compared to similar units.
- We saw evidence of screening for delirium and the nutritional and hydration needs of patients were met.
- Pain was well controlled for patients and we observed good multidisciplinary working.
- Staff cared for patients with compassion. Feedback from the patients and relatives we were able to speak with was positive. We observed care and interactions which were kind and compassionate.
- The service took account of patients' individual needs and received a low number of complaints.
- There was a clear focus of patient centred care and teamwork with systems in place to engage with patients and their relatives.
- The number of non-clinical transfers were lower and/or comparable with similar units.

## Is the service safe?

**Inadequate**   

Our rating of safe went down. We rated it as inadequate because:

- There were two serious incidents where trust and national guidance was not followed in relation to raised NEWS scores which led to adverse outcomes for the patients involved. There had also been three serious incidents resulting in patient harm as a consequence of critical care beds not being available. Following the inspection the trust told us that these were linked to cancellation of elective surgery due to lack of critical care capacity in January 2018. Non elective demand was high with high levels of seasonal flu and a national objective to reduce elective activity at that time to manage the seasonal pressures.
- Staff were not regularly reporting incidents of staffing shortages and their impact on patient safety. We observed staffing shortages during the inspection, supernumerary coordinators were not in place in all areas and GPICS standards of 1:1 care for level three patients and 1:2 care for level two patients were not always adhered to. This posed significant risks to patients.
- In the previous 12 months there had been 118 pressure ulcers reported trust-wide in critical care. Forty-seven of these were related to devices, the remainder were as a result of skin damage due to pressure; one of these was reported as a serious incident due to its severity.
- The trust did not always adhere to their own guidance on the number of elective patients taken to theatre each day who required a critical care bed post operatively. This combined with the emergency demand for beds and the James Cook University hospital being a major trauma centre, meant there was a risk that there may not be capacity in critical care.
- Incident data for the previous 12 months showed there were 186 incidents related to infection control. Most of these related to the service not being able to isolate patients with an infection. National Audit and Research Centre (ICNARC) data showed the number of unit acquired infections was higher when compared with similar units.

# Critical care

- There was a lack of effective processes to ensure data submissions to ICNARC were correct and when anomalies were identified they were acted upon, for example infection rates.
- We raised our concerns at the time of inspection over the areas of staffing and patient safety and we wrote formally to the trust following the inspection. We requested weekly information to be sent to provide assurance that staffing levels were safe to meet the needs of patients in critical care and that action was being taken to prevent patient harms.
- We lacked assurance over training compliance for equipment within the units. The training data provided did not cover all the units and did not give overall training figures. This meant the service could not be confident that the staff caring for patients were competent to use the various pieces of equipment.
- Mandatory training compliance did not meet the trust standard of 90% for 15 of the 20 modules for registered nursing staff. Compliance for basic and advanced life support were particularly low at 61% and 58%.
- Mandatory training for medical staff did not meet the trust standard of 90% for any of the 15 modules. Basic life support and manual handling had some of the lowest compliance figures at 46% and 35%.
- There was limited understanding from staff on female genital mutilation (FGM) and safeguarding training for medical staff was below the trust target of 90%.
- We found different systems in place for recording daily stock balances of controlled drugs. This meant there was a potential risk of errors being made as staff could be moved to other units and may not be familiar with their system.
- Not all the units were compliant with Health Building Note 04 02 best practice guidance for critical care units. This was due to the size and design of some bed space areas and a limited number of isolation rooms. We also found storage areas were not locked or doors were propped open in each area we visited.

However:

- We found daily checks had been completed on resuscitation equipment and transfer bags were ready for use.
- We found records and prescription charts to be fully completed and in line with trust and professional standards.

## Is the service effective?

**Requires improvement**  

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

- We were only provided with training data and the percentage of nurses with a post registration award in critical care for the general HDU and ITU. The number of staff with the qualification was 33%, this was below the GPICS recommendation of 50%.
- Staff rotated across different areas in critical care and level three patients at times were cared for on the HDU. This meant we could not be provided with assurance of nursing staff's competence, skills and knowledge to deliver effective care and treatment. Following the inspection, the trust told us they had planned to move from a standard 16 bedded HDU to a flexible 16 bedded HDU/ITU. However, this was not communicated to staff or inspectors and we could not be provided with evidence of this at the time of inspection.
- National Audit and Research Centre (ICNARC) data was not collected for all the units at the trust. This meant they could not monitor all patients care and treatment outcomes and benchmark them against similar units.

# Critical care

- There was limited critical care pharmacy provision across the units. This was not in line with GPICS recommendations, some areas had no specialist pharmacy input.
- The number of clinical educators compared to the number of staff was not in line with GPICS recommendations.
- Whilst staff demonstrated a good knowledge of Mental Capacity and we saw evidence of completed assessments, the percentage of staff who had undergone training on the Mental Capacity Act was below the trust target.
- The inspection team could not locate specific policies on site via the intranet. Staff were asked to assist, and they could still not be located. This meant if staff needed to check any guidance or procedures they may not be able to do so in a timely way.

However:

- Patient outcomes, for the units that contributed to ICNARC, showed mortality and readmission rates were in line with or better when compared to similar units.
- Mortality and morbidity meeting were critical care specific and well embedded within the service.
- We saw evidence of screening for sepsis and delirium. There were processes to measure the agitation, sedation or delirium levels of a patient. We saw that where appropriate these had been completed and appropriate actions taken.
- We found assessment and monitoring of pain and the nutritional and hydration status of patients was in place. We saw this in care plans and support was available from specialist staff such as acute pain nurses and specialist dietitians.
- We observed good multidisciplinary team working to support effective care and treatment for patients. Patient records showed MDT input into decision making and care planning.
- The service was not fully compliant with the elements of NICE CG83. However, progress had been made since the last inspection and network peer review of the service.
- The number of medical staff who had undergone a recent appraisal exceeded the trust target of 80%. The number of nursing staff fell slightly below this target; however, we were assured plans were in place to address those which were outstanding.

## Is the service caring?

Good   

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

- Staff cared for patients with compassion. Feedback from the patients and relatives we were able to speak with was positive. We observed care and interactions which were kind and compassionate.
- Staff provided emotional support to patients and their relatives. From speaking to staff and reviewing documentation, it was evident that the psychological needs of patients were considered as part of their care.
- Staff involved patients and those close to them in decisions about their care and treatment.

However:

- The cardiothoracic ICU did not have curtains around bed spaces, this made maintaining the privacy and dignity of patients more of a challenge.

# Critical care

## Is the service responsive?

**Requires improvement** ● ↓

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

- People could not always access the service when they needed it. There were significant challenges with access, flow and capacity within the units. The bed occupancy had been consistently higher than the England average.
- The ICNARC data showed the number of out of hours discharges for general ICU and HDU was significantly higher when compared to similar units, although this was still within the expected range.
- We saw from reviewing incidents there had been times when patients required readmission to critical care. We were concerned this was because they had been stepped down too soon, these concerns were supported by some of the staff we spoke with.
- Data from the national laparotomy audit showed that fewer patients were being admitted to critical care from theatre and the number of unplanned admissions from wards areas to critical care was higher. This further suggested issues with capacity.
- The services that were planned and provided did not always met the needs of patients. There were challenges with some of the critical care environments and limited facilities for relatives to stay overnight. Follow up clinics were not well established and had no psychological input for patients.

However:

- The ICNARC data showed the number of non-clinical transfers was lower and /or comparable when compared to similar units.
- The service took account of patients' individual needs. We saw evidence of individualised care plans and good use of patient diaries.
- The number of bed days with a delay of more than eight hours was better than that of similar units.
- The unit received a low number of complaints and information was displayed on how to raise concerns.

## Is the service well-led?

**Requires improvement** ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- We lacked assurance that risks identified by the inspection team during the inspection and from performance data were known to the service. The risk register was not reflective of all the risks we saw and not all areas of concern were identified. Regular review of risks and mitigating actions were also not evident.
- We could not be assured that the corporate team understood all the challenges to quality and sustainability and took appropriate action in response to these. Examples included nurse staffing and patient safety in relation to capacity and demand.
- Supernumerary coordinators were not always in place, this was not in line with GPICS recommendations. From our observations, the vital role of the supernumerary coordinator, to support staff and have oversight on the units, was not recognised by the senior team.

# Critical care

- There had been a recommendation in place for a number of years to increase and flex capacity in the generic HDU and establish a PACU. We lacked assurance around the pace of delivery for this and how it was being monitored by the trust; a PACU had been identified as a means of mitigating some of the issues around access and flow in 2016. Whilst plans had been approved for PACU at the time of writing the report the PACU was not yet operational.
- Staff morale was mixed, this was because of staffing concerns and staff movement between units. Staff also felt there was a lack of engagement at a senior level about future plans for the service which left staff with feelings of uncertainty.

However:

- There was a clear focus of patient centred care and teamwork, support between colleagues was strongly evident throughout the different areas we visited.
- The service was engaging with patients and relatives to inform and improve services.
- The service was actively involved in a number of research projects.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

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

# Diagnostic imaging

**Requires improvement**



## Key facts and figures

The trust provides a range of services in diagnostic imaging including:

- Radiology
- Mammography
- Neuroradiology
- Ultrasound

The main radiology departments are at the James Cook University Hospital, Middlesbrough and the Friarage Hospital, Northallerton. The two main departments provide services 24 hours a day, seven days a week.

General radiography is also provided to the community hospitals of Redcar, Guisborough, East Cleveland (Brotton) and the Friary Hospital, Richmond.

Advanced practice radiographers are based at both James Cook and the Friarage radiology departments; they perform and provide imaging procedures and reports in general radiography, CT, MRI, breast imaging, ultrasound scanning and fluoroscopy.

The inspection was unannounced (staff did not know we were coming). We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. At this inspection we inspected and rated all key questions except for effective. During the inspection of diagnostics at James Cook University Hospital we spoke with 17 staff, 12 patients, two relatives and reviewed five patient records.

## Summary of this service

We rated it this service as requires improvement because:

- The service did not have enough radiologists which impacted on the service provision.
- The service was below the trust's compliance rate of 90% for mandatory training.
- Performance for achieving the timescales for provision of diagnostic radiology for cancer patients were not achieved.
- Incidents were not always being reported or when incidents were reported the correct process was not always being followed. We saw a lack of evidence of the service monitoring trends and themes. There was limited learning from incidents.
- There were limited provisions/support for patients who had additional/complex needs such as dementia or learning difficulties.
- Not all risks which managers told us about were documented on the risk register although the service had procedures in place to report and manage risks.
- We saw no evidence to demonstrate engagement with patients who used the diagnostic and radiology services.

However:

- The service provided care and treatment based on national guidance.



# Diagnostic imaging

- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff cared for patients with compassion.

## Is the service safe?

### Requires improvement



We rated it as requires improvement because:

- The service did not have enough radiologists which impacted on the service provision.
- The service was below the trust's compliance rate of 90% for mandatory training.
- Not all staff who had contact with children received safeguarding level 3 training, this was not in line with national guidance.
- We were not assured staff were able to recognise incidents and report them appropriately. Staff told us lessons learned were not shared with the whole team and the wider service.

However:

- Staff we spoke with knew how to recognise and report abuse.
- Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.

## Is the service effective?

We did not rate how effective the service was although we found:

- The service provided care and treatment based on national guidance.
- Staff assessed and monitored patients regularly to see if they were in pain and when required gave pain relief.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.

However:

- During the inspection, we were not assured the service was monitoring the effectiveness of care and treatment and used the findings to improve them.
- All the audit data the trust submitted did not include review dates or action plans therefore we could not be assured how effective the audits were.
- There was limited health promotion materials and advice available for patients.

# Diagnostic imaging

## Is the service caring?

**Good** 

We rated it as good because:

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

## Is the service responsive?

**Requires improvement** 

We rated it as requires improvement because:

- The trust's internal key performance indicators for provision for cancer radiology were not being achieved.
- There were limited provisions/support for patients who had additional needs such as dementia or learning difficulties.
- There was no information for patients about how to raise a concern or how to contact the PALS team. The department displayed no data or information regarding learning from previous complaints or associated data.
- We were not assured learning from complaints always happened.

However:

- The trust planned and provided services in a way that met the needs of local people.
- For general diagnostic waiting times (percent of patients waiting six or more weeks) the trust had been performing better than the national average since March 2018.

## Is the service well-led?

**Requires improvement** 

We rated it as requires improvement because:

- There was a vision for the service but this was not embedded; staff we spoke with were unaware of it.
- Not all risks which managers told us about were documented on the risk register although the service had procedures in place to report and manage risks.
- Incidents were not always being reported or when incidents were reported the correct process was not always being followed. We saw a lack of evidence of the service monitoring trends and themes. There was limited learning from incidents.
- We were not assured complaints regarding patient harm were declared, if required, as serious incidents.

# Diagnostic imaging

- We saw no evidence to demonstrate engagement with patients who used the diagnostic and radiology services.
- Managers could not accurately describe staff performance, as they reported that data regarding mandatory training was out of date or incorrect.

However:

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values

## Areas for improvement

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

# Friarage Hospital

Bullamoor Road  
Northallerton  
North Yorkshire  
DL6 1JG  
Tel: 01642850850  
[www.southtees.nhs.uk](http://www.southtees.nhs.uk)

## Key facts and figures

The Friarage Hospital in Northallerton, North Yorkshire is one of two acute hospitals forming South Tees Hospitals NHS Foundation Trust. It serves a rural population of around 122,000 people and serves an area of 1,000 square miles extending from the North Yorkshire moors to the central Pennines, the borders of York district in the south and the borders of Darlington in the north.

The Friarage Hospital has 170 beds and at the time of the inspection provided urgent and emergency care, medical, surgical, critical care, end of life care for people across the Hambleton and Richmondshire area. The hospital also provided outpatient and diagnostic services. The adult emergency department and paediatric minor injuries unit temporarily transformed into a 24 hour urgent treatment centre for all age groups and critical care services were transferred to James Cook University Hospital.

The hospital has an operating suite with a recovery area. There is a surgical day unit, a Midwifery Led Unit, a Short Stay Paediatric Assessment Unit and a diagnostic imaging department.

The Sir Robert Ogden Macmillan Cancer Centre opened in December 2018 and is located on the Friarage Hospital site. The centre was jointly funded by Sir Robert Ogden and Macmillan Cancer Relief to provide cancer care, treatment and counselling under one roof.

Following the inspection the trust Board made a decision to make temporary changes to the service provision at the Friarage hospital to maintain patient safety. The emergency department became a 24 hour urgent treatment centre for all age groups and critical care services were transferred to James Cook University hospital.

## Summary of services at Friarage Hospital

**Requires improvement**  

We rated the Friarage hospital as requires improvement because:

- The ratings went down for some services and domains. We rated the hospital as requires improvement for safe, effective and well led with caring and responsive as good.
- In critical care GPICS recommendations for nurse staffing, pharmacy provision and MDT ward rounds were not met. We found recorded evidence of patient harm relating to staff shortages. We were not assured of staff competence, skills and knowledge to deliver effective care and treatment.

# Summary of findings

- Theatre department team meetings no longer took place.
- We did not receive assurance that the current or planned paediatric pathways, staff competence, or trained staff out of hours was sufficient to meet the current standards for children receiving care in urgent and emergency care services.
- Medical staffing was insufficient in the emergency department, critical care and radiology. There was a heavy reliance on locum staff to fill rotas and this impacted on services provided.
- Medical staff mandatory training compliance, including safeguarding children and adults, did not meet trust targets.
- Specialist environments did not meet safety standards. Privacy and dignity of critical care patients could not be maintained. Infection control procedures were not always followed in diagnostic imaging departments. In some areas fridge temperature records did not show actions taken when temperatures were out of range.
- We were not assured diagnostic imaging staff were always able to recognise, report or learn from incidents. There was no effective monitoring of incident trends and themes. There were procedures in place to identify and manage risks but some risks identified were not documented according to procedure. Risks were not regularly reviewed in all areas.
- There was a higher than expected risk of readmission for elective admissions when compared to the England average. Performance for achieving the timescales for provision of diagnostic radiology for cancer patients were not achieved.
- It was not clear that leaders understood the challenges staff faced. Staff morale was variable, because of staffing issues and their impact on patient care and staff well-being. Staff in most areas inspected raised concerns that senior managers above matron level were not visible and not accessible. Staff below manager level were not aware of the trust strategy going forward. Staff considered the amount of changes and speed of change in the organisation added to existing pressures.

However:

- Records and documentation were clear, legible, dated, timed and signed in accordance with local policy and professional registering bodies. We observed robust medicines management processes in place. Staff used a national early warning score (NEWS 2) to assess and escalate if patients' health deteriorated. World Health Organisation safer surgery checks were embedded.
- Most staff were aware of how and when to report incidents. Staff understood how to protect patients from abuse and worked well with other agencies to do so.
- In most areas there were sufficient competent staff to care for patients. Compliance levels for mandatory training for nursing staff in most areas was good and staff were supported to attend training.
- Departments were visibly clean and tidy, and most areas had cleaning schedules and records in place.
- Staff cared for patients with compassion. Medical and nursing staff at all levels advocated for a positive patient experience. Patients we spoke with were consistently positive about the care and experience they had received. Relatives said they were kept fully informed and involved.
- A mental health liaison team was available 24 hours a day, seven days a week. There were specialist staff and initiatives for those living with a learning disability or living with dementia, although this was not the case in all departments and some areas such as diagnostic imaging had very limited provision. Staff had access to a dedicated pain management team and a palliative care team, to support patients with complex pain needs.
- On the majority of occasions, the trust was meeting and performing better than the national performance standards for emergency care and referral to treatment targets (RTT). Staff participated in national audits; performance against these was mainly the same as or better than other hospitals.

## Summary of findings

- Governance metrics were presented as dashboards each month and displayed on model-ward boards, for staff to see.

# Urgent and emergency services

Requires improvement  

## Key facts and figures

At the time of the inspection, the Friarage Hospital was one of two emergency departments for South Tees hospitals NHS foundation trust. The service provided urgent and emergency care for patients in the Northallerton and surrounding area. The service provided emergency treatment for patients 24 hours a day, seven days a week.

Minor injury units were available at Redcar Primary Care Hospital and a children's minor injury unit model is delivered at the Friarage Hospital.

From July 2017 to June 2018 there were 137,614 attendances at the trust's urgent and emergency care departments. Information provided by the trust showed that between July to December 2018 there were 9,958 attendances at Friarage urgent and emergency care department of these 1,523 were paediatric attendances.

Data from the trust indicated that approximately 700 paediatric patients presented out of hours, between 5pm to 8am from July to December 2018. In the same period, overall there were 220 children who were classed as having a minor illness; 191 attended outside of the opening hours of the children's assessment unit.

Information provided by the trust, collected as part of the NHS benchmarking network emergency care project, (this project benchmarked 252 emergency departments) showed that the service attendance rate was 18,564 which was lower than the mean average of 87,099 meaning it was a very small department.

At the time of the inspection, the department was categorised as a type one emergency department for adults and a type three emergency department for paediatric patients. The department was able to see paediatric patients presenting with injury and had pathways in place to stream paediatric patients presenting with minor illness.

Following this inspection, the service closed on 27 March 2019, and immediately re-opened as an Urgent Treatment Centre for all ages. The plan was for the department to see and treat more paediatric patients with both paediatric minor illness and injury services.

At the last inspection in June 2016, we inspected the "Effective" domain as it had been rated as requires improvement from the December 2014 inspection; the other domains were all rated as "Good". There were no breaches of regulation following the June 2016 inspection.

From the December 2014 inspection, a breach in regulation remained:

- Ensure that there are sufficient numbers of suitably qualified and experienced staff particularly in the A&E department.

Our inspection in January 2019, was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Before the inspection, we reviewed the information about this service and information requested from the trust. During this inspection we visited the department. We spoke with two patients and one relative and 10 members of staff. We observed staff delivering care and reviewed 10 sets of patient records. We reviewed trust policies and performance information from, and about the trust.

## Summary of this service

Our overall rating of the service went down and was requires improvement because:

# Urgent and emergency services

- We did not receive assurance that the current or planned paediatric pathways met the national standards for children receiving care in emergency departments.
- Staff receiving children in the department did not have the appropriate paediatric competence to provide immediate assessment. Data provided by the trust, showed that this was been carried out by reception staff.
- There was a lack of appropriate paediatric trained staff out of hours.
- Overnight pathways did not provide assurance of a responsive emergency department, staff we spoke with highlighted confusion about processes and provided information which showed inconsistent decision making.
- The designated mental health room did not meet the quality standards for liaison psychiatry services, it contained fixings and fittings which posed potential ligature and other risks to patients.
- Training compliance rates for resuscitation training was not supplied in a consistent way to provide assurance that the current resuscitation provision in the department met the required standards.
- We observed that patients had no access to water during their admission
- Consultant presence was not available onsite seven days a week; they were not onsite over the weekend. During 2018, there had been four occasions when the department had to close to admissions due to no middle grade doctor being available.
- Mandatory training rates did not consistently meet the trust target of 90%.
- Audit action plans we reviewed were not consistently completed, they did not have actions identified or re-audit dates included to improve performance.

However:

- The service had recognised the need for improvements in the emergency pathways; these required a change to service and a preferred clinical model had been developed. At the time of the inspection in January 2019, the senior management team anticipated agreement and formal consultation later in the year. Following the inspection at the trust's board meeting on the 5 February it was agreed that this would be urgently implemented on a temporary basis to maintain patient safety.
- Patients we spoke with were consistently positive about the care and experience they had received.
- On the majority of occasions, the trust was meeting and performing better than the national performance standards.
- The department was visibly clean and tidy, and staff protected themselves and patients from infections by cleaning their hands and equipment.
- A mental health liaison team was available 24 hours a day, seven days a week.
- Leadership in the department was stable and staff we spoke with felt supported by line managers and the senior management team.

## Is the service safe?

**Requires improvement**  

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



# Urgent and emergency services

- We did not receive assurance that the department was able to meet all the standards applicable to children in urgent and emergency care settings. Paediatric areas were not secure to prevent adults from entering the area or children and young people from leaving.
- Staff receiving children in the department did not have the appropriate paediatric competence to provide effective immediate assessment. Staff receiving children in the department did not have the appropriate paediatric competence to provide immediate assessment. Data provided by the trust, showed that this was been carried out by reception staff.
- The designated mental health room did not meet the quality standards for liaison psychiatry services, it contained fixings and fittings which posed potential ligature and other risks to patients.
- Consultant presence was not available onsite seven days a week; they were not on site over the weekend. During 2018, there had been four occasions when the department had to close due to no middle grade doctor being available.
- Mandatory training rates did not consistently meet the trust target of 90%. The target was met for 13 of the 18 mandatory training modules for which qualified nursing staff were eligible, and for two of the 11 mandatory training modules for which medical staff were eligible. Some of the areas of non-compliance included, infection prevention and control and PREVENT training. Following the inspection the trust reviewed the training data and confirmed that 21/23 consultants were compliant for resuscitation training. No additional data was provided regarding nurse staffing.
- Safety huddles were not carried out or documented as carried out on every shift as per the department's policy procedure.

However:

- Patients were assessed using the national early warning system (adults-NEWS2) and for paediatrics (PEWS); this provided a baseline for staff and provided staff with an early warning of deteriorating patients.
- The mental health liaison team, was provided by a service level agreement from a neighbouring mental health trust. This service was available 24 hours per day, seven days a week.
- Staff applied safeguarding procedures for adults and children so that vulnerable people were safeguarded from abuse.

## Is the service effective?

**Requires improvement** ● ↓

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

- The service did not participate in all relevant national audits. Audit action plans we reviewed were not consistently completed, they did not have all relevant actions identified or re-audit dates included to improve performance.
- We did not receive assurance that staff were sufficiently skilled and competent to deliver all aspects of emergency care, especially paediatric assessment. No qualified nurses working within the department possessed recognisable post-registration paediatric qualifications.
- During the inspection, patients did not have access to fresh water in the department.

However:

# Urgent and emergency services

- The service participated in some national audits; performance against these was the same as or better than other hospitals.
- Policies and procedures were based on guidance from the Royal College of Emergency Medicine and the National Institute for health and care excellence (NICE).
- The department scored the same as other emergency departments when asking patients if they thought that staff did everything they could to control pain.

## Is the service caring?

Good  → ←

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

- Patients we spoke with were consistently positive about the care and experience they had received.
- Medical and nursing staff treated patients with dignity and respect, they supported patients and relatives who became distressed and understood the emotional impact an attendance in the emergency department had on the health and wellbeing of patient's and relatives.
- We heard staff introducing themselves by name and explaining the care and treatment they were delivering.
- The trust's urgent and emergency care Friends and Family Test performance (% recommended) was better than the England average from September 2017 to July 2018.
- The trust scored better than other trusts for three of the 24 Emergency Department Survey questions relevant to the caring domain and about the same as other trusts for the remaining 21 questions.

However:

- We observed that patients were not consistently provided with buzzers, to alert staff if they required assistance.
- Response rates to the friends and family test were low, in August 2018 there were only four responses.

## Is the service responsive?

Good  → ←

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

- The department met the Department of Health's standard for emergency departments on the majority of occasions.
- The service recognised the need for improvements in the emergency pathways and the need to change services offered at this site and had developed a preferred clinical model.
- The department provided services and made them available to patients with different needs, including patients with protected characteristics under the Equality Act and those in vulnerable circumstances.
- The service had systems in place for reporting, monitoring and learning from complaints.
- A mental health liaison team was on call for the department 24 hours a day, seven days a week.

However:

# Urgent and emergency services

- We were not assured that the paediatric pathways were always followed to ensure children, who self-presented, were seen and treated by the correct staff.

## Is the service well-led?

Good   

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

- There was a vision and strategy in place for urgent and emergency care within the trust. The directorate strategy was prepared in April 2018 and included a number of different workstreams to support patients to access the right care, first time to achieve the best clinical outcomes and recruitment and retention strategies and plans to achieve financial viability.
- Leadership in the department was stable and staff we spoke with felt supported by line managers and the department and centre senior management team.
- The majority of staff we spoke with were complementary about the board and the culture, visibility and communication in the trust. The deputy CEO/MD was an ED consultant.
- The service had clear governance structures.
- Following the inspection, the trust made temporary urgent changes to the service because of concerns over patient safety. At the trusts board meeting on the 5 February 2019 it was agreed that the plan would be implemented within a very short timescale. However, we had concerns over the implementation as at the time of the changes, plans were still being developed and staff still required training.
- Not all risks we identified were on the risk register for the department, including the clinical competencies and the effective management of paediatric patients within the department.
- At the 2014 inspection, there was a breach of regulation related to staffing, which remained a concern at the 2019 inspection in terms of medical cover and paediatric competent staff.

However:

- Following the inspection, the trust made temporary urgent changes to the service because of concerns over patient safety. At the trusts board meeting on the 5 February it was agreed that the plan would be implemented within a very short timescale. However, we had concerns over the implementation as at the time of the changes, plans were still being developed and staff still required training.
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## Areas for improvement

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

# Medical care (including older people's care)

Good   

## Key facts and figures

James Cook University Hospital and Friarage Hospital are the two acute hospitals forming South Tees Hospitals NHS Foundation Trust. The trust provides acute hospital services to the local population as well as delivering community services in Hambleton, Redcar, Richmondshire, Middlesbrough and Cleveland.

The trust had 75,067 medical admissions from July 2017 to June 2018. Emergency admissions accounted for 32,360 (43.1%), 2,639 (3.5%) were elective, and the remaining 40,068 (53.4%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 27,935
- Gastroenterology: 11,412
- Clinical haematology: 8,361

*(Source: Hospital Episode Statistics)*

There are 61 medical inpatient beds located at Friarage Hospital, located across three medical wards;

- Ainderby Ward
- Romanby Ward
- Clinical Decisions Unit

The service also provides chemotherapy day treatment services at the newly built Sir Robert Ogden Macmillan Centre.

At this inspection we visited Ainderby Ward (Respiratory), Romanby Ward (cardiology/endocrinology), the Clinical Decisions Unit, the Sir Robert Ogden Macmillan Centre, the Ambulatory Care Unit and the Endoscopy Unit.

We last inspected this hospital in October 2016. This was a follow up inspection to confirm whether the trust had made improvements since our previous comprehensive inspection in December 2014. At the 2016 inspection we focused on the safe domain as this had been rated as requires improvement in 2014. In 2016 we found it had improved and rated it as good.

Following our inspection of the service in 2016, no requirement notices were issued for medical care services at the Friarage Hospital.

At this inspection we inspected all five domains.

Our inspection was unannounced (staff did not know we were coming).

Before this inspection we reviewed the information about this service and information requested from the trust.

During the inspection visit, the inspection team observed care and treatment, looked at eleven patient records and seven prescription charts. We spoke with 15 patients and relatives and 20 members of staff including nursing and medical staff, pharmacists, managers and ward clerks. We also interviewed the senior management team who were responsible for leadership and oversight of the service.

# Medical care (including older people's care)

## Summary of this service

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. The service had a strong patient focus and staff at all levels advocated for a positive patient experience.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff we spoke with during the inspection told us there was good teamwork and morale was generally high.
- Staff spoke positively about their local leaders and said they were supportive and accessible.
- The governance structure was clear and the local leadership team had plans in place to address risks to the service, with access to information, such as monthly performance reports, to maintain quality.
- The service had mechanisms in place to manage access and flow throughout the hospital, including daily flow meetings, discharge pathways and facilitators, flow leads and daily board rounds.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service had enough staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However:

- Medical staff were not all up to date with the required mandatory training. Training compliance failed to meet the trust target of 90% in all 11 core standards and compliance with safeguarding children (Level 2) and safeguarding vulnerable adults training was low.

## Is the service safe?

**Good** ● ➡ ➡

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

- The service had enough staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

# Medical care (including older people's care)

- We found that the environment was visibly clean and that systems and processes were in place to control infection and promote hygiene.
- Measures were in place to ensure that staff assessed and responded to patient risk. Staff completed and updated risk assessments for each patient. There was access to specialist mental health support if staff were concerned about risks associated with a patient's mental health.
- Staff kept detailed records of patient's care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

However:

- Medical staff were not all up to date with required mandatory training. Training compliance for mandatory training failed to meet the trust target of 90% in all 11 core standards. Medical staff also failed to meet the trust target in compliance with safeguarding children (Level 2) and safeguarding vulnerable adults training.

## Is the service effective?

**Good**   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other dietary preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. Pain relief was provided as prescribed and there were systems to make sure additional pain relief was accessed through medical staff, if required.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However:

- Staff training compliance failed to meet trust target of 90% for mental capacity act and deprivation of liberty safeguards training.

# Medical care (including older people's care)

- We found patient nutritional risk assessment were not always updated weekly and food and fluid charts were not always fully completed.

## Is the service caring?

Good  → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. The service had a strong patient focus and staff at all levels advocated for a positive patient experience.
- Staff provided emotional support to patients to minimise their distress and worked well with specialist nurses and other services to ensure emotional needs were met.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

Good  → ←

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

- The service planned and provided services in a way that met the needs of local people. The extension of opening hours of ambulatory care units had helped to meet the demand on services from the local population.
- The service took account of patient's individual needs. Measures were in place to support vulnerable patients such as those with dementia, learning disabilities or with mental health needs.
- People could access the service when they needed it. Medical referral to treatment times were consistently better than the England average.
- The service had mechanisms in place to manage access and flow throughout the hospital, including daily flow meetings, discharge pathways and facilitators, flow leads and daily board rounds.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with staff. From the data provided, complaints were investigated and closed within the trust standard of 40 days.

## Is the service well-led?

Good  → ←

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

- Staff spoke positively about their local leaders and said they were supportive and accessible.
- There was a clear vision and strategy for the service and staff worked well together to achieve it.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff we spoke with during the inspection told us there was good teamwork and morale was generally high.

# Medical care (including older people's care)

- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The governance structure was clear and the local leadership team had plans in place to address risks to the service, with access to information, such as monthly performance reports, to maintain quality.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services.
- The service was committed to improving services through learning, continuous improvement and innovation.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

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



# Surgery

Good   

## Key facts and figures

South Tees University Hospital trust surgery service, provides elective and non-elective treatments across Friarage hospital and James Cook hospital. They offer a range of specialities including ear nose and throat, general surgery, ophthalmology (eyes), oral and maxillofacial surgery, orthodontics, plastics and burns, urology and vascular surgery.

The surgery service at Friarage hospital has five in patient theatres plus one unit for day case theatre and a minor operations room with dedicated recovery bays within the two areas. At the time of inspection, there were 42 inpatient beds across the two surgical wards.

The trust had 48,148 surgical admissions from July 2017 to June 2018. Emergency admissions accounted for 11,450 (23.8 %), 26,147 (54.3 %) were day case, and the remaining 10,551 (21.9%) were elective.

Our inspection was unannounced (staff did not know we were coming). At our previous inspection we rated surgery services as good. At this inspection we inspected and rated all five key questions. To help us make our judgements, we visited Allerton ward, surgical assessment unit, post-operative surgical day unit and main operating theatres. We looked at the environment and we spoke with three patients and two relatives.

We spoke with twenty staff members including all grades of medical and nursing staff, non-registered nursing staff, housekeepers and administrative staff at the hospital. We also interviewed the senior team for the service. We observed practice, staff interactions with patients and viewed four sets of care records. Before and after our inspection, we reviewed performance information about the trust and information provided to us by the trust.

## Summary of this service

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

- We rated safe, effective, caring and responsive as good, with well-led as requires improvement.
- There were sufficient numbers of skilled medical and nursing staff to care for patients although coverage of the anaesthetic rota was challenging.
- We observed the World Health Organisation safer surgery checks were embedded and that staff used the national early warning score (NEWS 2) to identify if the clinical condition of a patient was deteriorating and required early intervention and or escalation to keep the patient safe.
- All areas we visited were clean and tidy and most had cleaning schedules and records in place.
- Staff were aware of how and when to report incidents, including safeguarding concerns.
- The surgery service participated in national audits to monitor and improve quality.
- All patients we spoke with who identified they had experienced pain, said this had been managed well.
- Patients we spoke with told us they felt safe and well cared for. Relatives we spoke with said they could speak with doctors and senior nursing staff when they wanted to. Patients had access to clinical nurse specialists for support and advice, when needed.
- From September 2017 to August 2018 the trust's referral to treatment time (RTT) for admitted pathways for surgery was consistently better than or similar to the England average.

# Surgery

- There was an advisor for learning disability and autism, to support staff, patients and families. There were dementia friendly initiatives available and staff used patient passports for those living with a learning disability or living with dementia.
- Governance metrics were presented as dashboards each month and displayed on model-ward boards, for staff to see. Managers explained it was their responsibility to ensure all staff were aware and did this through staff huddles around the model-ward board, staff meetings and written bulletins.
- We saw that the surgical centre had an active risk register in place which identified risk, controls, gaps in control and action plans. All risks had review dates in place with evidence of updates.

However:

- Staff and doctors that we spoke with raised concerns to us that senior managers above matron level were not visible and not accessible. Staff we spoke with said morale was variable.
- Staff we spoke with said they recognised the need for changes to be implemented but considered the amount of changes and speed of change in the organisation added to existing pressures.
- Staff we spoke with in theatres said they no longer held department meetings as these had been stopped by trust managers.
- The 90.0% mandatory training compliance target was not met for any of the mandatory training modules for which medical staff were eligible.
- Fridge temperature records did not indicate actions taken to safeguard medicines, when the fridge temperature was not within the required range.
- All patients at the trust had a higher expected risk of readmission for elective admissions when compared to the England average.
- Consent was not routinely obtained in accordance with best practise, as a two-stage process.
- Call bells were not always answered promptly while patient safety huddles were in progress. We observed a huddle that was held in an open area which meant there was a risk patients and relatives could hear what was being discussed.

## Is the service safe?

Good   

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

- There were sufficient numbers of skilled medical and nursing staff to care for patients.
- We observed the World Health Organisation safer surgery checks were embedded.
- Staff used a national early warning score (NEWS 2) to identify if the clinical condition of a patient was deteriorating and required early intervention and or escalation to keep the patient safe.
- There was a positive incident reporting culture and staff received feedback following incident investigations. Staff were aware of how and when to report incidents, including safeguarding concerns.
- There had been two never events due to surgical invasive procedures. However, we saw that staff received feedback and lessons learned were shared and duty of candour was applied.

# Surgery

- Compliance levels for mandatory training for nursing staff was good and staff were supported to attend training.
- All areas we visited were clean and tidy and most had cleaning schedules and records in place. Equipment we looked at was clean, regularly serviced and well maintained. There was a labelling system in place to identify cleaned equipment.
- Medical and nursing staffs' documentation was clear, legible, dated, timed and signed in accordance with local policy and professional registering bodies.
- We observed robust medicines management processes in place.

However:

- Staff and doctors raised their concerns to us that covering the anaesthetic rota was difficult in recent months and there was heavy reliance on locum staff due to unfilled vacancies.
- The 90.0% mandatory training compliance target was not met for any of the mandatory training modules for which medical staff were eligible.
- Fridge temperature records did not indicate actions taken to safeguard medicines, when the fridge temperature was not within the required range.
- Cleaning records on the surgical assessment unit were recorded on a laminated card, which was wiped at the end of each week. This meant staff were unable to provide historic evidence that areas were always cleaned consistently.

## Is the service effective?

**Good** ● ➡ ➡

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

- We saw local policies and procedures were informed by national guidelines and quality standards.
- The surgery services participated in numerous national audits such national hip fracture database, bowel cancer audit, national vascular registry, oesophago-gastric cancer national audit and national emergency laparotomy audit.
- Staff had access to a dedicated pain management team and a palliative care team, to support patients with complex pain needs. All patients we spoke with who identified they had experienced pain, said this had been managed well.
- All staff we spoke with said they were supported with their training needs and revalidation. All staff we spoke with said they had received a performance appraisal within the last twelve months.
- We observed well-attended, informal, and structured multidisciplinary team meetings.
- Patients had seven-day a week access to diagnostic services and emergency therapies provided through on-call services.
- Consent forms we observed were completed comprehensively and indicated benefits and risks of surgery.

However:

- Although the trust had an up to date policy for pre-operative site marking, correct site surgery and correct site regional anaesthesia, the main theatres check list was dated for review 2014.
- All patients at the trust had a higher expected risk of readmission for elective admissions when compared to the England average.

# Surgery

- Consent was not routinely obtained in accordance with best practise, as a two-stage process.

## Is the service caring?

Good   

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

- We observed patients being treated with dignity and respect at all times.
- There were examples of exceptional care such as staff enabled a patient at the end of their life, to enjoy a special early Christmas celebration with their family, who were all accommodated through special arrangements on the ward. Also, staff enabled a patient at the end of their life, to marry their partner on the ward, in accordance with their wishes.
- Relatives we spoke with said they could speak with doctors and senior nursing staff when they wanted to.
- There was a multi-faith chaplaincy service available.
- Patients had access to clinical nurse specialists for support and advice, when needed.
- Relatives we spoke with said they were kept fully informed and involved.
- Friends and family feedback indicated consistently high satisfaction scores and patients we spoke with told us they felt safe and well cared for.

However:

- Call bells were not always answered promptly while patient safety huddles were in progress.
- We observed a huddle that was held in an open area which meant there was a risk patients and relatives could hear what was being discussed.

## Is the service responsive?

Good   

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

- The surgery service was planned to meet the needs of patients and the facilities were accessible to all patients.
- From September 2017 to August 2018 the trust's referral to treatment time (RTT) for admitted pathways for surgery was consistently better than or similar to the England average.
- Routine operating theatre lists were planned and unplanned cases were always carried out after 5.30pm, by the on-call team as identified on the rota.
- Patients were pre-assessed prior to surgery, which provided the opportunity to ask questions and facilitated informed consent.
- There was an advisor for learning disability and autism, to support staff, patients and families. There were dementia friendly initiatives available and staff used patient passports for those living with a learning disability or living with dementia.

# Surgery

- The trust chaplains regularly visited the wards and could be contacted twenty-four hours a day through the hospital switchboard.
- Interpretation and translation services were available and staff knew how to access them when needed.
- There was open visiting which allowed relatives to visit more flexibly, in accordance with patients' wishes.
- Discharge to assess processes were in place to facilitate support for patients to be discharged to their own home, while receiving care.
- The average length of stay for all elective and non-elective patients at Friarage hospital was better than the England average.

## Is the service well-led?

**Requires improvement**  

Our rating of well-led went down. We rated it as requires improvement because:

- Staff and doctors that we spoke with raised concerns to us that senior managers above matron level were not visible and not accessible. We were told that some staff could not identify members of the senior management team.
- One of the two surgical wards had not had a ward manager in post for an extended period of time; which impacted on leadership capacity at this hospital.
- Staff raised concerns to us about lack of administrative and secretarial support which meant correspondence and reports were sometimes delayed.
- Staff we spoke with said morale was variable and expressed concerns about staff moves to backfill other wards.
- Staff we spoke with below manager level were not aware of the trust strategy going forward. There were future plans at the time of inspection, but these had not been discussed with staff.
- Staff we spoke with said they recognised the need for changes to be implemented but considered the amount of changes and speed of change in the organisation added to existing pressures.
- Staff we spoke with in theatres said they no longer held department team meetings as these had been stopped by trust managers which meant there was less opportunity for staff to share information and learning face to face.
- One of the two surgical wards had not had a ward manager in post for an extended period of time which impacted on leadership capacity at this hospital.

However:

- Governance metrics were presented as dashboards each month and displayed on model-ward boards, for all staff to see. Managers explained it was their responsibility to ensure all staff were aware and did this through staff huddles around the model-ward board, staff meetings and written bulletins.
- We saw that the surgical centre had an active risk register in place which identified risk, controls, gaps in control and action plans. All risks had review dates in place with evidence of updates.
- Students we spoke with said they were well supported, and the trust received a 'placement of the year' nomination from a local university.
- Development and implementation of the 'empty recovery model' improved continuity of care and improved patient experience and service efficiency.

# Surgery

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

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

# Critical care

Requires improvement  

## Key facts and figures

South Tees Hospital NHS Foundation Trust had 72 adult critical care beds up until our inspection in February 2019. After this inspection six beds at Friarage hospital were closed in March 2019. The remaining 66 beds were across seven wards at The James Cook University Hospital in Middlesbrough. The James Cook University hospital is a designated major trauma centre and the critical care facilities admit critically ill patients from Middlesbrough and surrounding areas as well as providing specialist care and taking regional referrals via the Critical Care Network.

The critical care service at the Friarage had a combined intensive care unit (ICU) and high dependency unit (HDU). The unit provided level two (patients who require pre-operative optimisation, extended post operative care or single organ support) and level three (patients who require advanced respiratory support or a minimum of two organ support) care to adult patients. The number of beds in use varied depending on need and flexed between level three and level two as required.

ICNARC data from 1 April 2017 and 31 March 2018 for the ICU/HDU unit at the Friarage Hospital showed that there were 257 admissions with an average age of 65 years. Of these:

- 37% were planned admissions from theatre following elective surgery
- 27% were from ward areas
- 14% were admitted following emergency surgery
- 8% were unplanned admissions from the emergency department or outside of the hospital
- 7% were unplanned admissions from theatre following elective surgery
- 4% were from another acute hospital (not critical care)
- 2% were planned or unplanned transfers from another critical care unit
- 1% were from another critical care unit (repatriation)

The average (mean) length of stay on the unit was 1.2 days.

The unit did not accept paediatric admissions, however, in an emergency situation a bed may be used to stabilise the child until the dedicated intensive care transport service for children arrived.

The critical care outreach team (CCOT) provide a supportive role to medical and nursing staff on the wards when they are caring for deteriorating patients or supporting patients discharged from critical care. The outreach team offer a 12-hour service, seven days a week. The critical care service is part of the North of England Critical Care Network.

Our inspection was a responsive and unannounced (staff did not know we were coming) inspection following concerns received about the service.

At the last inspection all domains were rated as good across both hospital sites for critical care services.

During this inspection we visited the unit and spoke with one patient and two relatives and nine members of staff. We observed staff delivering care and looked at three patient records and prescription charts.

We reviewed trust policies and performance information from, and about, the trust. We received comments from patients and members of the public who contacted us directly to tell us about their experiences.

# Critical care

## Summary of this service

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

- There were medical and nurse staffing shortages. The unit was heavily reliant on locum staff and continuity of care was not provided. GPICS standards for nursing care were often not adhered to. We found recorded evidence of patient harm relating to staff shortages.
- There was a lack of assurance over training compliance. Basic life support and manual handling figures for medical staff were below 50%. We were not assured of nursing staff competence, skills and knowledge to deliver effective care and treatment.
- GPICS recommendations for pharmacy provision and MDT ward rounds were not met.
- There was insufficient space around bed areas, a lack of hand wash basins and the design of isolation rooms did not meet Department of Health standards. Privacy and dignity of patients could not be maintained as the unit did not have curtains in place.
- Access, flow and capacity within the units did not always meet patient needs and bed occupancy rates had been consistently higher than the England average.
- The critical care outreach team did not provide a 24/7 service. Follow up clinics were not well established and there was no psychological input for patients.
- The risk register not was reflective of all the risks identified. Risks were not regularly reviewed or acted upon in a timely manner.
- It was not clear that leaders understood the challenges staff faced. Staff morale was low, because of staffing issues and their impact on patient care and staff well-being.

However:

- Staff demonstrated a good knowledge for safeguarding with good training compliance rates.
- Records and prescription charts were fully completed and in line with trust and professional standards. We saw evidence of screening for delirium, monitoring of pain, nutrition and hydration with support from specialist staff. There was MDT input into decision making and care planning. There were individualised care plans and good use of patient diaries.
- National ICNARC data for Friarage hospital showed that patient outcomes: mortality and readmission rates and bed delays, were in line with or better than when compared to similar units.
- Staff cared for patients with compassion and provided emotional support to patients and their relatives. There were few complaints and a clear focus on patient centred care.

## Is the service safe?

**Inadequate**   

Our rating of safe went down. We rated it as inadequate because:

- Medical staffing was a significant challenge. The unit was heavily reliant on locum staff and continuity of care was not provided. Consultants were not always available to attend the unit within 30 minutes.



# Critical care

- We observed nurse staffing shortages during the inspection and GPICS standards of 1:1 care for level three patients and 1:2 care for level two patients were often not adhered to. This posed significant risks to patient safety.
- We raised our concerns at the time of inspection over the areas of staffing and patient safety and we wrote formally to the trust following the inspection. We requested weekly information to be sent to provide assurance that staffing levels were safe to meet the needs of patients in critical care and that action was being taken to prevent patient harms up to the time the unit was closed.
- From reviewing incident data, we found evidence of patient harm, either because patients could not be admitted to critical care due to staffing shortages, or there were insufficient nursing staff to meet their needs.
- There had been 118 pressure ulcers reported trust-wide in critical care. Forty-seven of these were related to devices, the remainder were as a result of skin damage due to pressure; one of these was reported as a serious incident due to its severity.
- We lacked assurance over training compliance of staff for equipment within the unit. The training data provided did not cover the Friarage this meant the service could not be confident that the staff caring for patients were competent to use the various pieces of equipment.
- Mandatory training for medical staff did not meet the trust standard of 90% for any of the 15 modules. Basic life support and manual handling had some of the lowest compliance figures at 46% and 35%.
- The unit was not compliant with several elements of Department of Health, Health Building Note (HBN) 04-02. This was due to the space around bed areas, a lack of hand wash basins and the design of the isolation room.
- Whilst there were no unit acquired infections, there were several incidents related to patient not being isolated due to staffing shortages. We observed this during our inspection.
- There was a lack of effective processes to ensure data submissions to ICNARC were correct and when anomalies were identified they were acted upon, for example infection rates.

However:

- With the exception of female genital mutilation (FGM), staff demonstrated a good knowledge for safeguarding. Training compliance for nursing staff exceeded the trust target, for medical staff this was just below 90%.
- We found daily checks had been completed on resuscitation equipment and transfer bags were ready for use.
- There had been no unit acquired infections in critical care, this was better when compared to similar units.
- We found records and prescription charts to be fully completed and in line with trust and professional standards.
- Mortality and morbidity meeting were critical care specific and well embedded within the service.

## Is the service effective?

**Requires improvement**  

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

- We were only provided with training data and the percentage of nurses with a post registration award in critical care for the general HDU and ITU at the James Cook University hospital. The number of staff with the qualification was 33%, this was below the GPICS recommendation of 50%.

# Critical care

- Staff worked across different areas in critical care and we could not be provided with assurance of nursing staffs' competence, skills and knowledge to deliver effective care and treatment.
- There was no specialist critical care pharmacy provision on the unit and multidisciplinary ward rounds did not take place. This was not in line with GPICS recommendations.
- The number of clinical educators compared to the number of staff was not in line with GPICS recommendations.
- The inspection team could not locate specific policies on site via the intranet. Staff were asked to assist, and they could still not be located. This meant if staff needed to check any guidance or procedures they may not be able to do so in a timely way.

However:

- National ICNARC data for Friarage hospital showed that patient outcomes: mortality and readmission rates and bed delays, were in line with or better than when compared to similar units.
- We saw evidence of screening for delirium. There were processes to measure the agitation, sedation or delirium levels of a patient. We saw that where appropriate these had been completed and appropriate actions taken.
- We found assessment and monitoring of pain and the nutritional and hydration status of patients was in place. We observed care plans to support this and support from specialist staff such as acute pain nurses and specialist dietitians.
- We observed good multidisciplinary team working to support effective care and treatment for patients. Patient records showed MDT input into decision making and care planning.

## Is the service caring?

**Not sufficient evidence to rate** ●

We were unable to rate the caring domain. We were only able to speak with one patient and three relatives during our inspection, and there was limited data available related to patient experience.

- From the observations of care, we were able to see, staff cared for patients with compassion.
- Staff provided emotional support to patients and their relatives. From speaking to staff and reviewing documentation, it was evident that the psychological needs of patients were considered as part of their care.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Challenges were noted in ensuring the privacy and dignity of patients was maintained as the unit did not have curtains in place.

## Is the service responsive?

**Requires improvement** ● ↓

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

- People could not always access the service when they needed it. There were challenges with access, flow and capacity within the units. The bed occupancy had been consistently higher than the England average.

# Critical care

- The ICNARC data showed the number of out of hours discharges was higher when compared to similar units, although remained still within the expected range.
- Data from the national laparotomy audit showed that fewer patients were being admitted to critical care from theatre and the number of unplanned admissions from wards areas to critical care was higher.
- The services that were planned and provided did not always met the needs of patients. There were challenges with the critical care environment and staffing issues meant the isolation room could often not be used for patients needing it.
- Follow up clinics were not well established and had no psychological input for patients.

However:

- The service took account of patients' individual needs. We saw evidence of individualised care plans and good use of patient diaries.
- The number of bed days with a delay of more than eight hours was much better than that of similar units.
- The unit received a low number of complaints and information was displayed on how to raise concerns.

## Is the service well-led?

**Requires improvement** ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- The risk register not was reflective of all the risks we saw, and areas of concern identified from performance data. Risks were not acted upon in a timely manner.
- We could not be assured that training and development of staff for succession planning was in place to enable sustainable leadership, as equipment training, and information on staff competence training was not provided for this site. Appraisal rates were also below the trust target. Appraisals are used to identify learning and development needs of staff.
- We lacked assurance that the strategic aims had processes to monitor their implementation and what progress had been made to deliver them: the strategy provided by the trust referenced sustaining the service at the Friarage. There were no clear timeframes or identified leads to oversee implementation.
- Staff morale was low, this was because of staffing issues and their impact on patient care and staff well-being.

However:

- There was a clear focus of patient centred care and teamwork, support between colleagues was strongly evident throughout the different areas we visited.
- The service was engaging with patients and relatives to inform and improve services.
- The service was actively involved in a number of research projects.

## Areas for improvement

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

# Diagnostic imaging

**Requires improvement**



## Key facts and figures

The trust provides a range of services in diagnostic imaging including:

- Radiology
- Mammography
- Neuroradiology
- Ultrasound

The main radiology departments are in The James Cook University Hospital, Middlesbrough and Friarage Hospital, Northallerton. The two main departments provide services 24 hours a day, seven days a week.

General radiography is also provided to the community hospitals of Redcar, Guisborough, East Cleveland (Brotton) and the Friary Hospital, Richmond.

Advanced practice radiographers are also based at both James Cook and the Friarage radiology departments: they perform and provide imaging procedures and reports in general radiography, CT, MRI, breast imaging, ultrasound scanning and fluoroscopy.

The inspection was unannounced (Staff did not know we were coming). We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. At this inspection we inspected and rated all key questions except for effective. During the inspection of the diagnostic department at Friarage Hospital we spoke with 13 staff, five patients, three relatives and reviewed five patient records.

## Summary of this service

We rated it as requires improvement because:

- The service did not have enough radiologists which impacted on delivery of the service.
- We found infection control procedures were not always followed.
- We were not assured staff were able to recognise incidents and report them appropriately. Staff told us lessons learned were not shared with the whole team and the wider service. The service was not effectively monitoring trends and themes. We saw incidents that had not followed the correct procedure of reporting both internally and externally.
- Performance for achieving the timescales for provision of diagnostic radiology for cancer patients were not achieved.
- There were limited provisions/support for individuals with additional needs such as dementia or learning difficulties.
- Not all risks which managers told us about were documented on the risk register although the service had procedures in place to report and manage risks.

However:

- The service provided care and treatment based on national guidance.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

# Diagnostic imaging

- Staff cared for patients with compassion.

## Is the service safe?

### Requires improvement



We rated it as requires improvement because:

- The service did not have enough radiologists which impacted on delivery of the service.
- The service was below target for mandatory training
- Not all staff who had contact with children received safeguarding level 3 training, this was not in line with national guidance.
- We found infection control procedures were not always followed for example we saw staff not washing their hands.
- We were not assured staff were able to recognise incidents and report them appropriately.

However:

- Staff we spoke with knew how to recognise and report abuse.
- The service had suitable premises and equipment and looked after them well.
- Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.

## Is the service effective?

We did not rate how effective the service was although we found:

- The service provided care and treatment based on national guidance.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.

However:

- We were not assured the service was monitoring the effectiveness of care and treatment and used the findings to improve them.
- All the audit data the trust submitted did not include review dates or action plans therefore we could not be assured how effective the audits were.
- There was limited health promotion materials and advice available for patients.

# Diagnostic imaging

## Is the service caring?

**Good** 

We rated it as good because:

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

## Is the service responsive?

**Requires improvement** 

We rated it as requires improvement because:

- The trust's internal key performance indicators for provision of cancer radiology were not being achieved.
- There were limited provisions/support for individuals with additional needs such as dementia or learning difficulties.
- There was no information for patients about how to raise a concern or how to contact the PALS team. The department displayed no data or information regarding learning from previous complaints or associated data.
- We were not assured learning from complaints always happened.
- Interpreters were not available for urgent appointments.

However:

- The trust planned and provided services in a way that met the needs of local people.
- For general diagnostic waiting times (percent of patients waiting six or more weeks) the trust had been performing better than the national average since March 2018.

## Is the service well-led?

**Requires improvement** 

We rated it as requires improvement because:

- There was a vision for the service but this was not embedded; staff we spoke with were unaware of it.
- Not all risks which managers told us about were documented on the risk register although the service had procedures in place to report and manage risks.
- Incidents were not always being reported or when incidents were reported the correct process was not always being followed. We saw a lack of evidence of the service monitoring trends and themes. We saw incidents that had not followed the correct procedure of reporting both internally and externally. There was limited learning from incidents.
- We were not assured complaints regarding patient harm were declared, if required, as serious incidents.

# Diagnostic imaging

- Managers could not accurately describe staff performance, as they reported that data regarding mandatory training was out of date or incorrect.
- We saw no evidence to demonstrate engagement with patients who used the diagnostic and radiology services.

However:

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

## Areas for improvement

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

**This guidance** (see [goo.gl/Y1dLhz](https://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 20 HSCA (RA) Regulations 2014 Duty of candour

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing



# Our inspection team

Sarah Dronsfield, Head of Hospital Inspection led this inspection. An executive reviewer, Jacqueline Bird, Chief Nurse, supported our inspection of well-led for the trust overall.

The team included 11 inspectors, two inspection managers and 14 specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.