Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Inspection report

Armthorpe Road
Doncaster
South Yorkshire
DN2 5LT
Tel: 01302366666

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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 trust quality rating	**Good**
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Good**
Are resources used productively?	**Good**
Combined quality and resource rating	**Good**

Summary of findings

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

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust provides a wide range of health services across three main hospital sites: Doncaster Royal Infirmary (DRI), Bassetlaw District General Hospital (BDGH) in Worksop and Montagu Hospital in Mexborough. Outpatient and diagnostic services are provided at Retford Hospital.

The trust serves a population of around 420,000 people in the areas covered by Doncaster Metropolitan Borough Council and Bassetlaw District Council, as well as parts of North Derbyshire, Barnsley, Rotherham, and north-west Lincolnshire. The trust was awarded teaching hospital status in January 2017. It employs over 6,000 members of staff.

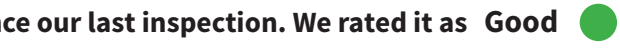
The trust provides a full range of acute clinical services. DRI is a large acute hospital with over 500 beds, a 24-hour Emergency Department (ED), and trauma unit status. In addition to a full range of hospital care, it also provides some specialist services including vascular surgery. It has inpatient, day case and outpatient facilities. BDGH is an acute hospital with over 170 beds, a 24-hour ED and a full range of hospital services including a breast care unit. It has inpatient, day case and outpatient facilities.

Montagu Hospital is a small non-acute hospital with 48 inpatient beds for people who need further rehabilitation before they can be discharged. There is a nurse-led Minor Injuries Unit, open 9am-9pm, each and every day excluding Christmas day. It also has a day surgery unit, a chronic pain management unit and a wide range of outpatient clinics.

The health of people in Doncaster and Bassetlaw is generally worse than the England average. Deprivation is worse than the England average and there are higher numbers of children living in poverty. Life expectancy for both males and females is lower than the England average.

Services are commissioned by two different clinical commissioning groups (CCGs), Doncaster CCG and Bassetlaw CCG.

Overall summary

Our rating of this trust improved since our last inspection. We rated it as Good 

What this trust does

Doncaster and Bassetlaw Teaching Hospitals NHS Trust provides a full range of acute clinical services. DRI is a large acute hospital with over 500 beds, a 24-hour Emergency Department (ED), and trauma unit status. In addition to a full range of hospital care, it also provides some specialist services including vascular surgery. It has inpatient, day case and outpatient facilities. BDGH is an acute hospital with over 170 beds, a 24-hour ED and a full range of hospital services including a breast care unit. It has inpatient, day case and outpatient facilities.

Montagu Hospital is a small non-acute hospital with 48 inpatient beds for people who need further rehabilitation before they can be discharged. There is a nurse-led minor injuries unit, open 9am-9pm, each and every day excluding Christmas day. It also has a day surgery unit, a chronic pain management unit and a wide range of outpatient clinics.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

Summary of findings

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

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

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

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.

Between 03 and 05 September 2019, there was an unannounced inspection of the urgent and emergency care, maternity, outpatient and diagnostic services provided by this trust, as part of our continual checks on the safety and quality of healthcare services. A further announced inspection took place between 10 and 12 October 2019 where we looked at the quality of leadership at the trust and how well the trust managed the governance of its services.

We inspected urgent and emergency care services because they were previously rated as requires improvement at DRI and BDGH at the last inspection in 2018, and urgent and emergency care services Montagu hospital had not been inspected since 2015.

We inspected maternity services because DRI was previously rated as requires improvement at the last inspection in 2018, and because we received some information giving us concerns about the safety and quality of these services.

We inspected outpatients and diagnostics at all four locations because they had not been inspected since 2015 and had not been inspected as two separate 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 improved. We rated it as good because:

- Overall, we rated effective, caring, responsive and well-led as good, and safe as requires improvement. In rating the trust, we took into account the current ratings of the services not inspected this time. We rated well-led for the senior leadership of the trust as good.
- Doncaster Royal Infirmary was rated as good overall and had improved one rating since the previous inspection. We rated effective, caring, responsive and well-led as good and safe as requires improvement.
- Bassetlaw District General Hospital was rated as good overall and had improved one rating since previous inspection. We rated effective, caring, responsive and well-led as good and safe as requires improvement.
- Montagu Hospital was rated as good overall and this was the same rating as the previous inspection. All domains were rated as good.
- Retford Hospital was rated as good overall. We previously inspected diagnostic imaging jointly with outpatients, so we cannot compare our new ratings directly with previous ratings. All domains were rated as good. We do not rate effective in outpatients or diagnostic imaging services.

Summary of findings

Are services safe?

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

- The safe domain was rated as requires improvement at Doncaster Royal Infirmary and Bassetlaw District General Hospital.
- Not all staff were compliant with mandatory training requirements, especially medical staff, and this was similarly reflected at the last two CQC inspections.
- Although staff understood how to protect patients from abuse and services worked well with other agencies to do so, not all staff were compliant with safeguarding training, especially medical staff.
- Although medical staffing in urgent and emergency care services had improved at Bassetlaw District General Hospital, we had concerns about out of hours cover at this hospital and at Doncaster Royal Infirmary. There were also staffing challenges within maternity and diagnostic imaging services.
- The minor injuries unit at Montagu Hospital did not operate a triage system and all children and adults were required to wait in time order to be seen by a clinician. This was not in line with current guidance.
- Diagnostic imaging services did not have an effective equipment quality assurance programme in all areas and staff did not always complete three-point checks to confirm a patient's identity.
- In maternity services, the midwife to birth ratio was worse than the ratio recommended by the Royal College of Midwives. There were also no audit arrangements in place for surgical safety checklists and there was limited evidence to demonstrate neonatal and maternity early obstetric warning scores were escalated appropriately.
- Although staff kept clear and up-to-date records of patients' care and treatment, some medical staff in outpatients did not always adhere to professional record keeping standards.

However:

- Our rating for urgent and emergency care services improved from inadequate to requires improvement at Doncaster Royal Infirmary. The trust had taken immediate and appropriate action in response to the concerns raised at the last inspection and actions included increasing paediatric staffing levels and allocating a paediatric doctor to the paediatric emergency department every day and night.
- Services controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean, although the trust's birth pool cleaning guidance did not reflect current best practice.
- Services managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service, although we found limited evidence of sharing in diagnostic imaging services.

Are services effective?

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

- Our rating of effective improved for urgent and emergency care and maternity services at both Doncaster Royal Infirmary and Bassetlaw District General Hospital (we do not rate effective for outpatients or diagnostic imaging services).
- Improvements in urgent and emergency care services included the transfer and support of patients between the emergency and specialist departments and the provision of specific paediatric training for non-paediatric trained nurses.

Summary of findings

- Improvements in maternity were reflected in the consistent planning and delivery of evidence care and treatment in line with current evidence-based guidance, and the majority of trust policies were now within the review date.
- Services provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patient's consent.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

However:

- Although the trust had made improvements to the quality and delivery of the appraisal system and the overall trust compliance was just below the 90% target, some services were not fully compliant.
- In diagnostic imaging, we found limited assurance of changes made in clinical practice as a result of issues identified in clinical audits.

Are services caring?

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We found that patients received compassionate care from staff which supported their privacy and dignity.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Most patients we spoke with felt staff were attentive and took time to explain things. Patients had access to chaplaincy services for those with a faith or none.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff understood the needs of their patients and involved carers. For instance, wards supported flexible visiting times for family and carers.

Are services responsive?

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

- Services were planned and delivered in a way to meet the individual's needs and the local population, taking into account people with complex needs, and there was access to specialist support and expertise.
- The trust had taken appropriate action to address our previous concerns about patient flow within urgent and emergency care services, and the emergency department also provided an oncology service to improve the patient experience at Doncaster Royal Infirmary.
- People could access the maternity service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were mostly in line with national standards.

Summary of findings

- Although the 'did not attend' rate was higher than the England average at all of the trust's sites, a new text reminder and respond system had been implemented. Managers and booking centre staff told us the trust had been able to reduce the rate significantly over two full months prior to our inspection.
- In diagnostic imaging services, the percentage of people waiting more than six weeks to see a clinician was better than the England average.
- Staff had access to an external translation and interpretation service.

However:

- Although the trust told us there was a system in place to identify and record patients waiting for long periods within clinics, we did not see this being followed in practice in all outpatient areas during our inspection. There were some long waiting times within clinics and although staff explained when patients asked about a delay, not all departments informed patients on arrival how long they would need to wait or the reason for any delay
- Although staff treated concerns and complaints seriously, further work was required to improve the management and oversight of complaints. Performance had not sufficiently improved since the previous CQC inspection in 2018. Information received after the inspection detailed a proposal to review the whole complaints process and improve the patient experience.

Are services well-led?

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

- Executive leaders had the skills and abilities to run the organisation. They understood and managed the priorities and issues the trust faced. They were visible and approachable and supported staff to develop their skills and take on more senior roles.
- The board of directors had a vision for what they wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on patient safety, sustainability of services and were aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress, although further work was required to strengthen the goals and objectives to ensure effective monitoring of progress.
- The board of directors and managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on a set of shared values that were embedded across the organisation.
- Governance processes were in place across the trust and with partner organisations. However, due to the changing organisational structure not all staff were clear about their roles and accountabilities. There was a new governance structure in place and the board of directors recognised further work was required to strengthen and embed processes within the newly-created clinical divisions and corporate directorates.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- The director of finance and the chief executive demonstrated clear insight and good understanding of the previous financial issues and had acted to ensure the issues would not reoccur. There was also a clear capital financing strategy to support the risks in estates and the trust was pursuing some innovate partnerships in financing to tackle the large backlog of maintenance issues.
- The trust compared well across a range of clinical and support services productivity metrics and was able to provide examples of working with partners to operate more productively whilst also reducing waiting times and improving patient experience. The trust reported a surplus in 2018/19 and was on track to deliver the 2019/20 control total.

Summary of findings

However:

- Although the trust had systems for identifying risks and planning to eliminate or reduce them, further work was required to streamline the risk register to ensure timely and effective review and to strengthen performance reporting to ensure an effective system of assurance. We also identified a lack of distinction between the board assurance framework and corporate risk register.
- Although the trust collected data and analysed it, further work was required to introduce and embed a centralised, integrated and systematic approach to collecting quality data to drive and support safety improvements.
- Further work was required to improve the management and oversight of complaints. Performance had not sufficiently improved since the previous CQC inspection in 2018. Information received after the inspection detailed a proposal to review the whole complaints process and improve the patient experience.
- Frontline staff did not receive any specific mental health training at induction or as part of the annual mandatory training programme, however the trust did have a new mental health strategy which was aligned to the trust's overarching strategic direction. There was evidence of work in progress to better understand the needs of mental health patients and the board was in the process of appointing an executive lead for mental health.

Use of resources

We rated it as good because the trust compared well across a range of clinical and support services productivity metrics and was able to provide examples of working with partners to operate more productively whilst also reducing waiting times and improving patient experience. However, the trust continued to have workforce challenges in relation to high sickness levels and high agency spend, together with high corporate services function costs. The trust reported a surplus in 2018/19 and was on track to deliver their 2019/20 control total.

Combined quality and resources

We rated it as good because overall the domains of effective, caring, responsive and well-led were good and well-led was rated as good at trust management level. Use of resources was also rated as good.

Ratings tables

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

Outstanding practice

We found examples of outstanding practice across the trust.

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

Areas for improvement

We found areas for improvement including 18 breaches of legal requirements that the trust must put right. We found 69 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

Summary of findings

Action we have taken

We issued four requirement notices to the trust. This meant the trust had to send us a report stating what action it would take to improve services.

Our action related to breaches of legal requirements at a trust-wide level and in the following core services: urgent and emergency care services, maternity and diagnostic and imaging services.

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

Urgent and Emergency Care Services:

Doncaster Royal Infirmary

- The QI project teams to improve flow in the emergency department worked collaboratively to improve patient experience, safety and working flow within the emergency department and acute medicine.
- A patient tracker had been developed for the medical division which was being tested in the department during our inspection. The patient tracker incorporated several innovative solutions to facilitate the movement of a patient in the emergency department. The tracker collected performance data collection for audit and monitored patient pathways

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 the quality of services.

Action the trust MUST take to improve

We told the trust that it must take action to bring services into line with legal requirements. This action related to concerns in all four services we inspected as well as some which were trust-wide.

Trust-wide:

- The trust must ensure that all staff particularly medical staff complete mandatory training sessions as per trust policy (Regulation 18).
- The trust must ensure that all staff particularly medical staff complete safeguarding training sessions relevant to their role (Regulation 18).

Urgent and emergency care services:

- The trust must ensure the DRI and BDGH emergency departments and the minor injuries unit at Montagu follow the proper and safe management of medicines so that the hospital is assured medicines requiring refrigeration are safe to use (Regulation 12).

Summary of findings

- The trust must ensure sufficient numbers of appropriately qualified and competent senior medical staff, consultants and middle grade doctors are deployed at DRI and BDGH and nursing staff in the minor injuries unit at DRI (Regulation 18).
- The trust must ensure long waits are not experienced by patients at BDGH requiring assessment by mental health services or by surgical patients awaiting transfer (Regulation 17).
- The trust must ensure Royal College of Paediatrics and Child Health (RCPCH) (2018) guidance is followed at BDGH, which states there should be two paediatric nurses present on each shift. Adult nurses covering the department should have training to ensure they have the relevant skills and competencies to care for infants, children and young people (Regulation 18).
- The trust must ensure managers consistently appraise work performance to ensure staff at BDGH are competent for their roles and their development is supported appropriate; staff receive training in providing support for patients with dementia or mental health needs (Regulation 18).
- The trust must ensure equipment used by the staff in the minor injuries unit at Montagu Hospital is clean and properly maintained (Regulation 15).
- The trust must ensure the minor injuries unit at Montagu Hospital has competent leadership to provide governance and mitigate and manage risks (Regulation 17).

Maternity services:

- The trust must ensure they have enough staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment (Regulation 18).
- The trust must ensure that local guidance is in place and staff follow this guidance to monitor the temperature of the freezer and fridges used to store medicines and milk. Where temperatures fall outside of the accepted range, staff must act to ensure that medicines stored in the fridges are not affected (Regulation 17).
- The trust must ensure that daily checks of resuscitation equipment take place and are documented as per trust policy (Regulation 17).
- The trust must ensure that the diagnostic ultrasound scanning unit in the early pregnancy assessment unit at DRI is calibrated and maintenance undertaken (Regulation 15).
- The trust must ensure that Entonox gases are removed from birthing rooms and that atmospheric checks are put in place to monitor levels of Entonox gases (Regulation 12).

Diagnostic and imaging services:

- The trust must ensure that the public are protected from unnecessary radiation exposure (Regulation 17).
- The trust must ensure they have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment (Regulation 18).
- The trust must ensure all staff receive an effective appraisal (Regulation 18).
- The trust must ensure that all patients are treated with respect and dignity (Regulation 12).

Action the trust SHOULD take to improve

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services.

Trust- wide:

Summary of findings

- The trust should continue to strengthen and embed governance processes within the newly-created clinical divisions and corporate directorates and continue to support and develop leadership at core service level across the organisation.
- The trust should continue with current plans to streamline the risk register to ensure timely and effective review and to strengthen performance reporting to ensure an effective system of assurance.
- The trust should continue with current plans to ensure complaints are investigated in line with the trust complaints policy, which stated complaints should be completed in 40 days.
- The trust should continue with current plans to introduce and embed a centralised, integrated and systematic approach to collecting quality data to drive and support safety improvements.
- The trust should continue work to better understand the needs of mental health patients and ensure staff receive appropriate training to support patients.

Urgent and emergency care services:

- The trust should ensure pathways and system for referral to surgery are appropriate to support the needs of patients treated in DRI emergency department.
- The trust should ensure the physical environment of the DRI emergency department is appropriate for maintaining the privacy, dignity and confidentiality of patients.
- The trust should ensure the mental health assessment room within the DRI emergency department is relocated away from the paediatric waiting area and that the recently updated assessment room at BDGH is furnished and brought into use.
- The trust should ensure staff at all hospital sites receive adequate mental health training and have understanding of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The trust should ensure dignity and respect and patients' privacy are maintained at BDGH, particularly when transferring from stretcher to trolleys in area that are not private and can be seen by other patients or visitors walking through the main department.
- The trust should ensure the proportion of ambulance journeys with turnaround times over 30 minutes at BDGH is monitored and appropriate action taken to address adverse trends
- The trust should ensure staff at BDGH comply consistently with the trust hand hygiene policy.
- The trust should ensure information about the communication needs of patients with a disability or sensory loss, or of the needs of patients who frequently attend the BDGH emergency department, is routinely recorded in patient records.
- The trust should ensure medical staff are conversant with the concept of risk management and with how it applies to the risk register for the emergency department.

Maternity services:

- The trust should review and update the birthing pool cleaning guidance to reflect the use of current cleaning products, and ensure staff follow this guidance. There should be guidance in place regarding the evacuation of women from birthing pools in an emergency and a sieve should be available to collect body products from birthing pools and this piece of equipment is maintained and stored as per policy.

Summary of findings

- The trust should ensure that monitoring is put in place to ensure that community midwives' equipment is in date and maintained as per maintenance policy.
- The trust should ensure that all equipment which requires calibration has a regime in place to ensure that the equipment is calibrated and serviced as identified.
- The trust should ensure neonatal early warning scores and the modified early obstetric warning scores are escalated appropriately that patient outcomes improve through this monitoring process.
- The trust should ensure that all surgical safety checks are completed by designated staff when women have a surgical procedure, complete audits of the checklist with an appropriate action plan and share learning.
- The trust should ensure single use equipment is within its expiry date.
- The trust should ensure that all oxygen and suction equipment checks are completed in-line with trust policy.
- The trust should ensure that staff receive training in the use of hoists and also that written guidance is available for staff on use of the hoist.
- The trust should ensure that control of substances hazardous to health products are stored in locked cupboards.
- The trust should ensure that patients records trolleys are secured appropriately.
- The trust should ensure that comprehensive records exist for women entering the service and ensure all women's mental health status is assessed, and allergies sections completed within their records.
- The trust should ensure that information technology (IT) within the acute and community midwifery settings is fit for purpose and all staff can use and access IT when needed.
- The trust should ensure that all patient group direction (PGD) paperwork authorisation signatures are present against staff names who are able to PGD medicines. Written confirmation of midwives' competencies and training in patient group directions must be maintained.
- The trust should ensure that all policies and guidelines are up to date and are in-line with national guidance.
- The trust should ensure that carbon monoxide testing monitoring takes place on all women at every contact.
- The trust should ensure that all women receive one to one care in labour.
- The trust should ensure that community midwifery caseloads reflect the current ratio of 98 cases per whole time equivalent midwife. (National Institute for Clinical Excellence guidance)
- The trust should ensure that all staff receive feedback on serious incidents.
- The trust should ensure that induction of labour guidelines is followed.
- The trust should ensure that all midwives complete neonatal life support training (NLS).
- The trust should ensure that all staff demonstrate a good understanding of mental capacity, best interest and deprivation of liberty.
- The trust should repair the damaged wall areas in the examination room in the early pregnancy assessment unit at DRI.
- The trust should ensure an emergency bell is present in the early pregnancy assessment unit scanning room at DRI.
- The trust should ensure a separate room is available for women who receive bad news whilst in the early pregnancy assessment unit at DRI.

Summary of findings

- The trust should ensure that testing for legionella continues within the maternity unit at BDGH.
- The trust should ensure that broken equipment is removed from the clinical area at BDGH and replaced.
- The trust should ensure that all women's venous thromboembolism risk assessments at BDGH are completed as guidance advises.
- The trust should ensure that band 7 midwife's/labour ward coordinators at BDGH are supernumerary when on shift.
- The trust should consider implementing a trigger list in respect of consultant presence in the hospital during the out of hours period at BDGH.
- The trust should ensure that out of date medicines are removed from the clinical area at BDGH and effective systems are in place to ensure this is completed and monitored.
- The trust should ensure that midwives at BDGH complete newborn and infant physical examination screening programme training.
- The trust should ensure that staff at BDGH feel involved and can take ownership of changes taken place across the service.

Outpatient services:

- The trust should ensure cleaning checklists are completed to show where and when cleaning has taken place.
- The trust should continue to audit use of the amended version of the WHO safer surgical checklist for invasive procedures and minor operations to ensure the checklist was used correctly and consistently.
- The trust should ensure patient records are clear and staff adhere to professional record keeping standards in line with trust policy.
- The trust should ensure learning from incidents and never events is shared across all outpatients departments at the trust.
- The trust should ensure information is displayed on how patients can make a complaint.
- The trust should continue to monitor and take action to improve the 'did not attend' rate at all of the trust's sites.
- The trust should ensure waiting times within clinics are recorded and addressed with information for patients on how long they would need to wait and the reason for any delay.
- The trust should continue to ensure waiting times from referral to treatment are met for all specialties in line with national standards.
- The trust should ensure staff awareness of the outpatients senior leaders and ensure trust-wide and operational plans are shared with all outpatients staff.
- The trust should ensure departmental risk registers include all risks identified by each team and reviews of actions taken are documented.
- The trust should ensure senior leaders have a clear overview of each outpatients department, all specialties providing outpatients services and the service as a whole.
- The trust should ensure all equipment receives annual external service and maintenance checks in line with trust policy.

Diagnostic and imaging services:

- The trust should ensure that the actions identified at the previous inspection are rectified.

Summary of findings

- The trust should ensure the patient three check ID process is adhered to with all patients.
- The trust should appoint and suitably train a radiation protection supervisor and ensure local rules are available in every scan room, signed by all staff.
- The trust should ensure that all the chairs in the patient waiting areas are clean and free from stain marks. Also, that the chairs do not have arms to enable heavily built patients easily sit in these chairs.
- The trust should ensure that directors and managers are visible to staff by visiting the diagnostic imaging unit.
- The trust should ensure there is an effective quality assurance in all areas and an audit programme.
- The trust should ensure that daily cleaning checks are adhered to in all ultrasound rooms.
- The trust should ensure they have robust structures in place to share lessons across the wider service from incidents.
- The trust should ensure they are meeting the Royal College of Radiology required minimum frequency of meetings of at least every two months.
- The trust should ensure patient information about how to raise a complaint or concern is made available.
- The trust should advertise the availability of the chaplaincy service and multi-faith prayer room in the patient waiting areas.

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 at the trust stayed the same. We rated well-led as good because:

- Executive leaders had the skills and abilities to run the organisation. They understood and managed the priorities and issues the trust faced. They were visible and approachable and supported staff to develop their skills and take on more senior roles.
- The board of directors had a vision for what they wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on patient safety, sustainability of services and were aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress, although further work was required to strengthen the goals and objectives to ensure effective monitoring of progress.
- The board of directors and managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on a set of shared values that were embedded across the organisation.
- Governance processes were in place across the trust and with partner organisations. However, due to the changing organisational structure not all staff were clear about their roles and accountabilities. There was a new governance structure in place and the board of directors recognised further work was required to strengthen and embed processes within the newly-created clinical divisions and corporate directorates.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Summary of findings

- The director of finance and the chief executive demonstrated clear insight and good understanding of the previous financial issues and had acted to ensure the issues would not reoccur. There was also a clear capital financing strategy to support the risks in estates and the trust was pursuing some innovate partnerships in financing to tackle the large backlog of maintenance issues.
- The trust compared well across a range of clinical and support services productivity metrics and was able to provide examples of working with partners to operate more productively whilst also reducing waiting times and improving patient experience. The trust reported a surplus in 2018/19 and was on track to deliver the 2019/20 control total.

However:

- Although the trust had systems for identifying risks and planning to eliminate or reduce them, further work was required to streamline the risk register to ensure timely and effective review and to strengthen performance reporting to ensure an effective system of assurance. We also identified a lack of distinction between the board assurance framework and corporate risk register.
- Although the trust collected data and analysed it, further work was required to introduce and embed a centralised, integrated and systematic approach to collecting quality data to drive and support safety improvements.
- Further work was required to improve the management and oversight of complaints. Performance had not sufficiently improved since the previous CQC inspection in 2018. Information received after the inspection detailed a proposal to review the whole complaints process and improve the patient experience.
- Frontline staff did not receive any specific mental health training at induction or as part of the annual mandatory training programme, however the trust did have a new mental health strategy which was aligned to the trust's overarching strategic direction. There was evidence of work in progress to better understand the needs of mental health patients and the board was in the process of appointing an executive lead for mental health.

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 →← Feb 2020	Good ↑ Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good ↑ Feb 2020

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.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Doncaster Royal Infirmary	Requires improvement ➔➔ Feb 2020	Good ↑ Feb 2020	Good ➔➔ Feb 2020	Good ➔➔ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020
Bassetlaw District General Hospital	Requires improvement ➔➔ Feb 2020	Good ↑ Feb 2020	Good ➔➔ Feb 2020	Good ➔➔ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020
Montagu Hospital	Good ↑ Feb 2020	Good ➔➔ Feb 2020	Good ➔➔ Feb 2020	Good ➔➔ Feb 2020	Good ➔➔ Feb 2020	Good ➔➔ Feb 2020
Retford Hospital	Good Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Overall trust	Requires improvement ➔➔ Feb 2020	Good ↑ Feb 2020	Good ➔➔ Feb 2020	Good ➔➔ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020

Ratings for the trust are from combining ratings for hospitals. 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 Doncaster Royal Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↑ Feb 2020	Good ↑ Feb 2020	Good →← Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020
Medical care (including older people's care)	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Surgery	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Critical care	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Maternity	Requires improvement →← Feb 2020	Good ↑ Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement →← Feb 2020
Services for children and young people	Requires improvement May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
End of life care	Good Oct 2015	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients	Good Mar 2020	Not rated	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Diagnostic imaging	Requires improvement Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Requires improvement Feb 2020	Requires improvement Feb 2020
Overall*	Requires improvement →← Feb 2020	Good ↑ Feb 2020	Good →← Feb 2020	Good →← Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020

*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 Bassetlaw District General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ➔➔ Feb 2020	Good ↑ Feb 2020	Good ➔➔ Feb 2020	Good ➔➔ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020
Medical care (including older people's care)	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Surgery	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Critical care	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Maternity	Requires improvement ↓ Feb 2020	Good ↑ Feb 2020	Good ➔➔ Feb 2020	Good ➔➔ Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020
Services for children and young people	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
End of life care	Good Oct 2015	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients	Good Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Diagnostic imaging	Requires improvement Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Requires improvement Feb 2020	Requires improvement Feb 2020
Overall*	Requires improvement ➔➔ Feb 2020	Good ↑ Feb 2020	Good ➔➔ Feb 2020	Good ➔➔ Feb 2020	Good ↑ Feb 2020	Good ↑ Feb 2020

*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 Montagu Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement → ← Feb 2020	Good → ← Feb 2020	Good → ← Feb 2020	Good → ← Feb 2020	Requires improvement ↓ Feb 2020	Requires improvement ↓ Feb 2020
Medical care (including older people's care)	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Surgery	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients	Good Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Diagnostic imaging	Requires improvement Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Requires improvement Feb 2020	Requires improvement Feb 2020
Overall*	Good ↑ Feb 2020	Good → ← Feb 2020	Good → ← Feb 2020	Good → ← Feb 2020	Good → ← Feb 2020	Good → ← Feb 2020

*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 Retford Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020
Diagnostic imaging	Requires improvement Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Requires improvement Feb 2020	Requires improvement Feb 2020
Overall*	Good Feb 2020	Not rated	Good Feb 2020	Good Feb 2020	Good Feb 2020	Good Feb 2020

*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.

Montagu Hospital

Adwick Road
Mexborough
South Yorkshire
S64 0AZ
Tel: 01709585171
www.dbh.nhs.uk

Key facts and figures

Montagu is a small non-acute hospital with over 50 inpatient beds for people who need further rehabilitation before they can be discharged. There is a nurse-led Minor Injuries Unit, open from 9am to 9pm every day excluding Christmas. It also has a day surgery unit, renal dialysis, a chronic pain management unit and a wide range of outpatient clinics.

Summary of services at Montagu Hospital

Good ➔➔

Our rating of services stayed the same. We rated them as good because all domains were good overall. We previously inspected outpatients jointly with diagnostic imaging, so we cannot compare our new ratings directly with previous ratings.

Urgent and emergency care

Requires improvement 

Key facts and figures

The minor injuries unit at Montagu hospital, Mexborough treated patients with minor injuries. The minor injuries unit was a nurse led unit with no medical cover on site.

The minor injuries unit saw approximately 30,000 patient per year including both adults and children with approximately 30% of all attendances being from children under 16 years. The unit had admission criteria which were followed by the ambulance services. Patients also self-presented to the unit. Patients who did not meet the unit's admission criteria but required emergency care were usually transported to Doncaster Royal Infirmary.

During our inspection we spoke with 10 patients and their relatives and carers to obtain their feedback on the care they were receiving, spoke with five members of staff and reviewed 10 patient records.

We previously inspected the minor injuries unit at this hospital in 2015.

Summary of this service

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

- Systems and processes were not as robust as they could be to protect patients from the risk of harm. For example, the unit did not operate a triage system and all patients were required to wait in time order to be seen by a clinician. The unit accepted patients age one year and upwards which meant the lack of triage did not meet current guidance for paediatric patients to be seen within 15 minutes of arrival.
- Although the unit deployed four emergency care practitioners only two were available and cover was provided by emergency care practitioners based at the Doncaster Royal Infirmary minor injuries unit. Staff felt one health care assistant on each shift was not enough to cope with the workload of the unit.
- Leadership of the minor injuries unit at Montagu hospital required development. Although leaders said they understood and managed the priorities and issues the service faced they were not visible and approachable in the service for patients and staff.
- Although the minor injuries unit at Montagu hospital followed the same nurse-led structure as other units in the trust, we found senior managers were mainly unaware of the level of management support required for the unit. Staff felt isolated and did not feel part of the trust as a whole.
- Although governance processes were in place and staff were clear about their roles and accountabilities they had few opportunities to meet, discuss and learn from the performance of the service.
- Although the service used systems to manage performance we saw no evidence risks were identified and managed to reduce their impact and few audits were completed.
- Compliance with mandatory training did not meet the trust standard. Staff found it difficult to keep up to date with mandatory training and did not feel supported to complete it.
- The level of safeguarding training completed did not meet the recommendations of the intercollegiate guidance for level three.

Urgent and emergency care

- Some areas of the premises and some items of equipment were not clean. Several items of equipment were out of date. Sharps bins were mostly undated. Insufficient time was allocated to complete the required checking and restocking of equipment.
- Although the service used systems and processes to prescribe, administer, record and store medicines safely we could not be assured that medicines requiring refrigeration were safe to use.
- Staff knowledge of how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health was limited.
- Staff felt they did not receive enough mental health training or other speciality training although options for more in-depth training were being developed.
- Response to concerns escalated by the unit to senior medical staff was variable.

However:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients who had received treatment in the unit said they were very satisfied with their care. Staff were polite, respectful, professional and non-judgmental in their approach.
- Staff provided emotional support to patients, families and carers to minimise their distress and supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Emergency care practitioners were trained in sepsis recognition and management and felt confident in identifying and managing the care for patients with this presentation.
- Safeguarding adults and safeguarding children policies we reviewed were up to date and protocols were in place to identify and manage adults and children at risk. Staff were aware of their responsibilities as to safeguarding both adult and paediatric patients and safeguarding records were completed appropriately.
- Adequate handwashing and hand sanitising facilities were available in the unit and we observed staff cleansing hands before and after episodes of patient care. Personal protective equipment, including aprons and gloves, was readily available.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. Staff knew how to report incidents or near misses and felt confident in raising an incident should they need to.
- The service provided care and treatment based on national guidance and evidence-based practice. Clinical guidelines were available and easy for staff to access and staff were familiar with the clinical guidelines.
- Staff assessed patients' pain scores and offered pain relief. Facilities were available to provide drinks for patients and their relatives and carers. Different dietary and cultural needs could be catered for if requested directly from the kitchen.
- Emergency nurse practitioners completed training with allocated mentors and worked alongside another emergency nurse practitioner when newly qualified.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services and coordinated care with other services and providers.
- The culture in the minor injuries unit was positive and the team worked well together and supported each other.

Urgent and emergency care

Is the service safe?

Requires improvement 

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

- The unit did not operate a triage system and all patients were required to wait in time order to be seen by a clinician. The unit accepted patients age one year and upwards which meant the lack of triage did not meet current guidance.
- Although the unit deployed four emergency care practitioners only two were available and cover was provided by emergency care practitioners based at the Doncaster Royal Infirmary minor injuries unit. Staff felt one health care assistant on each shift was not enough to cope with the workload of the unit.
- Although staff we spoke with during this inspection told us they had completed mandatory training, compliance in the last year did not meet the trust standard. Staff found it difficult to keep up to date with mandatory training and did not feel supported to complete it.
- The level of safeguarding training completed did not meet the recommendations of the intercollegiate guidance for level three.
- Some areas of the premises and some items of equipment were not clean.
- Several items of equipment were out of date or very well used. Sharps bins were mostly undated.
- Insufficient time was allocated to complete the required checking and restocking of equipment and although the issues had been escalated no action had been taken.
- Although the service used systems and processes to prescribe, administer, record and store medicines safely except we could not be assured that medicines requiring refrigeration were safe to use.

However:

- Deteriorating patients were assessed using the national early warning score and if the patient's condition required escalation, an emergency ambulance transported them to the emergency department at Doncaster. For paediatric patients, the unit used the paediatric observation priority score for their assessment.
- Emergency care practitioners were trained in sepsis recognition and management and felt confident in identifying and managing the care for patients with this presentation.
- Safeguarding adults and safeguarding children policies we reviewed were up to date and protocols were in place to identify and manage adults and children at risk.
- Staff were aware of their responsibilities as to safeguarding both adult and paediatric patients and safeguarding records were completed appropriately.
- Adequate handwashing and hand sanitising facilities were available in the unit and we observed staff cleansing hands before and after episodes of patient care. Personal protective equipment, including aprons and gloves, was readily available.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Urgent and emergency care

- Staff knew how to report incidents or near misses and felt confident in raising an incident should they need to. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

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-based practice. Clinical guidelines were available and easy for staff to access and staff were familiar with the clinical guidelines.
- Staff assessed patients' pain scores and offered pain relief. Facilities were available to provide drinks for patients and their relatives and carers. Different dietary and cultural needs could be catered for if requested directly from the kitchen.
- The service made sure staff were competent for their roles. Emergency nurse practitioners completed training with allocated mentors and worked alongside another emergency nurse practitioner when newly qualified. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Healthcare professionals worked together as a team to benefit patients. They supported each other to provide effective care.
- Key services were available seven days a week to support timely patient care. The nurse-led minor injuries unit was open from 9am to 9pm hours every day excluding Christmas day and out of hours arrangements were in place.
- Staff gave patients practical support and advice to lead healthier lives including accessing the trust's drug and alcohol support network if required for patients.

However:

- Staff knowledge of how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health was limited.
- Although cleaning audits were undertaken in the unit no other audits were completed.
- Staff felt they did not receive enough mental health training or other speciality training although options for more in-depth training were being developed.
- Response to concerns escalated by the unit to senior medical staff was variable.

Is the service caring?

Good

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients who had received treatment in the unit said they were very satisfied with their care.
- Staff were polite, respectful, professional and non-judgmental in their approach. We observed nursing staff introduce themselves to patients, and ask what patients preferred to be called.

Urgent and emergency care

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Staff explained procedures to patients and relatives clearly and used appropriate language, whilst remaining respectful. Patients, relatives and carers felt they were involved in care and treatment decisions and interventions had been explained to them.

Is the service responsive?

Good 

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services and coordinated care with other services and providers.
- The service had in place a learning disability strategy (2018-2020) and worked with an external provider of NHS specialist services to provide services for patients with a learning disability.
- Dementia training was included in mandatory training and the service used the 'this is me' document for patients with dementia.
- The unit could access telephone interpretation services to support patients whose first language was not English.
- No complaints about urgent and emergency care services at Montagu Hospital were received in the 12 months before the inspection.

However:

- Average times to see a first clinician were 28 minutes for paediatric patients and 20 minutes for adult minors patients which meant the unit did not meet current guidance for paediatric patients to be seen within 15 minutes of arrival.

Is the service well-led?

Requires improvement 

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

- Systems and processes were not as robust as they could be to protect patients from the risk of harm. For example, the unit did not operate a triage system for all patients and did not meet current guidance for paediatric patients to be seen within 15 minutes of arrival.
- Leadership of the minor injuries unit at Montagu hospital required development. Although leaders said they understood and managed the priorities and issues the service faced they were not visible and approachable in the service for patients and staff. Staff felt isolated and did not feel part of the trust as a whole.

Urgent and emergency care

- Although the minor injuries unit at Montagu hospital followed the same nurse-led structure as other units in the trust, we found senior managers were mainly unaware of the level of management support required for the unit and of the risks, challenges and clinical priorities. This meant there was a lack of oversight of the unit.
- Although governance processes were in place and staff understood their roles and accountabilities they had few opportunities to meet, discuss and learn from the performance of the service.
- Although the service used systems to manage performance we saw no evidence risks were identified and managed to reduce their impact.

However:

- The culture in the minor injuries unit was positive and the team worked well together and supported each other.
- Staff could access data in easily accessible formats. Information systems were integrated and secure.
- The service engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.
- Staff had an understanding of quality improvement methods and the service encouraged innovation and participation in research.

Areas for improvement

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

Outpatients

Good

Key facts and figures

Montagu Hospital is a hospital in the Doncaster and Bassetlaw NHS Foundation Trust. The hospital provides a range of outpatient services and is based in Mexborough.

The trust had 489,039 first and follow up outpatient attendances from March 2018 to February 2019. There were 61,473 outpatient appointments at Montagu Hospital.

The follow-up to new rate for Montagu Hospital was similar to the England average.

The trust did not report any cancelled outpatient appointments over this period. However, trust information showed 20% of clinics were cancelled each month in the reporting period.

The service provided outpatient clinics between 9am and 5pm, Monday to Friday.

The 'did not attend' rate was higher than the England average at all of the trust's sites.

During our inspection at Montagu there were respiratory, rheumatology and eye clinics underway. We inspected the main outpatients, areas one and two.

We spoke with five staff and five patients. We reviewed three records during the inspection.

Summary of this service

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

We rated this service as good because:

- The service provided mandatory training to all staff. Equipment and the premises were visibly clean. Staff managed clinical waste well. There were enough staff to keep patients safe and provide the right care and treatment.
- Staff kept records of patients' care and treatment. Records were up to date and easily available to staff providing care. The service administered, recorded and stored medicines safely. Medical staff prescribed and administered pain relief for minor procedures.
- Staff recognised incidents and reported them appropriately. Managers shared lessons learned locally with the team.
- Staff worked together as a team to benefit patients and provide good care and were competent for their roles. All staff had completed their appraisal. Staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- The service provided outpatient clinics between 9am and 5pm, Monday to Friday. People could access food and drink. The service had relevant information promoting healthy lifestyles and support.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. Staff supported patients, families and carers to understand their condition.
- The service planned and provided care to meet the needs of local people. The service was inclusive and took account of patients' individual needs and preferences.

Outpatients

- People could access the service when they needed it. Although some specialties struggled to meet demand, most waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards. Staff treated concerns seriously, investigated them and managers shared lessons learned with staff.
- Local managers were visible and approachable for patients and staff. They supported staff across the department. Staff felt respected, supported and valued, and focused on the needs of patients. The service provided opportunities for career development.
- Although the 'did not attend' rate was higher than the England average at all of the trust's sites, a new text reminder and respond system had been implemented. Managers and booking centre staff told us the trust had been able to reduce the rate significantly over two full months prior to our inspection.
- Leaders operated effective governance processes. Managers worked with partner organisations. Staff at all levels were clear about their roles.
- Environmental risks were identified and recorded.
- The service collected information to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders and staff engaged with patients, staff, and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

However:

- There was not always an indication on equipment that it had been cleaned and cleaning checklists were not always completed.
- Not all equipment had undergone annual external service and maintenance checks in line with trust policy.
- Records were not always clear, and staff did not always adhere to professional record keeping standards.
- Learning from never events was not shared widely across different outpatients departments at the trust.
- The trust did not display information for patients on how to make a complaint.
- There was a waiting list for review patients in ophthalmology and an incident had occurred where a patient had not received the right care promptly. Patient review appointments were managed centrally by the trust bookings team and managers said their processes were robust and would not allow a backlog of review appointments. However, the incident investigation had identified over 700 patients in ophthalmology had no review appointments. Following the inspection, staff told us the trust, with the CCG, had commissioned an external review of all waiting lists. They told us all ophthalmology patients on the review list had their appointments brought forward.
- Information provided by the trust prior to our inspection showed no clinics were cancelled. However, they later provided information to show 20% of all outpatient clinics were cancelled.
- Some staff were unaware who executive leaders were.
- Although staff were aware of departmental plans relevant to their own area, not all staff were aware of how they linked in with the overarching trust strategy.
- Risk registers did not include all risks and reviews of actions taken were not always documented.
- Senior leadership operated at directorate level and outpatients departments and specialties worked separately from each other. It was not clear if leaders had an overview of the outpatients department as a whole.

Outpatients

Is the service safe?

Good

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

We rated this domain as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff used equipment and infection control measures such as hand hygiene and use of personal protective equipment (PPE) to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. However, there was no indication on equipment that it had been cleaned.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Staff were able to identify and act upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept records of patients' care and treatment, however records were not always clear, and staff didn't always adhere to professional record keeping standards. Records were available to staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Staff stored and managed medicines in line with the provider's policy. Medicines were stored securely, and keys were kept by registered nursing staff.
- Staff recognised incidents and reported them appropriately. Managers shared lessons learned locally with the team, however learning from never events was not shared widely across different outpatients departments at the trust.

However:

- The trust did not label when equipment was cleaned therefore we can't be assured of the last time cleaning took place.
- Medicines we reviewed were in date, but weekly checklists had not been completed.
- Learning from never events was not shared widely across different outpatients departments at the trust.

Is the service effective?

We do not provide a rating for the effective domain in outpatients services. However:

- The service provided care and treatment based on national guidance and evidence-based practice.
- Facilities were available for people to access food and drink. Staff could provide patients food if required due to a medical condition.

Outpatients

- The outpatients service did not routinely monitor patient outcomes. This was managed by the individual specialities.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and development. All staff had received an appraisal.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- The service provided outpatient clinics between 9am and 5pm, Monday to Friday. There were no clinics in the evenings or at weekends.
- The service had relevant information promoting healthy lifestyles and support in patient areas.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Good

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

We rated this domain as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff supported patients, families and carers to understand their condition.

Is the service responsive?

Good

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

We rated this domain as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others across the trust to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- People could access the service when they needed it. Although some specialties struggled to meet demand, most waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- Managers told us they treated concerns and complaints seriously, investigated them and shared lessons learned with staff, although we did not see information about how to make a complaint on display.

Outpatients

- Although the 'did not attend' rate was higher than the England average at all of the trust's sites, a new text reminder and respond system had been implemented. Managers and booking centre staff told us the trust had been able to reduce the rate significantly over two full months prior to our inspection.

However:

- There was a waiting list for review patients in ophthalmology and an incident had occurred where a patient had not received the right care promptly. Patient review appointments were managed centrally by the trust bookings team and managers said their processes were robust and would not allow a backlog of review appointments. However, the incident investigation had identified over 700 patients in ophthalmology had no review appointments. Following the inspection, staff told us the trust, with the CCG, had commissioned an external review of all waiting lists. They told us all ophthalmology patients on the review list had their appointments brought forward.
- Information provided by the trust prior to our inspection showed no clinics were cancelled. However, they later provided information to show 20% of all outpatient clinics were cancelled.

Is the service well-led?

Good

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

We rated this domain as good because:

- Local managers were visible and approachable in the service for patients and staff. They supported staff across the department. Senior leadership operated at directorate level and outpatients departments worked separately from each other.
- The trust and senior leaders had a vision for what it wanted to achieve and a strategy to turn it into action. There were operational plans for each outpatients department which linked in to the trust vision and strategy.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where staff could raise concerns without fear.
- Leaders operated effective governance processes throughout the main outpatients service and senior managers liaised with specialty directorates which had their own governance systems. Managers worked with partner organisations. Staff were clear about their roles.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues. Environmental risks were identified and recorded, and managers documented actions to reduce their impact.
- The service had plans to cope with unexpected events.
- The service collected data and analysed it. Although data relevant to each specialty was managed by individual directorates, senior staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Outpatients

- Leaders and staff engaged with patients, staff, and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Senior managers had a good understanding of quality improvement methods and the skills to use them.

However,

- Some staff were unaware who outpatients executive leaders were although they did know their team and operational leads.
- Risk registers did not include all risks and reviews of actions taken were not always documented.
- Senior staff were confident there were no patients without a follow up appointment. However, an incident investigation following a significant delay in treatment had identified over 700 patients required review in one specialty.

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

Imaging services are provided at Doncaster Royal Infirmary, Bassetlaw Hospital, Montagu Hospital and Retford Hospital. MRI and CT scanning services are provided at Doncaster Royal Infirmary and Bassetlaw Hospital and interventional radiology is undertaken at Doncaster Royal Infirmary.

	Imagining Services	MRI and CT	Interventional radiology
Doncaster Royal Infirmary	**Yes**	**Yes**	**Yes**
Bassetlaw Hospital	**Yes**	**Yes**	**-**
Montagu Hospital	**Yes**	**-**	**-**
Retford Hospital	**Yes**	**-**	**-**

The Medical Imaging departments throughout the trust are staffed by over 160 people including radiologists, radiographers, nurses, clerical staff, and imaging and service assistants.

Throughout the trust over 290,000 examinations are carried out each year.

The departments at Doncaster, Bassetlaw and Montagu are open 365 days of the year. Patients are referred from wards, A & E, outpatient clinics, general practitioners (GPs) and dentists X-rays (only limb) and ultrasound scans are also taken at Retford Hospital.

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

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

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

The diagnostic imaging department was open Monday to Friday from 9am to 8pm where patients could attend having been referred by their GPs or dentists. The service did not accept GP or dental patients at the weekends or bank holidays. The service performed x-rays, ultrasounds and dental imaging.

Summary of this service

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

Diagnostic imaging

We rated it as requires improvement because:

•There had been a lack of senior leadership in post as the due to long term sick leave and staff vacancy, there had been no head of service post since March 2019. Because of this a number of outstanding actions had not been fulfilled, such as recruitment of a permanent radiation protection supervisor (RPS) and actions from the previous CQC inspection. A new head of service had now been recruited and they were due to commence their role in October 2019.

•Senior managers and directors had collated all the outstanding actions into a plan for the new head of service to accomplish, however very little progress had been made on the issues identified during the previous inspection.

•The service did not provide evidence that radiation protection supervisors (RPS) had completed appropriate training or had been formally appointed. Local rules had been recently updated but were not available in every scan room and had not been signed by all staff.

•The service did not have an effective equipment quality assurance programme in all areas. For example, we did not see evidence of patient data collection to review doses for plain film or mobile x-ray and ultrasound checks were inconsistent.

•At department level, staff told us that, although managers were supportive, they needed to be more visible by coming on to the department and talking to staff rather than spending large amounts of time in their offices.

•The service had ongoing challenges with staffing levels across all disciplines within the department. This had been identified on the departmental risk register with risks rated as extreme for breast screening administrative staff to high risk for radiographers, abdominal aortic aneurysm screening, mammographers and interventional radiographers. Some of the staffing risks had been on the departmental risk register since January 2017, categorised as high risk, with no recent updates on progress of reducing or minimising risk.

•Overall mandatory training compliance for allied health professionals, medical and nursing staff was 69.5% against a trust target of 90%. For medical staff, the 90% target was met for only five of the 11 mandatory training modules for which medical staff were eligible.

•Medical staff had not kept up to date with safeguarding training specific for their role; for example, only 53.3% of medical staff had completed safeguarding adults and children level 2 compared with the trust's completion rate of 90%.

•Staff recognised and reported incidents and near misses. However, there was limited evidence of lessons learned from incidents being shared with staff across the wider service.

•From April 2018 to March 2019, 71.3% of required staff in diagnostic imaging had received an appraisal compared to the trust target of 90% although the trust had recently reviewed its process and all appraisals were now undertaken between April and June each year.

•At our previous inspection, we had concerns about a lack of diagnostic reference levels (DRLs) audits. At this inspection, we found that the service had conducted some audits of doses against DRLs across the trust. This showed that five rooms across the service, including the x-ray room at Retford hospital was producing higher doses, due to older computed tomography (CR) equipment. However, we saw no evidence that these rooms had been subject to proactive optimisation or more frequent testing to mitigate this.

However;

•Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

•Staff clearly described how they would report incidents using an online tool. Feedback from incident reporting was via email or staff meetings. Staff told us they talked openly about incidents and operated a no blame culture. Staff understood the duty of candour and what needed to be done when things went wrong.

Diagnostic imaging

•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.

•It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint. Most patients we spoke with told us that they had been told how to raise a complaint or they would know how to raise a complaint.

Is the service safe?

Requires improvement

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

We rated it as requires improvement because:

•The service had ongoing challenges with staffing levels across all disciplines within the department. This had been identified on the departmental risk register with risks rated as extreme for breast screening administrative staff to high risk for radiographers, abdominal aortic aneurysm screening, mammographers and interventional radiographers. Some of the staffing risks had been on the departmental risk register since January 2017, categorised as high risk, with no recent updates on progress of reducing or minimising risk.

•The service did not provide evidence that radiation protection supervisors (RPS) had completed appropriate training or had been formally appointed. Local rules had been recently updated but were not available in every scan room and had not been signed by all staff.

•Overall mandatory training compliance for allied health professionals, medical and nursing staff was 69.5% against a trust target of 90%. For medical staff, the 90% target was met for only five of the 11 mandatory training modules for which medical staff were eligible.

•Medical staff had not kept up to date with safeguarding training specific for their role; for example, only 53.3% of medical staff had completed safeguarding adults and children level 2 compared with the trust's completion rate of 90%.

•The service did not have an effective equipment quality assurance programme in all areas. For example, we did not see evidence of patient data collection to review doses for plain film or mobile x-ray and ultrasound checks were inconsistent.

•Audits showed staff did not always record daily cleaning checks in ultrasound rooms and there were limited hand gel points in some areas. We observed patients not using the hand gel upon entering and leaving the department. Thus, there was a risk of patients spreading infections from outside the hospital on to the department.

•Staff did not always complete three-point checks and use open questions to confirm patients' identity, for example when handing over patients who were arriving in the department with porters from another part of the hospital.

•Staff recognised and reported incidents and near misses. However, there was limited evidence of lessons learned from incidents being shared with staff across the wider service.

•The main reception area contained a booking desk manned by a member of staff and 17 fabric chairs. The chairs were a mixture of some with high arm rests and some without arm rests. Eleven of the chairs had dirty stain marks on the seats. This was a recurring theme at the other three sites.

Diagnostic imaging

However;

•Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

•Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Safety checklists were completed appropriately in the records we reviewed.

•In the waiting area, 11 of the 17 chairs had dirty stain marks on the seats. This was a recurring theme at the other three sites.

Is the service effective?

We do not rate effective in diagnostic imaging, however we found:

•From April 2018 to March 2019, 71.3% of required staff in diagnostic imaging had received an appraisal compared to the trust target of 90% although the trust had recently reviewed its process and all appraisals were now undertaken between April and June each year.

•Although the service conducted discrepancy and peer review meetings for radiologists on a monthly basis, the Royal College of Radiology (RCR) standards that the minimum frequency of meetings should be at least every two months had not always been met.

•Reporting radiographers were unable to use their skills to benefit the department due to operational staffing pressures and a grading issue.

•We saw limited assurance of changes made in clinical practice made as a result of issues identified in clinical audits.

•At our previous inspection, we had concerns about a lack of diagnostic reference levels (DRLs) audits. At this inspection, we found that the service had conducted some audits of doses against DRLs across the trust. This showed that five rooms across the service, including the x-ray room at Retford hospital was producing higher doses, due to older computed tomography (CR) equipment. However, we saw no evidence that these rooms had been subject to proactive optimisation or more frequent testing to mitigate this.

However;

•The service provided care and treatment based on national guidance and evidence of its effectiveness. We saw that the service used guidance from the National Institute of Health and Care Excellence (NICE) and from the Royal College of Radiologists and the Royal Society and College of Radiographers.

•Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Radiologists and radiographers told us they all had good professional working relationships. We saw staff of various occupations and grades working together effectively to deliver patient care in a professional manner.

•The service was open seven days a week with patients referred by GPs and dentists able to attend Monday to Friday 9am to 8pm. These patients did not need an appointment to attend during the day.

Is the service caring?

Good

We rated it as good because:

Diagnostic imaging

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. During the inspection we spoke with two patients. The feedback we received about the service was always positive and patients were happy with the care they received. Examples of what patients told us were “No concerns about service,” “Gowns are a waste of money as I only wore them for three minutes, it will now be sent to be cleaned and laundered, which is an extra expense.”
- Staff provided emotional support to patients to minimise their distress. Staff recognised that the machinery and the procedures could be intimidating and frightening to patients. They told us patients were provided with information on what to expect before the scan started and kept talking to the patient throughout to explain what they and the machines were doing.
- There was a chaperone policy and chaperones were available to patients as needed. We observed posters in patient waiting areas which informed patients of their right to request a chaperone.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients we spoke with felt they were involved in their care and treatment and understood what to expect. Patients told us that procedures were explained well, and that staff used language they could understand.

Is the service responsive?

Good

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

We rated it as good because:

•The service planned and provided services in a way that met the needs of local people. The service took account of patients’ individual needs. People could access the service when they needed it.

•The noticeboard included information about hand hygiene, blood clot prevention, advice on how to minimise the risk of spreading flu, how to complain, friends and family test result and the chaperone policy. Feedback cards were made available for patients to complete.

•The reception area was visibly clean with laminated flooring and spacious, with magazines and water cooler for the use of patients.

•Between 1 May 2018 and 31 March 2019, the percentage of patients waiting more than six weeks to see a clinician was lower than the England average. However, the figure for the April 2019, was notably higher than the England average. After the inspection, the trust told us that this was due to nerve conduction as the external service from a neighbouring hospital was unavailable. Additionally, urodynamics was also an issue due to staff sickness. They also sent us data up to the end of October 2019 and this showed that the percentage of patients waiting more than six weeks to see a clinician was lower than the England average again.

•The service had access to over the phone interpreters to assist with communication for patients whose first language was not English. Contact details were available to staff via the intranet. Staff were aware of how to use this service. In addition, the service had access to face to face interpreters.

•Most of the patients we spoke with told us that they had been told how to raise a complaint or they would know how to raise a complaint. The service had displayed information on how to raise complaints in patient waiting areas. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Diagnostic imaging

•After the inspection, the service sent us a list of complaints they had received. We examined this list and saw that it noted the date the complaint was received, the site where the complaint occurred, brief description of complaint, date the complaint was closed and the outcome. We looked at the investigation report for one complaint which showed the complaint had been thoroughly investigated and lessons learned.

Is the service well-led?

Requires improvement

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

We rated it as requires improvement because:

•At senior level, some staff told us directors were not visible including the chief executive as they had not seen them on the department.

•At department level, staff told us that, although managers were supportive, they needed to be more visible by coming on to the department and talking to staff rather than spending large amounts of time in their offices.

•There was a lack of a permanent RPS. This role was being undertaken on an interim basis by a previous occupant of this role. However, they could not evidence they were up to date with their training, thus this mitigation was not effective.

•Due to the head of service post being vacant since March 2019, a number of outstanding actions had not been fulfilled such as recruitment of a permanent RPS and actions from the previous inspection. A new head of service had now been recruited and they were due to commence their role in October 2019.

•Senior managers and directors had collated all the outstanding actions into a plan for the new head of service to accomplish, however very little progress had been made on the issues identified during the previous inspection.

•Some staff we spoke with could describe the values of the trust but they weren't knowledgeable about the strategic priorities of the diagnostic imaging department.

•Senior managers for the department told us that they were short of approximately eight radiologists based on the size of the population served by the trust.

•The risk register showed the department did not regularly review or progress their current risks. The oldest risk had been on the register since February 2015 with little evidence of how the risk had been managed or reviewed. This risk related to transfers to medical imaging which were non-compliant with the trust transfer policy and continued to be rated as an extreme risk. There were no targets for completion recorded or updates on progress or escalation of the risks. Thus, we weren't assured that the risks were being monitored effectively by senior management by discussing them regularly during governance meetings.

However;

•Staff we spoke with felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

•The governance structure had been restructured in April 2019. This took into consideration the need for greater clinical staff engagement. The new structure consisted of a main forum called consultants governance forum who met on a monthly basis for three hours. The purpose of this forum was to allow open discussion and feedback regarding opinion

on specific imaging within the radiology department. The source of the images were from all consultant bodies in the trust, GP's and incidents. The outcome of each discussion were recorded and information fed back to requesters. This forum was attended by all consultant radiologists and administrative support staff and chaired by the radiology clinical director.

•We examined various minutes of meetings for the operational governance, clinical governance and radiation committee group. These minutes showed that these meetings were well attended by a wide range of staff and a variety of issues were discussed such as radiation incidents, CT new building update and home reporting.

Areas for improvement

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

Bassetlaw District General Hospital

Blyth Road
Worksop
Nottinghamshire
S81 0BD
Tel: 01909500990
www.dbh.nhs.uk

Key facts and figures

Bassetlaw District General hospital (BDGH) is an acute hospital with over 170 beds. BDGH has inpatient, day case and outpatient facilities. It provides a full range of acute clinical services to

the local population including:

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

Summary of services at Bassetlaw District General Hospital

Good ↑

Our rating of services improved. We rated them as good because overall the domains of effective, caring, responsive and well led were good and safe required improvement. Effective and well-led had improved one rating overall.

Urgent and emergency care service

Good ↑

Key facts and figures

Bassetlaw Hospital has an emergency department and a children's assessment unit which is closed overnight. Urgent and emergency care is provided through the children's assessment unit during the day and early evening, with any inpatient requirement or critically ill children being transferred to Doncaster Royal Infirmary or through a specialist, 24-hour transport service. The Emergency Department manages attendances overnight liaising with the on-call team at Doncaster Royal Infirmary and on call consultants.

From March 2018 to February 2019 there were 173,930 attendances at the trust's urgent and emergency care services. Approximately 50,000 patients attended Bassetlaw, of which 10,000 were children.

The percentage of A&E attendances at this trust that resulted in an admission in 2018/19 was similar to 2017/18. In both years, the proportions were higher than the England averages.

Urgent and emergency care attendances by outcome (trust-wide)

March 2018 to February 2019

Admitted to hospital	**33,689**
Discharged (includes: no follow-up needed and follow-up treatment by GP)	**101,512**
Referred (includes: no follow-up needed and follow-up treatment by GP)	**14,756**
Transferred to another provider	**18.566**
Deceased	**172**
Left department (includes: left before treatment or having refused treatment)	**5,190**
Other	**15**
Not known	**30**

We undertook an inspection of the emergency department from 3 to 5 September 2019. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

When we visited the emergency department we spoke with 20 patients and their families and carers, 30 members of medical, nursing and other staff, and reviewed eight patient records.

Summary of this service

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

- The domains of effective and well-led had each improved one rating since the previous inspection.

Urgent and emergency care service

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from patients and their relatives and carers was consistently positive.
- There had been significant improvement in the transfer of paediatric patients. Although some staff had concerns about long waits being experienced by surgical patients, senior managers were in the process of addressing the transport issues and a dedicated surgical transfer ambulance had been in place since March 2019.
- Staff identified and acted quickly in response to patients at risk of deterioration. A structured process was applied for patients diagnosed with sepsis.

•Patients could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

•Staff were aware of their responsibilities as to safeguarding both adult and paediatric patients. The hospital had protocols in place to identify and manage adults and children at risk.

- Staff supported patients to make informed decisions about their care and treatment and supported patients who lacked capacity to make their own decisions or were experiencing mental ill health. Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Patients were given enough food and drink to meet their needs.

•Staff had access to the electronic patient records system and up-to-date, accurate and comprehensive information on patients' care and treatment was readily available. A patient tracker had been developed for the medical division.

•Clinical guidelines were easy for staff to access and staff were familiar with the clinical guidelines available in the emergency department. The hospital participated in national audits to enable it to benchmark practice.

•Mental health services were located in the emergency department and this arrangement had substantially improved the service for patients. Patient feedback was very positive.

•It was easy for patients to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint

•The appointment of a matron for the emergency department at Bassetlaw had positively impacted the department and senior nursing staff in the department were visible and supportive. Staff expressed a positive culture and the departmental team worked well together

However:

•Whilst the medical staffing had substantially improved since our previous inspection, some significant issues remained with senior medical staff, consultants and middle grade doctors.

•Although paediatric nurse cover had improved it was not achieving the Royal College of Paediatrics and Child Health (RCPCH) (2018) guidance and night cover remained a challenge.

•Managers did not consistently appraise work performance to ensure staff were competent for their roles. We found a lack of training for middle grade doctors and a lack of structured teaching of junior doctors.

•At peaks times the department could experience crowding with patients waiting in the corridor. The escalation arrangements in place to mitigate crowding were unclear, particularly for specialty referral standards, ambulatory care, frailty pathways, or cancer care.

Urgent and emergency care service

•Staff had received little training in providing support for patients with dementia or mental health needs.

•Information about the communication needs of patients with a disability or sensory loss or of the needs of patients who frequently attended the emergency department was not routinely recorded in patient records.

•For patients requiring mental health services, mental health were required to provide an initial response within one hour of referral but the service were achieving only 50% of this standard.

•The hospital took an average of 46.1 days to investigate and close complaints, this was not in line with the trust complaints policy, which stated complaints should be completed in 40 days.

•The room used for assessment of patients with mental health needs had been recently updated but was unfurnished and not yet open for patients at the time of our visit. Patients were being assessed in the relatives' room and although this was temporary it was unsuitable for the purpose.

Is the service safe?

Requires improvement 

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

•Whilst the medical staffing had substantially improved since our previous inspection, some significant issues remained with senior medical staff, consultants, middle grade doctors and paediatric nurse staffing overnight.

•Although paediatric nurse staffing had improved since our previous inspection the hospital was not achieving the Royal College of Paediatrics and Child Health (RCPCH) (2018) guidance which stated there should be two paediatric nurses present on each shift. Adult nurses covering the department should have training to ensure they have the relevant skills and competencies to care for infants, children and young people.

•The room used for assessment of patients with mental health needs had been recently updated but was unfurnished and not yet open for patients at the time of our visit. Patients were being assessed in the relatives' room and although this was temporary it was unsuitable for the purpose.

•There was an upward trend overall in the proportion of ambulance journeys with turnaround times over 30 minutes at Bassetlaw Hospital.

•As at our previous inspection, we could not be assured that medicines requiring refrigeration were safe to use.

•Although the 90% standard was met for five of the 14 mandatory training modules for which qualified nursing staff were eligible, the 90% standard was not met for any of the mandatory training modules for which medical staff were eligible, including safeguarding.

•Staff did not always comply with the trust hand hygiene policy.

However:

•Staff completed risk assessments for each patient swiftly. Staff identified and acted quickly in response to patients at risk of deterioration. A structured process was applied for patients diagnosed with sepsis.

•The service managed patient safety incidents well and staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned.

•The environment of the emergency department had sufficient space to accommodate the number of patients attending, equipment kept people safe and the service-controlled infection risk well.

Urgent and emergency care service

•Adult nurse staffing levels had improved since our previous inspection with the staffing rotas showing few gaps during the day. Recruitment of more adult nurses was ongoing, and the service planned to provide training for these staff in paediatric competencies.

•Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Is the service effective?

Good ↑

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

•The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

•Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Patients were given enough food and drink to meet their needs.

•The hospital participated in the national Royal College of Emergency Medicine audits to enable it to benchmark practice against emergency departments in other hospitals and had undertaken re-audits. Action plans were in place to improve areas identified for improvement from audit.

•The department's performance in treating patients with sepsis including paediatric patients had improved. The department participated in the Royal College of Emergency Medicine and Royal College of Paediatrics and Child Health audits including sepsis in July 2019 and was awaiting feedback. Audit of Royal College of Paediatrics and Child Health standards and actions needed to implement the standards were monitored. We saw that most standards (86%) were partially met.

•The department had an induction package in place which staff found informative, well delivered and supportive.

•Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide effective care.

•Arrangements between the emergency department and specialties for the transfer and support of patients had improved significantly since our previous inspection.

•Staff supported patients to make informed decisions about their care and treatment and supported patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

•We found a lack of training for middle grade doctors and a lack of structured teaching of junior doctors.

•Managers did not consistently appraise work performance to ensure staff were competent for their roles.

Is the service caring?

Good →←

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

•Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Urgent and emergency care service

•Feedback we received from patients and their relatives and carers in each area of the emergency department we visited was consistently positive.

•Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

•Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff took time to talk with patients and keep them informed. Staff explained procedures to patients and relatives clearly and using appropriate language, whilst remaining respectful.

However:

•Ambulance staff transferred patients from the stretcher to hospital trolleys in an area that was not private and could be seen by other patients or visitors walking through the main department.

Is the service responsive?

Good  

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

•Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards. Patients we spoke with told us of their positive experience in the department. They had experienced a minimum of waiting and were kept informed of any reason for delay. Ambulance staff we spoke with told us long waits were unusual.

- There had been significant improvement in the transfer of paediatric patients. Although some staff had concerns about long waits being experienced by surgical patients, senior managers were in the process of addressing the transport issues and a dedicated surgical transfer ambulance had been in place since March 2019.

•Mental health services were located in the emergency department and this arrangement had substantially improved the service for patients. Patient feedback was very positive.

•The emergency department liaised with commissioners, the local authority and the ambulance service to plan and deliver services to meet the needs of patients in the immediate catchment area to the hospital and in the wider local area.

•The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

•For patients with a learning disability the hospital worked with an external provider of NHS specialist services to provide services in the emergency department. The emergency department had in post link nurses for mental health and dementia.

•Staff were able to access translation services to support patients whose first language was not English. Staff told us they had found the translation service to be useful and responsive.

•To support patients who used devices and equipment, an external provider of NHS community services worked within the emergency department to provide support services appropriate to the patient's needs and to facilitate referrals to specialist services.

•It was easy for patients to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

•At peaks times the department could experience crowding with patients waiting in the corridor. The escalation arrangements in place to mitigate crowding were unclear, particularly for specialty referral standards, ambulatory care, frailty pathways, or cancer care.

•Information about the communication needs of patients with a disability or sensory loss or of the needs of patients who frequently attended the emergency department was not routinely recorded in patient records.

•The hospital took an average of 46.1 days to investigate and close complaints, this was not in line with the trust complaints policy, which stated complaints should be completed in 40 days.

Is the service well-led?

Good 

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Since the previous CQC inspection in November 2018, leaders had taken appropriate action to address the issues raised at the time. At this inspection, the domains of effective and well-led had improved one rating.
- The appointment of a matron for the emergency department at Bassetlaw had positively impacted the department and senior nursing staff in the department were visible and supportive.

•Staff expressed a positive culture and the departmental team was close and worked well together.

•The vision and strategy for the Bassetlaw emergency department were aligned with the trust strategy.

•The emergency department had held monthly clinical governance meetings at Bassetlaw since April 2019 attended by the divisional director for medicine, the lead consultant in emergency medicine and senior medical and nursing staff.

•Staff had access to the electronic patient records system and up-to-date, accurate and comprehensive information on patients' care and treatment was readily available. A patient tracker had been developed for the medical division.

•The service actively engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. It collaborated with partner organisations to help improve services for patients.

However:

•Medical staff were not fully conversant with the concept of risk management or with how it applied to the risk register for the emergency department. They were unable to articulate or explain the risks reflected in the emergency department's risk register or provide insight into how to mitigate those risks.

Areas for improvement

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

Maternity

Requires improvement 

Key facts and figures

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust serves a population of more than 420,000 across South Yorkshire, North Nottinghamshire and the surrounding areas.

The Trust has two maternity units, each providing midwifery led care, with the option of a home birth service for low risk women.

We visited Bassetlaw District General Hospital where we inspected acute and community maternity services. The inspection took place from the 3 to 5 September 2019. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. Before visiting we reviewed a range of information about the maternity services at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

The maternity service was previously inspected from the 12 to 14 December 2017 where we rated the service as requires improvement for the safe and effective domains and good ratings were awarded for the caring, responsive and well led domains. We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

The trust reported 3003 consultant led births at Bassetlaw District General Hospital from April 2017 to March 2019. A decrease of 177 births was seen in 2018/19 since 2017/18. Home births over the same period were 32; a decrease of four home births were seen in 2018/19.

Community services were provided in children's centres, GP surgeries, in the home and from peripheral units.

The maternity service provided consultant and midwifery led care 24 hours a day, seven days a week. The service included care from the start of pregnancy to when the baby was delivered. A home birth service was available.

We inspected the following areas:

•Bassetlaw labour ward: The labour ward consists of five birth rooms with facilities that give a range of options for labour and birth. There was an obstetric theatre within the labour ward and the special care baby unit was in close proximity.

•Ward A2: An 18 bedded mixed antenatal and postnatal ward whose bed establishment included three single rooms. Midwifery triage was provided by designated staff from ward A2.

•Antenatal Assessment Unit was a midwife led service.

•The nurse led early pregnancy assessment unit (EPAU). Women were referred to the EPAU either by community midwife, GP or direct.

•Antenatal clinics were based in the same location as gynaecology outpatients' clinics. A mix of consultant and midwife led outpatient clinics took place four times weekly.

During our inspection visit, the inspection team:

•spoke with three women using the service and one relative.

•spoke with 19 staff members; including midwives, doctors and members of the multidisciplinary team

•observed two handover meetings

Maternity

•reviewed five women's records for admission processes, risk assessments, medicines management and evidence of multidisciplinary team involvement.

Summary of this service

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

•The service did not make sure all staff completed mandatory and safeguarding training in key skills. The number of staff who completed it did not meet trust targets and managers had not appraised all staff's work performance during 2018/19 to provide support and development. Current staff appraisal statistics for Bassetlaw maternity ranged from 0% (community midwifes) to 68.18% (labour ward).

•Staff we spoke with did not demonstrate a good understanding of mental capacity, best interest and deprivation of liberty.

•The service did not have 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 highest staffing vacancies were in the community midwifery service and ward A2 the antenatal/postnatal ward.

•Monitoring of surgical safety checklists was not in place.

- Although, the trust confirmed that monitoring of neonatal early warning scores and women's maternity early obstetric warning scores were in place we were unable to ascertain whether scores were being escalated appropriately and whether patient outcomes had improved through this monitoring process.

•Shortfalls in monitoring, calibration and servicing of some equipment was found. Some single use equipment was found to be out of date and still in use.

•Not all staff had received training in the use of hoists and written guidance was not available for staff on use of the hoist.

•The current pool cleaning guidance did not reflect current practice. The hoses used to fill the pool were not disinfected/replaced after each use and both hoses looked old and were yellowing in appearance. Trust guidance stated that hoses should be disinfected after use and new hoses attached to the taps.

•Flushing of taps helped control legionella in hot and cold-water systems. Trust records confirmed that legionella testing dates were from 10 August 2016 to 24 February 2017. No other legionella testing dates were provided for the Bassetlaw District General Hospital site.

•Gaps were observed in authorisation processes of the supporting documentation for patient group directions.

•The must action from the trusts previous inspection in 2017 identified that the trust must ensure that all policies are up to date and in line with current professional guidance. Four evidence-based guidelines were either seen to be out of date or had dated references.

However:

•Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff supported and involved women in their care and treatment decisions.

Maternity

•In 2018/19 the trust completed an organisational restructure. This meant the trust went from six care groups which encompassed most of the acute provider services to four divisions. Obstetrics was within the children and family's division. A new management structure was put in place and a new head of midwifery appointed following the retirement of their successor. Leaders understood and had started to manage the priorities and issues the service faced.

•The service had enough medical staff with the right qualifications, skills and experience to keep women and babies safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

•Mitigation strategies were in place in respect of midwifery staffing shortfalls.

- Following inspection, the maternity service confirmed that the whole service had a budgeted establishment to meet 1:28. At the time of inspection vacancies existed and the trust had offered 20 whole time equivalent new midwives positions and were waiting for them to commence employment on the 21 October 2019 once their NMC PIN Numbers had been received. The additional midwives would improve the ratio of births to midwives from 1:32 to 1:27.4 in line with RCM recommendations.

•The service provided care and treatment based on national guidance and evidence of its effectiveness. Joint policies, guidelines and procedures were in use across the service.

•The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Is the service safe?

Requires improvement 

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

•Shortfalls in attendance at mandatory and safeguarding training sessions by all staff were observed.

•The service did not have enough midwifery 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 highest staffing vacancies were in the community midwifery service and ward A2 the antenatal/postnatal ward.

- Following inspection, the maternity service confirmed that the whole service had a budgeted establishment to meet 1:28. At the time of inspection vacancies existed and the trust had offered 20 whole time equivalent new midwives positions and were waiting for them to commence employment on the 21 October 2019 once their NMC PIN Numbers had been received. The additional midwives would improve the ratio of births to midwives from 1:32 to 1:27.4 in line with RCM recommendations.

•To provide a safe maternity service, the Royal College of Midwives (RCM) states there should be an average midwife to birth ratio of one midwife for every 28 births. The service did not achieve this as the average in 2018/19 was one midwife to every 30 births.

•Shortfalls in monitoring, calibration and servicing of some equipment were found. Some single use equipment was found to be out of date and still in use. Following inspection, the trust confirmed that shortfalls in the calibration and servicing of some sphygmomanometer and baby weighing scales on community had been addressed by the team leaders.

•Not all staff had received training in the use of hoists and written guidance was not available for staff on use of the hoist. Following the inspection, the trust provided hoist checklists for staff to follow. However, did not confirm that this information was now present for staff in the pool room on labour ward.

•A scavenger system was not in place in room six on labour ward to ensure the removal of entonox (nitrous oxide) gases. Atmospheric checks were not in place to monitor levels of entonox gases. Following the inspection, the trust confirmed that testing for nitrous oxide in the maternity birthing rooms on both hospital sites had been completed and the results awaited.

•Flushing of taps helped control legionella in hot and cold-water systems. Trust records confirmed that legionella testing dates were from 10 August 2016 to 24 February 2017. No other legionella testing dates were provided for the Bassetlaw District General Hospital site.

•The current pool cleaning guidance did not reflect current practice. The hoses used to fill the pool were not disinfected/ replaced after each use and both hoses looked old and were yellowing in appearance. Trust guidance stated that hoses should be disinfected after use and new hoses attached to the taps.

•Auditing of surgical safety checklists was not in place.

•Supporting documentation for patient group directions, did not confirm the sign off, training, competencies or authorisation of individual midwives.

•Medicines were not all within date on both ward A2 and labour ward.

However:

•The service had enough medical staff with the right qualifications, skills and experience to keep women and babies safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

•The ward manager could adjust staffing levels daily according to the needs of women.

•Mitigation strategies were in place in respect of midwifery staffing shortfalls.

•Funding for Birthrate plus staffing level assessments was agreed and assessments were due to take place.

•An escalation policy was in place to divert/suspend service to maintain patient safety.

•Controlled drugs were stored securely.

Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Joint policies, guidelines and procedures were in use across the service.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service adjustments were made for patients' religious, cultural and other needs. Staff gave patients practical support and advice to lead healthier lives.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- The service had achieved united nations children's fund (UNICEF) baby friendly accreditation'. The UNICEF UK baby friendly initiative supports breastfeeding and parent infant relationships by working with public services to improve standards of care.

Maternity

- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

However;

- Not all staff had received yearly appraisals. Current appraisal statistics for the women's and children's division stood at 51.48%. The Bassetlaw District General Hospital maternity statistics ranged from 0% (community midwifes) to 68.18% (labour ward).
- Staff we spoke with did not demonstrate a good understanding of mental capacity, best interest and deprivation of liberty.
- The must action from the trusts previous inspection in 2017 identified that the trust must ensure that all policies are up to date and in line with current professional guidance. Four evidence-based guidelines and five proforma documents were either seen to be out of date or had dated references. The 2010 neonatal resuscitation algorithm was in use, despite the 2015 neonatal resuscitation algorithm having superseded this.
- Following the inspection, the trust confirmed that the guideline for the non-obstetric management of pregnant women had been updated and its new review date was 1 August 2022.
- The trust induction of labour policy was not being followed by all medical staff. However, this had been recognised and the trust were auditing compliance in this area.

Is the service caring?

Good

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

•Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

•Staff provided emotional support to women, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

•Staff supported and involved women, families and carers to understand their condition and make 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 care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Maternity

•The service staffing review identified new ways of working within the obstetric service which included the introduction of the continuity of care way of working to the community midwifery service. Continuity of care would be piloted at Bassetlaw first then start at Doncaster from January 2020. Lessons learnt from pilot at Bassetlaw would inform Doncaster community midwifery team when they implemented continuity of care.

•The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

•People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were mostly in line with national standards.

•The service used the Birmingham symptom-specific obstetric triage system (BSOTS). This system was based on established triage systems in emergency medicine and used an assessment with clinical prioritisation of the common reasons that present within maternity triage.

•It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint. The service encouraged patients to raise concerns and encouraged staff to report all concerns and near misses.

However;

- On occasions there had been a 72-hour delayed response from the mental health crisis team.
- Twelve maternity closures/diversions had taken place at Bassetlaw District General Hospital maternity service. Closure ranged from five hours 50 minutes to 11.5 hours and was activated due to staffing issues/staff sickness/ patient acuity.
- Complaints responses were not within the timescales as identified through the trust complaints policy. The trust took an average of 79.4 days to investigate and close complaints.

Is the service well-led?

Requires improvement 

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

- Leaders and teams used systems to manage performance and risk. However, we observed in some area's performance was not monitored. Not all risks/issues were identified and escalated, and actions identified to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- Although, risk management processes were in place we observed shortfalls in some audit and monitoring processes. Surgical safety checklists were not audited. Documentation audits did not clearly identify action plans associated with these audits despite shortfalls found by the audit process.
- The maternity risk management strategy (review January 2019) was due for review and we were told by staff that this was going to be developed into a maternity safety action plan.
- Following the inspection, the trust identified that a maternity safety strategy was in place and moving forward which would support the Maternity Transformation Programme. It identified specific trajectories to improve outcomes for mothers and babies.
- Complaints responses were not within the timescales as identified through the trust complaints policy.

- Effective equipment monitoring systems were not in place as we found out of date equipment and saw that daily monitoring had not taken place for some equipment which required this intervention.
- On labour ward, a scavenger system was not present in room six. The room had no windows to remove the nitrous oxide (entonox) gases used in labour. Monitoring of entonox gases was not in place. Following the inspection, the trust confirmed that testing for nitrous oxide in the maternity birthing rooms on both hospital sites had been completed and the results awaited.
- Staff complained of information technology connectivity problems which at times meant they could not access women's information. This was especially so within the community.
- Staff expressed some concerns about the culture within the service. Staff described a 'them and us' culture between Doncaster Royal Infirmary and Bassetlaw District General Hospital; Bassetlaw staff said they felt 'like the poor relation'. However, we were aware that staff surveys were ongoing, and this area was being monitored by senior staff and the trust personnel department.
- Following the inspection, the trust submitted the positive scores which related to the trust staff survey. The results showed some improvement in some areas which could affect the service culture. Although, we saw some improvement in communication and support of staff from their managers since the 2018 staff survey scores in some areas remained below 50%.
- Staff described some on-call managers as 'hands off' rather than involved in times of business and opted to suspend services. On occasion when staffing was an issue staff said they had asked the on-call managers for support; however, this was not always given.
- Systems were not in place to ensure patient group direction paperwork was complete. Authorisation signatures were not present confirming midwives' competencies and approval to carry out the task.

However:

- In 2018/19 the trust completed an organisational restructure. This meant the trust went from six care groups which encompassed most of the acute provider services to four divisions. Obstetrics was within the Children and Families division.
- A new management structure which included a new head of midwifery was in place. Following the appointment of the new head of midwifery staff described how the culture of the service had changed for the better. Some staff described a positive and supportive culture throughout the service and commented that morale was good. Staff told us they enjoyed working at the hospital.
- Leaders understood and had started to manage the priorities and issues the service faced. Most leaders were visible and approachable in the service for women and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and followed the trust strategy to turn it into action, which had been developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff confirmed the service was part of the NHS resolution maternity incentive scheme which incentivized ten maternity safety actions. The service had declared all ten standards as met.

Maternity

- Leaders had reviewed governance and performance processes throughout the service and worked closely with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. They had plans to cope with unexpected events.
- The maternity service was on enhanced surveillance and quality review meetings took place with the clinical commissioning groups. Due to the progress made these meetings were discontinued in August 2019. Safety and quality issues were now discussed and actioned through the maternity and neonatal subgroup.

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Areas for improvement

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

Outpatients

Good

Key facts and figures

Bassetlaw Hospital is the second largest hospital in the Doncaster and Bassetlaw NHS Foundation Trust. The hospital provides a range of outpatient services and is based in Worksop.

The trust had 489,039 first and follow up outpatient attendances from March 2018 to February 2019. There were 114,145outpatient appointments at Bassetlaw Hospital.

The follow-up to new rate for Bassetlaw Hospital was similar to the England average.

The trust did not report any cancelled outpatient appointments over this period. However, trust information showed 20% of clinics were cancelled each month in the reporting period.

The service provided outpatient clinics between 9am and 5pm, Monday to Friday. Some clinics were provided in the evenings to meet demand.

The 'did not attend' rate was higher than the England average at all of the trust's sites.

During the inspection we visited the main outpatients department. During the inspection we visited the ophthalmology clinic and phlebotomy.

We spoke with eight staff, four patients and one relative. We reviewed three records during the inspection.

Summary of this service

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

We rated this service as good because:

- The service provided mandatory training to all staff and controlled infection risk well. Equipment and the premises were visibly clean. Staff managed clinical waste well. There were enough staff to keep patients safe and provide the right care and treatment.
- Staff kept records of patients' care and treatment. Records were up to date and easily available to staff providing care. The service prescribed, administered, recorded and stored medicines safely.
- Staff recognised incidents and reported them appropriately. Managers shared lessons learned locally with the team.
- The service based care and treatment on national guidance and individual specialities managed NICE guidance compliance rates within departments. Medical staff prescribed and administered pain relief for minor procedures.
- Staff worked together as a team to benefit patients and provide good care and were competent for their roles. All staff had completed their appraisal. Staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- The service provided outpatient clinics between 9am and 5pm, Monday to Friday. Some clinics were provided in the evenings to meet demand. People could access food and drink. The service had relevant information promoting healthy lifestyles and support.

Outpatients

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff supported patients, families and carers to understand their condition.
- The service planned and provided care to meet the needs of local people. The service was inclusive and took account of patients' individual needs and preferences.
- People could access the service when they needed it. Although some specialties struggled to meet demand, most waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards. Staff treated concerns seriously, investigated them and managers shared lessons learned with staff.
- Local managers were visible and approachable for patients and staff. They supported staff across the department. The service and senior leaders had a vision for what it wanted to achieve and a strategy to turn it into action.
- Staff felt respected, supported and valued, and focused on the needs of patients. The service provided opportunities for career development with an open culture where staff could raise concerns without fear.
- Although the 'did not attend' rate was higher than the England average at all of the trust's sites, a new text reminder and respond system had been implemented. Managers and booking centre staff told us the trust had been able to reduce the rate significantly over two full months prior to our inspection.
- Leaders operated effective governance processes. Managers worked with partner organisations. Staff at all levels were clear about their roles.
- Leaders managed performance effectively. Environmental risks were identified and recorded.
- The service collected data to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders and staff engaged with patients, staff, and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Leaders encouraged innovation and participation in research.

However:

- Cleaning checklists were not always completed.
- Records were not always clear, and staff did not always adhere to professional record keeping standards.
- Learning from never events was not shared widely across different outpatients departments at the trust although staff in ophthalmology were aware of the events and actions taken as a result of investigation and reporting within the specialty.
- The trust did not display information for patients on how to make a complaint.
- There was a waiting list for review patients in ophthalmology and an incident had occurred where a patient had not received the right care promptly. Patient review appointments were managed centrally by the trust bookings team and managers said their processes were robust and would not allow a backlog of review appointments. However, the incident investigation had identified over 700 patients in ophthalmology had no review appointments. Following the inspection, staff told us the trust, with the CCG, had commissioned an external review of all waiting lists. They told us all ophthalmology patients on the review list had their appointments brought forward.

Outpatients

- Information provided by the trust prior to our inspection showed no clinics were cancelled. However, they later provided information to show 20% of all outpatient clinics were cancelled.
- Some staff were unaware who executive leaders were.
- Although staff were aware of departmental plans relevant to their own area, not all staff were aware of how they linked in with the overarching trust strategy.
- Risk registers did not include all risks and reviews of actions taken were not documented.
- Senior leadership operated at directorate level and outpatients departments worked separately from each other. It was not clear if leaders had an overview of the outpatients department as a whole.

Is the service safe?

Good

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

We rated this domain as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff used equipment and infection control measures such as hand hygiene and use of personal protective equipment (PPE) to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Staff were able to identify and act upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept records of patients' care and treatment. Records were up to date and easily available to staff providing care. Records could be quickly accessed across sites and prepared in good time for clinics.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Staff recognised incidents and reported them appropriately. Managers shared lessons learned locally with the team, however learning from never events was not shared widely across different outpatients departments at the trust.

However,

- Although there were systems to manage cleaning, checklists were not always completed.
- Although staff used an amended version of the WHO safer surgical checklist for invasive procedures and minor operations, there were no procedures taking place during our inspection so we did not see it in use. However, we found no audit information in outpatients on checks carried out to ensure the checklist was used correctly or consistently.

Outpatients

- Although records were up to date and easily available to staff providing care, record entries were not always clear. Medical staff did not always adhere to professional record keeping standards.
- Learning from never events was not shared widely across different outpatients departments at the trust although staff in ophthalmology were aware of the events and actions taken as a result of investigation and reporting within the specialty.

Is the service effective?

Not sufficient evidence to rate

We do not provide a rating for the effective domain in outpatients services. However:

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

•Facilities were available for people to access food and drink. Staff could provide patients food if required due to a medical condition.

•Medical staff prescribed and administered pain relief such as local anaesthetic for procedures and were available in outpatients for advice if required.

•Patient outcomes were managed by the individual specialities who used an audit assurance dashboard to show NICE guidance compliance rates within departments.

•The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and development.

•Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

•The service provided outpatient clinics between 9am and 5pm, Monday to Friday. Some clinics were provided in the evenings to meet demand.

•The service had relevant information promoting healthy lifestyles and support in patient areas.

•Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Good

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

We rated this domain as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff supported patients, families and carers to understand their condition.

Outpatients

Is the service responsive?

Good

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

We rated this domain as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others across the trust to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- People could access the service when they needed it. Although some specialties struggled to meet demand, most waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- Managers told us they treated concerns and complaints seriously, investigated them and shared lessons learned with staff, although we did not see information about how to make a complaint on display.
- Although the 'did not attend' rate was higher than the England average at all of the trust's sites, a new text reminder and respond system had been implemented. Managers and booking centre staff told us the trust had been able to reduce the rate significantly over two full months prior to our inspection.

However,

- There was a waiting list for review patients in ophthalmology and an incident had occurred where a patient had not received the right care promptly. Patient review appointments were managed centrally by the trust bookings team and managers said their processes were robust and would not allow a backlog of review appointments. However, the incident investigation had identified over 700 patients in ophthalmology had no review appointments. Following the inspection, staff told us the trust, with the CCG, had commissioned an external review of all waiting lists. They told us all ophthalmology patients on the review list had their appointments brought forward.
- Information provided by the trust prior to our inspection showed no clinics were cancelled. However, they later provided information to show 20% of all outpatient clinics were cancelled.
- Although the trust told us there was a system in place to identify and record patients waiting for long periods within clinics, we did not see this being followed in practice in all outpatient areas during our inspection. There were some long waiting times within clinics and although staff explained when patients asked about a delay, not all departments informed patients on arrival how long they would need to wait or the reason for any delay.

Is the service well-led?

Good

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

We rated this domain as good because:

Outpatients

- Local managers were visible and approachable in the service for patients and staff. They supported staff across the department. Senior leadership operated at directorate level and outpatients departments worked separately from each other.
- The service and senior leaders had a vision for what it wanted to achieve and a strategy to turn it into action. There were operational plans for each outpatients department which linked in to the trust vision and strategy.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where staff could raise concerns without fear.
- Leaders operated effective governance processes throughout the main outpatients service and senior managers liaised with specialty directorates which had their own governance systems. Managers worked with partner organisations. Staff at all levels were clear about their roles. Senior staff and managers were clear about their accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. Staff identified and escalated relevant risks and issues. Environmental risks were identified and recorded, and managers documented actions to reduce their impact.
- The service had plans to cope with unexpected events.
- The service collected data and analysed it. Although data relevant to each specialty was managed by individual directorates, senior staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff engaged with patients, staff, and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Senior managers had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.
- The trust had developed an outpatient programme across all sites, led by the chief operating officer and supported by a general manager with a dedicated project manager. The programme had delivered innovation such as the patient appointment remind and respond system, an outpatient utilisation standard and improved administrative processes. The trust told us they had tackled key issues such as DNAs and review lists validations. Staff had produced a strategy, and action plans had included external validation by commissioners for assurance.

However:

- Some staff were unaware who outpatients executive leaders were although they did know their team and operational leads.
- Risk registers did not include all risks and reviews of actions taken were not always documented.
- Senior staff were confident there were no patients without a follow up appointment. However, an incident investigation following a significant delay in treatment had identified over 700 patients required review in one specialty.

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

Imaging services are provided at Doncaster Royal Infirmary, Bassetlaw Hospital, Montagu Hospital and Retford Hospital. MRI and CT scanning services are provided at Doncaster Royal Infirmary and Bassetlaw Hospital and interventional radiology is undertaken at Doncaster Royal Infirmary.

	Imaging Services	MRI and CT	Interventional radiology
Doncaster Royal Infirmary	**Yes**	**Yes**	**Yes**
Bassetlaw Hospital	**Yes**	**Yes**	**-**
Montagu Hospital	**Yes**	**-**	**-**
Retford Hospital	**Yes**	**-**	**-**

The Medical Imaging departments throughout the trust are staffed by over 160 people including radiologists, radiographers, nurses, clerical staff, and imaging and service assistants.

Throughout the trust over 290,000 examinations are carried out each year.

The departments at Doncaster, Bassetlaw and Montagu are open 365 days of the year. Patients are referred from wards, A&E, outpatient clinics, general practitioners (GPs) and dentists. X-rays (only limb) and ultrasound scans are also taken at Retford Hospital.

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

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

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

Summary of this service

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

We rated it as requires improvement because:

Diagnostic imaging

•There had been a lack of senior leadership in post as the due to long term sick leave and staff vacancy, there had been no head of service post since March 2019. Because of this a number of outstanding actions had not been fulfilled, such as recruitment of a permanent radiation protection supervisor (RPS) and actions from the previous CQC inspection. A new head of service had now been recruited and they were due to commence their role in October 2019.

•Senior managers and directors had collated all the outstanding actions into a plan for the new head of service to accomplish, however very little progress had been made on the issues identified during the previous inspection.

•The service did not provide evidence that radiation protection supervisors (RPS) had completed appropriate training or had been formally appointed. Local rules had been recently updated but were not available in every scan room and had not been signed by all staff.

•The service did not have an effective equipment quality assurance programme in all areas. For example, we did not see evidence of patient data collection to review doses for plain film or mobile x-ray and ultrasound checks were inconsistent.

•At department level, staff told us that, although managers were supportive, they needed to be more visible by coming on to the department and talking to staff rather than spending large amounts of time in their offices.

•The service had ongoing challenges with staffing levels across all disciplines within the department. This had been identified on the departmental risk register with risks rated as extreme for breast screening administrative staff to high risk for radiographers, abdominal aortic aneurysm screening, mammographers and interventional radiographers. Some of the staffing risks had been on the departmental risk register since January 2017, categorised as high risk, with no recent updates on progress of reducing or minimising risk.

•Overall mandatory training compliance for allied health professionals, medical and nursing staff was 69.5% against a trust target of 90%. For medical staff, the 90% target was met for only five of the 11 mandatory training modules for which medical staff were eligible.

•Medical staff had not kept up to date with safeguarding training specific for their role; for example, only 53.3% of medical staff had completed safeguarding adults and children level 2 compared with the trust's completion rate of 90%.

•Staff recognised and reported incidents and near misses. However, there was limited evidence of lessons learned from incidents being shared with staff across the wider service.

•From April 2018 to March 2019, 71.3% of required staff in diagnostic imaging had received an appraisal compared to the trust target of 90% although the trust had recently reviewed its process and all appraisals were now undertaken between April and June each year.

•At our previous inspection, we had concerns about a lack of diagnostic reference levels (DRLs) audits. At this inspection, we found that the service had conducted some audits of doses against DRLs across the trust. This showed that five rooms across the service, including the x-ray room at Retford hospital was producing higher doses, due to older computed tomography (CR) equipment. However, we saw no evidence that these rooms had been subject to proactive optimisation or more frequent testing to mitigate this.

However;

•Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

•Staff clearly described how they would report incidents using an online tool. Feedback from incident reporting was via email or staff meetings. Staff told us they talked openly about incidents and operated a no blame culture. Staff understood the duty of candour and what needed to be done when things went wrong.

Diagnostic imaging

•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.

•It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint. Most patients we spoke with told us that they had been told how to raise a complaint or they would know how to raise a complaint.

Is the service safe?

Requires improvement

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

We rated it as requires improvement because:

•The service had ongoing challenges with staffing levels across all disciplines within the department. This had been identified on the departmental risk register with risks rated as extreme for breast screening administrative staff to high risk for radiographers, abdominal aortic aneurysm screening, mammographers and interventional radiographers. Some of the staffing risks had been on the departmental risk register since January 2017, categorised as high risk, with no recent updates on progress of reducing or minimising risk.

•The service did not provide evidence that radiation protection supervisors (RPS) had completed appropriate training or had been formally appointed. Local rules had been recently updated but were not available in every scan room and had not been signed by all staff.

•Overall mandatory training compliance for allied health professionals, medical and nursing staff was 69.5% against a trust target of 90%. For medical staff, the 90% target was met for only five of the 11 mandatory training modules for which medical staff were eligible.

•Medical staff had not kept up to date with safeguarding training specific for their role; for example, only 53.3% of medical staff had completed safeguarding adults and children level 2 compared with the trust's completion rate of 90%.

•The service did not have an effective equipment quality assurance programme in all areas. For example, we did not see evidence of patient data collection to review doses for plain film or mobile x-ray and ultrasound checks were inconsistent.

•Audits showed staff did not always record daily cleaning checks in ultrasound rooms and there were limited hand gel points in some areas.

•Staff did not always complete three-point checks and use open questions to confirm patients' identity, for example when handing over patients who were arriving in the department with porters from another part of the hospital.

•Managers investigated incidents although there was limited evidence of lessons learned being shared with staff across the wider service.

•Staff recognised and reported incidents and near misses. However, there was limited evidence of lessons learned from incidents being shared with staff across the wider service.

However;

Diagnostic imaging

•Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

•Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Safety checklists were completed appropriately in the records we reviewed.

Is the service effective?

Not sufficient evidence to rate

We do not rate effective in diagnostic imaging, however we found:

•From April 2018 to March 2019, 71.3% of required staff in diagnostic imaging had received an appraisal compared to the trust target of 90% although the trust had recently reviewed its process and all appraisals were now undertaken between April and June each year.

•Although the service conducted discrepancy and peer review meetings for radiologists on a monthly basis, the Royal College of Radiology (RCR) standards that the minimum frequency of meetings should be at least every two months had not always been met.

•Reporting radiographers were unable to use their skills to benefit the department due to operational staffing pressures and a grading issue.

•We saw limited assurance of changes made in clinical practice made as a result of issues identified in clinical audits.

•At our previous inspection, we had concerns about a lack of diagnostic reference levels (DRLs) audits. At this inspection, we found that the service had conducted some audits of doses against DRLs across the trust. This showed that five rooms across the service, including the x-ray room at Retford hospital was producing higher doses, due to older computed tomography (CR) equipment. However, we saw no evidence that these rooms had been subject to proactive optimisation or more frequent testing to mitigate this.

However:

•The service provided care and treatment based on national guidance and evidence of its effectiveness. We saw that the service used guidance from the National Institute of Health and Care Excellence (NICE) and from the Royal College of Radiologists and the Royal Society and College of Radiographers.

•Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Radiologists and radiographers told us they all had good professional working relationships. We saw staff of various occupations and grades working together effectively to deliver patient care in a professional manner.

•The service was open seven days a week and 24 hours a day with two radiologists on two duty out of office hours. During the day, patients could attend the department without needing an appointment having been referred by their GP.

Is the service caring?

Good

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

Diagnostic imaging

We rated it as good because:

•Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. During the inspection we spoke with two patients. The feedback we received about the service was always positive and patients were happy with the care they received. An examples of what patients told us was “no concerns about service”.

•Staff provided emotional support to patients to minimise their distress. Staff recognised that the machinery and the procedures could be intimidating and frightening to patients. They told us patients were provided with information on what to expect before the scan started and kept talking to the patient throughout to explain what they and the machines were doing.

•There was a chaperone policy and chaperones were available to patients as needed. We observed posters in patient waiting areas which informed patients of their right to request a chaperone.

•Staff involved patients and those close to them in decisions about their care and treatment. Patients we spoke with felt they were involved in their care and treatment and understood what to expect. Patients told us that procedures were explained well, and that staff used language they could understand.

Is the service responsive?

Good

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

We rated it as good because:

•The service planned and provided services in a way that met the needs of local people. The service took account of patients’ individual needs. People could access the service when they needed it.

•The noticeboard included information about hand hygiene, blood clot prevention, advice on how to minimise the risk of spreading flu, how to complain, friends and family test result and the chaperone policy. Feedback cards were made available for patients to complete.

•The reception area was visibly clean with laminated flooring and spacious, with magazines and water cooler for the use of patients.

•Between 1 May 2018 and 31 March 2019, the percentage of patients waiting more than six weeks to see a clinician was lower than the England average. The service met the target to see 99% of patients within six weeks for 6 out of 8 months from January 2019 to August 2019. However, the figure for the latest month, April 2019, was notably higher than the England average. After the inspection, the trust told us that this was due to nerve conduction as the external service from a neighbouring hospital was unavailable. Additionally, urodynamics was also an issue due to staff sickness. They also sent us data up to the end of October 2019 and this showed that the percentage of patients waiting more than six weeks to see a clinician was lower than the England average again.

•The service had access to interpreters to assist with communication for patients whose first language was not English. Contact details were available to staff via the intranet. Staff were aware of how to use this service.

•The service treated concerns and complaints seriously, investigated them in a timely way and learned lessons from the results. From May 2018 to April 2019 the trust received one complaint in relation to diagnostic imaging at Bassetlaw hospital.

Diagnostic imaging

Is the service well-led?

Requires improvement

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

We rated it as requires improvement because:

•At senior level, some staff told us directors were not visible including the chief executive as they had not seen them on the department.

•At department level, staff told us that, although managers were supportive, they needed to be more visible by coming on to the department and talking to staff rather than spending large amounts of time in their offices.

•There was a lack of a permanent radiation protection supervisor (RPS). This role was being undertaken on an interim basis by a previous occupant of this role. However, they could not evidence they were up to date with their training, thus this mitigation was not effective.

•Due to the head of service post being vacant since March 2019, a number of outstanding actions had not been fulfilled such as recruitment of a permanent RPS and actions from the previous inspection. A new head of service had now been recruited and they were due to commence their role in October 2019.

•Senior managers and directors had collated all the outstanding actions into a plan for the new head of service to accomplish, however very little progress had been made on the issues identified during the previous inspection.

•Most staff we spoke with could describe the values of the trust but they weren't knowledgeable about the strategic priorities of the diagnostic imaging department.

•Senior managers for the department told us that they were short of approximately eight radiologists based on the size of the population served by the trust.

•The risk register showed the department did not regularly review or progress their current risks. The oldest risk had been on the register since February 2015 with little evidence of how the risk had been managed or reviewed. This risk related to transfers to medical imaging which were non-compliant with the trust transfer policy and continued to be rated as an extreme risk. There were no targets for completion recorded or updates on progress or escalation of the risks. Thus, we weren't assured that the risks were being monitored effectively by senior management by discussing them regularly during governance meetings

However;

•Staff we spoke with felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

•The governance structure had been restructured in April 2019. This took into consideration the need for greater clinical staff engagement. The new structure consisted of a main forum called consultants governance forum who met on a monthly basis for three hours. The purpose of this forum was to allow open discussion and feedback regarding opinion on specific imaging within the radiology department. The source of the images were from all consultant bodies in the trust, GP's and incidents. The outcome of each discussion were recorded and information fed back to requesters. This forum was attended by all consultant radiologists and administrative support staff and chaired by the radiology clinical director.

Diagnostic imaging

•We examined various minutes of meetings for the operational governance, clinical governance and radiation committee group. These minutes showed that these meetings were well attended by a wide range of staff and a variety of issues were discussed such as radiation incidents, CT new building update and home reporting.

Areas for improvement

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

Doncaster Royal Infirmary

Armthorpe Road
Doncaster
South Yorkshire
DN2 5LT
Tel: 01302366666
www.dbh.nhs.uk

Key facts and figures

Doncaster Royal Infirmary (DRI) is one of the acute hospitals forming part of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. There are more than 500 beds. It provides a full range of acute clinical services to the local population including:

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

Summary of services at Doncaster Royal Infirmary

Good ↑

Our rating of services improved. We rated it them as good because overall the domains of effective, caring, responsive and well-led were good and safe required improvement. Effective and well-led had improved one rating.

Urgent and emergency care

Good ↑

Key facts and figures

Doncaster Royal Infirmary emergency department has a main accident and emergency area and a separate paediatric area consisted of a waiting room, an assessment room and three consulting rooms. It has an unplanned care centre with four bays including one for paediatric patients. An urgent treatment (GP) centre is located nearby the department. A separate minor injuries unit had a reception desk and waiting area, three consulting rooms and a treatment room.

From March 2018 to February 2019 there were 173,930 attendances at the trust's urgent and emergency care services.

The percentage of A&E attendances at this trust that resulted in an admission in 2018/19 was similar to 2017/18. In both years, the proportions were higher than the England averages.

Urgent and emergency care attendances by outcome (trust-wide)

March 2018 to February 2019

Admitted to hospital	**33,689**
Discharged (includes: no follow-up needed and follow-up treatment by GP)	**101,512**
Referred (includes: no follow-up needed and follow-up treatment by GP)	**14,756**
Transferred to another provider	**18.566**
Deceased	**172**
Left department (includes: left before treatment or having refused treatment)	**5,190**
Other	**15**
Not known	**30**

We undertook an inspection of the emergency department from 3 to 5 September 2019. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

When we visited the emergency department we spoke with 30 patients and their families and carers, 35 members of medical, nursing and other staff, and reviewed 30 patient records.

Summary of this service

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

- Since the previous CQC inspection, nurse staffing levels had improved and two paediatric nurses provided nursing cover for at least 95% of the time. A member of paediatric medical staff was allocated to paediatric emergencies 24 hours a day seven days a week.

Urgent and emergency care

- The domains of safe, effective, responsive and well-led had each improved one rating since the previous inspection.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards. Staff completed risk assessments for each patient swiftly and acted upon patients at risk of deterioration.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs and kept them informed. Staff provided emotional support to patients, families and carers to minimise their distress.
- For paediatric patients, play leaders visited the department daily and also worked with patients under 16 years assigned to child and adolescent mental health services to support their emotional wellbeing.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff gave patients enough food and drink to meet their needs and made adjustments for patients' religious, cultural and other needs
- A revised patient flow arrangement had been implemented and the hospital had commenced detailed planning for a phased upgrade of the emergency department to improve the experience of patients.
- 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 development. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide effective care.
- It was easy for patients to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.
- Staff attitudes were changing and staff morale had improved from the previous inspection. Medical and nursing staff worked well together.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services and collaborated with partner organisations to help improve services for patients.
- Staff were committed to continually learning and improving services. They had a clear understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.
- Key services were available seven days a week to support timely patient care. On-site access to mental health services was 24 hours a day. The mental health team based within the emergency department had strengthened relationships with mental health services

However:

- The service provided mandatory training in key skills including the highest level of life support training to all staff but compliance with some training was low and did not meet the trust standard, particularly for medical staff.

•When the emergency department was crowded there was significant delay in assessing and treating children and adults with potential for serious harm to patients and the environment was not appropriate for maintaining the patient's privacy, dignity and confidentiality.

•Pathways and particularly the system for referral to surgery needed improvement.

Urgent and emergency care

•In the week of our visit 81.7% of patients attending the Doncaster Royal Infirmary emergency department were seen with four hours. The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department.

•The mental health assessment room was located adjacent to the paediatric waiting area. Although the location of the room was identified as a high risk in the department's risk register this did not include how the risk was being mitigated.

•The level of safeguarding training completed did not meet the recommendations of the intercollegiate guidance for level three. Although compliance with training standards had improved for nursing staff, for medical staff compliance remained low.

•The management of medicines requiring refrigeration did not provide assurance these medicines were safe to use.

•Extra consultant cover was needed in all areas of the department and the department had insufficient middle grade doctors to provide consistent support for consultants. Staffing of the minor injuries unit often fell below the planned level.

•Staff understanding of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 was limited. Staff were not clear about the process of assessing capacity.

•Some medical staff were not fully conversant with the concept of risk management or with how it applied to the risk register for the emergency department.

Is the service safe?

Requires improvement 

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

•The service provided mandatory training in key skills including the highest level of life support training to all staff but compliance with some training was low and did not meet the trust standard, particularly for medical staff.

•The level of safeguarding training completed did not meet the recommendations of the intercollegiate guidance for level three training. Although compliance with training standards had improved for nursing staff, for medical staff compliance remained low. This was identified at the last CQC inspection.

•When the emergency department was crowded there was significant delay in assessing and treating children and adults with potential for serious harm to patients.

•The mental health assessment room was not fully compliant with Psychiatric Liaison Accreditation Network (PLAN) standards and was located adjacent to the paediatric waiting area. Although the risks associated with these issues had been identified by the trust, we were not provided with all of the mitigating actions that had been put in place.

•The service was not meeting elements of the Royal Collage of Paediatrics and Child Health (RCPCH) standards. Namely; the service did not always have staff with paediatric competencies available to see children who were streamed away from the emergency department. There was also no system in place for the prioritisation of children in the department if triage times exceeded 15 minutes.

•Extra consultant cover was needed in all areas of the department and additional consultant shifts during weekends to provide cover for annual leave and sickness absence.

•The department had insufficient middle grade doctors to provide consistent support for consultants particularly at night and at the weekend.

•The management of medicines requiring refrigeration did not provide assurance these medicines were safe to use.

However:

•The service had increased paediatric staffing levels and there were processes in place to support staffing shortages or times of increased activity in the department. This was an improvement from the last inspection.

•A member of paediatric medical staff was allocated to paediatric emergencies 24 hours a day seven days a week.

•The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

•Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

•The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Is the service effective?

Good ↑

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff gave patients enough food and drink to meet their needs and made adjustments for patients' religious, cultural and other needs.
- The hospital participated in the national Royal College of Emergency Medicine audits to enable it to benchmark practice against emergency departments in other hospitals and had undertaken re-audits. Action plans were in place to improve areas identified for improvement from audit.
- Non-paediatric trained nursing staff participated in specific paediatric training relating to resuscitation and trauma and undertook the Royal College of Nursing paediatric emergency competencies.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide effective care.
- Key services were available seven days a week to support timely patient care. On-site access to mental health services was 24 hours a day. The mental health team based within the emergency department had strengthened relationships with mental health services.
- The department's performance in treating patients with sepsis including paediatric patients had improved. The department participated in the Royal College of Emergency Medicine and Royal College of Paediatrics and Child Health audits including sepsis in July 2019 and was awaiting feedback. Audit of Royal College of Paediatrics and Child Health standards and actions needed to implement the standards were monitored. We saw that most standards (86%) were partially met.

However:

Urgent and emergency care

- Staff understanding of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 was limited. Staff were not clear about the process of assessing capacity and documenting consent.
- Staff felt they did not receive adequate mental health training and staff appraisal rates were below the trust target of 90%.
- Medical staff expressed some concerns about lack of support from hospital specialties particularly surgery.

Is the service caring?

Good 

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

•Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

•Patients we spoke with told us they were happy with their care and patients spoke highly of the way staff had kept them informed.

•Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

•Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

•When patients demonstrated challenging behaviours, staff remained polite, respectful, professional and non-judgmental in their approach.

•For paediatric patients, play leaders visited the department daily and also worked with patients under 16 years assigned to child and adolescent mental health services to support their emotional wellbeing.

•Bereaved families were supported and a quiet room was available for relatives to use. Chaplaincy services were available.

However:

•When the department was crowded the environment was not appropriate for maintaining the patient's privacy, dignity and confidentiality.

Is the service responsive?

Good 

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

•People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards. From June 2018 to May 2019 the trust performed better than the England average over this period and in May 2019 the trust rate was 92% compared to an England average of 89%.

•The trust scored better compared with other trusts in the most recent CQC survey of patient waiting times.

Urgent and emergency care

•The hospital was taking steps to address our concerns as to flow in the emergency department. A revised patient flow arrangement had been implemented so ambulance turnaround was prompt and the hospital had commenced detailed planning for a phased upgrade of the emergency department to improve the experience of patients.

•The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

•The service coordinated care with other services and providers including services for patients with mental health needs.

•The oncology service had opened a base in the emergency department which had improved the experience of patients. Oncology specialist nurses occupied a treatment room within the emergency department and saw patients being referred to the oncology service directly.

•The emergency department could access interpretation services to support patients whose first language was not English. Staff told us they had found the translation service to be useful and responsive.

•It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

•When the department became crowded access and flow was impeded and we observed there was significant delay in assessing and treating children and adults.

•In the week of our visit 81.7% of patients attending the Doncaster Royal Infirmary emergency department were seen with four hours. The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department.

•Pathways and system for referral to surgery needed improvement.

•Only half of mental health patients were seen by a mental health professional within one hour of referral by emergency department staff.

Is the service well-led?

Good  

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Since the previous CQC inspection in November 2018, leaders had taken appropriate action to address the issues raised at the time. At this inspection, the domains of safe, effective and responsive had improved one rating.
- The service had an open culture in which staff felt respected, supported and valued. Staff were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Urgent and emergency care

- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services and collaborated with partner organisations to help improve services for patients.
- Staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Some medical staff were not fully conversant with the concept of risk management or with how it applied to the risk register for the emergency department.

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.

Maternity

Requires improvement 

Key facts and figures

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust serves a population of more than 420,000 across South Yorkshire, North Nottinghamshire and the surrounding areas.

The Trust has two maternity units, each providing midwifery led care, with the option of a home birth service for low risk women.

We visited Doncaster Royal Infirmary where we inspected acute and community maternity services. The inspection took place from the 3 to 5 September 2019. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. Before visiting we reviewed a range of information about the maternity services at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

The maternity service was previously inspected from the 12 to 14 December 2017 where we rated the service as requires improvement for the safe and effective domains and good ratings were awarded for the caring, responsive and well led domains. We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

The trust reported 3362 consultant led births at Doncaster Royal Infirmary from April 2017 to March 2019. An increase of 48 births since 2017/18. Ten births were home births.

Community services were provided in children's centres, GP surgeries, in the home and from peripheral units.

The maternity service provided consultant and midwifery led care 24 hours a day, seven days a week. The service included care from the start of pregnancy to when the baby was delivered. A home birth service was available.

We inspected the following areas:

•The central delivery suite had nine delivery rooms, one with a birthing pool, a three-bedded triage area and maternity theatre. It was located adjacent to special care baby unit.

•Ward M1 – Postnatal ward of 26 beds which includes 10 single rooms and four four-bedded bays.

•Ward M2 – Antenatal ward of 18 beds which includes two single rooms and four four-bedded bays.

•Early Pregnancy Assessment Unit (EPAU): This is a nurse led service where women can be referred either by a community midwife or GP, or they can contact the unit for advice themselves. The Doncaster EPAU is open from 8.00am to 5.00pm during weekdays.

•Triage Assessment Unit: The triage assessment unit is located on Level 6 of the hospital. The triage unit provides 24-hour access to a midwife and/or obstetrician for urgent pregnancy ailments or concerns and is the main referral point into the hospital.

•Antenatal Assessment Unit: Midwife led service run on weekdays and temporarily relocated to ward M2. The service is open from 9am to 5pm.

During our inspection visit, the inspection team:

•spoke with ten women using the service and one relative

Maternity

•spoke with 55 staff members; including midwives, doctors and members of the multidisciplinary team

•observed three handover meetings

•reviewed 23 women's records for admission processes, risk assessments, medicines management and evidence of multidisciplinary team involvement.

Summary of this service

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

•The service did not make sure all staff completed mandatory and safeguarding training in key skills. The numbers of staff who completed it did not meet trust targets and managers had not appraised all staff's work performance during 2018/19 to provide support and development.

•Staff we spoke with did not demonstrate a good understanding of mental capacity, best interest and deprivation of liberty.

•The service did not have enough midwifery 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 highest staffing vacancies were in the community midwifery, the central delivery suite and M1 the post-natal ward.

•The one to one ratio (95%) for women in labour had not been achieved. The 13 June 2019 maternity workforce report confirmed that 84% of women received one to one care at Doncaster Royal Infirmary.

•Current community midwifery caseloads did not reflect the current ratio of 98 cases per whole time equivalent midwife. (National Institute for Health and Care Excellence guidance) The caseload information for midwifes who worked 37.5 hours weekly ranged from 66 to 166 women per caseload.

•Monitoring of surgical safety checklists was not in place.

- Although, the trust confirmed that monitoring of neonatal early warning scores and women's maternity early obstetric warning scores was in place we were unable to ascertain whether scores were being escalated appropriately and whether patient outcomes had improved through this monitoring process.

•Shortfalls in monitoring, calibration and servicing of some equipment was found.

•A scavenger system was not in place to ensure the removal of entonox (nitrous oxide) gases from birthing rooms. Atmospheric checks were not in place to monitor levels of entonox gases. Following the inspection, the trust confirmed that testing for nitrous oxide in the maternity birthing rooms on both hospital sites had been completed and the results awaited.

•Gaps were observed in authorisation processes of the supporting documentation for patient group directions.

However:

•Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff supported and involved women in their care and treatment decisions.

•Leaders understood and had started to manage the priorities and issues the service faced. In 2018/19 the trust completed an organisational restructure which encompassed most of the acute provider services to four 'Divisions' from six 'Care Groups'. Obstetrics was in the children's and families division. A new management structure was put in place and a new head of midwifery appointed following the retirement of their successor.

Maternity

•The service had enough medical staff with the right qualifications, skills and experience to keep women and babies safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

•Mitigation strategies were in place in respect of midwifery staffing shortfalls.

- Following inspection, the maternity service confirmed that the whole service had a budgeted establishment to meet 1:28. At the time of inspection vacancies existed and the trust had offered 20 whole time equivalent new midwives positions and were waiting for them to commence employment on the 21st October 2019 once their NMC PIN Numbers had been received. The additional midwives would improve the ratio of births to midwives from 1:32 to 1:27.4 in line with RCM recommendations.

•The service provided care and treatment based on national guidance and evidence of its effectiveness. Joint policies, guidelines and procedures were in use across the service.

•The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Is the service safe?

Requires improvement ➔➔

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

•Shortfalls in attendance at mandatory and safeguarding training sessions by all staff were observed particularly medical staff.

•The service did not have enough midwifery staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. The highest staffing vacancies were in the community midwifery service, the central delivery suite and M1 the post-natal ward.

•To provide a safe maternity service, the Royal College of Midwives (RCM) states there should be an average midwife to birth ratio of one midwife for every 28 births. The service was slightly worse as the average in 2018/19 was one midwife to every 29 births.

•The one to one ratio (95%) for women in labour had not been achieved. The 13 June 2019 maternity workforce report confirmed that 84% of women received one to one care at Doncaster Royal Infirmary.

•Birthrate Plus intrapartum acuity information for August 2019 confirmed that 2% - 10% of staffing levels were less than women's acuity levels. Following the inspection, the trust confirmed when staffing levels were not safe the escalation policy was utilised. To maintain safety either a diversion from one unit to the other was commenced or in rare circumstances suspension of services on both sites.

•Current community midwifery caseloads did not reflect the current ratio of 98 cases per w.t.e. midwife. (National Institute for Health and Care Excellence guidance) The caseload information for midwifes who worked 37.5 hours weekly ranged from 66 to 166 women per caseload.

•Shortfalls in monitoring, calibration and servicing of some equipment were found. Some single use equipment was found to be out of date and still in use.

•A scavenger system was not in place to ensure the removal of entonox (nitrous oxide) gases from birthing rooms. Atmospheric checks were not in place to monitor levels of entonox gases. Following the inspection, the trust confirmed that testing for nitrous oxide in the maternity birthing rooms on both hospital sites had been completed and the results awaited.

•An emergency bell/alert system was not present in the early pregnancy advisory unit scanning room.

•Not all staff had received training in the use of hoists and written guidance was not available for staff on use of the hoist. Following the inspection, the trust provided hoist checklists for staff to follow. However, did not confirm that this information was now present for staff in the pool room on the central delivery suite.

•Staff identified they did not always have access to comprehensive records for women entering the service.

•Surgical safety checklists were not audited.

•Although, the trust confirmed that monitoring of neonatal early warning scores and women's maternity early obstetric warning scores was in place we were unable to ascertain whether scores were being escalated appropriately and whether patient outcomes had improved through this monitoring process.

•Supporting documentation for patient group directions, although present on the central delivery suite/triage did not confirm the sign off, training, competencies or authorisation of individual midwives.

However:

•The service had enough medical staff with the right qualifications, skills and experience to keep women and babies safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

•The ward manager could adjust staffing levels daily according to the needs of women.

•Mitigation strategies were in place in respect of midwifery staffing shortfalls and an escalation policy was in place to divert/suspend service to maintain patient safety.

•Ongoing midwifery recruitment had resulted in new staff at senior and junior levels being recruited into the service. Band five newly qualified midwifes were due to start in October/November 2019 and would be replacing some of the band six midwife roles within the planned establishment for the service.

- Following inspection, the maternity service confirmed that the whole service had a budgeted establishment to meet 1:28. At the time of inspection vacancies existed and the trust had offered 20 whole time equivalent new midwives positions and were waiting for them to commence employment on the 21st October 2019 once their NMC PIN Numbers had been received. The additional midwives would improve the ratio of births to midwives from 1:32 to 1:27.4 in line with RCM recommendations.

•Funding for Birthrate plus staffing level assessments was agreed and assessments were due to take place.

•Medicines were within date on maternity wards and controlled drugs were stored securely.

Is the service effective?

Good ↑

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

•The service provided care and treatment based on national guidance and evidence of its effectiveness. Joint policies, guidelines and procedures were in use across the service.

Maternity

•Staff gave patients enough food and drink to meet their needs and improve their health. The service adjustments were made for patients' religious, cultural and other needs. Staff gave patients practical support and advice to lead healthier lives.

•Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.

•Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

•The service made sure staff were competent for their roles.

•Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

However;

•Not all staff had received yearly appraisals. Current appraisal statistics for the women's and children's division stood at 51.48%. The Doncaster Royal Infirmary maternity statistics ranged from 14.29% to 75%.

•Staff we spoke with did not demonstrate a good understanding of mental capacity, best interest and deprivation of liberty.

•We found two out of date clinical guidelines. These guidelines were 'non-obstetric management of pregnant women (2015)' and 'pregnant women in other departments (2012)'. Following the inspection, the trust confirmed that the guideline for the non-obstetric management of pregnant women had been updated and its new review date was 1 August 2022.

Is the service caring?

Good

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

•Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

•Staff provided emotional support to women, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

•Staff supported and involved women, families and carers to understand their condition and make 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 care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Maternity

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The service staffing review identified new ways of working within the obstetric service which included the introduction of the continuity of care way of working to the community midwifery service. Continuity of care would be piloted at Bassetlaw first then start at Doncaster from January 2020. Lessons learnt from pilot at Bassetlaw would inform Doncaster community midwifery team when they implemented continuity of care.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were mostly in line with national standards.
- The service used the Birmingham symptom-specific obstetric triage system (BSOTS) a system based on established triage systems in emergency medicine which used an assessment with clinical prioritisation of the common reasons that present within maternity triage.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint. The service encouraged patients to raise concerns and encouraged staff to report all concerns and near misses.

However;

- From May 2018 to April 2019 the trust received 23 complaints in relation to maternity at Doncaster Royal Infirmary. The trust took an average of 51.5 days to investigate and close complaints, this is not in line with their complaints policy, which states complaints should be completed in 40 days (or 90 days if a complex complaint). No complaints information was displayed in the ward areas.
- A separate room was not available for women who received bad news whilst in the early pregnancy assessment unit.
- Staff said community requests for mental health support sometimes experienced up to a 72-hour delayed response from the mental health crisis team.
- Fourteen maternity closures/diversions had taken place at Doncaster Royal Infirmary maternity service over the last six-months. Closure ranged from four to 16 hours and was activated due to staffing issues/staff sickness/patient acuity.

Is the service well-led?

Requires improvement 

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

•Leaders and teams used systems to manage performance and risk. However, we observed in some area's performance was not monitored. Not all risks/issues were identified and escalated, and actions identified to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

•Leaders and teams used systems to manage performance. Although, a maternity dashboard was in place since June 2019 we observed that in some area's performance was not maintained. Following inspection, the trust identified that work was ongoing to improve performance indicators.

- The maternity service had quality review meetings with the clinical commissioning groups. Due to the progress the service had made this was stood down in August 2019. The meeting continues as a maternity and neonatal subgroup that work collaboratively together to deliver safety and quality.

•Risk management processes were in place. However, we observed shortfalls in some audit and monitoring processes. Surgical safety checklists were not audited.

•Although, the trust confirmed that monitoring of neonatal early warning scores and women's maternity early obstetric warning scores was in place we were unable to ascertain whether scores were being escalated appropriately and whether patient outcomes had improved through this monitoring process.

•We observed risks to the service, which were not included on the current risk register or recognised by the leadership. These shortfalls included, training shortfalls and equipment monitoring/calibration/maintenance shortfalls.

•The maternity risk management strategy (review January 2019) was due for review and we were told by staff that this was going to be developed into a maternity safety action plan.

- Following the inspection, the trust identified that a maternity safety strategy was in place and moving forward, this would support the Maternity Transformation Programme and identified specific trajectories to improve outcomes for mothers and babies.

•Complaints responses were not within the timescales as identified through the trust complaints policy.

•Staff complained of information technology connectivity problems which at times meant they could not access women's information. This was especially so within the community. Following the inspection, the trust confirmed that community midwives had Toughbook and laptops to access the system and could download information into an off-line briefcase to allow access even if there was no internet. In rural areas there was an issue with network coverage on occasion, and the IT midwife and IT department are working to address this. All community midwives had phones and could call into the hospital for someone to access the records for vital information. If the system failed completely the business continuity plan was to revert to paper, and upload retrospectively.

•Staff expressed some concerns about the culture within the service. However, we were aware that staff surveys were ongoing, and this area was being monitored by senior staff and the trust personnel department. Following the inspection, the trust submitted the positive scores which related to the trust staff survey. The results showed some improvement in some areas which could affect the service culture. Although, we saw some improvement in communication and support of staff from their managers since the 2018 staff survey scores in some areas remained below 50%.

•Staff described some on-call managers as 'hands off' rather than involved in times of business and opted to suspend services. On occasion when staffing was an issue staff said they had asked the on-call managers for support; however, this was not always given.

•There was evidence of poor morale amongst some junior doctors due to training not always being given unless mandatory. Since the inspection, the trust has confirmed that doctors training sessions and times had been reviewed so that doctors could attend training at the beginning of the day from 1 October 2019.

However:

•In 2018/19 the trust completed an organisational restructure. This meant the trust went from six care groups which encompassed most of the acute provider services to four divisions. Obstetrics was within the Children and Families division.

•A new management structure which included a new head of midwifery was in place. Following the appointment of the new head of midwifery staff described how the culture of the service had changed for the better.

Maternity

•The service followed the trust strategy which had been developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

- Staff confirmed the service was part of the NHS resolution maternity incentive scheme which incentivized ten maternity safety actions. The service had declared all ten standards as met.

•Leaders had reviewed governance and performance processes throughout the service and worked closely with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. They had plans to cope with unexpected events.

•Leaders understood and had started to manage some of the priorities and issues the service faced. Most leaders were visible and approachable in the service for women and staff. They supported staff to develop their skills and take on more senior roles.

Areas for improvement

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

Outpatients

Good

Key facts and figures

Doncaster Royal Infirmary is the largest hospital in the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. The hospital provides a range of outpatient services and is based in Doncaster.

The trust had 489,039 first and follow up outpatient attendances from March 2018 to February 2019. There were 358,806 outpatient appointments at Doncaster Royal Infirmary.

The follow-up to new rate for Doncaster Royal Infirmary was similar to the England average.

The trust did not report any cancelled outpatient appointments over this period. However, trust information showed 20% of clinics were cancelled each month in the reporting period.

The service provided outpatient clinics between 9am and 5pm, Monday to Friday. Some clinics were provided in the evenings or weekends to meet demand.

The 'did not attend' rate was higher than the England average at all of the trust's sites.

During the inspection we visited the medical and surgical outpatient departments. During the inspection we visited the ophthalmology, breast clinic, urology clinic and phlebotomy.

We spoke with 27 staff, eight patients and five relatives. We reviewed eight records during the inspection.

Summary of this service

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

We rated this service as good because:

- The service provided mandatory training to all staff. Equipment and the premises were visibly clean. Staff managed clinical waste well. There were enough staff to keep patients safe and provide the right care and treatment.
- Staff kept records of patients' care and treatment. Records were up to date and easily available to staff providing care. The service administered, recorded and stored medicines safely.
- Staff recognised incidents and reported them appropriately. Managers shared lessons learned locally with the team,
- The service based care and treatment on national guidance and individual specialities managed NICE guidance compliance rates within departments. Medical staff prescribed and administered pain relief for minor procedures.
- Staff worked together as a team to benefit patients and provide good care and were competent for their roles. All staff had completed their appraisal. Staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- The service provided outpatient clinics between 9am and 5pm, Monday to Friday. Some clinics were provided in the evenings or weekends to meet demand. People could access food and drink. The service had relevant information promoting healthy lifestyles and support.

Outpatients

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. Staff supported patients, families and carers to understand their condition.
- The service planned and provided care to meet the needs of local people. The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- People could access the service when they needed it. Although some specialties struggled to meet demand, most waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards. Staff treated concerns seriously, investigated them and managers shared lessons learned with staff.
- Local managers were visible and approachable for patients and staff. They supported staff across the department. The service and senior leaders had a vision for what it wanted to achieve and a strategy to turn it into action.
- Staff felt respected, supported and valued, and focused on the needs of patients. The service provided opportunities for career development with an open culture where staff could raise concerns without fear.
- Although the 'did not attend' rate was higher than the England average at all of the trust's sites, a new text reminder and respond system had been implemented. Managers and booking centre staff told us the trust had been able to reduce the rate significantly over two full months prior to our inspection.
- Leaders operated effective governance processes. Managers worked with partner organisations. Staff at all levels were clear about their roles.
- Leaders managed performance effectively. Environmental risks were identified and recorded.
- The service collected data to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders and staff engaged with patients, staff, and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Leaders encouraged innovation and participation in research.

However:

- Some outpatients staff did not follow trust policy regarding security of paper prescriptions.
- There was not always an indication on equipment that it had been cleaned and cleaning checklists were not always completed.
- Records were not always clear, and staff did not always adhere to professional record keeping standards.
- Learning from never events was not shared widely across different outpatient departments at the trust.
- The trust did not display information for patients on how to make a complaint.
- There was a waiting list for review patients in ophthalmology and an incident had occurred where a patient had not received the right care promptly. Patient review appointments were managed centrally by the trust bookings team and managers said their processes were robust and would not allow a backlog of review appointments. However, the incident investigation had identified over 700 patients in ophthalmology had no review appointments. Following the inspection, staff told us the trust, with the CCG, had commissioned an external review of all waiting lists. They told us all ophthalmology patients on the review list had their appointments brought forward.
- Information provided by the trust prior to our inspection showed no clinics were cancelled. However, they later provided information to show 20% of all outpatient clinics were cancelled.

Outpatients

- Although the trust told us there was a system in place to identify and record patients waiting for long periods within clinics, we did not see this being followed in practice in all outpatient areas during our inspection. There were some long waiting times within clinics and not all departments informed patients on arrival how long they would need to wait or the reason for any delay.
- Some staff were unaware who executive leaders were.
- Although staff were aware of departmental plans relevant to their own area, not all staff were aware of how they linked in with the overarching trust strategy.
- Risk registers did not include all risks and reviews of actions taken were not documented.
- Senior leadership operated at directorate level and outpatients departments and specialties worked separately from each other. It was not clear if leaders had an overview of the outpatients department as a whole.

Is the service safe?

Good

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

We rated this domain as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff used equipment and infection control measures such as hand hygiene and use of personal protective equipment (PPE) to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. However, there was no indication on equipment that it had been cleaned.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Staff were able to identify and act upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept records of patients' care and treatment. Records were up to date and easily available to staff providing care.
- The service used systems and processes to safely administer, record and store medicines.
- Staff recognised incidents and reported them appropriately. Managers shared lessons learned locally with the team, however learning from never events was not shared widely across different outpatients departments at the trust.

However,

- Although there were systems to manage cleaning, checklists were not always completed.
- Some outpatients staff did not follow trust policy regarding security of paper prescriptions.

Outpatients

- Although staff used an amended version of the WHO safer surgical checklist for invasive procedures and minor operations, there were no procedures taking place during our inspection so we did not see it in use. However, we found no audit information in outpatients on checks carried out to ensure the checklist was used correctly or consistently.
- Although records were up to date and easily available to staff providing care, record entries were not always clear. Medical staff did not always adhere to professional record keeping standards.
- Learning from never events was not shared widely across different outpatients departments at the trust.

Is the service effective?

We do not provide a rating for the effective domain in outpatients services. However:

- The service provided care and treatment based on national guidance and evidence-based practice.
- Facilities were available for people to access food and drink. Staff could provide patients with food if required due to a medical condition.
- Medical staff prescribed and administered pain relief such as local anaesthetic for procedures and were available in outpatients for advice if required.
- Patient outcomes were managed by the individual specialities who used an audit assurance dashboard to show NICE guidance compliance rates within departments.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- The service provided outpatient clinics between 9am and 5pm, Monday to Friday. Some clinics were provided in the evenings or weekends to meet demand.
- The service had relevant information promoting healthy lifestyles and support in patient areas.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Good

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

We rated this domain as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.

Outpatients

- Staff supported patients, families and carers to understand their condition.

Is the service responsive?

Good

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

We rated this domain as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others across the trust to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- People could access the service when they needed it Although some specialties struggled to meet demand, most waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- Managers told us they treated concerns and complaints seriously, investigated them and shared lessons learned with staff, although we did not see information about how to make a complaint on display.
- Although the 'did not attend' rate was higher than the England average at all of the trust's sites, a new text reminder and respond system had been implemented. Managers and booking centre staff told us the trust had been able to reduce the rate significantly over two full months prior to our inspection.

However,

- There was a waiting list for review patients in ophthalmology and an incident had occurred where a patient had not received the right care promptly. Patient review appointments were managed centrally by the trust bookings team and managers said their processes were robust and would not allow a backlog of review appointments. However, the incident investigation had identified over 700 patients in ophthalmology had no review appointments. Following the inspection, staff told us the trust, with the CCG, had commissioned an external review of all waiting lists. They told us all ophthalmology patients on the review list had their appointments brought forward.
- Information provided by the trust prior to our inspection showed no clinics were cancelled. However, they later provided information to show 20% of all outpatient clinics were cancelled.
- Although the trust told us there was a system in place to identify and record patients waiting for long periods within clinics, we did not see this being followed in practice in all outpatient areas during our inspection. There were some long waiting times within clinics and although staff explained when patients asked about a delay, not all departments informed patients on arrival how long they would need to wait or the reason for any delay.

Is the service well-led?

Good

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

Outpatients

We rated this domain as good because:

- Local managers were visible and approachable in the service for patients and staff. They supported staff across the department. Senior leadership operated at directorate level and outpatients departments worked separately from each other.
- The trust and senior leaders had a vision for what it wanted to achieve and a strategy to turn it into action. There were operational plans for each outpatients department which linked in to the trust vision and strategy.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the main outpatients service and senior managers liaised with specialty directorates which had their own governance systems. Managers worked with partner organisations. Staff at all levels were clear about their roles. Senior staff and managers were clear about their accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. Staff identified and escalated risks and issues. Environmental risks were identified and recorded, and managers documented actions to reduce their impact.
- The service had plans to cope with unexpected events.
- The service collected data and analysed it. Although data relevant to each specialty was managed by individual directorates, senior staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff engaged with patients, staff, and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Senior managers had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.
- The trust had developed an outpatient programme across all sites, led by the chief operating officer and supported by a general manager with a dedicated project manager. The programme had delivered innovation such as the patient appointment remind and respond system, an outpatient utilisation standard and improved administrative processes. The trust told us they had tackled key issues such as DNAs and review lists validations. Staff had produced a strategy, and action plans had included external validation by commissioners for assurance.

However:

- Some staff were unaware who outpatients executive leaders were although they did know their team and operational leads.
- Risk registers did not include all risks and reviews of actions taken were not always documented.
- Senior staff were confident there were no patients without a follow up appointment. However, although the trust had a system to manage follow up appointments, this was not sufficiently robust. This only came to light when an incident investigation following a significant delay in treatment had identified over 700 patients required review in one specialty.

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

Imaging services are provided at Doncaster Royal Infirmary, Bassetlaw District General Hospital, Montagu Hospital and Retford Hospital. MRI and CT scanning services are provided at Doncaster Royal Infirmary and Bassetlaw District General Hospital and interventional radiology is undertaken at Doncaster Royal Infirmary.

The Medical Imaging departments throughout the trust are staffed by over 160 people including radiologists, radiographers, nurses, clerical staff, and imaging and service assistants.

Throughout the trust over 290,000 examinations are carried out each year.

The departments at Doncaster, Bassetlaw and Montagu are open 365 days of the year. Patients are referred from wards, A & E, outpatient clinics, general practitioners (GPs) and dentists. X-rays (only limb) and ultrasound scans are also taken at Retford Hospital. The department treated a limited number of children.

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

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

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

Summary of this service

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

We rated it as requires improvement because:

•There had been a lack of senior leadership in post as the due to long term sick leave and staff vacancy, there had been no head of service post since March 2019. In relation to this, a number of outstanding actions had not been fulfilled, such as recruitment of a permanent radiation protection supervisor (RPS) and delivery of actions from the previous CQC inspection. A new head of service had now been recruited and they were due to commence their role in October 2019.

•Senior managers and directors had collated all the outstanding actions into a plan for the new head of service to accomplish, however very little progress had been made on the issues identified during the previous inspection.

•The service did not provide evidence that radiation protection supervisors (RPS) had completed appropriate training or had been formally appointed. Local rules had been recently updated but were not available in every scan room and had not been signed by all staff.

•The service did not have an effective equipment quality assurance programme in all areas. For example, we did not see evidence of patient data collection to review doses for plain film or mobile x-ray and ultrasound checks were inconsistent.

•At department level, staff told us that, although managers were supportive, they needed to be more visible by coming on to the department and talking to staff rather than spending large amounts of time in their offices.

Diagnostic imaging

•The service had ongoing challenges with staffing levels across all disciplines within the department. This had been identified on the departmental risk register with risks rated as extreme for breast screening administrative staff to high risk for radiographers, abdominal aortic aneurysm screening, mammographers and interventional radiographers. Some of the staffing risks had been on the departmental risk register since January 2017, categorised as high risk, with no recent updates on progress of reducing or minimising risk.

•Overall mandatory training compliance for allied health professionals, medical and nursing staff was 69.5% against a trust target of 90%. For medical staff, the 90% target was met for only five of the 11 mandatory training modules for which medical staff were eligible.

•Medical staff had not kept up to date with safeguarding training specific for their role; for example, only 53.3% of medical staff had completed safeguarding adults and children level 2 compared with the trust's completion rate of 90%.

•Staff recognised and reported incidents and near misses. However, there was limited evidence of lessons learned from incidents being shared with staff across the wider service.

•From April 2018 to March 2019, 71.3% of required staff in diagnostic imaging had received an appraisal compared to the trust target of 90% although the trust had recently reviewed its process and all appraisals were now undertaken between April and June each year.

•At our previous inspection, we had concerns about a lack of diagnostic reference levels (DRLs) audits. At this inspection, we found that the service had conducted some audits of doses against DRLs across the trust. This showed that five rooms across the service, including the x-ray room at Retford hospital was producing higher doses, due to older computed tomography (CR) equipment. However, we saw no evidence that these rooms had been subject to proactive optimisation or more frequent testing to mitigate this.

However;

•Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

•Staff clearly described how they would report incidents using an online tool. Feedback from incident reporting was via email or staff meetings. Staff told us they talked openly about incidents and operated a no blame culture. Staff understood the duty of candour and what needed to be done when things went wrong.

•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.

•It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint. Most patients we spoke with told us that they had been told how to raise a complaint or they would know how to raise a complaint.

Is the service safe?

Requires improvement

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

We rated it as requires improvement because:

Diagnostic imaging

•The service had ongoing challenges with staffing levels across all disciplines within the department. This had been identified on the departmental risk register with risks rated as extreme for breast screening administrative staff to high risk for radiographers, abdominal aortic aneurysm screening, mammographers and interventional radiographers. Some of the staffing risks had been on the departmental risk register since January 2017, categorised as high risk, with no recent updates on progress of reducing or minimising risk.

•The service did not provide evidence that radiation protection supervisors (RPS) had completed appropriate training or had been formally appointed. Local rules had been recently updated but were not available in every scan room and had not been signed by all staff.

•Overall mandatory training compliance for allied health professionals, medical and nursing staff was 69.5% against a trust target of 90%. For medical staff, the 90% target was met for only five of the 11 mandatory training modules for which medical staff were eligible.

•Medical staff had not kept up to date with safeguarding training specific for their role; for example, only 53.3% of medical staff had completed safeguarding adults and children level 2 compared with the trust's completion rate of 90%.

•The service did not have an effective equipment quality assurance programme in all areas. For example, we did not see evidence of patient data collection to review doses for plain film or mobile x-ray and ultrasound checks were inconsistent.

•Audits showed staff did not always record daily cleaning checks in ultrasound rooms and there were limited hand gel points in some areas. We observed patients not using the hand gel upon entering and leaving the department. Thus, there was a risk of patients spreading infections from outside the hospital on to the department.

•Staff did not always complete three-point checks and use open questions to confirm patients' identity, for example when handing over patients who were arriving in the department with porters from another part of the hospital.

•Staff recognised and reported incidents and near misses. However, there was limited evidence of lessons learned from incidents being shared with staff across the wider service.

•In the main corridor of the diagnostic imaging department, there was sticky tape in approximately six areas of the floor due to damage, which presented as a potential trip hazard.

•The main reception waiting area contained six chairs made from fabric all which had dirty stain marks. Additionally, there were stain marks on the floor. The stain marks on seats was a recurring theme; that is, seats in other waiting areas of the diagnostic imaging departments also contained chairs with stain marks on the seating area. This wasn't an issue during the previous inspection.

However;

•Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

•Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Safety checklists were completed appropriately in the records we reviewed.

Is the service effective?

We do not rate effective in diagnostic imaging, however we found:

•From April 2018 to March 2019, 71.3% of required staff in diagnostic imaging had received an appraisal compared to the trust target of 90% although the trust had recently reviewed its process and all appraisals were now undertaken between April and June each year.

Diagnostic imaging

•Although the service conducted discrepancy and peer review meetings for radiologists on a monthly basis, the Royal College of Radiology (RCR) standards that the minimum frequency of meetings should be at least every two months had not always been met.

•Reporting radiographers were unable to use their skills to benefit the department due to operational staffing pressures and a grading issue.

•We saw limited assurance of changes made in clinical practice made as a result of issues identified in clinical audits.

•At our previous inspection, we had concerns about a lack of diagnostic reference levels (DRLs) audits. At this inspection, we found that the service had conducted some audits of doses against DRLs across the trust. This showed that five rooms across the service, including the x-ray room at Retford hospital was producing higher doses, due to older computed tomography (CR) equipment. However, we saw no evidence that these rooms had been subject to proactive optimisation or more frequent testing to mitigate this.

However;

•The service provided care and treatment based on national guidance and evidence of its effectiveness. We saw that the service used guidance from the National Institute of Health and Care Excellence (NICE) and from the Royal College of Radiologists and the Royal Society and College of Radiographers.

•Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Radiologists and radiographers told us they all had good professional working relationships. We saw staff of various occupations and grades working together effectively to deliver patient care in a professional manner.

•The service was open seven days a week and 24 hours a day with two radiologists on duty out of office hours. During the day, patients could attend the department without needing an appointment having been referred by their GP.

Is the service caring?

Good

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

We rated it as good because:

•Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. During the inspection we spoke with nine patients and one relative. The feedback we received about the service was always positive and patients were happy with the care they received. Examples of what patients told us were “Excellent service today,” “Kind and friendly staff,” “Staff have been brilliant, very fast service, had blood tests and x-rays within 30 minutes.”

•We observed five patient appointments in interventional radiology and saw that staff were friendly and kind to patients. Staff spoke to patients in a way that they could understand and gave them time for questions.

•Staff provided emotional support to patients to minimise their distress. Staff recognised that the machinery and the procedures could be intimidating and frightening to patients. They told us patients were provided with information on what to expect before the scan started and kept talking to the patient throughout to explain what they and the machines were doing.

Diagnostic imaging

•Children who attended the department came with a play leader who brought distraction tools with them such as hand-held electronic games or bubbles. These were used to distract the children's attention during their procedure to reduce their anxiety.

•Staff involved patients and those close to them in decisions about their care and treatment. Patients we spoke with felt they were involved in their care and treatment and understood what to expect. Patients told us that procedures were explained well, and that staff used language they could understand. Patients who were accompanied by relatives felt that they were as involved in discussions about their care as they wanted them to be.

•There was a chaperone policy and chaperones were available to patients as needed. We observed posters in patient waiting areas which informed patients of their right to request a chaperone.

However;

•While privacy and dignity was maintained in department areas visited, there were occasions during the inspection where patients were waiting to be seen on beds in the corridor on the main x-ray department which did not support a patient's privacy and dignity whilst in the department. Often these patients were in their night clothes.

•For x-ray rooms one and two, there was a common control panel area. We observed that curtains were not drawn in this area; therefore, patients in either of these two x-ray rooms could see each other having their x-rays. Thus, their privacy and dignity was not maintained.

Is the service responsive?

Good

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

We rated it as good because:

•The service planned and provided services in a way that met the needs of local people. The service took account of patients' individual needs. People could access the service when they needed it.

•The noticeboards included information about radiation protection, pregnancy information, how to complain, friends and family test result and the chaperone policy. Feedback cards were made available for patients to complete.

•The waiting areas A and B contained chairs neatly lined against the wall. There were magazines, tea and coffee facilities and a water cooler for the use of patients.

•The service had access to over the phone interpreters to assist with communication for patients whose first language was not English. Contact details were available to staff via the intranet. Staff were aware of how to use this service. In addition, the service had access to face to face interpreters.

•Between 1 May 2018 and 31 March 2019, the percentage of patients waiting more than six weeks to see a clinician was lower than the England average. However, the figure for April 2019, was notably higher than the England average. After the inspection, the trust told us this was due to nerve conduction as the external service from a neighbouring hospital was unavailable. Additionally, urodynamics was also an issue due to staff sickness. They also sent us data up to the end of October 2019 and this showed that the percentage of patients waiting more than six weeks to see a clinician was lower than the England average again.

Diagnostic imaging

•The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. From May 2018 to April 2019, the trust received five complaints in relation to diagnostic imaging at Doncaster Royal Infirmary. The trust took an average of 32.8 days to investigate and close complaints, this was in line with their complaints policy, which states complaints should be completed in 40 days (or 90 days if a complex complaint).

•Most of the patients we spoke with told us that they had been told how to raise a complaint or they would know how to raise a complaint. The service had displayed information on how to raise complaints in patient waiting areas. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

•After the inspection, the service sent us a list of complaints they had received. We examined this list and saw that it noted the date the complaint was received, the site where the complaint occurred, brief description of complaint, date the complaint was closed and the outcome. We looked at the investigation report for one complaint which showed the complaint had been thoroughly investigated and lessons learned.

However;

•The chairs in the imaging department waiting area had arms, thus they were not wide enough for heavily built patients, resulting in one patient resorting to sitting on a coffee table.

•We did not see any posters on the department making patients aware of the multi-faith prayer room and chaplaincy service.

•The department did not have their own dedicated porters. Instead they relied on the central portering team to bring inpatients for their imaging and then take them back after their procedure. This had led to patients waiting for a long time on beds in the corridor of the imaging department. We observed this issue at the time of the inspection. This was also an issue at the previous inspection. The service had discussed with senior management the recruitment of a patient flow co-ordinator to assist with patient flow. This would help to prevent the department from becoming blocked with patient beds. Senior management had agreed the department could have their own porter co-ordinator but there was no timescale for implementation.

Is the service well-led?

Requires improvement

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

We rated it as requires improvement because:

•At senior level, some staff told us directors were not visible including the chief executive as they had not seen them on the department.

•At the core service level, staff told us that although managers were supportive, they needed to be more visible by coming on to the department and talking to staff rather than spending large amounts of time in their offices.

•There was a lack of a permanent radiation protection supervisor (RPS). This role was being undertaken on an interim basis by a previous occupant of this role. However, they could not evidence they were up to date with their training, thus this mitigation was not effective.

Diagnostic imaging

•Due to the head of service post being vacant since March 2019, a number of outstanding actions had not been fulfilled such as recruitment of a permanent RPS and actions from the previous inspection. A new head of service had now been recruited and they were due to commence their role in October 2019.

•Senior managers and directors had collated all the outstanding actions into a plan for the new head of service to accomplish, however very little progress had been made on the issues identified during the previous inspection.

•Most staff we spoke with could describe the values of the trust but they weren't knowledgeable about the strategic priorities of the diagnostic imaging department.

•Senior managers for the department told us they were short of approximately eight radiologists based on the size of the population served by the trust.

•The risk register showed the department did not regularly review or progress their current risks. The oldest risk had been on the register since February 2015 with little evidence of how the risk had been managed or reviewed. This risk related to transfers to medical imaging which were non-compliant with the trust transfer policy and continued to be rated as an extreme risk. There were no targets for completion recorded or updates on progress or escalation of the risks. Thus, we weren't assured that the risks were being monitored effectively by senior management by discussing them regularly during governance meetings

•Audits confirmed that patients were transferred without a nurse escort. As a result, patients attended the department accompanied by a service assistant who may need to leave the patient and return to the ward. If the patient's condition deteriorated when left unattended, it could lead to harm to the patient. A new trust wide policy had been implemented where staff would risk assess patients to identify if they needed a nurse escort. If they did need an escort, a form would be completed and signed and sent with the patient to diagnostic imaging.

However;

•Staff we spoke with felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

•The governance structure had been restructured in April 2019. This took into consideration the need for greater clinical staff engagement. The new structure consisted of a main forum called consultants governance forum who met on a monthly basis for three hours. The purpose of this forum was to allow open discussion and feedback regarding opinion on specific imaging within the radiology department. The source of the images were from all consultant bodies in the trust, GP's and incidents. The outcome of each discussion were recorded and information fed back to requesters. This forum was attended by all consultant radiologists and administrative support staff and chaired by the radiology clinical director.

•We examined various minutes of meetings for the operational governance, clinical governance and radiation committee group. These minutes showed that these meetings were well attended by a wide range of staff and a variety of issues were discussed such as radiation incidents, CT new building update and home reporting.

Areas for improvement

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

Retford Hospital

North Road
Retford
Nottinghamshire
DN22 7XF
Tel: 01777274400
www.dbh.nhs.uk

Key facts and figures

The trust provides a range of outpatient and community services at Retford Hospital. Services provided at Retford include: outpatient department, physiotherapy, speech therapy, chiropody, audiology, child health, community occupational health, community nursing/equipment loans, continence service, dental, genito-urinary medicine, intermediate care and medical imaging.

Summary of services at Retford Hospital

Good

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

We rated it them as requires improvement because overall the domains of safe, caring, responsive and well-led were good. We do not provide a rating for the effective domain in outpatient and diagnostic imaging services.

Outpatients

Good

Key facts and figures

Retford Hospital is the smallest hospital in the Doncaster and Bassetlaw NHS Foundation Trust. The hospital provides a range of outpatient services and is based in Retford.

The trust had 489,039 first and follow up outpatient attendances from March 2018 to February 2019. There were 8,546 outpatient appointments at Retford Hospital.

The follow-up to new rate for Retford Hospital was similar to the England average.

The trust did not report any cancelled outpatient appointments over this period. However, trust information showed 20% of clinics were cancelled each month in the reporting period.

The service provided outpatient clinics between 9am and 5pm, Monday to Friday.

The 'did not attend' rate was higher than the England average at all of the trust's sites.

During the inspection we visited the outpatients department and we spoke with three staff and three patients. We reviewed two records during the inspection.

Summary of this service

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

We rated this service as good because:

- The service provided mandatory training to all staff. Equipment and the premises were visibly clean. Staff managed clinical waste well. There were enough staff to keep patients safe and provide the right care and treatment.
- Staff kept records of patients' care and treatment. Records were up to date and easily available to staff providing care. The service administered, recorded and stored medicines safely.
- Staff recognised incidents and reported them appropriately. Managers shared lessons learned locally with the team,
- The service based care and treatment on national guidance and individual specialities managed NICE guidance compliance rates within departments. Medical staff prescribed and administered pain relief for minor procedures.
- Staff worked together as a team to benefit patients and provide good care and were competent for their roles. All staff had completed their appraisal. Staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- The service provided outpatient clinics between 9am and 5pm, Monday to Friday. People could access food and drink. The service had relevant information promoting healthy lifestyles and support. People could access the service when they needed it. Although some specialties struggled to meet demand, most waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards. Staff treated concerns seriously, investigated them and managers shared lessons learned with staff.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. Staff supported patients, families and carers to understand their condition.

Outpatients

- Staff felt respected, supported and valued, and focused on the needs of patients.
- Although the 'did not attend' rate was higher than the England average at all of the trust's sites, a new text reminder and respond system had been implemented. Managers and booking centre staff told us the trust had been able to reduce the rate significantly over two full months prior to our inspection.
- Leaders operated effective governance processes. Managers worked with partner organisations. Staff were clear about their roles and the service provided opportunities for career development.
- The service and senior leaders had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders operated effective governance processes. Environmental risks were identified and recorded. Staff had access to information.
- Leaders managed performance effectively. Environmental risks were identified and recorded.
- The service collected data to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders engaged with patients, staff and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

However,

- There was not always an indication on equipment that it had been cleaned and cleaning checklists were not always completed. Not all utility rooms were kept locked.
- Records were not always clear, and staff did not always adhere to professional record keeping standards. Records were not always stored securely in patient areas when not in use.
- Learning from never events was not shared widely across different outpatients departments at the trust.
- The trust did not display information for patients on how to make a complaint.
- Information provided by the trust prior to our inspection showed no clinics were cancelled. However, they later provided information to show 20% of all outpatient clinics were cancelled.
- Although the trust told us there was a system in place to identify and record patients waiting for long periods within clinics, we did not see this being followed in practice in all outpatient areas during our inspection. There were some long waiting times within clinics and although departments informed patients on arrival how long they would need to wait, this was not always accurate
- Some staff were unaware who senior leaders were. Local leaders did not routinely visit the department.
- Although staff were aware of departmental plans relevant to their own area, not all staff were aware of how they linked in with the overarching trust strategy.
- Risk registers did not include all risks and reviews of actions taken were not documented.
- Senior leadership operated at directorate level and outpatients departments worked separately from each other. It was not clear if leaders had an overview of the outpatients department as a whole

Is the service safe?

Good

Outpatients

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

We rated this domain as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff used equipment and infection control measures such as hand hygiene and use of personal protective equipment (PPE) to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. However, there was no indication on equipment that it had been cleaned.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Staff were able to identify and act upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept records of patients' care and treatment. Records were up to date and readily available to staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Staff stored and managed medicines in line with the provider's policy. Medicines were stored securely, and keys were kept by registered nursing staff.
- Staff recognised incidents and reported them appropriately.

However:

- The trust did not label when equipment was cleaned or document cleaning of toys. Therefore, we could not be assured of the last time cleaning took place.
- Not all utility rooms were kept locked and not all disposable curtains were changed on time.
- Records were not always clear, and medical staff did not always adhere to professional record keeping standards. Records were not always stored securely in patient areas when not in use.
- Not all staff were aware of incidents and lessons learned were not always shared locally with the team.
- Learning from never events was not shared widely across different outpatients departments at the trust.

Is the service effective?

Not sufficient evidence to rate

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

We do not provide a rating for the effective domain in outpatients services. However:

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

Outpatients

- Facilities were available for people to access food and drink. Staff could provide patients food if required due to a medical condition.
- Medical staff prescribed and administered pain relief such as local anaesthetic for procedures and were available in outpatients for advice if required.
- Patient outcomes were managed by the individual specialities who used an audit assurance dashboard to show NICE guidance compliance rates within departments.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and development. All staff had received an appraisal.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- The service provided outpatient clinics between 9am and 5pm, Monday to Friday. There were no clinics in the evenings or at weekends.
- The service had relevant information promoting healthy lifestyles and support in patient areas.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Good

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

We rated this domain as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff supported patients, families and carers to understand their condition.

However,

- Patients did not always receive sufficient information and in a way in which they could understand.

Is the service responsive?

Good

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

We rated this domain as good because:

Outpatients

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- People could access the service when they needed it. Although some specialties struggled to meet demand, most waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- Managers told us they treated concerns and complaints seriously, investigated them and shared lessons learned with staff, although we did not see information about how to make a complaint on display.
- Although the 'did not attend' rate was higher than the England average at all of the trust's sites, a new text reminder and respond system had been implemented. Managers and booking centre staff told us the trust had been able to reduce the rate significantly over two full months prior to our inspection.

However,

- Information provided by the trust prior to our inspection showed no clinics were cancelled. However, they later provided information to show 20% of all outpatient clinics were cancelled.
- Although the trust told us there was a system in place to identify and record patients waiting for long periods within clinics, we did not see this being followed in practice in all outpatient areas during our inspection. There were some long waiting times within clinics and although departments informed patients on arrival how long they would need to wait, this was not always accurate.

Is the service well-led?

Good

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

We rated this domain as good because:

- Senior leadership operated at directorate level and outpatients departments worked separately from each other.
- The trust and senior leaders had a vision for what it wanted to achieve and a strategy to turn it into action. There were operational plans for each outpatients department which linked in to the trust vision and strategy.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the main outpatients service and senior managers liaised with specialty directorates which had their own governance systems. Managers worked with partner organisations. Staff at all levels were clear about their roles. Senior staff and managers were clear about their accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. Staff identified and escalated risks and issues. Environmental risks were identified and recorded.
- The service had plans to cope with unexpected events.

Outpatients

- The service collected data and analysed it. Although data relevant to each specialty was managed by individual directorates, senior staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff engaged with patients, staff, and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Senior managers had a good understanding of quality improvement methods and the skills to use them.
- The trust had developed an outpatient programme across all sites, led by the chief operating officer and supported by a general manager with a dedicated project manager. The programme had delivered innovation such as the patient appointment remind and respond system, an outpatient utilisation standard and improved administrative processes. The trust told us they had tackled key issues such as DNAs and review lists validations. Staff had produced a strategy, and action plans had included external validation by commissioners for assurance.

However,

- Managers were not always visible or available for staff to approach within the department.
- Some staff were unaware who outpatients executive leaders were although they did know their team and operational leads.
- Senior staff were confident there were no patients without a follow up appointment. However, although the trust had a system to manage follow up appointments, this was not sufficiently robust. This only came to light when an incident investigation following a significant delay in treatment had identified over 700 patients required review in one specialty.
- Risk registers did not include all risks and reviews of actions taken were not always documented.

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

Imaging services are provided at Doncaster Royal Infirmary, Bassetlaw Hospital, Montagu Hospital and Retford Hospital. MRI scanning services are provided at Doncaster Royal Infirmary and Bassetlaw Hospital and interventional radiology is undertaken at Doncaster Royal Infirmary.

The Medical Imaging Departments throughout the trust are staffed by over 160 people including radiologists, radiographers, nurses, clerical staff, and imaging and service assistants.

Throughout the trust over 290,000 examinations are carried out each year.

The departments at Doncaster, Bassetlaw and Montagu are open 365 days of the year. Patients are referred from wards, A & E, Outpatient Clinics, General Practitioners (GPs) and Dentists. X-rays (only limb) and ultrasound scans are also taken at Retford Hospital. The department treated a limited number of children.

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

The service had an ionising radiation medical exposure regulation (IR(ME)R) inspection from the Care Quality Commission (CQC) in August 2017. Following the IR(ME)R inspection, the trust submitted an action plan. We requested an update on progress against this action plan, during this inspection and confirmed that all actions had been subsequently completed.

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

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

Summary of this service

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

We rated it as requires improvement because:

•There had been a lack of senior leadership in post as the due to long term sick leave and staff vacancy, there had been no head of service post since March 2019. Because of this a number of outstanding actions had not been fulfilled, such as recruitment of a permanent radiation protection supervisor (RPS) and actions from the previous CQC inspection. A new head of service had now been recruited and they were due to commence their role in October 2019.

•Senior managers and directors had collated all the outstanding actions into a plan for the new head of service to accomplish, however very little progress had been made on the issues identified during the previous inspection.

•The service did not provide evidence that radiation protection supervisors (RPS) had completed appropriate training or had been formally appointed.

•The service did not have an effective equipment quality assurance programme in all areas. For example, we did not see evidence of patient data collection to review doses for plain film or mobile x-ray and ultrasound checks were inconsistent.

Diagnostic imaging

•At department level, staff told us that, although managers were supportive, they needed to be more visible by coming on to the department and talking to staff rather than spending large amounts of time in their offices.

•The service had ongoing challenges with staffing levels across the trust in that they continued to have vacancies for two radiologists (20%) and 22% for radiographers, compared with a trust average of 9%. Senior managers for the department told us that they were under resourced by approximately eight radiologists based on the size of the population served by the trust.

•Overall mandatory training compliance for allied health professionals, medical and nursing staff was 69.5% against a trust target of 90%. For medical staff, the 90% target was met for only five of the 11 mandatory training modules for which medical staff were eligible.

•Medical staff had not kept up to date with safeguarding training specific for their role; for example, only 53.3% of medical staff had completed safeguarding adults and children level 2 compared with the trust's completion rate of 90%.

•Staff recognised and reported incidents and near misses. However, there was limited evidence of lessons learned from incidents being shared with staff across the wider service.

•From April 2018 to March 2019, 71.3% of required staff in diagnostic imaging had received an appraisal compared to the trust target of 90% although the trust had recently reviewed its process and all appraisals were now undertaken between April and June each year.

•At our previous inspection, we had concerns about a lack of diagnostic reference levels (DRLs) audits. At this inspection, we found that the service had conducted some audits of doses against DRLs across the trust. This showed that five rooms across the service, including the x-ray room at Retford hospital was producing higher doses, due to older computed tomography (CR) equipment. However, we saw no evidence that these rooms had been subject to proactive optimisation or more frequent testing to mitigate this.

However;

•Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

•Staff clearly described how they would report incidents using an online tool. Feedback from incident reporting was via email or staff meetings. Staff told us they talked openly about incidents and operated a no blame culture. Staff understood the duty of candour and what needed to be done when things went wrong.

•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.

•It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint. Most patients we spoke with told us that they had been told how to raise a complaint or they would know how to raise a complaint.

Is the service safe?

Requires improvement

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

We rated it as requires improvement because:

Diagnostic imaging

•The service had ongoing challenges with staffing levels across the trust in that they continued to have vacancies for two radiologists (20%) and 22% for radiographers, compared with a trust average of 9%.

•The service did not provide evidence that radiation protection supervisors (RPS) had completed appropriate training or had been formally appointed.

•Overall mandatory training compliance for allied health professionals, medical and nursing staff was 69.5% against a trust target of 90%. For medical staff, the 90% target was met for only five of the 11 mandatory training modules for which medical staff were eligible.

•Medical staff had not kept up to date with safeguarding training specific for their role; for example, only 53.3% of medical staff had completed safeguarding adults and children level 2 compared with the trust's completion rate of 90%.

•The service did not have an effective equipment quality assurance programme in all areas. For example, we did not see evidence of patient data collection to review doses for plain film or mobile x-ray and ultrasound checks were inconsistent.

•Audits showed staff did not always record daily cleaning checks in ultrasound rooms.

•Staff did not always complete three-point checks and use open questions to confirm patients' identity.

•Staff recognised and reported incidents and near misses. However, there was limited evidence of lessons learned from incidents being shared with staff across the wider service.

•The ultrasound room was carpeted and the cleaning schedule did not specifically include arrangements for carpet cleaning. This meant there was an infection risk which was not appropriately managed.

•At Retford hospital we saw that the x-ray equipment had recently been taken out of service while an image quality issue was being rectified. Managers had worked with the RPA to investigate this issue and a repair option was being costed.

However;

•Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

•Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Safety checklists were completed appropriately in the records we reviewed.

Is the service effective?

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

We do not rate effective in diagnostic imaging, however we found:

•From April 2018 to March 2019, 71.3% of required staff in diagnostic imaging had received an appraisal compared to the trust target of 90% although the trust had recently reviewed its process and all appraisals were now undertaken between April and June each year.

•Although the service conducted discrepancy and peer review meetings for radiologists on a monthly basis, the Royal College of Radiology (RCR) standards that the minimum frequency of meetings should be at least every two months had not always been met.

•Reporting radiographers were unable to use their skills to benefit the department due to operational staffing pressures and a grading issue.

•We saw limited assurance of changes made in clinical practice made as a result of issues identified in clinical audits.

Diagnostic imaging

•At our previous inspection, we had concerns about a lack of diagnostic reference levels (DRLs) audits. At this inspection, we found that the service had conducted some audits of doses against DRLs across the trust. This showed that five rooms across the service, including the x-ray room at Retford hospital was producing higher doses, due to older computed tomography (CR) equipment. However, we saw no evidence that these rooms had been subject to proactive optimisation or more frequent testing to mitigate this.

However;

•The service provided care and treatment based on national guidance and evidence of its effectiveness. We saw that the service used guidance from the National Institute of Health and Care Excellence (NICE) and from the Royal College of Radiologists and the Royal Society and College of Radiographers.

•Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Radiologists and radiographers told us they all had good professional working relationships. We saw staff of various occupations and grades working together effectively to deliver patient care in a professional manner.

•The diagnostic imaging department at Retford Hospital department was available three days per week; Monday, Wednesday and Thursday, from 8:30 to 5pm. The department closed for 1 hour at lunchtime. The department offered a GP walk-in service and outpatient clinics for x-ray and ultrasound.

Is the service caring?

Good

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

We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. During the inspection we spoke with nine patients and one relative. The feedback we received about the service was always positive and patients were happy with the care they received.
- Staff provided emotional support to patients to minimise their distress. Staff recognised that the machinery and the procedures could be intimidating and frightening to patients. They said that they made sure they provided patients with information on what to expect before the scan started and kept talking to the patient throughout to explain what they and the machines were doing.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients we spoke with felt they were involved in their care and treatment and understood what to expect. Patients told us that procedures were explained well, and that staff used language they could understand. Patients who were accompanied by relatives felt that they were as involved in discussions about their care as they wanted them to be.
- There was a chaperone policy and chaperones were available to patients as needed. We observed posters in patient waiting areas which informed patients of their right to request a chaperone.

However;

- Some private conversations between staff and patients could be overheard by other patients, due to the proximity of changing room to the waiting area.

Diagnostic imaging

Is the service responsive?

Good

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

We rated it as good because:

•The service planned and provided services in a way that met the needs of local people. The service took account of patients' individual needs. People could access the service when they needed it.

•Between 1 May 2018 and 31 March 2019, the percentage of patients waiting more than six weeks to see a clinician was lower than the England average. The service met the target to see 99% of patients within six weeks for 6 out of 8 months from January 2019 to August 2019.

•The service had access to interpreters to assist with communication for patients whose first language was not English. Staff worked to meet patients' individual needs, even when clinics ran over.

•The service treated concerns and complaints seriously, investigated them in a timely way and learned lessons from the results. From May 2018 to April 2019 the trust received no complaints in relation to diagnostic imaging at Retford hospital.

However;

•The service did not meet the target to see 99% of patients within six weeks in April and May 2019 due to medical staffing challenges.

•We observed patient information about how to access the trust PALS service, for example posters or leaflets, was not always displayed in waiting areas.

Is the service well-led?

Requires improvement

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

We rated it as requires improvement because:

•At senior level, some staff told us directors were not visible including the chief executive as they had not seen them in the department.

•At department level, staff told us that, although managers were supportive, they needed to be more visible by coming on to the department and talking to staff rather than spending large amounts of time in their offices.

•There was a lack of a permanent radiation protection supervisor (RPS). This role was being undertaken on an interim basis by a previous occupant of the role. However, they could not evidence they were up to date with their training, thus this mitigation was not effective.

•Due to the head of service post being vacant since March 2019, a number of outstanding actions had not been fulfilled such as recruitment of a permanent RPS and actions from the previous inspection. A new head of service had now been recruited and they were due to commence their role in October 2019.

Diagnostic imaging

•Senior managers and directors had collated all the outstanding actions into a plan for the new head of service to accomplish, however very little progress had been made on the issues identified during the previous inspection.

•Most staff we spoke with could describe the values of the trust but they weren't knowledgeable about the strategic priorities of the diagnostic imaging department.

•Senior managers for the department told us that they were under resourced by approximately eight radiologists based on the size of the population served by the trust.

However;

•Staff we spoke with felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

•The governance structure had been restructured in April 2019. This took into consideration the need for greater clinical staff engagement. The new structure consisted of a main forum called consultants governance forum who met on a monthly basis for three hours. The purpose of this forum was to allow open discussion and feedback regarding opinion on specific imaging within the radiology department. The source of the images were from all consultant bodies in the trust, GP's and incidents. The outcome of each discussion were recorded and information fed back to requesters. This forum was attended by all consultant radiologists and administrative support staff and chaired by the radiology clinical director.

•We examined various minutes of meetings for the operational governance, clinical governance and radiation committee group. These minutes showed the meetings were well attended by a wide range of staff and a variety of issues were discussed such as radiation incidents, CT new building update and home reporting.

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)

This guidance (see 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	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

Sarah Dronsfield, Head of Hospital Inspection, led this inspection. An executive reviewer, Jane Tomkinson, supported our inspection of well-led for the trust overall. The team included one inspection manager, nine inspectors, one assistant inspector, and eleven 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. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.