Barnsley Hospital NHS Foundation Trust

Quality Report

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

Ratings

Overall rating for this trust	Requires improvement
Are services at this trust safe?	Requires improvement
Are services at this trust effective?	Good
Are services at this trust caring?	Good
Are services at this trust responsive?	Good
Are services at this trust well-led?	Requires improvement

Summary of findings

Letter from the Chief Inspector of Hospitals

Barnsley NHS Foundation Trust provides a range of acute hospital health services at Barnsley Hospital. The trust serves the Barnsley area which has an estimated population of 236,000. In total the trust had 359 beds. Barnsley is in the 20% most deprived areas in the country.

We inspected Barnsley NHS Foundation Trust as part of our comprehensive inspection programme. We carried out an announced inspection of hospital between 14 -17 and July 2015. In addition, an unannounced inspection was carried out on 26 July 2015. The purpose of the unannounced inspection was to look at the emergency department and medical wards at the weekend.

Overall, we rated this trust as requires improvement and we noted some outstanding practice and innovation.

However, improvements were needed to ensure that services were safe and well-led.

Our key findings were as follows:

• Staffing levels were planned and monitored. There were some shortages; most notably there was a shortage of children's nurses at the trust.

• There had been no cases of hospital acquired MRSA since 2008. The rate of hospital acquired C.difficile was within the trust's trajectory.

• The adjusted mortality rates had reduced significantly in the trust over the past year. Analysis across a range of indicators showed there was no evidence of risk regarding mortality.

• The trust performed mostly above the 95% standard for percentage of patients waiting to be seen within four hours since May 2014, with the exception of December 2014 and May 2015.

• Assessments of patient's nutritional needs were recorded. Across the trust, we found patients were supported to eat and drink.

• Following transfer to a new IT appointment system, the trust had discovered a backlog of outpatients who potentially needed a follow-up appointment. Work was underway to clinically validate the list and ensure all relevant patients were offered a review appointment by 31 January 2016.

• Leadership at the trust had been subject to significant change over the last 20 months. Staff spoke positively about the trust leadership.

We saw several areas of outstanding practice including:

• The uro-gynaecology nurse specialist had introduced "percutaneous tibial nerve stimulation for overactive bladders" following a successful business case to the trust. This improved symptoms for patients and made cost savings for the trust. Audit data from 2014 demonstrated improved outcomes for women.

• The dermatology service described a tele-dermatology project they were providing in conjunction with the local Clinical Commissioning Group whereby some GP practices could send in pictures of patient problems and receive an electronic treatment plan within three days. The service had also recently been approved to provide private cosmetic procedures (such as Botox) and was seeking to use these as a revenue generator for the trust.

• We saw that staff in the breast clinic had developed a simple tool for patients to remind them to take their medication. The staff had developed a card, covered in a picture of brightly coloured tablets that could be hung from a door handle at their home such as a kitchen cupboard. This had been shared at an internal nursing conference and staff in other areas of the trust were using for their patients.

• A midwife had won the prestigious 2015 Royal College of Midwifery's (RCM) Philips AVENT National Award for Innovation in Midwifery. They created a secure staff social networking site called 'Ward-book' which was used by midwifery staff at the hospital to communicate important messages across the department. Each week the Head of Midwifery wrote a departmental update which gave staff the opportunity to feedback in real-time and this was posted on the system. The Ward-book was used as a virtual notice board. It helped communication between managers and staff and helped improve the outcomes for patient care.

• Pharmacy robots had been introduced at the trust in July 2014. This has reduced errors and increased staff capacity.

Summary of findings

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

Importantly, the trust must:

• ensure all patients attending the emergency department, have an initial assessment undertaken by a suitably qualified healthcare professional in accordance with national guidance.

• ensure that children attending the hospital are cared for by nursing staff who have the qualifications, competence, skill and experience to do so safely.

• ensure oxygen is prescribed in line with national guidance.

• ensure that medicines reconciliation is completed in 24hrs and meets local and NICE guidance.

• ensure compliance with the five steps for safer surgery.

• ensure suitable patients are offered laparoscopic colorectal surgery in accordance with NICE guidance.

• address the backlog of outpatient follow-ups.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Barnsley Hospital NHS Foundation Trust

Barnsley NHS Foundation Trust provides services at Barnsley Hospital, a district general hospital. The trust was authorised as a foundation trust by Monitor in 2005.

The hospital provided a full range of hospital services, including an emergency department, critical care, and general medicine, including elderly care, general surgery, paediatrics and maternity care. It had 359 beds including 13 critical care beds.

The trust served the Barnsley area, which had an estimated population of 236,000. The population had a similar age group breakdown to the England average. There was a much lower proportion of black, Asian and minority ethnic (BAME) residents in Barnsley with 4% BAME residents compared to an England average of 14.6%.

Barnsley Local Authority lay in the bottom quintile in the index of multiple deprivation when compared to other local authorities. This signified that the area was in the 20% most deprived areas in the country. The health profile showed a number of indicators, such as life expectancy, smoking related deaths and levels of obesity were worse than the national average.

In March 2014, the trust identified and reported financial mismanagement. Monitor declared the trust in breach of its licence conditions in April 2014 and undertook enforcement action in relation to finances, concerns regarding long emergency department waiting times and governance. Monitor removed the breach of licence relating to emergency department waiting times in January 2015. Breaches in relation to governance and finances remained in place.

We inspected Barnsley NHS Foundation Trust as part of our comprehensive inspection programme. We carried out an announced inspection of hospital between 14 -17 July 2015. In addition, we carried out an unannounced inspection on 26 July 2015. We inspected urgent & emergency services, medical care (including older people's care), surgery, critical care, maternity and gynaecology, services for children and young people, end of life care and outpatients and diagnostic imaging.

Our inspection team

Our inspection team was led by:

Chair: Jan Ditheridge, Chief Executive, Shropshire Community Health NHS Trust.

Inspection Manager: Cathy Winn, Care Quality Commission

The team included CQC inspectors, including a pharmacist inspector, and a variety of specialists including consultant surgeons, medical consultant, a consultant paediatrician, consultant intensivist, a student nurse, two midwives, two executive directors, a safeguarding lead, senior nurses including a children's nurse. We were also supported by two experts by experience who had personal experience of using or caring for someone who used the type of services we were inspecting.

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

Summary of findings

• Is it well led?

Before our inspection, we reviewed a wide range of information about Barnsley Hospital and asked other organisations to share the information they held. We sought the views of the clinical commissioning group (CCG), NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges and the local Healthwatch team. We held a listening event in Barnsley on 13 July 2015 where members of the public shared their views and experiences of the trust. Some people also shared their experiences of the trust with us by email and telephone.

The announced inspection of Barnsley Hospital took place between 14 and 17 July 2015. We held focus groups with a range of staff in the hospital, including nurses, junior doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists, occupational therapists and pharmacists. We also spoke with staff individually as requested. We talked with patients and staff from all the clinical areas including outpatient's services. We observed how people were being cared for, talked with carers and family members, and reviewed patients' records of personal care and treatment.

We carried out an unannounced inspection on 26 July 2015 at Barnsley Hospital. The purpose of our unannounced inspection was to look at the Emergency department and medical wards at the weekend.

We would like to thank all staff, patients, carers and other stakeholders for sharing their views and experiences of the quality of care and treatment delivered by the trust.

What people who use the trust's services say

Data from the friends and family test (Dec 2013 – Nov 2014) showed over 94% of patients would recommend the trust to their friends and family.

The 2014 adult inpatient survey looked at the experiences of over 59,000 people admitted to an NHS hospital in 2014. Between September 2014 and January 2015, 850 recent inpatients at each trust received a questionnaire; 293 patients responded about Barnsley Hospital NHS Foundation Trust. The results showed the trust was performing about the same as most other trusts that took part in the survey for the different aspects of care and treatment and patient's overall experience.

In the 2013/14 Cancer Patient Experience Survey, Barnsley NHS Foundation Trust was in the top 20% of trusts for 17 out of 34 indicators.

Facts and data about this trust

Data from March 2015 showed Barnsley Hospital had 359 beds including 33 maternity and 13 critical care beds. There were approximately 2556 whole time equivalent staff members. This included over 230 medical staff and 862 nursing staff.

The trust had total revenue of over £171 million in 2014/15. Its full costs were over £183 million and it had a planned deficit of over £11 million.

During 2014/15 there were 62,112 inpatient admissions, 268,149 outpatient attendances and the emergency department saw 79,055 patients.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe?	Requires improvement 

Summary

Recruitment of suitable nursing staff and medical staff was an ongoing challenge for the trust. The trust had a rolling programme of recruitment and was taking action to address shortfalls. At the time of inspection, there was shortage of children's nurses on the children's ward and in the emergency department.

The emergency department operated a triage system to assess patients arriving by ambulance or 'majors'. However, they did not have a system for triage or initial assessment of patients who did not arrive by ambulance.

The number of appropriate staff receiving safeguarding supervision was not clear.

The trust was not meeting NICE guidance about the percentage of patients who had their medicines reconciled upon admission to the hospital. Arrangements for storing and accounting for medicines in the theatres was not adequate; there were plans in place to address this. Across the trust, oxygen was not prescribed.

For further detail, please refer to the individual location report for Barnsley Hospital.

Duty of Candour

- The organisation had an updated Being Open and Duty of Candour Policy launched in January 2015. This provided information on the action staff should take. This was available to staff via the intranet.
- The Medical Director was the lead director responsible for duty of candour.
- There were varying levels of understanding regarding the duty of candour. Staff were aware of the principles of open and honest care but not the specific requirements associated with Duty of Candour.
- Senior staff across the trust had a clearer understanding of the Duty of Candour and recognised there was further work to embed the policy in practice.
- A general awareness training campaign for all staff was due to be completed in August 2015.

Summary of findings

- The trust published an NHS England Open and Honest Care: Driving Improvement report each month on their website. This gave details of the trust's performance about safe care and patient's experience.

Safeguarding

- The Director of Nursing & Quality was the executive lead for safeguarding. There was a lead professional for Safeguarding Adults and Named Nurse for safeguarding children.
- Governance arrangements from ward to board were in place. The trust had recently moved to have a joint adult and children's steering committee to oversee work and further strengthen this area.
- The Director of Nursing & Quality and Deputy Director of Nursing attended the local authority safeguarding children and adults boards.
- The named doctor for safeguarding had protected time for their role.
- A number of initiatives had been undertaken. For example, there was a child protection pack with detailed guidance for paediatrics and a proactive approach in ensuring pathways considered children when procuring new services.
- Staff recognised further work was needed to embed safeguarding peer reviews for paediatrics.
- Staff knew how to escalate concerns and how to contact the safeguarding team and spoke positively of their support.
- Safeguarding policies and procedures were available on the intranet and staff were aware of these.
- Staff were less aware of some of the supporting documents available to them on the intranet, for example, the child sexual exploitation (CSE) pathway.
- CQC undertook a safeguarding and looked after children inspection in November 2014. The final report had recently been received which included recommendations for the emergency department. An action plan was being implemented and monitored. There was an Access policy in place and staff felt this had a positive effect on communication pathways between acute and community practitioners.
- At the end June 2015, 90% of non-patient contact staff and 81% of staff with patient contact had undertaken safeguarding training against a target of 90%. The safeguarding team had a clear plan for training compliance and had identified an improvement in the quality of assessments. This correlated with training uptake, and availability of advice.
- A total of 85% of staff had undertaken safeguarding children basic awareness training.

Summary of findings

- At the end May 2015, between 86 and 88% of applicable staff had attended Level 3 safeguarding training.
- The number of appropriate staff receiving safeguarding supervision was not clear. Staff within the safeguarding team had varying evidence of training to enable them to have the necessary skills and competencies to undertake safeguarding supervision.
- The trust had recently introduced an electronic record system within the trust. The trust managers recognised there were challenges at system and practitioner level with the system in relation to safeguarding.

Incidents

- The trust had an electronic reporting system in place for staff to report incidents and near misses.
- The trust reported a higher number of incidents per 100 admissions compared to the England average and was the sixth highest reporter of incidents amongst similar trusts between 1 October 2014 to 31 March 2015.
- Staff were aware of how to report an incident, although we found some evidence of underreporting of incidents, such as out of hours bed moves.
- There had been one never event reported between 1 May 2014 and 30 April 2015. This occurred within outpatients and diagnostic imaging services and was categorised as wrong site surgery. The incident was investigated, lessons learnt and appropriate actions taken to prevent similar incidents occurring again. A further never event had occurred in another area just prior to our inspection which was being investigated.
- There had been 46 serious incidents for the same period with the most common incident (14) relating to grade 3 pressure ulcers
- There were 6,933 incidents reported on national reporting and learning system (NRLS) occurring between 1 June 2014 and 31 May 2015. Of these 92% resulted in no harm, 7% low harm, 1% moderate harm and 0.3% severe harm or death.
- Incidents were investigated although some were outside the expected timescales, for example in children's services.
- Managers recognised that learning from incidents across the trust could be improved. In April 2015, the trust introduced a weekly Patient Safety Bulletin from the Medical Director and Director of Nursing & Quality. This was designed to rapidly disseminate learning from incidents, complaints, claims, clinical audits or other safety concerns.

Medicines

Summary of findings

- The trust was not meeting NICE guidance about the percentage of patients who had their medicines reconciled upon admission to the hospital (medicines reconciliation is the process of checking the patient continues to receive the medicines they were taking before admission, unless changed or stopped for clinical reasons). The audit conducted in March 2015 found that 48% of patients' medicines were reconciled within 24 hours of admission and 69% patients had their medicines reconciled during their hospital stay. The trust had an action plan to increase these percentages by improving the clinical pharmacy service to the wards, by July 2016.
- Arrangements for storing and accounting for medicines (apart from controlled drugs) in theatres were not sufficient. This meant there was a risk of mishandling and that medicines requiring refrigeration could be less effective or unsafe to use. The trust planned to install new storage facilities and informed us that the drug fridges were delivered during our inspection. We also found that the trust's procedure for monitoring temperatures of medicine refrigerators was not followed on some wards.
- Controlled drugs were stored and recorded safely on all the wards visited by our pharmacist inspector.
- Our pharmacist inspector looked at 25 prescription charts during the inspection. We only found one missed prescribed dose of medicine with no reason documented. However, on the neonatal unit we saw some medicines prescribed as single daily doses when this was not the appropriate way to administer them. We also saw some charts where legibility of the doctor's name was poor and the date that a medicine stopped was not recorded.
- Across the trust, we found that oxygen was not prescribed.
- The trust had acted quickly in response to two recent medicine safety incidents and changed processes in the supply of stock medicines to protect patients.
- The trust introduced pharmacy robots in July 2014. This has reduced errors and increased staff capacity.

Staffing

- The trust used the Safer Nursing Care Tool twice a year to determine staffing levels. The trust board discussed the Nursing & Midwifery staffing report at the February board meeting. The trust aimed to have a ratio of one nurse to seven patients during the day and twelve patients at night. The midwife to birth ratio was planned to be one to 28.

Summary of findings

- Recognised tools were not used to determine staffing requirements in some specialist areas such as the emergency department.
- A situation report that included staffing was undertaken daily with the Heads of Nursing escalating as required to the Director of Nursing.
- The Director of nursing submitted a monthly report to the quality and governance committee. The report submitted in June 2015 showed that across the trust average fill rates for registered nurses/midwives was 85.6% during the day and 98% at night. Wards having a deficit of more than 20% between planned and unplanned staffing levels were reported as an exception and action identified.
- The trust was achieving a birth to midwife ratio of 1:28, which was in accordance with national guidance.
- Information within the monthly integrated performance report triangulated staffing levels with staff absence, complaints, incidents and 'red flags.' 'Red flags' were also reported and considered by individual clinical business units.
- The trust had not published the monthly staffing report on the trust's website since September 2014. There is a national guidance to publish monthly staffing data on the trust's website.
- Recruitment of suitable nursing staff was an ongoing challenge for the trust. The trust had a rolling programme of recruitment and was taking action to address shortfalls. At the time of inspection, there were 38 wte nursing vacancies across the trust from an establishment of 855wte. These posts had been recruited to and most staff were due to join the trust in September 2015.
- Most areas had recruited sufficient staff, although there was a particular challenge in some areas including children's nurses. Six beds on the children's ward had been closed prior to our inspection due to staffing shortages and, at the time of our inspection, there was a shortage of children's nurses in the emergency department which meant there was not a nurse trained to care for children on each shift.
- The trust board received and reviewed a formal report on medical staffing at the March board meeting.
- We identified some concerns about the capacity of the medical staffing, out of hours, particularly in medicine to meet patient need. The management teams were aware of this and the Medical Director said that they had reviewed the shift patterns against the workload and made changes to the afternoon and evening medical staffing as part of plans to address the issue.

Summary of findings

Are services at this trust effective?

Good

Summary

The adjusted mortality rates had reduced significantly in the trust over the past year including at weekends. Patient outcomes were good across most clinical services. There had been improvements in stroke service audit (SSNAP) outcomes. Some patient outcomes in the neonatal service required improvement.

Staff across the hospital reported good working relationships within the multidisciplinary teams (MDTs).

The trust was not providing laparoscopic colorectal surgery and it was unclear if surgeons offered this option to suitable patients.

There were variable standards on the 'do not attempt cardiopulmonary resuscitation' forms (DNACPR).

For further detail, please refer to the individual location report for Barnsley Hospital.

Evidence based care and treatment

- Staff had access to policies and procedures and other evidence-based guidance via the trust intranet.
- Laparoscopic surgery (including laparoscopically assisted surgery) is recommended as an alternative to open surgery for people with colorectal cancer in accordance with NICE guidance. The trust was not providing laparoscopic colorectal surgery and it was unclear if surgeons offered this option to suitable patients. We raised this with the trust at the time of inspection. The trust planned to review the service further.

Patient outcomes

- The adjusted mortality rates have reduced significantly in the trust over the past year. Analysis across a range of indicators showed there was no evidence of risk regarding mortality.
- The trust had improved their mortality ratios (SHMI 103.5, HSMR 102.2, and weekend HSMR 108 for the year to February 2015).
- Each patient who had died had a mortality review; the Medical Examiner System was in place and the Mortality Steering Group maintained oversight.
- The microbiology department had Clinical Pathology Accreditation (CPA) and was working towards United Kingdom Accreditation Service (UKAS) accreditation.
- Most surgical outcomes were the same or better than the national average with the exception of laparotomies. In the national emergency laparotomy audit from 2014, the trust's self-reported data indicated that the provision of facilities required to perform an emergency laparotomy was unavailable

for 15 out of the 28 measures reported on. It estimated that 101 to 150 patients required an emergency laparotomy annually. The trust had identified this as an area of concern and the Medical Director was to lead on this area of work.

- In the maternity service, outcomes for women regarding deliveries were better in comparison with the national average.
- The trust participated in the national neonatal audit programme 2013 (NNAP). Three out of the five outcomes were below national standards.
- The national care of the dying audit was carried out in 2013 and results were published in 2014. Results in the clinical performance indicators showed that Barnsley was better than the England average in all 10 indicators however there were four key performance indicators for the organisation that were not achieved. By December 2014, the trust implemented and completed an action plan to address the shortfalls. The Sentinel Stroke National Audit Programme (SSNAP) showed an improvement from an overall SSNAP level of "D" for July to September 2014 to a "C" for January to March 2015. Most areas were rated C. However, occupational therapy and standards by discharge were rated A (with A being the highest level).
- The trust had participated in 153 local and 21 national audits in 2014/15.

Multidisciplinary working

- Staff across the hospital reported good working relationships within the multidisciplinary teams (MDTs).
- There was a hospital at night team which co-ordinated the medical handovers and managed requests for support from the doctors working overnight.
- In 2014, the trust introduced a frailty team that consisted of specialist nurses and doctors. They assessed and planned care for patients with dementia, Parkinson's disease and delusional states and carried out mental capacity assessments.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Staff we spoke to could clearly explain when consent was required, documentation of consent and procedures to take should a patient not provide, or be unable to provide, consent.
- There were variable standards on the 'do not attempt cardiopulmonary resuscitation' forms (DNACPR). We reviewed 25 DNACPR records on a variety of wards. Out of these, there were nine which had gaps, such as capacity assessments not completed and no evidence of discussion in the records with the patient or family.

Summary of findings

- The frailty team that consisted of specialist nurses and doctors carried out mental capacity assessments. The team told us that therapists regularly referred patients they identified with cognitive impairment.
- We found that staff recognised when a Deprivation of Liberty Safeguard may be required for patients. We saw examples of where these were applied. Staff understood the safeguards in place.

Are services at this trust caring?

Good

Summary

Patients reported positively in surveys about the care they received. We saw staff provided caring and compassionate care, ensuring that patients, children and their families were involved in the planning and delivery of their care.

We found outstanding practice for patients receiving end of life care. We heard of several examples where staff went beyond their roles to provide compassionate care. This included the whole multidisciplinary team including porters and mortuary staff.

For further detail, please refer to the individual location report for Barnsley Hospital.

Compassionate care

- In the 2013/14 Cancer Patient Experience Survey, the trust was in the top 20% of trusts for 17 out of 34 indicators.
- Patient-led assessments of the care environment (PLACE) for 2014 showed the trust scored better than the England average for privacy dignity and well-being.
- Friends and family test results for December 2013 to November 2014 showed the percentage of patients who would recommend the trust was consistently above the England average.
- In the 2014 CQC inpatient survey, Barnsley Hospital NHS Foundation Trust scored about the same as other trusts across the range of questions.
- We observed staff treating patients in a kind and compassionate way that promoted patients' dignity and respect.
- For patients at the end of life, we heard of several examples where staff went beyond their roles to provide compassionate care. For example, a ward sister had stayed after her shift ended to take a patient outside, as they wanted to feel the sunshine and wind on their face for a final time.

- Porters told us when they took deceased patients to the mortuary, they looked after them as they would if it was "our own mums or dads". The porters spoke with ward staff and sometimes families about individual ways to transport deceased patients to the mortuary.

Understanding and involvement of patients and those close to them

- In the 2014 CQC inpatient survey, the trust scored about the same as other trusts for patients being involved as much as they wanted to be in decisions about their care and treatment.
- In clinical key performance indicators within the national care of the dying audit in hospitals (NCDAH) of 2013- 2014, Barnsley achieved higher than the national average in all 10 indicators. This included discussions with the patient and their relatives / friends regarding their recognition that the patient is dying, communication regarding the patient's plan of care for the dying phase and assessment of spiritual needs.
- We observed positive examples of staff ensuring understanding and involvement of patients. For example, on the intensive care unit, we saw a patient who was very anxious and distressed, who was regularly kept informed of progress. Later on in the day, the patient seemed settled and understood what had happened.
- In 'my care plan' for patients at the end of life, there was space for family to write comments or messages to staff. Relatives reported they found this helped when they were too emotional to speak with staff.

Emotional support

- In the 2014 CQC inpatient survey, the trust scored about the same as other trusts for patients receiving enough emotional support from hospital staff.
- Staff provided emotional support. For example, in the intensive care unit, the service promoted the use of patient's diaries. This practice assisted patients with reflecting retrospectively on their experience of critical illness and helped those coping with critical care unit post-traumatic stress disorder.
- The trust had a specialist midwives in bereavement who provided support, compassion and care for women and their families in time of bereavement.
- The hospital provided individual memorial services for relatives of patients who had died at the hospital. Staff planned to hold a multi-faith memorial service later in the year for all those who had died.

Summary of findings

Are services at this trust responsive?

Good

Summary

The trust performed above the 95% standard for percentage of patients seen within four hours since May 2014, with the exception of December 2014 and May 2015. Overall referral to treatment times for non-admitted and incomplete pathways had met the national standards.

There was a full time learning disability liaison nurse and a dementia specialist nurse to support staff to meet patient's individual needs.

Following transfer to a new electronic patient record system, the trust discovered a backlog of outpatients who potentially needed a follow-up appointment. Work was underway to clinically validate the lists and offer a review appointment by 31 January 2016.

Some specialities had not consistently achieved the cancer pathway RTT target. The trust was not meeting their key performance indicators (KPI's) for the 10 week antenatal bookings.

Staff raised concerns about the number and management of outliers. Trust data showed there was an average of 30 medical outliers a day.

The management and learning from complaints across the organisation was identified by the trust as an area for improvement.

For further detail, please refer to the individual location report for Barnsley Hospital.

Service planning and delivery to meet the needs of local people

- The lead commissioner of the services at Barnsley hospital was Barnsley Clinical Commissioning Group.
- The executive team were knowledgeable about the local population, local service provision and worked with partners to deliver services to meet patient's needs. For example, ambulatory care pathways had recently been introduced within the AMU.
- The directors shared that approximately 30% of attendances within the emergency department were suitable for primary care.
- There were referral pathways to other healthcare organisations, for example cardiology. The trust had identified where there were gaps in service provision, for example urology service, and was working with partners to deliver services that met the needs of local people.

Meeting people's individual needs

- There was a full time Learning Disability Liaison Nurse at Barnsley Hospital. They were a registered general nurse and registered nurse for learning disabilities. The learning disability liaison nurse was aware of any patients admitted who had a learning disability via the electronic flagging system.
- A retrospective documentation audit of patients with a diagnosed learning disability who accessed in-patient services was undertaken in April 2014. Consequently, the trust implemented several actions. These included revision of the 'All About Me' hospital passport to include a section on reasonable adjustments required when attending hospital, introduction in August 2014 of a reasonable adjustment care plan and funding sought to provide equipment to improve the experience of people with learning disabilities in the acute setting.
- Learning disability champions had been identified and training was due to begin in July 2015.
- Local CQUINs for the care of patients with learning disabilities were in place. We saw evidence of the monitoring of information to meet these.
- An electronic flagging system for people with learning disabilities was in place. The learning disability liaison nurse received an automatic retrospective weekly and monthly data set for all patients who have a diagnosed learning disability and had attended the emergency department, been an in-patient or had attended or did not attend the out-patients department. The information was used to identify any concerns and liaise with the community learning disability team and social care.
- Translation services were available for people whose first language was not English. However, there were no systems in place for providing professional sign language support for patients who were profoundly deaf who could not communicate in spoken English.

Dementia

- There was a dementia specialist nurse and a dementia strategy 2015 -2018 was being implemented. This was aligned to the trust's vision and values and provided a clear vision for dementia care at the trust.
- On admission, staff screened patients over the age of 75 for dementia.
- The trust had implemented the butterfly scheme. At the time of our inspection, 270 staff had received training in person centred dementia care in acute hospitals and 800 trained in the butterfly scheme.
- The trust had identified dementia champions who received a higher level of training.

- An electronic flagging system to identify people living with dementia was in development.

Access and flow

- After moving to the new electronic patient record system in October 2014, the trust identified in June 2015 that 23,557 patients were being held on a review list and who may not have been provided with follow up appointments. Immediate validation of the list reduced this to 7,980 patients overdue an appointment to the end of August 2015. Due to the change in processing the trust was carrying a backlog of about 2,000 outpatient outcomes per month; these were all reconciled by the end of each month. A further 9,613 patients appeared to have an open patient pathway, however these patients were discovered to have multiple pathways opened in error and the duplicates were removed from the system early into the validation process. Work was underway to ensure all relevant patients were offered a review appointment by 30th November with all patients seen by 31 January 2016; however, this was rated as a red risk by the trust, which indicated the potential patient safety risk associated with missed appointments. There were no current plans to put in place additional clinics, extended clinic hours or weekend working to address this backlog of appointments.
- On average 1% of clinics were cancelled by the trust. The did not attend rate was much higher than the England average.
- Referral to treatment times for non-admitted and incomplete pathways had met the national standards.
- The referral to treatment time (RTT) target is 18 weeks from referral from general practitioner to treatment within secondary care. During the reporting period April 2013 to November 2014, the trust performed better than the standard and the England average. Overall, the trust had been significantly outperforming the standard and the England average prior to May 2014, when a decreasing trend was noted; however, this decreasing trend mirrored the England average.
- The percentage of patients (with all cancers) waiting less than 31 days and 62 days from urgent GP referral to first definitive treatment was better than the England averages. Between Quarter (Q)1 2013/2014 and Q2 2014/2015 the percentage of people waiting less than 31days ranged between 99% and 100%. The percentage of people waiting less than 62 ranged between 88% and 94%, during the same time period. However, some specialities had not consistently achieved the cancer pathway RTT target of 85%. At March 2015, the 62 day cancer treatment wait for lower and upper gastrointestinal tract had

been achieved in eight out of the 23 pervious months and 13 out of 22 months respectively. The 62 day GP referral to treatment wait for urology patients had been achieved in 16 out of 23 months.

- The average bed occupancy for the trust was 92.5%. This was above the national average and above the 85% occupancy level where regular bed shortages and an increased number of healthcare associated infections can occur (National Audit Office).
- A number of staff raised concerns about the number and management of outliers. The list of medical outliers was reviewed daily by service managers and patients were allocated to a consultant and their medical team every morning. The allocation of patients was based on geographical location, continuity of care and consultant workload. Staff of all grades told us that consultant review of medical outliers varied and junior medical staff managed some medical outliers. A senior medical review was required to confirm a patient was medically fit for discharge. Trust data showed there was an average of 30 medical outliers a day.
- 95% of delayed transfers of care in the trust were due to 'completion of assessment' or 'waiting further NHS Non- Acute Care.' This is much higher than the England average. At the time of our inspection, there were 26 medically fit patients in hospital.
- The trust performed above the 95% standard for the percentage of patients waiting four hours since May 2014, with the exception of December 2014 and May 2015.
- The trust had improved their performance of the percentage of emergency admissions waiting four to 12 hours to be admitted. Their performance was now lower (better) than the national average.
- Patients who arrived by emergency ambulance must be handed over to ED clinical staff within 15 minutes. The College of Emergency Medicine (2011) also state that an initial clinical assessment should occur within 15 minutes of arrival or registration. In June 2015, the percentage of patients handed over within 15 minutes was 65.7%. The number of patients who waited over 15 minutes was 20.8%; there was no record for 13.5%. No patients waited over 120 minutes. Waits over 120 minutes were counted as a serious incident.
- The trust was not always meeting their key performance indicators (KPI's) for antenatal bookings, to be seen before 10 and 12 weeks of pregnancy. The trust target was 90%, and the information showed, between April 2014 and February 2015 the bookings for women seen before 10 weeks ranged between

Summary of findings

53.3% and 81.2%. Women booking before 12 weeks ranged between 72.4% and 96.9%. This could have meant some of these women may not have received foetal anomaly screening. Trust managers had identified that there were data extraction issues following implementation of the new maternity information system. A manual audit showed the target was met for the 12 week bookings, but not the 10 week antenatal bookings. An action plan was written as to how the trust would address the issues and the plan included review and completion dates.

Learning from complaints and concerns

- The Director of Nursing & Quality was the executive lead for the management of complaints.
- Trust managers recognised that timeliness of responses to complaints required improvement. For 2014/15, 35% of complaints were responded to within the initial timeframe agreed with the complainant.
- An improvement plan for the management of complaints was in the process of implementation.
- There was a recently updated complaints policy.
- Weekly complaint escalation reports were produced to support scrutiny of response timeframes. Information about performance for individual CBUs was noted in their monthly CBU reports and reported to the Patient Experience Group. There was targeted work with the CBUs to improve their response rates.
- A review of complaints was a standing agenda item on CBUs Governance Meetings. Monthly statistical and quarterly performance reports were completed which noted trends and themes. CBUs used these reports to ensure that they were identifying learning and disseminating this. Some CBUs reviewed all complaints and PALS cases received and discussed actions. Learning was implemented because of the complaint. Further work was being undertaken to develop a complaints action log to support closer monitoring of implemented actions and lessons learned.
- There were number of examples provided across the trust of changes in practice because of complaints.
- Shared learning across the organisation was identified as an area for improvement.

Are services at this trust well-led?
Summary

Requires improvement

Summary of findings

Leadership at the trust had been subject to significant change over the last 20 months. Governance arrangements at the trust had been subject to significant change and scrutiny over the previous 18 months. The trust had undertaken significant work to strengthen risk management arrangements, however this would take time to embed and reach full effectiveness. Key risks had not been identified such as the lack of triage for patients attending the emergency department, who did not arrive by ambulance and the lack of laparoscopic colorectal surgery.The leadership at CBU level varied with emergency and urgent care, surgery and services for children and young people requiring improvement.

A number of strategies to improve engagement with staff had been introduced, but these were not yet reflected in the staff survey results. It was acknowledged by the leadership team that public engagement could be improved and that the recent priorities had been internally focused. There was no patient involvement strategy in place.

Staff throughout the organisation were proud to work in the trust. A trust-wide vision was in place, which staff understood. A five-year strategic plan had been developed and published. A strategy in each clinical business unit supported the trust strategy and CBUs understood the strategic plans.

Staff spoke positively about the trust leadership. An independent review also found there was widespread support for the new executive team who were viewed as being highly capable and had led a number of changes.

Vision and strategy

- A trust-wide vison and aims and strategic objectives were in place. These had been agreed as part of the business planning process, which included workshops with board members and staff engagement sessions.
- A five-year strategic plan had been developed and published. Strategic themes included to extend and sustain core services, build emerging opportunities and create viable future options.
- A strategy in each clinical business unit supported the trust strategy.
- An independent review of governance arrangements in June 2015, found there was limited visibility of these strategies across the CBU or use in performance review meetings. It identified further work was needed to more explicitly align and link these to the trustwide strategy. This work was in progress. We found the CBUs understood the strategic plans and links to the trust strategy.

Summary of findings

Governance, risk management and quality measurement

- Governance arrangements at the trust had been subject to significant change and scrutiny following the identification in March 2014 of financial mismanagement at the trust. Monitor declared the trust in breach of its licence conditions in April 2014 and undertook enforcement action in relation to finances, concerns regarding long A&E waiting times and governance. Monitor removed the breach of licence relating to A&E waiting times in January 2015. Breaches in relation to governance and finances remained in place.
- There was a governance structure, implemented in September 2014, which informed the board of directors.
- An independent review of governance arrangements at Barnsley Hospital NHS Foundation Trust was undertaken in September 2014 and a follow-up review was reported in June 2015. This concluded the governance arrangements supporting the Board and committees had been strengthened. However, there remained a number of areas where the trust needed to continue to strengthen and improve governance arrangements.
- The trust had undertaken significant work to strengthen risk management arrangements. A Risk Management Group met monthly; this was recently reintroduced.
- The corporate risk register had been reintroduced to routine committee reporting in April 2015. The risk management function had recently moved under the portfolio of the Medical Director who had reintroduced a corporate risk management forum and the corporate risk register. Directors recognised this would take time to embed and reach full effectiveness. Key risks had not been identified such as the lack of triage for patients attending the emergency department, who did not arrive by ambulance and the lack of laparoscopic colorectal surgery.
- There was system of producing a chair's log from committees or meetings used effectively to escalate information or concerns from ward to board.
- The trust had implemented a Board Assurance Framework (BAF) based on a best practice model. The trust board discussed the BAF at the trust board meetings. The BAF was consistent with the risks identified on the corporate risk register.
- A quality strategy for 2014 to 2017 was in place.
- The board regularly received a 'Learning from Experience Report' presenting analysis of patient feedback, outlining themes and trends.

Summary of findings

- The trust had a dedicated group of volunteers who supported the trust. There were appropriate policies, procedures and guidance in place regarding the recruitment, induction and suitable tasks to be undertaken by the volunteer workforce.
- A cost improvement programme was in place. Cost improvement plans were reviewed for impact on quality. Senior managers stated they had not had to reject plans due to quality impact.
- The trust was under significant financial challenge. A financial recovery plan was in place.

Leadership of the trust

- Leadership at the trust had been subject to significant change over the last 20 months. There had been a new Chief Executive. The Medical Director was appointed six months prior to our visit; a Chief Operating Officer had been appointed and the Finance Director post was advertised. Two new NEDs commenced in their roles in April 2015.
- There had been significant challenges at the trust and consequently changes within the organisation. This had required effective leadership. Directors were aware of the challenges and acknowledged there was further work to do.
- Staff spoke positively about the trust leadership. The independent review also found there was widespread support for the new executive team who were viewed as being highly capable and had led a number of changes.
- The organisational structure had been changed and implemented in 2014. The trust operated through six clinical business units. A Clinical Director, Head of Nursing and General Manager led each unit. The leadership at CBU level varied with emergency and urgent care, surgery and services for children and young people requiring improvement.Within surgery, there was no clinical lead in post.
- Directors held monthly performance management meetings with each CBU.
- Engagement with the Council of Governors had improved. The governors themselves shared this view.
- There was a board development programme in place.

Culture within the trust

- Staff throughout the organisation were proud to work in the trust.
- Staff recognised that the culture at the trust was in the process of changing and improving.
- Staff felt there was now an open and honest culture.

Summary of findings

- NHS Staff Survey 2014, results showed three positive and nine negative results out of 31 indicators. The remaining 19 indicators were within expectations.
- There was an increasingly strong culture of training and development. There were positive comments from staff and examples of staff supported by the trust to develop their skills. However, the results of the latest staff survey had indicated this was an area for improvement.
- Staff sickness absence rate has varied across time, but since January 2014, the rate has been similar to the England average.
- The trust performed similar to the England average for 11 out of 12 indicators in the GMC National Training Scheme Survey.
- The trust performed similar to the England average for the majority of indicators in the NHS staff survey with three indicators being positive and nine negative finding (out of 31 indicators).

Fit and Proper Persons

- The trust had implemented an assurance template that demonstrated the requirements of the fit and proper persons test were met for newly appointed directors.
- An annual declaration for existing directors was in place.
- We asked to see the human resource files for the directors and director equivalents of the organisation, and randomly selected five to review including existing staff and recently appointed staff. All had the appropriate checks in place including professional registration checks, DBS checks and assessment of leadership skills.

Public engagement

- It was acknowledged by the leadership team that public engagement could be improved and that the recent priorities had been internally focused.
- There was no patient involvement strategy in place.
- The board heard a patient's story at the beginning of each board meeting.
- There was some evidence of public engagement, for example, the patient experience lead had attended a deaf engagement event in January 2015. This had identified areas the trust could improve, although these had not yet been implemented.

Staff engagement

- Most staff spoke positively about engagement with the new senior team and had felt informed through the structural changes that had taken place.

- Some areas, such as critical care, felt that the executive team were not visible.
- The Chief Executive had a number of strategies to engage with staff including monthly lunches with the CEO and undertaking clinical shifts.
- The trust had recently subscribed to the Listening into Action programme and a "Mission Possible" campaign, designed to support a mix of training and development, driving change through the workforce, listening to staff and empowering them to make the changes they felt would help deliver the Trust's ambitions.
- The trust received accreditation for the Investors in People bronze award in March 2015.
- NHS Staff Survey 2014 showed the overall staff engagement score was a negative finding and had reduced from the previous year. Staff survey action plans were in place and progress monitored.
- Many staff spoke negatively about the implementation of the electronic patient record system introduced in October 2014. Staff had felt unsupported. The leadership team recognised there were ongoing implementation concerns and lessons to be learned by engaging with staff. They had seconded staff as project leads to support this.

Innovation, improvement and sustainability

- The trust was implementing the Cavendish Care Certificate to all unregistered new starters with a plan to roll out to all unregistered staff in the future using the appraisal process. The Care Certificate is a nationally identified set of standards that health and social care workers adhere to in their daily working life.
- The trust had also secured funding from Health Education England to implement the Calderdale Framework, which is a competency-based framework. There was a project manager appointed to lead this work.
- The trust had secured funding from Health Education England to train a further eight advanced nurse practitioners to support both Hospital at Night and the Emergency Department. Staff were undertaking their training.
- A Midwife had won the prestigious 2015 Royal College of Midwifery's (RCM) Philips AVENT National Award for Innovation in Midwifery. They created a secure staff social networking site called 'Ward-book', which was used by midwifery staff at the hospital to communicate important messages across the department. Each week the Head of Midwifery wrote a departmental update, which gave staff the opportunity to

feedback in real-time; she posted this on the system. The Ward-book was used as a virtual notice board. It helped communication between managers and staff and therefore helped improve the outcomes for patient care.

- The uro-gynaecology nurse specialist had introduced "Percutaneous tibial nerve stimulation for overactive bladder" following a successful business case to the trust which demonstrated it not only improved symptoms for patients but also cost saving for the trust. Audit data from 2014 demonstrated improved outcomes for women.
- The dermatology service had a tele-dermatology project whereby some GP practices could send in pictures of patient problems and receive an electronic treatment plan within 3 days. The service was approved to provide private cosmetic procedures (such as Botox) and was seeking to use these as a revenue generator for the trust.
- We saw that staff in the breast clinic had developed a simple tool for patients to remind them to take their medication. The staff had developed a card, covered in a picture of brightly coloured tablets that hung from a door handle at their home such as a kitchen cupboard. This had been shared at an internal nursing conference and staff in other areas of the trust were using for their patients.
- The trust had introduced pharmacy robots in July 2014. This had reduced errors and increased staff capacity.

Overview of ratings

Our ratings for Barnsley Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Services for children and young people	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
End of life care	Good	Good	☆ Outstanding	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Requires improvement	Good	Good
Overall	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

Our ratings for Barnsley Hospital NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

Notes

Outstanding practice and areas for improvement

Outstanding practice

- We found several examples where staff went beyond their roles to provide compassionate care for patients receiving end of life care. This included the whole multidisciplinary team including porters and mortuary staff.
- A Midwife had won the prestigious 2015 Royal College of Midwifery's (RCM) Philips AVENT National Award for Innovation in Midwifery. They created a secure staff social networking site called 'Ward-book', which was used by midwifery staff at the hospital to communicate important messages across the department. Each week the Head of Midwifery wrote a departmental update which gave staff the opportunity to feedback in real-time; she posted this on the system. The Ward-book was used as a virtual notice board. It helped communication between managers and staff and therefore helped improve the outcomes for patient care.
- The uro-gynaecology nurse specialist had introduced "Percutaneous tibial nerve stimulation for overactive bladder" following a successful business case to the trust which demonstrated it not only improved symptoms for patients but also cost saving for the trust. Audit data from 2014 demonstrated improved outcomes for women.
- The Dermatology service described a tele-dermatology project they were providing in conjunction with the local Clinical Commissioning Group whereby some GP practices could send in pictures of patient problems and receive an electronic treatment plan within 3 days. The service had also recently been approved to provide private cosmetic procedures (such as Botox) and was seeking to use these as a revenue generator for the trust.
- We saw that staff in breast clinic had developed a simple tool for patients to remind them to take their medication. The staff had developed a card, covered in a picture of brightly coloured tablets that hung from a door handle at their home such as a kitchen cupboard. This had been shared at an internal nursing conference and staff in other areas of the trust were using for their patients.

Areas for improvement

Action the trust MUST take to improve

- ensure all patients attending the emergency department, have an initial assessment undertaken by a suitably qualified healthcare professional in accordance with national guidance.
- ensure that children attending the hospital are cared for by nursing staff who have the qualifications, competence, skill and experience to do so safely.
- ensure oxygen is prescribed in line with national guidance.
- ensure that medicines reconciliation is completed in 24hrs and meets local and NICE guidance.
- ensure compliance with the five steps for safer surgery.
- ensure suitable patients are offered laparoscopic colorectal surgery in accordance with NICE guidance.
- must address the backlog of outpatient follow-ups.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Sufficient numbers of suitable qualified, competent, skilled and experienced persons must be deployed. There were insufficient numbers of nurses competent in the care of children deployed in the Emergency Department and the children's clinical areas.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care must be provided in a safe way. The registered person must assess the risks to health and safety of service users of receiving the care or treatment and ensure the proper use of medicines. Patients not entering the emergency department by ambulance did not have an initial assessment undertaken by a suitably qualified healthcare professional in accordance with national guidance. Medicines reconciliation was not completed within 24hrs to meet local and NICE guidance. Oxygen was not prescribed. Patients were not offered laparoscopic colorectal surgery in accordance with NICE guidance. The five safer steps to safer surgery were not embedded in practice. There was a backlog of outpatient's follow-up appointments and patients referred for treatment.