Yeovil District Hospital NHS Foundation Trust

Quality Report

Higher Kingston
Yeovil
Somerset
BA21 4AT
Tel: 01935475122
Website: www.yeovilhospital.nhs.uk

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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?	Requires improvement
Are services at this trust caring?	Good
Are services at this trust responsive?	Requires improvement
Are services at this trust well-led?	Requires improvement

Summary of findings

Letter from the Chief Inspector of Hospitals

The Care Quality Commission (CQC) carried out a comprehensive inspection between the 15 and 17 March 2016. We also carried out an unannounced inspection on 24 March 2016. We carried out this comprehensive inspection at Yeovil District Hospital Foundation Trust as part of our comprehensive inspection programme. The trust has one main location.

The hospital opened in 1973 and was established as an NHS Foundation Trust in June 2006. The trust delivers services to a population of approximately 200,000 primarily from the rural areas of South Somerset, North and West Dorset and parts of Mendip. The trust provides outpatient and inpatient consultant services for a range of specialties primarily from its main site Yeovil District Hospital. It also provides outpatient and diagnostic services in a number of hospitals in the surrounding area, including the Yeatman Hospital in Sherborne and Wincanton, Crewkerne, Chard and South Petherton community hospitals. We did not review the care at the community hospitals at this inspection. At previous inspections the trust had been found to be compliant with the regulations we reviewed.

At this inspection we found that the trust was working hard with other stakeholders to improve the services offered to the local community. We found a highly committed workforce who put the patient at the centre of care. We saw some examples of very good practice which included the stroke buddying group and the ways in which maternity staff were involving vulnerable young women in maternity care. However we also found an emergency department which when under pressure was not responsive to the needs of patients. We struggled to understand the rationale for placing adult patients on the children's ward and had to formally request information and reassurances from the trust around the safety of doing this. We found that the trust were responsive to the concerns we raised on and after the inspection and put in place actions to address these.

Our key findings were as follows:

- Staff were caring in delivering care to patients. We observed many examples of compassionate care which staff delivered to patients with respectful and considerate approaches.
- Feedback from patients, relatives and carers was positive throughout our inspection.
- Staff were proud to work at Yeovil District Hospital. We found staff were part of a hospital based community in which staff worked together to try to meet the needs of patients.
- In many areas staff felt well supported by their line managers and were aware of the trust's vision and strategy. Many staff were aware of the trust's iCARE strategy which incorporates the values of communicate, attitude, respect and environment.
- We saw most staff complied with infection prevention and control best practice in relation to hand washing and remaining bare below the elbow. However, this was not consistent throughout the hospital.
- Most areas of the hospital were visibly clean however we found equipment was not always stored appropriately and in a way which controlled and reduced the risk of infection.
- Protected meal times were in place and staff offered patients food and drinks. Most areas assessed patients for their risk of malnutrition however we found nutritional screening assessments on surgical wards were not always completed in line with trust policies.
- We found that whilst most patients received appropriate and completed risk assessments, on admission, the trust did not use individualised care plans to document on-going care, treatment and actions taken to mitigate risks to patients.
- There were a greater proportion of middle grade and junior doctors employed at the hospital compared to the England average. We found emergency consultant cover in the Emergency Department did not meet the Royal College of Emergency Medicine standard for senior clinical cover in a listed trauma unit.

We saw several areas of outstanding practice including:

- Snack box training had been set up to deliver specific and focussed small pieces of training to staff that can be accessed during their lunch break.
- Development of a hospital garden for the use of patients, including patients living with dementia.
- Development of an integrated care model supporting patients with three or more long-term conditions.

Summary of findings

- A 'buddy system' was used in critical care where nurses were paired to work together, this was to ensure adequate supervision of patients during staff meal breaks and for checking medicines.
- Patient diaries in critical care were extremely well managed. The unit kept a copy of the diaries to ensure staff knew what the diaries contained; this enabled on-going support to be given to patients families after the diaries had been collected.
- At the foot of every bed space in the critical care unit there was an analogue clock, with the date also displayed and a very clear sign which said, 'You are in intensive care, you are in Yeovil Hospital.' This had been provided in response to patient feedback and helped to orientate patients to where they were being cared for and to the time and date.
- The critical care outreach team had produced and implemented a patient assessment document to aid the early recognition and prompt treatment of sepsis. As part of the education package unit staff had produced a video. A staff badge had been introduced to acknowledge hospital staff who had used the tool to identify and manage a patient with sepsis.
- In maternity and gynaecology services, the Acorn team provided specialist care for women who were vulnerable, were known to be at risk of domestic abuse, who smoked or were prone to substance abuse. Women under the age of 19 and women who had a learning disability could also be referred to the Acorn team.
- The children and young people's services' community nursing team provided a range of different services to meet the needs of patients. The team included specialists or nurses with an interest in specific conditions such as cystic fibrosis, oncology and end of life care.
- Services for children and young people had a school based within the children's outpatients department. The school had a qualified teacher, working Monday to Friday, to provide education to patients who had been in hospital for long periods.

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

Importantly, the trust must:

- Ensure systems and processes to prevent and control the spread of infection are operated effectively and in line with trust policies, current legislation and best practice guidance. The trust must work to improve standards of hand hygiene across children's services.
- Ensure equipment is stored appropriately and in a way that reduces infection risk. Ensure equipment used by cleaning staff is not stored in the sluice area and toilet rolls are not stored on commodes. Ensure commodes are completely clean before returning them to clean utility rooms. Ensure clean equipment is stored off the floor to prevent contamination. Ensure the covers on metal linen shelving units are kept closed when not in use to prevent cross infection. Ensure contaminated disposable items are not stored with clean disposable items. Ensure systems and processes to prevent and control the spread of infection are operated effectively and in line with trust policies, current legislation and best practice guidance within the maternity operating theatre.
- The trust must ensure resuscitation equipment is routinely checked. The emergency department must ensure all resuscitation equipment is checked. Children's resuscitation equipment must be available in the children's assessment area in the emergency department. The trust must ensure all emergency lifesaving equipment, is sufficient and safe for use in maternity and gynaecology services and that there is evidence it has been checked in line with the trust policy.
- The trust must ensure medical and nursing staffing is sufficient to meet the needs of patients. The emergency department must undertake a review of staffing levels using a recognised assessment tool. The trust must recruit sufficient medical and nursing staff to enable the operational and staffing standards for intensive care units to be met. Ensure sufficient medical staff are on duty in the medical business unit at night. The trust must ensure staffing levels reflect the acuity of patients in accordance with British Association of Perinatal Medicine (BAPM) standards.
- Ensure that all patients receive appropriate and completed risk assessments, including those for dementia, on admission and an individualised care plan commenced to demonstrate the on-going actions taken to mitigate risk. The trust must also ensure

Summary of findings

nutritional screening assessments on surgical wards are completed in line with trust policies. Ensure the completion of documentation and of patient risk assessments on the gynaecology ward.

- Ensure that controlled drugs are managed in accordance with trust policies, legislation and best practice in the discharge lounge. Ensure oxygen, when required for patients, is prescribed appropriately. Ensure medicines are always safely managed in line with trust policies, current legislation and best practice guidance in maternity and gynaecology services. The radiology department must ensure that guidance is in existence surrounding patient group directive medications.
- Ensure that at least 90% of all staff receive an annual appraisal. Ensure nursing staff in specialist areas are trained on recruitment or placement to become efficient and competent members of their staff team. The trust must train all staff who have direct input into assessing, delivering, and intervening in the care of children and young people, in level three child safeguarding in line with intercollegiate guidance. The trust must improve the numbers of staff trained in European Paediatric Life Support (EPLS) to ensure they meet Royal College of Nursing guidance of at least one EPLS trained member of staff working every shift. Ensure all overseas staff are supported to achieve a good standard of the English language to reduce risks to patients.
- The emergency department must put systems and processes in place to ensure patients receive initial assessment (triage) by an appropriately qualified clinical member of staff within 15 minutes of arrival to the emergency department.
- The emergency department must take action to ensure the safety of children in the waiting area of the emergency department.
- The emergency department must provide daily clinical and managerial leadership with oversight of capacity and demand. The emergency department must develop robust escalation processes.
- Ensure that all patient records are kept securely and located away from the public to maintain confidentiality.
- Ensure all wards have single sex accommodation including sleeping accommodation, bathroom and toilet facilities and do not need to pass members of the opposite sex to use the facilities.
- Ensure the sepsis protocol is embedded with all staff groups to achieve and maintain high levels of compliance with sepsis identification and antibiotic administration.
- The trust must ensure young adults (patients between the ages 18 to 24) meet the criteria for admission onto the Young Persons Unit.
- The trust must review the physical environment of Ward 10 and explore options to separate the Young Persons Unit from Ward 10 to ensure patients over the age of 18 do not have access to children.
- Ensure 'do not attempt cardio-pulmonary resuscitation' (DNACPR) forms are completed appropriately and in accordance with national guidance and best practice. The trust must also ensure DNACPR decisions are documented fully in accordance with the legal framework of the Mental Capacity Act 2005.
- Radiology must continue to target the quality assurance backlog of equipment.
- The radiology department must develop audits and action plans to address incomplete five steps to safer surgery checklists. The radiology leads must ensure guidance surrounding trauma computerised tomography (CAT) scanning is clear and not open to individual interpretation.
- The outpatients department must continue to support improvements to meet the national referral to treatment times.
- The trust must ensure that fewer appointments are cancelled by the hospital at short notice.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Yeovil District Hospital NHS Foundation Trust

The hospital was established as an NHS Foundation Trust in June 2006. The trust delivers services to a population of approximately 200,000 primarily from the rural areas of South Somerset, North and West Dorset and parts of Mendip. The trust provides outpatient and inpatient consultant services for a range of specialties primarily from it's main site Yeovil District Hospital. It also provides outpatient and diagnostic services in a number of hospitals in the surrounding area, including the Yeatman Hospital in Sherborne and Wincanton, Crewkerne, Chard and South Petherton community hospitals.

The Hospital has 345 beds and cares for around 190,000 patients a year. The health of people in South Somerset is varied compared with the England average. Deprivation is lower than average, however about 13% children live in poverty. Life expectancy for both men and women is higher than the England average. Hospital stays for self harm and recorded diabetes is worse than the England average.

We inspected the hospital as part of our comprehensive inspection programme.

Our inspection team

Our inspection team was led by:

Chair: Martin Lee, Medical Director, NHS England Area Team

Head of Hospital Inspections: Fiona Allinson, Care Quality Commission

The team included 17 CQC inspectors and a variety of specialists including: Consultants; obstetrician, Neonatologist, radiographer an anaesthetist and general surgeon, a junior doctor, a chief nurse and seven nurses in a variety of specialities and levels of nursing.

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?
- Is it well led?

Before our inspection, we reviewed a wide range of information about Yeovil District Hospital NHS Foundation Trust and asked other organisations to share the information they held. We sought the views of the clinical commissioning group (CCG), NHS England, Monitor, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges and the local Healthwatch team.

The announced inspection took place between the 15 and 17 March 2016. We held focus groups with a range of staff in the hospital, including nurses, junior and middle grade doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists and occupational therapists prior to the inspection. We also spoke with staff individually.

We held a listening event in Yeovil, Somerset on 4 March 2016 where members of the public were able to share their views and experience of the trust with us. The feedback we received on most aspects was often conflicting depending on individual experience however; people reported that care was excellent.

Summary of findings

What people who use the trust's services say

Trust scored in the top 20% of trusts in 20 questions in the 2013/14 Cancer Patient Experience survey, with 13 questions in the middle 60% of trusts and only 1 question in the bottom 20% of trusts (pain control). The trust has been higher than the England average for the Patient Led Assessments (PLACE) from 2013 – 15. The number of written complaints has dropped by 160 since 2010/11

Trust scored about the same as other trusts for all 12 questions in the 2014 CQC In-patient survey.

Facts and data about this trust

The trust delivers services to a population of approximately 200,000 primarily from the rural areas of South Somerset, North and West Dorset and parts of Mendip. The trust provides outpatient and inpatient consultant services for a range of specialties primarily from its main site Yeovil District Hospital. It also provides outpatient and diagnostic services in a number of hospitals in the surrounding area, including the Yeatman Hospital in Sherborne and Wincanton, Crewkerne, Chard and South Petherton community hospitals.

Beds: 350

– 314 General and acute

– 26 Maternity and Gynaecology

– 10 Critical care

• **Staff**: 1,848

– 221 Medical

– 535 Nursing

– 1092 Other

• **Revenue**: **£120,343,00**

• **Full Cost: £130,900,000**

• **Surplus (deficit): (£10,557,000)** (The deficit includes an impairment of £3.1m against the full cost and there was a further impairment of £2.2m against the revaluation reserve which is a technical adjustment below the I&E deficit line).

Activity summary (Acute)

Activity type Jan15 – June 15

Inpatient admissions 11,500 (excluding day cases)

Outpatient (total attendances) 79,251

Accident & Emergency 22,444 (attendances)

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? We rated this key question as requiring improvement. We found: • At the time of our announced inspection the trust did not protect children and young people from harm due to the physical layout of the emergency department and the children's and young person's ward which were not secure. Following the raising of our concerns the trust took action to ensure that children and young people using the emergency department were protected by swipe card access to the waiting area and an increase in the numbers of nursing staff available. On the young person's unit the trust ensured that its admission criteria was followed and began reporting all admissions to this area to local stakeholders. • Levels of staffing did not always meet the needs of patients. This was particularly evident when the emergency department experienced exceptional demand during our inspection. Whilst agency staff were used to supplement existing staffing this meant that the skills and competence did not always ensure that patients were protected from harm. Following CQC inspectors raising concerns the trust have increased the numbers of staff in the emergency department and are undertaking an assessment of the actual staff that this area requires. • Resuscitation equipment was not always checked daily. • Infection control practices were not always adhered to. We found during our announced inspection that the theatre in the labour ward was not cleaned appropriately as responsibility for this had recently changed. On raising this concern the trust took immediate action to close this theatre and initiate repairs and a deep clean. We saw that repairs had been undertaken and that the theatre appeared visibly clean at our unannounced inspection. • The emergency department had consultant cover for 8 hours per day which was not in line with the recommended 16 hours of consultant cover per day. • Medicines were not always stored appropriately. However we also found: • A positive culture of reporting incidents and learning lessons as a result of investigation.	**Requires improvement** 

Summary of findings

- There was a good awareness of the duty of candour in all levels of staff.
- Levels of mandatory training were generally good.

Duty of Candour

- The duty of candour is a regulatory duty relating to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.
- The board, non-executives and governors had all received training in the trusts responsibilities under the duty of candour regulations. Patient stories were shared at the board meetings and these often contained duty of candour responsibilities.
- We asked all staff, including nurses, medical staff and allied health professionals, about their understanding of the duty of candour. All the staff were aware of what the duty of candour meant.
- Staff in most areas were able to give an example of where the duty of candour process had been followed.

Safeguarding

- The trust had a safeguarding lead in place and staff we spoke with knew who this was.
- There was a child protection and trust adult safeguarding policy, both of which were in date and for review in January 2019.
- A safeguarding adults working group was in place and at their meeting in October 2015 it was agreed the adults and children's working groups should be combined.
- Staff had a good awareness of safeguarding issues despite some areas not having achieved the trusts 90% target for safeguarding training.

Incidents

- Incidents were reported through the trust's electronic reporting system. All the staff we spoke with were aware of the need to report incidents, near misses and accidents and knew how to use the trust's electronic reporting system.
- The trust had introduced large TV screens on each ward to display information for patients, visitor and staff. This will include incidents of pressure ulcers, falls, infection control data and changes made as a result of incidents.
- Staff were able to highlight changes to practice as a result of learning lessons from incidents.

- There had been no never events recorded at the hospital between October 2014 and September 2015. Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should be implemented by all healthcare providers.
- An online tool had been developed within the trust in respect of morbidity and mortality reviews. This had the intention of standardising the approach across the hospital. Actions were taken as a result of the mortality and morbidity meetings to reduce risks in future.

Staffing

- Staffing levels were assessed using the Association of UK University Hospital (AUKUH) acuity dependency tool, which has recently been modified by Shelford. This tool measured the individual dependency of patients and calculated how many nurses were needed to care for them.
- A report on the nursing staffing levels to the trust board in February 2016 showed that all three surgical wards and the Kingston unit were staffed to establishment sufficient for patient dependency. This had been calculated according to recommended figures from the National Safe Staffing Alliance. Staff numbers were increased on wards as required to meet patients' needs using agency and bank staff. This was assessed according to individual ward dependency and discussed at twice daily bed management meetings. However theatres remained understaffed to establishment despite overseas recruitment.
- Between January 2014 and December 2015, the average sickness absence rates for nursing staff across the trust were below the English national average for NHS acute trusts. Sickness rates were between 3% and 4%; in comparison to the national average which was between 4% and 5%. In the same period vacancy rates for staff across Yeovil District Hospital was 10% for registered nurses and 15% for medical staff. This equates to around 14 medical posts, the majority at grades below consultant level, and 52 nursing staff. The staff who we spoke with told us that staff turnover appeared relatively low with many staff telling us how they had worked at the hospital since qualifying as a nurse which was several years ago
- The trust had acknowledged that recruiting nursing staff had been a priority in common with other NHS trusts during 2015, with efforts to integrate new recruits and fill nurse vacancies. The trust had implemented an overseas recruitment strategy and had filled 120 posts with nurses from Europe.

Summary of findings

Are services at this trust effective?

Requires improvement 

We rated this key question as requiring improvement.

We found:

- There were gaps in support arrangements for staff, with no local induction for medical staff.
- Appraisal rates were below the trust target for all staff groups.
- The trust performed worse than the England average for two out of three measures on the Myocardial Ischaemia National Audit Project (MINAP).
- We looked at 26 'Do Not Attempt Cardio Pulmonary Resuscitation' orders (DNACPRs) across the trust and found there were inconsistencies in how these were completed. We found that out of 26, DNACPR orders, nine were completed correctly (35%). We found staff had not always followed trust policy when they completed DNACPR orders.

However we also found that:

- Staff were following relevant National Institute for Health and Clinical Excellence (NICE) guidance.
- Staff regularly assessed patients for pain and provided pain relief in a timely manner for those who required it.
- Care and treatment was delivered in line with recognised guidance and evidence based practice. The last days of life care plan had recently been rolled out throughout the trust.
- Staff worked well together with women and their families to plan the women's care throughout the pregnancy and after birth.

Evidence based care and treatment

- Staff were aware of National Institute for Health and Clinical Excellence (NICE) guidance relevant to their work and we observed staff providing care which was compliant with relevant guidance**.**
- Clinical policies and guidelines were available for all staff on the trust intranet and we saw staff using the system to locate policies when required.
- The trust participated in national audits and results were generally positive.

Patient outcomes

- The trust reported data for mortality indicators, the summary hospital-level mortality indicator (SHMI) and hospital standardised mortality ratio (HSMR). These indicate if more patients are dying than would be expected given the characteristics of the patients treated at the hospital. The

figures for the trust were as expected. The latest HSMR average (for the period September 2014 to August 2015) was 97.12 (this ranged between 89.76 and 104.92) and was within the expected range compared with trusts nationally.

- Monitoring by the Care Quality Commission (CQC) had not identified any areas where medical services at the hospital would be considered as a statistical outlier when compared with other hospitals. The last time the hospital was identified as having mortality outliers was in 2012. (Outliers are statistical observations that are markedly different in value from the others of the sample).
- The Standardised Relative Risk (SRR) of re-admission for elective medical admissions at this trust was 74, which was below the England average benchmark of 100. The SRR of re-admission for non-elective admissions was 70, which was also below the England average benchmark of 100. This meant the trust was performing better than the England average, as there were less observed re-admissions than expected.
- We looked at 26 'Do Not Attempt Cardio Pulmonary Resuscitation' orders (DNACPRs) across the trust and found there were inconsistencies in how these were completed. We found that out of 26, DNACPR orders, nine were completed correctly (35%). We found staff had not always followed trust policy when they completed DNACPR orders.
- The endoscopy department was originally awarded Joint Advisory Group (JAG) accreditation in 2014. (JAG accreditation is a process which assesses an endoscopy department to ensure that best practice guidelines are met.) Departments are required to submit annual report cards to demonstrate they continue to meet these guidelines. They remain accredited until this reassessment is undertaken. The trust was deferred on their renewal of accreditation due to not meeting best practice guidance concerning waiting times. In order to address this, the department produced a recovery plan, which was to be completed by the end of April 2016. An endoscopy is a procedure used to examine the interior of a hollow organ or cavity of the body. Unlike most other medical imaging techniques, endoscopes are inserted directly into the organ.

Multidisciplinary working

- Staff informed us that they had access to a range of allied health professionals (AHPs) which included physiotherapists, occupational therapists, speech and language therapists (SALT) and dieticians. The relationship within the teams was very

positive. We observed interactions between members of the multidisciplinary team (MDT) which supported what the staff were telling us. The interactions were very positive and respectful of each other.
- During our inspection, we saw evidence of medical and nursing staff working well together.
- We saw documented evidence of MDT working within patient records where patients had been referred to and seen by members of the MDT, including AHPs and specialist nurses.
- Daily huddles had been introduced within many wards and departments. This was an opportunity for all members of the MDT to gather and discuss important issues for each patient on the ward.
- The MDT also worked closely with the local authority to discuss the delayed transfers of care and discharges.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- The trust had an up-to-date Mental Capacity Act 2005 (MCA) policy, which included Deprivation of Liberty Safeguards (DoLS) within it. The Mental Capacity Act 2005 aims to empower and protect people who may not be able to make decisions for themselves. It also enables people to make advanced decisions about important aspects of care in the eventuality that they are unable to make them for themselves in the future. DoLS aim to make sure people who are located in a healthcare environment such as a hospital are looked after in a way that does not inappropriately restrict their freedom.
- The trust provided evidence of applications made by hospital staff for DoLS, which had been sent to the trust safeguarding team. In each case the safeguarding team had carried out assessments to ensure the deprivation was done so in the patients' best interest.
- During our inspection, staff told us the process that they undertook to make a DoLS application. Staff spoke confidently about how they would do this and gave examples of when this would be required.
- Staff undertook MCA and DoLS training as part of their mandatory safeguarding training. The current level of compliance with training was below the target rate of 90%, with 83% of nursing staff and 87% of medical staff having undertaken this training. The snack box training which the trust had developed had also included the topic of MCA and DoLS as a way of updating and refreshing staff knowledge.

Summary of findings

- We observed staff appropriately obtaining consent from patients during our inspection. All patients we spoke with were happy with the amount of information they received to make an informed decision about their care.

Are services at this trust caring?

Good

We rated caring as Good:

We found that :

- Staff treated patients in a respectful, kind and professional manner, maintaining their privacy and dignity at all times.
- Patients and their relatives that we spoke with were pleased with the standard of care they received. The Friends and Family Test (FFT) results showed that patients would recommend the service to their family and friends. Discussion with patients and relatives during our inspection corroborated this.
- Staff provided patients and relatives with relevant information and support whilst admitted within the medical wards and the additional services attached to the medical core service.
- There were specialist support services provided to deliver additional emotional support for those patients identified as requiring specialist input.

Compassionate care

- During our inspection, we saw staff were quick to answer patient call bells and shouts for help from patients. When approaching the patients who were shouting out, we observed staff approach them in a calm and caring manner, reassuring them they were safe.
- When providing personal care for patients, staff always maintained the patient's privacy and dignity by closing the curtains around the bed.
- The most recent results of the Care Quality Commission (CQC) in-patient survey from 2014 showed the trust scored about the same as other trusts in questions relating to care including doctors, nurses, care and treatment and leaving hospital. We did not have the results of 2015 for the trust as this had not been published at the time of the inspection.
- The iCARE vision for the trust included good communication, positive attitudes towards work and patients, respect for patients and creating an environment which was conducive to good care and recovery. It reflected the '6 C's' which is fundamental in the NHS caring culture. We observed staff providing care which was in line with this vision. The 6Cs – care,

Summary of findings

compassion, courage, communication, commitment and competence – are central to 'Compassion in Practice', which was drawn up by NHS England and launched in December 2012.

Understanding and involvement of patients and those close to them

- During our inspection, we saw staff actively involving patients and those who were important to them in their treatment and care. We observed staff discussing with patients and those important to them details of their care and treatment, and giving them the opportunity to ask questions if there was anything they did not understand.
- Patients told us they understood the information given to them about their condition and the care and treatment required. Staff used terminology that enabled patients to understand. Patients also told us they would feel comfortable asking questions if there was something they did not understand.

Emotional support

- Patients said that they felt able to talk to ward staff about any concerns they had, either about their care or in general.
- Clinical nurse specialist care and support for patients was available in areas including pain management, colorectal, stoma and breast care.
- Staff told us they were not aware of a designated counselling service but confirmed there was access to clinical psychologists if needed. Patients and relatives also had access to the hospital chaplaincy for spiritual, religious or pastoral care.
- A designated bereavement service was available at the trust to provide a sensitive, empathetic approach to the individual needs of relatives, at their time of loss.

Are services at this trust responsive?

Requires improvement

We rated the trust as requiring improvement.

We found:

- Four of the six surgical specialties did not meet the 90% standard of the proportion of patients waiting less than 18 weeks from referral to treatment time.
- The referral to treatment time (RTT) of patients admitted and treated within 18 weeks of referral was on average 62% (for general surgery, trauma and orthopaedics and urology) which was worse than the national standard indicator of 90%.
- From July 2015 bed occupancy increased to 95% which was worse than the England average of 85%. The pressure for beds

within the hospital meant that elective patients were not receiving surgery in a timely way. Large numbers of medical outliers were recorded daily with three wards stating they found it difficult to get those patients reviewed by the correct medical team. The gynaecology ward was used as a medical outlier area and this impacted upon the care given to women in this area.
- The trust was in breach of same-sex accommodation on one ward.

However we also found that:

- The service worked well with commissioners and other health and social care services to provide sustainable services to the population of Yeovil and district.
- Patients told us their individual needs were met by staff and, decisions and choices had been respected. Comments included, “Sometimes they go above and beyond the call of duty.”
- The patient experience and complaint team worked well to resolve complainants’ issues. Face to face meetings were conducted to ensure that the trust understood the complaint and were able to discuss the investigation with the complainant. Lessons were shared across the hospital as necessary through team meetings and newsletters.

Service planning and delivery to meet the needs of local people

- The emergency department demand had outgrown the service facilities. Data provided indicated 25% of attendances to emergency department were in the 0-17 age group. On 16 March 2016, the area was exceptionally busy with 29 children in the department at 8pm, this meant over 40% of patients in the department were under 17 years old. Following our inspection, the trust planned to extend the evening emergency department provision for children to midnight, on identified peak activity days. The trust also recognised that attendance was generally escalating and planned to increase the number of middle grade doctors available to increase the flow through the department.
- The trust had worked with other to deliver the Symphony Care Hub. This delivers a Primary and Acute integrated Care System (PACS) to ensure that patients with three or more long term conditions can access the services they require in one place. The trust had been working with Somerset Clinical Commissioning Group (CCG), South Somerset GPs, and the County Council following its achievement of Vanguard status. This project has reduced admission from this patient group by 30% since it opened.

- A new emergency assessment unit (EAU) had opened in February 2016 providing an additional 24 beds in total for the hospital. This was a 24 hours a day, seven days a week service. This released the previously occupied space to increase bed capacity.
- A frail older person assessment service (FPOAS) had been established to improve the care of frail older people attending the hospital who were experiencing a medical crisis but did not require immediate hospital admission.
- Specialist midwifery care was available for women in vulnerable circumstances. This was provided by the Acorn team who provided care to women who had safeguarding concerns, those who were experienced substance misuse and teenagers.

Meeting people's individual needs

- Patients told us their individual needs were met by staff and, decisions and choices had been respected. Comments included, “Sometimes they go above and beyond the call of duty.”
- The mix of specialities on the gynaecology ward was not conducive to providing sensitive care for women who were undergoing sensitive gynaecological procedures such as termination of pregnancy. Although staff tried hard to ensure women who were undergoing sensitive procedures were allocated a side room, this did not always happen. Throughout our inspection we observed at least two occasions where women were undergoing sensitive gynaecological procedures and were placed in a bay with elderly women, some of whom had dementia.
- During our inspection, we observed that staff were flexible with visiting times for patients but ensured this did not impact negatively on other patients.
- During our inspection, we were concerned the clinical decisions unit plus (CDUP) was at risk of breaching the single sex policy. In 2009 the Department of Health introduced standards relating to same-sex accommodation. Same-sex accommodation means patients share sleeping accommodation, bathroom and toilet facilities only with people of the same gender. On CDUP both male and female patients were admitted into this area with no designated single gender area.
- There was a learning disability team, who could help support patients and provide resources for nursing staff.
- An onsite hairdresser was providing a hairdressing service for patients.

Dementia

- Patients living with dementia were identified using a blue flower sticker on their medication card and name board. However there was no specialist dementia care pathway for patients living with dementia. The trust had a dementia strategy. Most surgical staff had attended mandatory training which included a dementia awareness session.
- The hospital had designed the new emergency assessment unit (EAU) so that it was dementia friendly. This included the colour coding of each bay to enable patients to identify which bay they were located in.
- One ward in the hospital had been designated as an area for patients who had been declared medically fit for discharge but were waiting for packages of care or care home placement. Many of the patients were living with a dementia. The ward actively supported those patients with a number of initiatives designed to promote well-being. They included visits by musicians and singers. In addition a variety of equipment was available such as CD players, jigsaws, books and twiddle muffs. Twiddle muffs are a double-sided knitted muff with various soft items attached both inside and out. People with dementia often have restless hands and like to have something to keep their hands occupied. It provides a source of visual, tactile and sensory stimulation at the same time keeping hands snug and warm.

Access and flow

- There were escalation plans in place for all areas. Staff were aware of these escalation plans and we saw some departments enacting these plans. The hospital was on black alert during our inspection as capacity was high. We saw that the emergency department enacted this plan although in our opinion this was not undertaken in a timely manner.
- Meetings on bed availability within the hospital were held regularly throughout the day to determine priorities, capacity and demand for all specialities. The meetings were well organised with clear actions for all attendees to take away and deliver on.
- The England average bed occupancy from April 2015 to December 2015 was within the range of 87% and 89%. From April 2015 to September 2015 the trust performed better than the England average with general and acute bed occupancy rates of 84%. The trust reported a higher than England average bed occupancy rate from October 2015 to December 2015 of 90%. During our inspection, the hospital was experiencing a higher than normal patient flow. Data provided by the trust showed that between 15 March 2016 and 17 March 2016 bed

occupancy rates for medical wards and departments was between 99% and 100%. This meant that generally, unless patients were discharged, no beds were available for new admissions.

- During October 2014 and December 2014 there had been a closure of 70 community beds in the local community. This had seen a significant impact on the number of delayed discharges, heightened bed occupancy rates and opening of resilience wards within the trust.
- The hospital had discharge co-ordinators who supported the staff on the wards with upcoming discharges. Discharge co-ordinators had the responsibility for patient flow and discharges from the wards. If patients waiting for discharge were not in a bed or on a trolley and were not acutely unwell, they were transferred to a discharge lounge to await transport. The discharge lounge was open between 8.30am and 7.30pm Monday to Friday and contained 11 chairs. At periods of high demand, discharge lounge staff were able to place patients in the nearby day unit.
- Data received from the trust showed that between April 2013 and August 2015, 20% of all delayed discharges were attributed to waiting for further NHS funded non-acute care facilities to become available.
- In December 2015, the trust had secured a six month partnership with a local nursing home to provide an additional 18 beds to help alleviate the pressures on bed occupancy. These beds were available for patients who were either medically fit for discharge but awaiting a package of care or a placement at a residential or nursing home.
- The referral to treatment time (RTT) of patients admitted and treated within 18 weeks of referral was on average 62% (for general surgery, trauma and orthopaedics and urology) which was worse than the national indicator of 90%. The trust told us that they were working with local area teams and commissioners to develop a recovery plan to improve consultant-led RTTs.

Learning from complaints and concerns

- The complaints procedure underwent a transformation at the beginning of 2014 which had resulted in a lower number of formal complaints. When patients and/or their relatives visited the patient advice and liaison service (PALS) they were asked if they would like to try to resolve the issue immediately. During 2014/2015, the trust had received a total of 115 formal complaints compared to 206 the previous year.

Summary of findings

- The patient experience and complaints team proactively worked with patients and their relatives when they made complaints. They conducted a face to face meeting to ensure that they understood the nature of the complaint and the resolution the complainant was seeking. This meant that they could address these specific issues and the complainant was aware of limitations of the investigation. This resulted in most complainants being satisfied with the resolution of their complaint.
- Staff informed us that ward managers would investigate any formal complaints involving their departments and give them feedback on specific issues during ward meetings. If there were general lessons which could be learnt from other complaints not directly involving their ward or department, these were also shared at ward meetings. This meant lessons were learned from investigations into complaints.
- Patients told us they knew how to complain if they had any serious concerns about their care and treatment.
- We saw posters and leaflets on wards and departments advising patients on how to make a complaint.

Are services at this trust well-led?

Requires improvement

We have rated the overall leadership of the trust as requires improvement.

We found:

- The trust senior team were not aware of all the risks in the hospital as these were not captured on risk registers or actions taken to mitigate the risks were not enacted. This included escalation plans with in the emergency department, the responsibility for the maintenance of the maternity operating theatre and the risks associated with the children's and young people's service.
- Whilst there was board representation for end of life the trust was not monitoring the performance of this service in a robust manner.
- There was a lack of challenge within the trust board. For example no one challenged the placement of adults on the Young Persons Unit despite a review highlighting significant concerns.
- Despite the trust board and non-executives having links to wards and departments staff were unaware of these in all areas.

However we also found that:

- The board members were well known to most staff. They encouraged an open culture. They were seen as approachable

- The senior team worked well with all stakeholders to improve care for patients. An example of this was the development of the Symphony Hub which brought significantly better outcomes for patient experience.
- We found multifaceted approach to reviewing incidents.
- The approach to patient complaints and patient experience was excellent. Staff working in this area put themselves in the place of the patient and understood the expected outcome for complainants.
- The trust was using models of care to drive improvements in care provided to patients. .

Vision and strategy

- The vision of the trust is that they will be the UK Leader in delivering new models of care. The vision was understood and articulated well by all members of the senior team. Staff at a ward and department level understood their part in the vision.
- The vision was clearly displayed in the hospital and consisted of four strands. Care for the population which revolved around continually striving to deliver and improve care for the population served. Developing the staff and supporting them to innovate in order to continually improve services. Pioneering the future in terms of integration with peers and global healthcare leaders. The final strand is in respect of increasing technology in order that future care is sustained and integration is possible.
- The trust had recently worked with local partners to create the Symphony Hub. This hub catered for patients with complex conditions and meant that they could receive care and treatment without admission to hospital. The hub shared information between the general practitioners, community partners and the hospital to identify patients with complex conditions. There had been significant investment into health coaches to improve the health of these patients.
- A further example of how the trust worked with local partners included the maternity review undertaken by the Royal College of Gynaecologists and Obstetricians across Somerset Poole and Dorset. The trust recognise that it provides services for around 1600 deliveries a year which is a low number and is seeking to work with partners to ensure that women can access safe services especially when complex care is required. This work is currently on-going.

Governance, risk management and quality measurement

- The trust had a governance and risk management structure and accountabilities for assurance were well defined. This

process had been reviewed and new streamlined systems implemented following the internal audits. The trust board received reports from the remuneration, governance, finance, audit and workforce committees. Operational updates provided to the board via chief executives report and the operational report. We found that throughout the organisation staff were aware of the governance structure of the trust and could articulate the part they played in this. Non executives and governors were in attendance at all formal subcommittees of the board.

- All of the senior team were able to articulate the top risks for the organisation and these were reflected on the corporate risk register. All executives and non-executives were able to highlight the same risks for the organisation. The corporate risk register identified that the top risk was capacity within the emergency department when busy. We saw that on our first day of inspection the department experienced a significant influx of patients and struggled to cope. Staff were slow to enact the escalation plan but once enacted this alleviated some of the delays to patient care. The senior team attended the department to assist local staff in resolving the lack of staff and to increase flow. Other risks included ophthalmology services, nursing vacancies and referral to treatment times. However not all of the risks we identified were on the trusts risk register.
- We identified a risk in relation to the admission of young people into the young person's unit which was located on ward 10, the children's ward. The admission of young people was not in line with the trusts admission criteria and the mitigation of risk to safeguard patients was inadequate. We discussed our concerns relating to the safety of children and young people on this ward. The senior team were assured through a presentation at a board meeting that all safeguards were in place. They explained that this area was for young people who had complex medical conditions. However we saw that this was not the case during our inspection. We spoke with many of the staff responsible for this area and there was a lack of understanding and mitigation of the risks of admitting young people without complex needs into this area. We wrote to the trust expressing our serious concerns. The trust ensured that the admission criteria for this area was enacted by managers making decision on the placement of patients. The trust have also requested a review of the area by the Royal College of Paediatricians and Child Health. The trust are currently reporting to CQC and stakeholders those patients admitted to this area.

Summary of findings

- The maternity operating theatre was included on the risk register for maternity and the senior team were aware of the recent changes in responsibility for this area. However they were not aware of the extent of the disrepair or the infection control risks associated with this area.
- We identified three areas where there was significant risk to the well- being of patients. Whilst the trust had some of these on the risk register we were not assured that appropriate challenge was given at board level due to the level of concern and action taken to mitigate the known risks.
- The trust had a weekly meeting to discuss all incidents reported as moderate harm to ensure that appropriate actions were immediately taken and patients and relatives informed of actions taken.
- Monthly reports were shared with all matrons and managers to ensure that staff were aware of current issues within the trust.
- Mortality reviews were completed within the clinical business units. A global trigger tool is used to highlight concerns. The trust moved from Dr Foster to an electronic system which automatically flags concern when four or more triggers are met. Mortality is generally low at the trust. There have been no mortality outliers investigated by CQC for over two and a half years.
- Executive and non-executive board members and governors undertook regular walkabouts on the clinical areas. Feedback was given to each ward. Each executive was assigned a buddy ward. This meant that staff felt that they had direct access to at least one member of the senior team. Staff valued this buddy arrangement.
- All executives and non-executives were able to highlight areas that they were proud of. These areas included the work with other health care providers to open the Symphony Hub which reduced admissions by 25% for those patients with long term conditions.

Leadership of the trust

- Leaders are a mixture of people who have been at the trust a long time and newer appointees. The leadership team worked well together to resolve issues. Once we had highlighted significant concerns the trust acted quickly and appropriately to ensure that the risks were mitigated. We saw evidence of this on our unannounced inspection.
- The trust leadership is outwards focused and works with community and other acute providers to seek solutions to improving the care for patients which they serve.

- Senior leaders are visible to staff and proactive in obtaining the views and experiences of staff working within the hospital. The senior team knew their staff by name and this encouraged early and proactive communication of issues.
- The trust was in the process of providing leadership training to all managers in the trust.

Culture within the trust

- The culture within the trust was found to be an open one. The senior team work in an open plan office and this allows timely discussion on issues raised with members of the team.
- Staff felt respected and valued by the senior team and able to raise areas of concern without fear.
- There was a strong culture of openness and candour within the trust. The patient experience team met with all complainants to seek their views on complaints and their ideal resolution. This meant that the complainant felt that their issues were being heard and addressed.
- The patient experience team met with all relatives who had lost someone they loved to explain care given and to offer reassurances.
- The patient experience team were visible at the front door of the hospital to address concerns patients or relatives had at this point.
- Staff worked collaboratively to address areas of concern or conflict. We saw an example of this when staff were confused as to who had responsibility for the maternity theatre. There was no evidence of a blame culture but one of working together to address the issue.
- The trust had developed a raising concerns app through which staff could highlight areas of concern. These concerns were read by the associate director of patient safety and quality and her deputy and in the 18 months of operation only 24 concerns had been reported.

Fit and Proper Persons

- The fit and persons requirement (FPPR) for directors was introduced in November 2014. It is a new regulation that intends to make sure senior directors are of good character and have the right qualifications and experience.
- The trust utilise the NHS checklist to ensure that staff employed are subjected to this test. The trust has had their process reviewed by a legal expert and were confident that they are meeting these regulations.
- The trust undertook retrospective checks on staff employed by them prior to the regulations coming into effect.

- We reviewed six of the 28 executive and non-executive personnel files. All of the files contained evidence of the checks undertaken. Whilst the fit and proper person's regulations came into force from November 2014 the trust had taken the decision that they would undertake these checks from November 2015. Hence some files did not contain this information as requests for information were still pending at our inspection in March 2016. However we saw that new appointees had had these checks undertaken prior to appointment.

Public engagement

- The Symphony Care Hub had been developed by patients, carers, health and social care staff and voluntary organisations as a better way of supporting people living with three or more specific long-term conditions.
- The trust has over 400 volunteers who work throughout the hospital. Tasks that the volunteers undertake are matched to their skills and preferences and can range from assisting patients with meals, meeting and greeting in the reception area and sitting with palliative care patients. The trust also runs a young person's volunteer programme aimed at young people between 16 and 18 years old. There are currently six young people on this two year programme. They receive a buddy throughout the two years and assist in the delivery of care and support of patients and relatives throughout the hospital. The volunteers provide valuable feedback on how well the hospital is working and insight into the concerns of patients. This is fed up to the senior team through the patient experience team.

Staff engagement

- The union representatives we spoke with stated that there was good ongoing dialogue with staff about any proposed changes. They felt that they had a good relationship with the senior team although attendance by the top three at meetings was limited. The joint meetings were usually chaired by the human resources department.
- The trust noted that it had lost a significant number of staff in the previous year (approximately 180 leavers). In order to evaluate why staff were leaving the HR department undertook a deep dive into why staff left. Whilst there were a lack of trends from this analysis a leavers champion has been assigned to continue this piece of work so that the trust can ensure it can take action to address any issues.
- Staff were involved in the review of the staff policy manual. This was recently released on the trust internet.

Summary of findings

- The trust recognises that they have recruited a number of European nurses and has supported them to find accommodation on arrival into the town and provided support to improve the English of these nurses and their understanding of healthcare delivery in the hospital.

Innovation, improvement and sustainability

- The trust had worked with other to deliver the Symphony Care Hub. This delivers a Primary and Acute integrated Care System (PACS) to ensure that patients with three or more long term conditions can access the services they require in one place. The trust had been working with Somerset Clinical Commissioning Group (CCG), South Somerset GPs, and the County Council following its achievement of Vanguard status. This project has reduced admission from this patient group by 30% since it opened.
- The trust recognises that it cannot deliver sustainable services in some specialities on its own and has worked with other health care providers to ensure that resources are adequately managed and skills of clinicians maintained. The trust is proactive in managing relationships with the wider community.

Overview of ratings

Our ratings for <location name>

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

Our ratings for Yeovil District Hospital NHS Foundation Trust

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

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients.

Outstanding practice and areas for improvement

Outstanding practice

- Snackbox training had been set up to deliver specific and focussed small pieces of training to staff that can be accessed during their lunch break.
- Development of a hospital garden for the use of patients, including patients living with dementia.
- Development of an integrated care model supporting patients with three or more long-term conditions.
- A 'buddy system' was used in critical care where nurses were paired to work together, this was to ensure adequate supervision of patients during staff meal breaks and for checking medicines.
- Patient diaries in critical care were extremely well managed. The unit kept a copy of the diaries to ensure staff knew what the diaries contained; this enabled on-going support to be given to patients families after the diaries had been collected.
- At the foot of every bed space in the critical care unit there was an analogue clock, with the date also displayed and a very clear sign which said, 'You are in intensive care, you are in Yeovil Hospital.' This had been provided in response to patient feedback and helped to orientate patients to where they were being cared for and to the time and date.
- The critical care outreach team had produced and implemented a patient assessment document to aid the early recognition and prompt treatment of sepsis. As part of the education package unit staff had produced a video. A staff badge had been introduced to acknowledge hospital staff who had used the tool to identify and manage a patient with sepsis.
- In maternity and gynaecology services, the Acorn team provided specialist care for women who were vulnerable, were known to be at risk of domestic abuse, who smoked or were prone to substance abuse. Women under the age of 19 and women who had a learning disability could also be referred to the Acorn team.
- The children and young people's services' community nursing team provided a range of different services to meet the needs of patients. The team included specialists or nurses with an interest in specific conditions such as cystic fibrosis, oncology and end of life care.
- Services for children and young people had a school based within the children's outpatients department. The school had a qualified teacher, working Monday to Friday, to provide education to patients who had been in hospital for long periods.

Areas for improvement

Action the trust MUST take to improve

- Ensure systems and processes to prevent and control the spread of infection are operated effectively and in line with trust policies, current legislation and best practice guidance. The trust must work to improve standards of hand hygiene across children's services.
- Ensure equipment is stored appropriately and in a way that reduces infection risk. Ensure equipment used by cleaning staff is not stored in the sluice area and toilet rolls are not stored on commodes. Ensure commodes are completely clean before returning them to clean utility rooms. Ensure clean equipment is stored off the floor to prevent contamination. Ensure the covers on metal linen shelving units are kept closed when not in use to prevent cross infection. Ensure contaminated disposable items are not stored with clean disposable items. Ensure systems and processes to prevent and control the spread of infection are operated effectively and in line with trust policies, current legislation and best practice guidance within the maternity operating theatre.
- The trust must ensure resuscitation equipment is routinely checked. The emergency department must ensure all resuscitation equipment is checked. Children's resuscitation equipment must be available in the children's assessment area in the emergency department. The trust must ensure all emergency

Outstanding practice and areas for improvement

lifesaving equipment, is sufficient and safe for use in maternity and gynaecology services and that there is evidence it has been checked in line with the trust policy.

- The trust must ensure medical and nursing staffing is sufficient to meet the needs of patients. The emergency department must provide emergency consultant, on-site, presence for 16 hours per day in order to meet the Royal College of Emergency Medicine standard for senior clinical cover within a listed trauma unit. The emergency department must ensure there is adequate medical cover for times of peak activity. The emergency department must undertake a review of staffing levels using a recognised assessment tool. The trust must recruit sufficient medical and nursing staff to enable the operational and staffing standards for intensive care units to be met. Ensure sufficient medical staff are on duty in the medical directorate at night. The trust must ensure staffing levels reflect the acuity of patients in accordance with British Association of Perinatal Medicine (BAPM) standards.
- Ensure that all patients receive appropriate and completed risk assessments, including those for dementia, on admission and an individualised care plan commenced to demonstrate the on-going actions taken to mitigate risk. The trust must also ensure nutritional screening assessments on surgical wards are completed in line with trust policies. Ensure the completion of documentation and of patient risk assessments on the gynaecology ward.
- Ensure that controlled drugs are managed in accordance with trust policies, legislation and best practice in the discharge lounge. Ensure oxygen, when required for patients, is prescribed appropriately. Ensure medicines are always safely managed in line with trust policies, current legislation and best practice guidance in maternity and gynaecology services. The radiology department must ensure that guidance is in existence surrounding patient group directive medicines.
- Ensure that at least 90% of all staff receive an annual appraisal. Ensure nursing staff in specialist areas are trained on recruitment or placement to become efficient and competent members of their staff team. The trust must train all staff who have direct input into assessing, delivering, and intervening in the care of children and young people, in level three child safeguarding in line with intercollegiate guidance. The trust must improve the numbers of staff trained in European Paediatric Life Support (EPLS) to ensure they meet Royal College of Nursing guidance of at least one EPLS trained member of staff working every shift. Ensure all overseas staff are supported to achieve a good standard of the English language to reduce risks to patients.
- The emergency department must put systems and processes in place to ensure patients receive initial assessment (triage) by an appropriately qualified clinical member of staff within 15 minutes of arrival to the emergency department.
- The emergency department must take action to ensure the safety of children in the waiting area of the emergency department.
- The emergency department must provide daily clinical and managerial leadership with oversight of capacity and demand. The emergency department must develop robust escalation processes.
- Ensure that all patient records are kept securely and located away from the public to maintain confidentiality.
- Ensure all wards have single sex accommodation including sleeping accommodation, bathroom and toilet facilities and do not need to pass members of the opposite sex to use the facilities.
- Ensure the sepsis protocol is embedded with all staff groups to achieve and maintain high levels of compliance with sepsis identification and antibiotic administration.
- The trust must ensure young adults (patients between the ages 18 to 24) meet the criteria for admission onto the Young Persons Unit.
- The trust must review the physical environment of Ward 10 and explore options to separate the Young Persons Unit from Ward 10 to ensure patients over the age of 18 do not have access to children.
- Ensure 'do not attempt cardio-pulmonary resuscitation' (DNACPR) forms are completed appropriately and in accordance with national guidance and best practice. The trust must also ensure DNACPR decisions are documented fully in accordance with the legal framework of the Mental Capacity Act 2005.
- Radiology must continue to target the quality assurance backlog of equipment.

Outstanding practice and areas for improvement

- The radiology department must develop audits and action plans to address incomplete five steps to safer surgery checklists. The radiology leads must ensure guidance surrounding trauma computerised tomography (CAT) scanning is clear and not open to individual interpretation.
- The outpatients department must continue to support improvements to meet the national referral to treatment times.
- The trust must ensure that fewer appointments are cancelled by the hospital at short notice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care How the regulation was not being met: Regulation 9 (2) Providers must make sure that they provide appropriate care and treatment that meets people's needs, but this does not mean that care and treatment should be given if it would act against the consent of the person using the service. The provider did not ensure 'do not attempt cardio-pulmonary resuscitation' (DNACPR) decisions were always documented legibly and completed fully in accordance with the trust's own policy, national guidance and best practice and the legal framework of the Mental Capacity Act 2005.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect How the regulation was not being met: Regulation 10 (2)(a) Ensuring the privacy of the patient. The trust did not ensure single sex accommodation, including segregated sleeping accommodation and segregated bathroom and toilet facilities, were in place on one ward. In addition, access to toilet facilities meant patients were required to pass through opposite sex areas.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

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

How the regulation was not being met:

Regulation 12 (1)(2)(a)(c) Assessing the risk to the health and safety of service users.

Patient initial assessment (triage) in the emergency department was not completed in a timely way by an appropriately qualified clinical member of staff within 15 minutes of arrival to the emergency department.

Patients experienced delays in their treatment pathways, delaying transfer to an appropriate ward. Robust escalation processes had not been developed in the emergency department.

The trust sepsis protocol was not embedded with all staff groups to achieve and maintain high levels of compliance with sepsis identification and antibiotic administration.

Not all staff involved in assessing, delivering, and intervening in the care of children and young people were trained in level three safeguarding.

Regulation 12 (1)(2)(g) Care and treatment must be provided in a safe way for service users by the proper and safe management of medicines.

Controlled drugs were not always managed in accordance with trust policies, legislation and best practice in the discharge lounge. Oxygen, when required for patients, was not prescribed appropriately in medical wards.

The radiology department did not have guidance available for patient group directive medications.

This section is primarily information for the provider

Requirement notices

Medications in the maternity operating theatre were not always suitably stored so were at risk of theft, being tampered with, and accidental or unintentional ingestion by unauthorised persons.

Regulation 12 (1)(2)(h) Assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.

Staff did not meet the trust's required standards for hand hygiene presenting an infection risk to patients in children and young people's services.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: Regulation 13(1) Service users must be protected from abuse and improper treatment. Regulation 13(2) Systems and processes must be established and operated effectively to prevent abuse of service users. There were no effective systems and processes in place to protect children and young people on Ward 10 from abuse and harm. The Ward had an integrated young adults unit and there were no systems in place to prevent adults over 18 from harming children and young people. Managers did not follow admission criteria, meaning adults with general conditions were allowed to be placed onto the ward.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

How the regulation was not being met:

Regulation 15(1)(a) Premises and equipment must be kept clean and cleaning must be done in line with current legislation.

Systems and processes to prevent and control the spread of infection were not operated effectively and in line with trust policies, current legislation and best practice guidance. Patient areas in the emergency department were not always cleaned between patients. Storage areas within the department were visibly dirty.

Equipment was not stored appropriately and in a way that controlled and prevented infection risk in medical wards. Systems to manage the prevention and control of infection were not in place on surgical wards.

The provider failed to ensure that the environment in the maternity operating theatre was cleaned and properly maintained.

Resuscitation equipment was not checked daily and was not maintained in areas of the emergency department, medical wards and maternity.

Regulation 15(1)(b) Security arrangements must make sure that people are safe whilst receiving treatment.

Access to the children's emergency department was by push button entry. This allowed free access and did not ensure the safety of children.

Regulation 15(1)(c) Suitable for the purpose for which they are being used.

This section is primarily information for the provider

Requirement notices

There was not adequate separation between the young adults unit and the paediatric Ward 10. This presented a risk to children and young people. A lack of physical separation meant the paediatric unit was not secure from young adults and their visitors on the ward.

Radiology had not fully managed the quality assurance backlog of equipment.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Regulation 17 (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this part. Regulation 17 (2) (c) Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and decisions taken in relation to the care and treatment provided. The trust did not store all patient records in a lockable, secure area which maintained patient confidentiality and upheld data protection. Large numbers of patient records were left in an open area which was accessible to the public. Patients' notes were not always stored securely on the wards and were accessible to patients and visitors.

This section is primarily information for the provider

Requirement notices

The trust did not have individualised and accurate patient care plans or risk assessments in place to ensure care and treatment was and had been delivered, with the input of patients, and to mitigate identified risks.

The emergency department did not always have access to or the presence of clinical and managerial leadership, with oversight of capacity and demand.

The radiology department did not have audits and action plans to address incomplete five steps to safer surgery checklists.

Guidance surrounding trauma computerised tomography (CAT) scanning was not sufficiently clear to prevent it from being open to individual interpretation.

The outpatients department had not fully achieved improvements required to meet the national referral to treatment times. The provider had failed to minimise numbers of appointments cancelled by the hospital at short notice.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: Regulation 18(1) Sufficient numbers of suitably qualified, competent, skilled and experienced staff. There was insufficient nursing staff and a reliance on bank and agency to fill shifts in the emergency department.

This section is primarily information for the provider

Requirement notices

The resuscitation area was understaffed with one nurse to three patients. The area included provision for children.

Adequate medical cover for times of peak activity was not always available in the emergency department. A review of staffing levels using a recognised assessment tool had not been undertaken.

Specialist consultant on-site cover in the emergency department did not meet the Royal College of Emergency Medicine standard of 16 hours per day.

Fewer than 90% of all staff in the medical directorate had received an annual appraisal.

Nursing staff had not received appropriate training in specialist areas on recruitment or placement in medical wards.

Sufficient medical and nursing staff had not been recruited to the critical care unit to enable the operational and staffing standards for intensive care units to be met.

There were insufficient numbers of staff to meet Royal College of Nursing guidance of at least one European Paediatric Life Support (EPLS) working per shift. This presented a risk to seriously unwell patients. Staffing levels did not reflect the acuity of patients in accordance with British Association of Perinatal Medicine (BAPM) standards.