York Teaching Hospital NHS Foundation Trust

Inspection report

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

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

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

Ratings

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

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

Summary of findings

Background to the trust

York Teaching Hospitals NHS Foundation Trust (YTHFT) provides a range of acute hospital and specialist healthcare services for approximately 530,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale - an area covering 3,400 square miles.

The trust operates acute hospital services from three main hospital sites:

- York Hospital
- Scarborough Hospital
- Bridlington Hospital.

The trust also provides outpatient and adult community services providing 2390 outpatient clinics from the hospital sites and an additional 22 community clinics. In addition, the trust provides community-based services in Selby, York, Scarborough, Whitby and Ryedale.

Community inpatient facilities are provided at White Cross Court Rehabilitation Unit, St Monica's Community Hospital, St Helen's Rehabilitation Hospital, New Selby War Memorial Hospital and Malton Community Hospital. Community services for adults including end of life care services are also provided in people's own homes and clinics across the geography of the trust.

Community health services for children, young people and families are no longer provided by the trust and are now provided by the City of York Council.

The trust employs around 8863 staff and has an income of around £495,000,000 for the current financial year 2017/18.

The trust has 52 wards across the three hospital sites; 1,071 inpatient beds, 266 day-case beds, 47 maternity beds and 42 children's beds. Each week the trust runs 2,390 outpatient clinics and around 22 community clinics. (Source: Provider Information Request 2017)

York city and North Yorkshire is a relatively prosperous area compared to the rest of England, although there are pockets of deprivation. However, there are eighteen Lower Super Output Areas (LSOAs) within North Yorkshire, which are amongst the 20% most deprived in England, and fourteen of these are in the Scarborough district.

The Vale of York CCG, Scarborough & Ryedale CCG and East Riding CCG commission the majority of the trust's services, based on the needs of their local populations.

CQC carried out a comprehensive inspection of the trust including community services in March 2015. We rated effective and caring as good and safe, responsive and well led as requires improvement. We rated the trust requires improvement overall and issued requirement notices in regard to compliance with Regulation 10: dignity and respect, Regulation 12: safe care and treatment, Regulation 17: good governance and Regulation 18: staffing. The trust put action plans in place, which have been implemented and monitored by CQC.

Overall summary

Our rating of this trust stayed the same . We rated it as Requires improvement 

Summary of findings

What this service does

York Teaching Hospitals NHS Foundation Trust (YTHFT) provides a range of acute hospital, specialist and community healthcare services. The trust has 52 wards across the three hospital sites and each week the trust runs 2,390 outpatient clinics and around 22 community clinics.

The trust operates acute hospital services from three main hospital sites:

- York Hospital
- Scarborough Hospital
- Bridlington Hospital.

York Hospital is the trust's largest hospital. It has over 700 beds and offers a range of inpatient and outpatient services. It has an Accident and Emergency department and provides acute medical and surgical services, including trauma, intensive care and cardiothoracic services to the population and visitors to York and North Yorkshire.

Scarborough Hospital is the trust's second largest hospital. It has an Accident and Emergency department and provides acute medical and surgical services, including trauma and intensive care services to the population and visitors to the North East Yorkshire coast. The emergency department has a co-located urgent care centre run by a primary medical service provider.

Bridlington Hospital is a satellite hospital of the trust. It provides elective surgical, rehabilitation, and outpatients services to the local Bridlington community and the wider East coast. The hospital has two rehabilitation wards and two surgical wards. There is also the Shephard Day Case Unit and Lawrence Unit for medical elective services. The hospital also has other services on site, such as a minor injuries and GP access centre, the GP Macmillan Wolds Unit, Buckrose Ward and a renal dialysis unit which are run by other providers.

We inspected the medical, surgical, emergency and critical care services at the three acute hospitals; York, Scarborough and Bridlington.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

Where necessary, we take action against registered service providers and registered managers who fail to comply with legal requirements, and help them to improve their services.

What we inspected and why

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

Between 19 September and 21September 2017 we inspected the medical, surgical, urgent and emergency and critical care services provided by this trust at its three main hospitals, as part of our continual checks on the safety and quality of healthcare services.

Summary of findings

We inspected medical services because this service was rated as requires improvement at two of the three hospital sites, York was rated as good, at our last inspection. Concerns and complaints raised by service users with the CQC as part of monitoring activity indicated that there may be ongoing concerns about the safety and quality of these services with particular regard to safeguarding adults and the safety of hospital discharges.

We inspected surgical services because we received information giving us concerns about the safety and quality of these services. There had been three never events and 24 serious incidents in this service from 1 June 2016 to 31 May 2017. At the last inspection Scarborough surgical services were rated as requires improvement; York and Bridlington were rated as good.

We inspected urgent and emergency services as the departments at both York and Scarborough were rated as requires improvement at our last inspection. Monitoring has shown that the emergency departments have been operating under continuing pressure since our last inspection and the trust has intermittently breached emergency department performance targets. A new model of care had been introduced at the Scarborough emergency department to help alleviate issues caused by inability to recruit to all emergency department consultant vacancies.

We inspected critical care services because the units at both York and Scarborough were rated as requires improvement at the last inspection. The trust had undertaken a lot of work in this area and a new model of medical care had been introduced to mitigate for the shortfall of consultant intensivists, due to the inability to recruit to all of the consultant vacancies.

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

What we found

Overall trust

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

- We rated safe and effective as requires improvement, caring and responsive as good.
- Our ratings of two of the three hospitals stayed the same; we rated Scarborough and Bridlington hospitals as requires improvement. Our rating of York Hospital improved, we rated it as good.
- In rating the trust we took into account the current ratings of the seven services not inspected this time.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.
- We rated well-led at the trust level as requires improvement.

Are services safe?

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

- Staff were not always supported to maintain and develop their professional skills. The mandatory training and safeguarding training rates in some services remained worse than the trust target.
- Nurse and medical staffing remained a challenge in some services. There was reliance on bank and agency staff and despite escalation measures, a number of shifts remained unfilled whereby some of the wards worked below planned figures.

Summary of findings

- Paediatric patients in the emergency department were not managed appropriately at times which resulted in incidents and children were at risk. The service did not meet intercollegiate guidance for registered sick children's nurses (RSCN).
- We had concerns about the out of hours' medical cover at Bridlington Hospital.
- Not all staff checked equipment in line with trust policy and safety standards.
- The standard of record keeping in the trust was variable. It was not always in line with trust policy and professional standards in the services we inspected.
- Senior staff collected safety information, however, this was not shared with patients and visitors and many staff we spoke with were unaware of the results of the safety monitoring information.

However;

- The trust controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The trust had effective processes in place for the safe management of medicines in most of the services we inspected.
- The trust generally managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Are services effective?

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

- In most services, staff gave patients enough food and drinks to meet their needs and improved their health. They used appropriate feeding and hydration techniques and made adjustments for patients' religious, cultural and other preferences.
- Staff of different professions worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff always had access to up to date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- The trust participated in national and local audits, patient outcomes in a number of national audits showed variable performance in the four core services we inspected. We saw action plans and spoke with leadership teams who understood where performance needed to improve.

However;

- Staff we spoke with in the medical service did not have an understanding of when a mental capacity assessment should take place and were unable to articulate when assessments would be required to allow for nursing interventions to take place. This meant that there was a risk that the mental capacity of patients was not being appropriately considered and patients may be being deprived of their liberty unlawfully.
- The number of staff who had an up to date appraisal was worse than the trust's target in a number of services we inspected. Nursing staff we spoke with did not receive clinical supervision and were unaware if the trust had a clinical supervision policy.

Pathways, policies and clinical guidelines were not up to date in all the services we inspected. This meant the trust could not be assured that patients received care and treatment that was based on current evidence and national guidance.

Summary of findings

Are services caring?

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

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

Are services responsive?

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

- Services were provided and adapted to meet the needs of the local population across the wide geographical area covered. The service provided care at three main hospital locations, York, Scarborough and Bridlington. Some specialist services had been centralised at York and Scarborough respectively.
- The electronic patient record was endorsed with an alert identifier to aid staff caring for vulnerable patients or those with additional needs. We heard of examples from staff where they were able to meet the needs of vulnerable patients, for example, people requiring mental health services, translation services or those with a learning disability.
- The trust had implemented the SAFER (senior review, all patients, flow, early discharge and review) patient flow bundle initiative to improve service efficiency.
- The trust showed variable performance against national standards in urgent and emergency care, referral to treatment times and cancelled operations in surgery.

However:

- Wards had not made some basic changes to reduce potential environmental conflict for vulnerable patients such as those living with dementia.
- The trust did not investigate and close complaints in line with their complaints policy.

Are services well-led?

Our rating of well-led at core service level stayed the same. We rated well-led as requires improvement because:

- There was no record of the date risks were added to the risk register, the date the risk should be reviewed and the controls and mitigating actions recorded were limited and did not always appear to address the cause of the risks.
- The trust had a programme of internal clinical audit, directorate dashboards and ward accreditation to support the monitoring of quality. However, staff we spoke with did not raise these reports or visits with us and we saw no scores or action plans displayed.
- Service pressures and staffing issues were having a detrimental effect on staff morale and wellbeing. Staff in some services told us that they felt undervalued and unsupported.
- Most directorates had individual visions and strategies that linked to the trust's five year strategy. However, the strategy for critical care had still not been finalised. This had been noted at the previous inspection.
- At our last inspection we saw that there was a five year plan to integrate all three trust sites. The plan was now complete. However, we observed that there were still some processes and documentation which were not integrated.

However;

Summary of findings

- Most staff we spoke with talked positively about local leadership. The leadership teams had an understanding of the current challenges and pressures impacting on service delivery and patient care.
- There was a supportive and open culture which was focused on learning and improvement.
- Most staff we spoke with were aware of the trust vision and values. We saw these displayed in ward areas. In addition some wards had their own pledges displayed.
- There was evidence of service improvements and innovations to benefit the local population.

Bridlington Hospital

Our rating of this hospital stayed the same. We took into account the current ratings of services not inspected at this time. We rated the hospital as requires improvement because:

- We rated safe and well led as requires improvement and we rated effective, caring and responsive as good.
- We rated two of the hospital's four services as good and two as requires improvement.
- The ratings for medical care and surgery stayed the same from our last inspection.
- Nurse staffing remained a challenge. Wards reported staffing vacancies and a reliance on bank and agency staff. Despite escalation measures, a number of shifts remained unfilled and wards worked below planned figures.
- We continued to have concerns about the out of hours' medical cover and the mitigating actions the trust had put in place.
- Wards had not made some basic changes to reduce potential environmental conflict for patients living with dementia.
- Documentation and processes were not standardised across the three hospital sites.

However:

- There had been an improvement in mandatory training and safeguarding training completion. Wards were now better than the trust target.
- There was evidence of continuing recruitment and the development of nurse associates. Senior Managers closed beds when they considered staffing levels were unsafe and translated to a potential patient safety risk.
- Staff reported an improved culture. The visibility of leaders and support they offered was better and staff reported an improvement in cross site communication.
- Staff treated patients with kindness, compassion, and respect. Privacy and dignity was maintained at all times. Patients commented positively about the care they received.

See sections on individual services at Bridlington Hospital below for more information.

Scarborough Hospital

Our rating of this hospital stayed the same. We took into account the current ratings of services not inspected at this time. We rated the hospital as requires improvement because:

- We rated caring as good, and safe, effective, responsive and well led as requires improvement.
- We rated two of the hospital's eight services as good and six as requires improvement.
- The ratings for urgent and emergency services, medical care, surgery and critical care stayed the same from our last inspection.

Summary of findings

- Staff were still not always supported to maintain and develop their professional skills. The mandatory training and safeguarding training rates in urgent and emergency care and surgery remained worse than the trust target. Staff appraisal rates were generally worse than the trust target.
- Nursing and medical staffing did not always meeting planned staffing levels. There was a heavy reliance on bank and agency nursing staff. There was a reliance on locum doctors to fill gaps in the medical rota.
- The emergency department had nurse staffing shortages and employed no registered sick children's nurses (RSCN). This contravened intercollegiate guidance and we had no assurance that all staff had completed enhanced training to mitigate the risks this presented.
- Staff we spoke with in medical care did not have an understanding of when a mental capacity assessment should take place and were unable to articulate when assessments would be required to allow for nursing interventions to take place. This meant that there was a risk that the mental capacity of patients was not being appropriately considered.
- The sepsis clinical guideline used in the service at the time of the inspection was past its review date and required updating.
- Wards had not made some basic changes to reduce potential environmental conflict for vulnerable patients such as those living with dementia.
- The hospital showed variable performance against national standards in urgent and emergency care, referral to treatment times and cancelled operations.
- The trust did not investigate and close complaints in line with their complaints policy. Information provided to us about complaints did not assure us that action had been taken to address staff behaviours or attitudes.
- Service pressures and staffing issues were having a detrimental effect on staff morale and wellbeing.
- It was still not clear what critical care would look like across York and Scarborough hospitals as the service strategy had not been finalised.

However:

- There was evidence of continuing recruitment and the development of additional roles, for example, advanced care practitioners and nurse associates. Senior Managers closed beds when they considered staffing levels were unsafe and translated to a potential patient safety risk.
- There had been a recent agreement with a university for twenty nursing students to attend for placement at the hospital. Staff we spoke with felt this was positive and may lead to recruitment on completion.
- The trust had put a system in place in the emergency department to ensure that patients had an initial assessment on arrival to the department within 15 minutes.
- Services were planned in a way to meet the individual's needs and the local population.
- Patients received care and treatment that was caring and compassionate from staff who were working hard to make sure that patient experience was positive and supportive
- There was effective multi-disciplinary team working to support patients' needs.
- The directorate leadership teams were aware of their challenges and risks and were changing practice and processes in an attempt to tackle them
- Staff reported there had been a move away from resistance and animosity following the coming together of York and Scarborough. In the past 12 months, staff reported a more co-operative working and culture improvement.

Summary of findings

See sections on individual services at Scarborough Hospital below for more information.

York Hospital

Our rating of this hospital improved. We took into account the current ratings of services not inspected at this time. We rated the hospital as good because:

- We rated effective, caring, responsive and well led as good, and safe as requires improvement.
- We rated all of the hospital's eight services as good.
- The ratings of urgent and emergency services and critical care improved since our last inspection, medical care and surgery stayed the same.
- The trust had put a system in place in the emergency department to ensure that patients had an initial assessment on arrival to the department within 15 minutes.
- Nurse staffing levels appeared to have improved in most services. There was evidence of continuing recruitment and the development of nurse associates. When the registered nurse average fill rate was below 100% we saw that on many wards the trust increased the care staff average fill rate to over 100%. Senior managers closed beds when they considered staffing levels were unsafe and translated to a potential risk to patients.
- There had been an improvement in mandatory training and safeguarding training completion in surgery and critical care. Compliance in these two areas was now better than the trust target. Critical care had recruited into the clinical educator post that was vacant at our last inspection.
- Services were planned in a way to meet the individual's needs and the local population. The number of delayed discharges and non-clinical transfers in critical care had improved and were now in line with those of similar units.
- We were told by patients and families during our inspection of positive examples of caring, compassionate care and maintaining privacy and dignity. Patients gave us positive feedback about the care they received. Staff completed a holistic assessment of each individual and understood the importance of emotional support for each patient and their family. We heard of examples from staff where they were able to meet the needs of vulnerable patients.
- There was evidence of good multidisciplinary working.
- Staff we spoke with talked positively about local clinical ward based leadership at York Hospital. The leadership teams had an understanding of the current challenges and pressures impacting on service delivery and patient care.
- Directorates had individual visions and strategies that linked to the trust's five year strategy. Most staff we spoke with were aware of the trust vision and values. We saw these displayed in ward areas.

However:

- Paediatric patients in the emergency department were not managed appropriately at times which resulted in incidents and children were at risk. There was inconsistency in which patients were sent straight to the children's assessment unit and which were seen in the emergency department.
- There continued to be insufficient numbers of suitably skilled, qualified and experienced staff, in line with best practice and national guidance, in relation to number of registered sick children's nurses (RSCN) in the emergency department. The number of RSCNs had reduced from three to two RSCNs.
- Staff we spoke with in medical care did not have an understanding of when a mental capacity assessment should take place and were unable to articulate when assessments would be required to allow for nursing interventions to take place. This meant that there was a risk that the mental capacity of patients was not being appropriately considered.
- Patient outcomes in a number of national audits showed variable performance in the four core services we inspected.

Summary of findings

- The hospital showed variable performance against national standards in referral to treatment times and cancelled operations.

See sections on individual services at York Hospital below for more information.

Ratings tables

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

Outstanding practice

We found examples of outstanding practice in medical care, surgery and urgent and emergency care throughout the trust and in critical care at York Hospital.

For more information, see the outstanding practice section in this report.

Areas for improvement

We found areas for improvement including six breaches of legal requirements that the trust must put right. We found 42 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

Action we have taken

We issued six requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of five legal requirements in medical care, surgery, urgent and emergency care and critical care.

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

What happens next

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

Outstanding practice

We found the following outstanding practice:

- Telemedicine was used to ensure that patients who had a stroke received the most appropriate treatment in a timely manner.
- The emergency department was working to improve the patient experience and reduce the pressure on the department by creating care plans staff could refer to for patients who frequently attended.
- The trust's mobile chemotherapy unit was commissioned to provide care and treatment for patients closer to their homes.

Summary of findings

- The trust operated a red, amber, green system for water jugs. This allowed staff to easily identify patients who may require further assistance or consideration in regard to their hydration needs.
- We observed that the recruitment of three discharge co-ordinators in the surgical unit at York Hospital had improved the timely discharge of patients and experience.
- Anaesthetists at York Hospital had received an award from the anaesthesia clinical services accreditation (ACSA) in June 2017. This demonstrated a high level of clinical skills and leadership.
- The Urology Directorate had opened 'one stop shop' at Malton Hospital. These meant patients were seen by a consultant and had the necessary tests with a clear plan of care on discharge.
- Some aspects of statutory and mandatory training were being delivered on the critical care unit at York Hospital to make them more relevant for staff and to reflect the types of patients that would be on critical care.
- The Critical Care Outreach Team reviewed patients in ward areas with raised national early warning scores each afternoon with an intensive care consultant.
- There was a focus on research and new ways of working within all areas of the multidisciplinary team in critical care at York Hospital to improve care and treatment for patients.
- In critical care at York Hospital e were provided with several examples of staffing 'going the extra mile' when providing care to patients and their relatives.
- Staff in surgery at Bridlington had been pro-active to raise the response rate to the friends and family test with a better rate than the national average.

Areas for improvement

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

Action the trust MUST take to improve:

We told the trust that it must take action to bring services into line with five legal requirements. This action related to four services.

- The trust must ensure they have evidence to show that complete employment checks for executive staff have been taken in line with the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014).
- The trust must ensure that effective and robust systems are in place to support the management of risk and performance.

In urgent and emergency care;

York Hospital

- The trust must ensure that they continue to recruit staff and ensure that there are sufficiently suitably qualified, competent and experienced staff on duty to meet the needs of patients. This includes staff with additional training to treat children in an emergency setting.

Summary of findings

- The trust must ensure that ensure that paediatric patients are managed safely and staff are trained in how to manage paediatric patients and situations.
- The trust must ensure that paediatric patients are treated in appropriate places within the ED department due to not having a dedicated paediatric area.

Scarborough Hospital

- The trust must continue to recruit staff and ensure that there are sufficient suitably qualified, competent and experienced staff on duty to meet the needs of patients. This includes staff with additional training to treat children in an emergency care setting and is applicable to both medical and nursing staff.
- The trust must ensure that clinical records are regularly checked to ensure they contain essential patient information including safeguarding risk assessments as well as treatment and care received.
- The trust must ensure that all staff are up to date with all mandatory training.

In medical care;

York Hospital

- The trust must ensure that staff are aware of their professional and legal obligations under the Mental Capacity Act and Deprivation of Liberty Safeguarding requirements.
- The trust must support staff to maintain and develop their professional skills ensuring appraisal rates are in line with the trust target.

Scarborough Hospital

- The trust must ensure that there are sufficient numbers of suitably qualified staff deployed to meet the needs of the patients.
- The trust must ensure that staff are aware of their professional and legal obligations under the Mental Capacity Act and Deprivation of Liberty Safeguarding requirements.

Bridlington Hospital

- The trust must ensure that there are sufficient numbers of suitably qualified staff deployed to meet the needs of the patients.
- The trust must ensure that staff are aware of their professional and legal obligations under the Mental Capacity Act and Deprivation of Liberty Safeguarding requirements.

In surgery;

Bridlington Hospital

- The trust must review the arrangements for when the resident medical officer (RMO) is off site.

In critical care;

Scarborough Hospital

- The trust must support staff to maintain and develop their professional skills ensuring appraisal rates are in line with the trust target and clinical education is in line with guidelines for the provision of intensive care services (GPICS) standards.

Summary of findings

- The trust must implement a follow up clinic and rehabilitation after critical illness in line with GPICS and National Institute for Health and Care Excellence (NICE) CG83 rehabilitation after critical illness.
- The trust must finalise and share with staff a critical care strategy.

Action the trust SHOULD take to improve:

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

In urgent and emergency care;

York Hospital

- The trust should consider completing documentation audits to review the record within the department to identify areas of learning or compliance.
- The trust should consider that patient beds are available in the department whilst awaiting to be admitted to other areas in the hospital.

Scarborough Hospital

- The trust should ensure that RCEM standards are being met and that re-audit is carried out to evidence improvements in performance.
- The trust should ensure that safety checks on resuscitation equipment are checked and recorded daily.
- The trust should continue to work towards reducing the length of time ambulances have to wait to handover patients via the initial assessment team.
- The trust as a whole should work together to look at long term solutions to manage and reduce patient waits of over 12 hours in the A&E department.
- The trust should work towards improving performance for responding to and managing complaints to ensure the policy timescales are being met.
- The trust should ensure that loose oxygen cylinders are stored securely and that the temperature in the medication room remains below 25 degrees.
- The trust senior managers should work towards improving the morale in the department and senior and executive managers should be more visible to front line staff.

In medical care;

York Hospital

- The trust should ensure mandatory training and safeguarding training rates continue to improve and are in line with the trust target.
- The trust should review the mechanisms to gather patient or relative feedback and improve public engagement in the service.
- The trust should consider displaying safety thermometer and other performance/quality indicators in a consistent and user-friendly manner for patient and family reference.
- The trust should ensure the current sepsis guidance is reviewed and ensure it is in line with current evidence based guidance and national recommendations.

Summary of findings

- The trust should consider evaluating the use of and compliance with dementia initiatives.
- The trust should consider revisiting directorate risk registers to ensure they have timelines attached to confirm date entered on the register and dates of reviews/updates.

Scarborough Hospital

- The trust should consider refreshing staff awareness on the importance of infection screening for relevant patient cohorts.
- The trust should consider revisiting training around antimicrobial prescribing.
- The trust should consider refreshing staff awareness of the controlled drug policy and requirements for controlled drug checking at ward level.
- The trust should consider displaying safety thermometer and other performance/quality indicators in a consistent and user friendly manner for patient and family reference.
- The trust should ensure the current sepsis guidance is reviewed and in line with current evidence based guidance and national recommendations.
- The trust should consider reviewing current appraisal capture methods and review effectiveness.
- The trust should consider raising awareness of the importance of accurately recording nutrition and hydration intake on food and fluid balance charts.
- The trust should consider taking steps to promote consistency in friends and family test response rates.
- The trust should consider measures to improve MDT communications with patients and family members to ensure they are kept appraised of care planning and management.
- The trust should consider evaluating the use of and compliance with dementia initiatives.
- The trust should consider measures to address perceived obstacles to discharge planning processes and delays to discharge.
- The trust should consider initiatives to reduce the number of patient moves and inter-hospital transfers after 10pm.
- The trust should consider reviewing outlier management specifically the need to transfer patients to a new consultant when outlying.
- The trust should consider steps to resolve issues impacting on staff morale and wellbeing.
- The trust should consider revisiting directorate risk registers to ensure they have timelines attached to confirm date entered on the register and dates of reviews/updates.

Bridlington Hospital

- The trust should consider more robust ways in which learning from incidents can be shared to ward level.
- The trust should consider revisiting training around antimicrobial prescribing.
- The trust should consider displaying safety thermometer and other performance/quality indicators in a consistent and user friendly manner for patient and family reference.
- The trust should consider reviewing senior medical decision making/involvement at local MDTs.
- The trust should consider reviewing current sepsis guidance and bring up to date.

Summary of findings

- The trust should consider raising nurse awareness about the timely administration of analgesia when requested by a patient.
- The trust should consider raising awareness of the importance of recording output (as well as input) on fluid balance charts.
- The trust should ensure patients and family members are aware of the remit or any limitations on their care package at Bridlington Hospital.
- The trust should consider reviewing admission criteria for the rehabilitation wards at Bridlington Hospital.
- The trust should consider evaluating the use of and compliance with dementia initiatives.
- The trust should consider reviewing the need for seven day therapy provision on the rehabilitation wards at Bridlington Hospital.
- The trust should consider measures to address perceived obstacles to discharge planning processes and delays to discharge.
- The trust should consider initiatives to reduce the number of patient moves and inter-hospital transfers after 10pm.
- The trust should consider ways to increase presence and visibility of the senior leadership and executive team on the Bridlington site.
- The trust should consider measures to address perceived lack of integration of Bridlington into wider trust agenda.
- The trust should consider steps to resolve issues impacting on staff morale and wellbeing. and,
- The trust should consider revisiting directorate risk registers to ensure they have timelines attached to confirm date entered on the register and dates of reviews/updates.

In surgery;

York Hospital

- The trust should continue its recruitment process to sustain the improvements in registered nurses and health care assistant numbers. There should be ongoing actions to recruit medical staff.
- The trust should consider standardisation of patient documentation across all three trust sites.
- The trust should ensure risk registers are updated in a timely manner.
- The trust should review the actions in regards to hip fracture on the trauma and orthopaedic risk register.
- The trust should consider the implementation of clinical supervision.
- The trust should consider ongoing audit of the World Health Organisations (WHO) 'five steps to safer surgery'.
- The trust should review the referral to treatment times, and actions taken to improve these

Scarborough Hospital

- The trust should continue its recruitment process of registered nurses and health care assistants. There should be ongoing actions to recruit medical staff
- The trust should consider standardisation of patient documentation across all three trust sites.
- The trust should ensure risk registers are updated and risks are reviewed in a timely manner.
- The trust should review the actions in regards to hip fracture on the trauma and orthopaedic risk register.

Summary of findings

- The trust should consider the implementation of clinical supervision.
- The trust should consider ongoing audit of the World Health Organisations (WHO) 'five steps to safer surgery'.
- The trust should review the referral to treatment times, and actions taken to improve these.

Bridlington Hospital

- The trust should continue its recruitment process of registered nurses and health care assistants. There should be ongoing actions to recruit medical staff.
- The trust should consider standardisation of patient documentation across all three trust sites.
- The trust should ensure risk registers are updated in a timely manner.
- The trust should consider the implementation of clinical supervision.
- The trust should consider ongoing audit of the World Health Organisations (WHO) 'five steps to safer surgery'.

In critical care;

York Hospital

- The critical care unit should consider displaying their safety thermometer data for visitors and staff.
- The trust should continue to pursue alternative arrangements for patients requiring non-invasive ventilation who do not require admission to intensive care.

Scarborough Hospital

- The trust should ensure they introduce a strategy to obtain and act on patient and public feedback.
- The trust should continue to deliver care in line with and address the areas where they do not meet Guidelines for the Provision of Intensive Care Services (GPICS) and the Intensive Care Research and Audit Centre (ICNARC) standards.

For more information, see sections on individual services and on regulatory action.

Is this organisation well-led?

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

This was our first review of well led at the trust under our next phase methodology. We rated well led as requires improvement because:

- We found that none of the board members had evidence within their personnel file that they had been subject to all the appropriate fit and proper person checks. Therefore we were not assured that the trust was compliant with the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014).
- The board of directors' portfolios covered all key areas. However, the Chief Executive held accountability for human resources, culture, governance and risk and communications. All directors shared responsibility for operational governance.

Summary of findings

- The trust was at the end of its five year integration plan following a merger. There were clear indicators that demonstrated a positive direction of travel with integrated leadership and management across this complex multisite organisation. There was an evolving culture supported by the staff friends and family survey results. However it was apparent that the integration journey was still not complete as there was transformational change within the wider system in response to service needs that would impact service provision at the trust.
- The Humber, Coast and Vale (HCV) sustainability and transformation plan was less advanced than others, there were differing views between stakeholders and historically relationships across the system had been poor although these were improving. The trust participated in the leadership, management and development of the HCV STP. The Trust also had formal alliances with Harrogate & District NHS Foundation Trust and Hull & East Yorkshire NHS Trust having worked collaboratively with both trusts for many years. It is an active member of the Operational Delivery Networks including Trauma and Critical Care (that the Trust CEO Chairs) covering the HCV footprint and is working collaboratively with local CCGs on strategic planning though the Systems Transformation Board that the CEO jointly chairs.
- In response to the trust's external well led review in January 2016 it was recommended the board assurance framework (BAF) be simplified, however, the current BAF now lacked the rigour and detail required to provide assurance around risk to the board's strategic objectives.
- The York and Scarborough healthcare system had very significant financial challenges. The board was developing a financial recovery plan in conjunction with NHS Improvement at the time of the inspection. There was a challenging plan to achieve financial sustainability for the wider healthcare system.
- Directorate leaders met with the board staff monthly, the focus alternated between performance, finance and human resources issues. However, we noted that there was no evidence of attendance by the Medical Director at the meetings.
- The board had access to a vast amount of quality information, however, we did not see evidence that the all the data and information was analysed and used by the trust as 'intelligence.'
- We raised concerns with the executive team after the core service inspection regarding poor awareness of processes around the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) in medical services. At the well led inspection we asked a specialist to review practice and we found that there had been no improvement made, and also that senior staff and managers in the directorates were not aware of the issue and our concerns.
- There was limited evidence to demonstrate people were supported to make a complaint about their care or that complaints were investigated as robustly or handled with as much compassion as they could be. The trust only closed 20% of complaints in line with their policy in June 2017.
- In the 2016 staff survey the trust performance was worse than the average for acute and community trusts in England in two of the four indicators around bullying, harassment and equal opportunities for staff from black or other minority ethnic groups (BME). The trust's workforce race equality standards (WRES) draft action plan included planned and action already taken to address this, for example, establishing a bullying and harassment lead and fairness champions in the trust.

However:

- The leadership team were experienced and had the knowledge about the quality of services and the risks to performance.
- Staff in the trust articulated the values of the organisation. There was a culture that supported patient safety. Staff, the executive team, and non-executive directors we spoke with told us that this was a 'red line' that was not crossed, regardless of financial or performance pressures.

Summary of findings

- The freedom to speak up guardian was also the safer working guardian in a unique role. The freedom to speak up guardian was supported by a number of fairness champions across the organisation; a team of like-minded staff to champion the cause against violence, harassment and bullying.
- There was an integrated governance structure which clearly articulated information flows to relevant committees and hence to the board. On a day to day basis, escalation from ward to board was done through the directorates and executive committees, who reported to the appropriate assurance group or directly to the board.
- The clinical lead for efficiency, an assistant medical director reviewed all quality impact assessments (QIA). The Carter steering group which was chaired by the chief executive reviewed any QIAs that were assessed as extreme or high risk. Some clinical directors and directorate managers we spoke with were unclear on how the QIA process was completed.
- The information used in reporting, performance management and delivering quality care was accurate and timely. The trust submitted data and notifications to external organisations as required.
- The trust engaged with staff and people who used services to design improvements to meet their needs. Engagement between the trust and external stakeholders was improving.
- The trust had responded to national guidance on learning from deaths and demonstrated it was prepared to learn from the death of patients, and support families and carers through any investigation process.
- There was a focus on continuous learning and improvement at all levels in the organisation, including through appropriate use of external accreditation and participation in research.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ➔➔ Feb 2018	Good ➔➔ Feb 2018	Good ➔➔ Feb 2018	Good ↑ Feb 2018	Requires improvement ➔➔ Feb 2018	Requires improvement ➔➔ Feb 2018

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

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
York Hospital	Requires improvement →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018
Scarborough Hospital	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018	Good →← Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018
Bridlington Hospital	Requires improvement →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018
Overall trust	Requires improvement →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good ↑ Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good ↑ Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018
Community	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Overall trust	Requires improvement →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good ↑ Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018

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

Ratings for York Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018
Medical care (including older people's care)	Good ↑ Feb 2018	Requires improvement ↓ Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018
Surgery	Good →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Requires improvement →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018
Critical care	Good →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018
Maternity	Good Oct 2015	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Services for children and young people	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
End of life care	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients and Diagnostic Imaging	Good Oct 2015	N/A	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Overall*	Requires improvement →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018

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

Ratings for Scarborough Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018	Good →← Feb 2018	Requires improvement →← Feb 2018	Good ↑ Feb 2018	Requires improvement →← Feb 2018
Medical care (including older people's care)	Requires improvement →← Feb 2018	Requires improvement ↓ Feb 2018	Good →← Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018
Surgery	Requires improvement →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018
Critical care	Good ↑ Feb 2018	Requires improvement →← Feb 2018	Good →← Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018
Maternity	Requires improvement Oct 2015	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Requires improvement Oct 2015
Services for children and young people	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
End of life care	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients and Diagnostic Imaging	Requires improvement Oct 2015	N/A	Good Oct 2015	Requires improvement Oct 2015	Requires improvement Oct 2015	Requires improvement Oct 2015
Overall*	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018	Good →← Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018

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

Ratings for Bridlington Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement →← Feb 2018	Requires improvement ↓ Feb 2018	Good →← Feb 2018	Requires improvement ↓ Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018
Surgery	Requires improvement →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018
End of life care	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients and Diagnostic Imaging	Requires improvement Oct 2015	N/A	Good Oct 2015	Good Oct 2015	Requires improvement Oct 2015	Requires improvement Oct 2015
Overall*	Requires improvement →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018

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

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Community health inpatient services	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Community end of life care	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Overall*	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015

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

Bridlington Hospital

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Key facts and figures

Bridlington Hospital is one of three main hospitals forming York Teaching Hospitals NHS Foundation Trust. The trust provides acute hospital services to the local population. The trust also provides a range of other acute services from York and Scarborough hospitals to people in the wider York area, the north eastern part of North Yorkshire and parts of the East Riding of Yorkshire.

Bridlington Hospital provides medical, surgical, end of life and outpatients and diagnostic services for people across the Bridlington and East Driffield area of East Yorkshire. The hospital has two rehabilitation wards, one surgical ward and two day units. The Community Midwife Team is based at Bridlington Hospital. The hospital also has a minor injuries and GP access centre, a GP MacMillan wolds unit, a ward and a renal dialysis unit that are run by other providers.

We inspected only, medical care and surgery services at this visit.

Summary of services at Bridlington Hospital

Requires improvement ➔➔

A summary of our findings about this location appears in the overall summary.

Medical care (including older people's care)

Requires improvement 

Key facts and figures

The medical care service at the trust provided care and treatment across three main hospital sites: York Hospital, Scarborough Hospital and Bridlington Hospital. There were 679 medical inpatient beds across the three sites.

The trust had 66,611 medical admissions from June 2016 to May 2017. Emergency admissions accounted for 36,697 (55%), 1,670 (3%) were elective, and the remaining 28,244 (42%) were day case.

Admissions for the top three medical specialties were:

- Respiratory medicine (12,285)
- Geriatric medicine (9,151)
- Medical oncology (8,608)

Bridlington Hospital had 59 beds located across three wards:

- Johnson ward (a 28 bed older person's rehabilitation unit).
- Waters ward (a 24 bed older person's rehabilitation unit. Only 11 beds were open at the time of our inspection).
- Lawrence ward (an ambulatory care day treatment unit).
- The site also provided endoscopy services attached to the Shepherd day unit.

Bridlington Hospital was last inspected as part of our comprehensive inspection programme in March 2015. During the 2015 inspection, we inspected and rated all five key questions. We rated the service as 'requires improvement' in the safe and well-led key questions and 'good' in effective, caring and responsive key questions. We rated the service as 'requires improvement' overall.

We decided to inspect the medicine core service to find out if they had addressed the concerns from the previous inspection and to look at the issues raised by our monitoring of the service.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity and we re-inspected all domains and key questions.

During the inspection we visited all three wards and the endoscopy unit.

We spoke with 16 members of staff (including ward managers, matrons, doctors and therapists), six patients and relatives and observed care and treatment being provided. We reviewed 10 care records (including medical notes, nursing documentation and prescription charts).

Summary of this service

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

- We rated safe, effective, responsive and well-led as requires improvement. We rated caring as good.
- There continued to be insufficient numbers of suitably skilled, qualified and experienced staff, in line with best practice and national guidance, taking into account patients' dependency levels.

Medical care (including older people's care)

- There was a reliance on staff goodwill, bank and agency workers and ward managers relinquishing managerial shifts to support clinically.
- A number of registered nurse shifts remained unfilled despite escalation processes and wards worked below establishment figures.
- Despite actions taken to address concerns around patient harms due to falls and pressure ulcers, they remained the highest contributor to reported serious incidents.
- Staff awareness and understanding of the principles underpinning the Mental Capacity Act were not embedded. There was not a robust approach to the assessment of capacity and staff could not confirm who was responsible for completing such an assessment or how and where this was captured within the patient record.
- Admission criteria for the rehabilitation wards at Bridlington Hospital was not always complied with therefore some inappropriate patients were placed on the rehabilitation wards.
- Staff considered the rehabilitation process could be more efficient with better senior medical decision making, a removal of interruptions in therapy brought about as a result of no weekend cover and improved flow by addressing discharge obstacles.
- The initiatives to support the care for patients living with dementia were not fully embedded however staff made some reasonable adjustments to support vulnerable patient groups on the wards.
- There was a lack of senior leadership presence and visibility on the Bridlington Hospital site.

However:

- There had been a marked improvement in mandatory training and staff appraisal completion rates.
- Local leadership was good and there was matron presence on site part-time. Ward managers were aware of how to escalate concerns within the management structure.
- Staff were aware of the trust vision, strategy and objectives. Staff were also aware of directorate strategies specific to their area of practice. Wards at Bridlington Hospital had developed their own ward based mission statements to reflect their patient cohort. Staff reported a positive cultural shift in the previous 18 months.
- There was evidence of actions taken to account for variable outcomes in local and national audit.
- During this inspection, patients commented positively about the care they received and we observed genuinely kind, compassionate and warm care interactions between staff and patients.

Is the service safe?

Requires improvement 

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

- Registered nurse staffing remained a challenge. Wards reported staffing vacancies and a reliance on bank and agency staff. Despite escalation measures, a number of shifts remained unfilled whereby the wards worked below planned figures.
- There continued to be a number of patient harms including serious incidents attributable to falls and pressure ulcers.

Medical care (including older people's care)

- Documentation standards were not always in line with recognised national guidelines. The prescribing of antimicrobials did not always provide a duration of course, stop/start dates or the clinical indications for the prescription.
- Wards did not always meet the trust benchmarking target in national early warning score (NEWS) compliance audits to monitor patients at risk of deteriorating.
- Learning from incidents and investigation was not shared consistently with staff on wards.
- Day to day medical cover on the wards was provided by locum middle grade staff. Staff reported there were no doctors providing cover for the medical wards on site after 8pm. Nursing staff raised concerns about this however there was no evidence to suggest this impacted on patient safety.
- Safety thermometer data was not displayed for patient and family reference.

However:

- Staff were familiar with the incident reporting system and confident to report incidents.
- Staff identified falls and pressure ulcer reduction to be key priorities for patient safety. There was work being progressed by the falls steering group and the tissue viability team.
- We found patient risk assessments to be completed and reviewed in a timely manner.
- There had been an improvement in mandatory training completion (including safeguarding training). Wards were better than the trust target.
- The service had taken steps to raise the awareness of sepsis recognition, care and management.
- Local medicines audits were carried out by the pharmacy department in line with local policy and national standards.
- The skill mix of consultant grades (48%) was higher than national average (42%).
- Hand hygiene compliance rates and methicillin resistant staphylococcus aureus (MRSA) screening was better than the trust benchmarking standard.
- The endoscopy suite at Bridlington was accredited by the Joint Advisory Group (JAG) on Gastrointestinal Endoscopy, a recognition of competence against national quality standards.

Is the service effective?

Requires improvement 

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

- Staff awareness and understanding of the principles underpinning the Mental Capacity Act was lacking.
- There was confusion about accountability and responsibility for capacity assessments and staff were unclear where such capacity assessments were captured within the patient record.
- Patients were at risk of having their liberties deprived as there was a lack of assurance relating to capacity assessments.
- There was a lack of senior medical decision making input at multi-disciplinary team meetings.
- The sepsis clinical guidance used in the service at the time of the inspection was due for review in December 2016 and did not reference current National Institute for Health and Care Excellence (NICE) guidelines.

Medical care (including older people's care)

- Patients considered pain relief could be administered in a more timely way.

However:

- The service had developed a number of local care pathways underpinned by national guidance and were involved in local and national audit to measure patient outcomes. The outcomes from the audits were reported from Scarborough and York hospitals.
- Patients commented positively about food choice, quality and service. We found patients had access to drinks at all times and documentation supporting food and fluid intake was recorded accurately.
- Staff appraisals were completed annually and the service had developed induction checklists for new and temporary staff members. Although below the trust target of 95% (88% at the time of the inspection), managers were confident in meeting the trust target by year end.
- There were strong multi-disciplinary team (MDT) working relationships between therapists and nursing staff.
- The service was currently working with the medical teams covering Bridlington to review job plans and cover arrangements in line with seven day working.
- Wards displayed health information and healthy living literature for patients which included disease specific information and signposting on support groups.

Is the service caring?

Good

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

- Staff treated patients with kindness, compassion, and respect. Privacy and dignity was maintained at all times.
- The therapists were motivational and encouraging with patients carrying out physical therapies.
- There were real efforts made on the rehabilitation wards to encourage family participation in the recovery process.
- Patients commented positively about the care they received.
- Patients and family members were involved in care delivery and decision making including MDT meetings with their input welcomed and valued.
- Staff considered all elements of care including the physical, emotional and social needs of the patient.

However:

- Friends and family test response rates varied although recommendation rates were good.
- Patients recognised when staff were busy and care could not always meet their preferences.
- Some family members were unclear as to the remit and limitations of care that could be provided at Bridlington Hospital.

Is the service responsive?

Requires improvement 

Medical care (including older people's care)

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

- The criteria for admission to the rehabilitation wards was not always adhered to when there were bed pressures.
- Wards had not made some basic changes to reduce potential environmental conflict for patients living with dementia.
- There was an increasing length of stay reported on wards at Bridlington Hospital for non-elective patients.
- Between June 2017 and May 2017, the referral to treatment times (RTTs) were similar to England average.
- From June 2016 to June 2017, bed occupancy rates ranged from 72% to 95% on the medical wards at Bridlington Hospital.
- Staff considered the interruption of rehabilitative therapies at weekends could potentially impact on patient progression and flow through the service.
- Staff reported barriers that had an impact on the discharge planning process.
- There were a number of bed moves inter-hospital transfers and patient moves after 10pm. From September 2016 to August 2017 29 patients were moved after 10pm, this was worse than at our 2015 inspection.

However:

- The service had adapted and developed facilities to meet the needs of the local population. This was particularly evident with the ambulatory/day care services and the mobile chemotherapy unit.
- The trust had a progressive and developing three year dementia strategy underpinned by national recommendations. This had recently been implemented and was under on-going review.
- The trust provided reasonable adjustments for patients who required additional support as a result of a learning difficulty or disability.
- Response to complaints was timely and there was evidence of learning from patient concerns.

Is the service well-led?

Requires improvement 

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

- There was a lack of senior leadership and executive team presence and visibility.
- Staff considered Bridlington attracted less focus than the acute sites at Scarborough and York.
- Staff at Bridlington felt isolated from wider trust developments at times.
- Service pressures and staffing issues were having a detrimental effect on staff morale and wellbeing.
- The service risk registers did not have any entry dates and lacked evidence of on-going review and update.

However:

- Local leadership, namely ward managers and matron support, was good.
- Each service directorate had their own vision and strategy. Staff were aware of these and had developed their own ward based vision statements specific to their patient cohort.

Medical care (including older people's care)

- Staff reported an improved culture in the last 18 months with improving cross-site communications and endeavours to unify documentation.
- Service governance structures mirrored the trust 'ward to board' ethos and staff understood their aligned roles and responsibilities.
- Staff ensured confidential patient information was stored securely and was only accessed and/or shared with relevant personnel in line with local policy and information governance guidelines.
- There was evidence of staff and public engagement activities.
- There had been some positive improvement projects and innovations to benefit the local population.

Outstanding practice

We found one example of outstanding practice in this service. See the outstanding practice section above.

Areas for improvement

We found 22 areas for improvement in this service. See the areas for improvement section above.

Surgery

Good 

Key facts and figures

York Teaching Hospitals NHS Foundation Trust delivers surgical services over three sites at York, Scarborough and Bridlington Hospitals. Surgical services are directorate specific.

Bridlington Hospital offers elective surgical services to a large geographical area.

From February 2016 to January 2017 there were eight emergency admissions 3,439 day admissions and 1,269 elective admissions at Bridlington Hospital. Patients with complex conditions are treated at the trust's other sites, Scarborough Hospital or York Hospital.

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

Bridlington Hospital was last inspected as part of the comprehensive inspection programme in March 2015. All domains were inspected and rated. The service was rated as good overall. Effective, caring, responsive and well led were rated good and safe was rated as requires improvement.

At our inspection in 2015 our concerns were that optimum staffing levels and skill mix across surgical services were not being maintained at all times of the day and night. However, the trust was mitigating some of this risk by the use of bank/agency staff and the redeployment of other staff. Pressures on the wards had an impact on staff being able to attend statutory and mandatory training.

We saw that the resident medical officer (RMO) was available on site 24 hours a day, seven days a week. However, in an emergency the RMO was required to accompany the patient to Scarborough Hospital, which meant that there was no doctor on site at this time.

The world health organisation (WHO) checklist, safer steps to surgery was not always completed: this was particularly the case with the debrief section.

In 2015 work was continuing to integrate surgical services and deliver common standards of care across the three hospital sites (York, Scarborough and Bridlington hospitals). Directorate level governance arrangements were in place but protocols, guidelines and pathways of care in all three hospital sites were variable and not yet fully established.

During this inspection we visited the two wards; Lloyd ward and Kent ward. We also visited the theatre area. We spoke with 10 patients, three relatives and 10 members of staff. We observed staff delivering care, looked at eight patient records and prescription charts. We reviewed trust policies and performance information from, and about, the trust.

Summary of this service

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

- We rated safe as requires improvement, and effective, caring, responsive and well-led as good.
- From July 2016 to June 2017, the trust reported two incidents classified as never events for surgery, both incidents occurred at Bridlington Hospital. We saw that the never events had been fully investigated and appropriate actions taken. Learning from these never events had led to changes in practice.
- Nursing staff said that there was good teamwork and morale had improved. We observed good local leadership.

Surgery

- Nursing and care staff had generally achieved the trusts target for mandatory and safeguarding training.
- We observed good compassionate care and emotional support.

However:

- The resident medical officer (RMO) accompanied patients if they required transfer to Scarborough Hospital. That meant that there was no doctor on site at that time.
- Medical staff had difficulty in recruitment. This was mitigated by the use of locum staff but it had an impact on mandatory and safeguarding training rates.
- Staff did not always have access to clinical supervision as part of their learning and development.
- Some processes and documentation were not yet integrated over all three hospital sites.

Is the service safe?

Requires improvement 

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

- We saw there was a pathway for the management of unstable post-operative patients who required transfer to Scarborough Hospital for high dependency care. This involved the resident medical office (RMO) accompanying the patient on the transfer. We were told that whilst the RMO was off site any risk was mitigated by the onsite presence of the night nurse practitioner who had received advanced life support training.
- Despite active recruitment there was evidence of many unfilled shifts for registered nurses and care staff. We were not able to break down the figures provided by the trust for Bridlington Hospital.
- There were challenges of recruitment to medical posts in some directorates. This had an impact of staff having difficulty in accessing mandatory and safeguarding training which was below the trust target in medical and dental staff. This was mitigated by the use of locums to allow access to training.
- Bridlington Hospital had two never events which had been fully investigated. However, not all staff we spoke with had knowledge of the actions which had been put in place.
- Not all documentation was standardised over the three sites, although work on an operative pathway and record was being completed with the intention of being used in York, Bridlington and Scarborough hospitals. Some pathways had been devised for use by resident medical officers and it was unclear whether these had been ratified by the trust.

However:

- The hospital had a policy for the reporting of incidents, near misses and adverse events. Staff reported on the hospital's electronic reporting system and those we spoke with knew how to do this.
- We saw a good quality of record keeping and observations of temperature, pulse, respirations and blood pressure completed in a timely manner and audited. There were processes in place which identified patients who deteriorated and we saw staff followed them. There were pathways which identified patient risk such as the use of the world health organisation (WHO) checklists.
- Medicines were stored safely. Drug fridges were in the main checked daily and staff knew what to do if temperatures fell out of ranges.

Surgery

- We observed that ward and theatre areas were clean. Staff employed appropriate infection prevention and control measures. Staff told us that they had all the equipment required to undertake safe treatment and care.
- Nursing staff were compliant in most of the mandatory training modules.

Is the service effective?

Good 

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

- Staff used nationally recognised patient pathways and the trust participated in national and local audits.
- Trauma and orthopaedics, urology and upper gastrointestinal surgery patients at Bridlington Hospital all had a better than expected risks of readmission for elective admissions when compared to the England average.
- The proportion of hip fracture patients not developing pressure ulcers was 100%, which falls in the within the best 25% of trusts. The 2015 figure was 97.7%.
- We saw that patients had effective pain relief following surgery and access to adequate diet and fluids.
- Patient records had evidence of clear multi-disciplinary plans in place and we observed effective sharing information at daily huddles and at handover. There was a seven day physiotherapy service at Bridlington Hospital.
- We saw that staff had access to information on the trust intranet to ensure that staff had access to current evidence based information.
- We saw that consent forms were appropriately signed and that staff understood the relevant consent and decision making requirements and guidance.
- Staff understood the principles of the mental capacity act and how this linked to consent issues. We spoke to staff on the wards who told us they knew the process for making an application for requesting a Deprivation of Liberty Safeguard (DoLS) for patients and when these needed to be reviewed.

However:

- We saw that the national hip fracture audit was on the trauma and orthopaedic risk register to be reviewed September 2017. This was because of partial compliance of national institute of health and care excellence (NICE) quality standard 16.
- Although staff appraisal rates had improved since our last inspection, figures were still worse than the trust target.
- Not all staff received clinical supervision due to time constraints.

Is the service caring?

Good 

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

- We saw many examples of compassionate care in the ward and theatre areas. Patients praised staff on their kind and thoughtful delivery of care.
- We saw that patients were cared for in a dignified way and their privacy respected at all times.

Surgery

- We saw that staff explained procedures and investigations clearly to patients and their relatives.
- Pastoral support was available for patients and families.
- The friends and family test response rate for surgery at Bridlington Hospital response rate of 65% was notably better than the England response rate of 29%.

Is the service responsive?

Good 

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

- We saw evidence of individualised care plans in documentation and that patients who were vulnerable had responsive care, for example patients who lived with dementia.
- From April 2016 to March 2017 the average length of stay for elective patients was better than the England average.
- One surgical directorate had better than the national average referral to treatment times.
- Over the last two years the number of cancelled operations as a whole was in line with the national average.

However:

- From July 2016 to June 2017, there were 110 complaints about surgery. These were not broken down by site the trust took an average of 55 days to investigate and close complaints, this was not in line with their complaints policy, which stated complaints should take 30 days to investigate and close.

Is the service well-led?

Good 

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

- We saw that individual surgical directorates had the trust mission, vision and values underpinned their five year strategies.
- There was a nursing strategy 2017 to 2020 to which registered nurses and carers had contributed
- We observed that there was good and effective local management.
- A governance framework was in place in individual surgical directorates to monitor performance, and risks and to inform the executive board of key risk and performance issues.
- There was evidence of innovation such as the urology directorate 'one stop shop' clinic introduced at Malton community hospital.

However:

- Some risks on directorate risk registers were out of date for review.
- Despite active recruitment there was still a problem in the recruitment of nursing and care staff which led to a number of shifts left unfilled. This was mitigated by the use of bank and agency staff.

Surgery

- At our last inspection we saw that there was a five year plan to integrate all three trust sites. This was now complete. However, we observed that there were still some processes and documentation which remained specific to different locations.
- At the time of the inspection there was no ongoing audit of World Health Organisation (WHO) checklist for safer surgery.

Outstanding practice

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

Areas for improvement

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

Scarborough Hospital

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Scarborough
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YO12 6QL
Tel: 01723368111

Key facts and figures

Scarborough Hospital is one of three main hospitals forming York Teaching Hospitals NHS Foundation Trust. The trust provides acute hospital services to the local population. The trust also provides a range of other acute services from York and Bridlington hospitals to people in the wider York area, the north eastern part of North Yorkshire and parts of the East Riding of Yorkshire.

Scarborough Hospital is the trust's second largest hospital. It offers a range of inpatient and outpatient services including trauma and intensive care services. Scarborough Hospital provides urgent and emergency care, medical care, surgery, critical care, maternity, end of life and outpatients and diagnostic services for children, young people and adults primarily in the Scarborough, Whitby and Ryedale areas of North Yorkshire.

We inspected only urgent and emergency care, medical care, critical care and surgery services at this visit.

Summary of services at Scarborough Hospital

Requires improvement 

A summary of our findings about this location appears in the overall summary.

Urgent and emergency services

Key facts and figures

York Teaching Hospitals NHS Foundation Trust has two Accident and Emergency departments (also known as A&E, emergency departments or EDs). These were at Scarborough Hospital and York Hospital. Although part of the same trust, both departments worked independently and had separate staff and management arrangements apart from one directorate manager who oversaw the two departments.

The ED in Scarborough was a trauma unit. This meant that it treated patients with a wide range of illnesses and injuries including those who have been involved in accidents and incidents. Although it is not a major trauma centre, patients can arrive by foot, road or ambulance. Within the department, there are two distinct areas where patients are treated. The majors department treated patients with serious illnesses or injuries and the resuscitation area treated patients with serious and life threatening conditions. The department also treated children and young people up to the age of 17.

The minors department that can treat patient with minor injuries such as simple fractures was managed and delivered by another provider and not within the scope of this inspection.

The ED was staffed by a wide range of experienced consultants, middle grade and junior doctors, advanced care practitioners (ACPs), registered nurses and health care assistants seven days a week, 24 hours a day.

The department had a waiting room, triage room, first assessment area with five trolley bays, cubicles area with 11 cubicles, three resuscitation bays (one suitable for children) and a sitting area with six comfortable chairs for patients requiring observation.

Scarborough ED had 55,310 attendances to ED in the last 12 months. Of these, 17% were children.

The main areas of concern from our March 2015 inspection and the actions the trust was told they must take were:

- The provider must ensure that there are sufficient numbers of suitably skilled, qualified and experienced staff, in line with best practice and national guidance, taking into account patients' dependency levels, especially in A & E.
- The provider must ensure all patients have an initial assessment of their condition carried out by appropriately qualified clinical staff within 15 minutes of the arrival of the patient at the Accident and Emergency Department in such a manner as to comply with the Guidance issued by the College of Emergency Medicine and others in their "Triage Position Statement" dated April 2011.
- The provider must ensure that all equipment is tested in a timely manner and in line with the trust's policy, especially checks on fridges and resuscitation equipment.

Our decision to inspect the urgent and emergency care core service was two-fold:

- To follow up the findings from the 2015 inspection where the service was rated 'requires improvement'; and,
- To investigate current intelligence themes around:
- Serious incidents relating to patient harms;
- Variable outcomes from national audits;
- Performance against Royal College of Emergency Medicine and other national standards.
- Readmission rates and delayed transfers of care;
- Mandatory training and staff appraisals; and,

Urgent and emergency services

- Registered nurse staffing.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity and we re-inspected all domains and key questions.

We spoke with seven patients and 12 members of staff. We observed staff delivering care and, looked at 10 patient records. We reviewed trust policies and performance information from, and about, the trust. We received comments from patients and members of the public who contacted us directly to tell us about their experiences.

Summary of this service

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

- We rated caring and well led as good, and safe, effective and responsive as requires improvement.
- The department was failing to meet the majority of national standards relating to Accident and Emergency performance including: four hour waits, re-attendance rates, time from decision to admit to admission, median time to treatment and ambulance handover times (however, recent information showed that this was improving).
- Staff were not meeting the trust's mandatory training targets, therefore staff were not up to date with mandatory training. We also identified this at our last inspection.
- Nursing and medical staffing in the department was not always meeting planned staffing levels. There was a heavy reliance on bank and agency nursing staff. There was a reliance on locum doctors to fill gaps in the medical rota and there were concerns about the long term sustainability of consultant cover. Consultant cover was not 16 hours per day as per Royal College of Emergency Medicine (RCEM) guidance.
- Not all staff received annual appraisals.
- Information in clinical records was not consistent or robust and was not subject to regular clinical audit.
- Patients had long waits in the department once a decision to admit them had been made. This was predominantly due to the lack of beds available to admit patients in to the trust, although mental health patients were also affected.
- Information for patients in alternative formats such as large print or braille and other languages was not available.
- Staff in the department reported very low morale and we had concerns about the culture as some staff told us they felt undervalued.

However:

- The department was aware of its problems and risks and had changed practice and processes in an attempt to tackle them, such as by the introduction of new nursing roles to support ambulance handovers and manage the flow of patients through the department.
- Patients experiencing long waits were provided with hospital beds and the department were trialling new ways of working that could improve the experience of patients or improve the efficiency of the department.
- Patients received care and treatment that was caring and compassionate from staff who were working hard to make sure that patient experience was positive and supportive.
- The department was able to meet the physical and emotional needs of patients. Specialist equipment was available for patients with physical disability. There was access to pastoral support for patients of any or no religion.

Urgent and emergency services

Is the service safe?

Requires improvement 

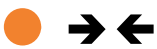
Our rating of safe stayed the same. We rated it as requires improvement because:

- The department had nurse staffing shortages and employed no registered sick children's nurses (RSCN). This was in contravention on intercollegiate guidance and we had no assurance that all staff had completed enhanced training to mitigate the risks this presented.
- The department was reliant on agency, bank and locum staff to support staff rosters and there were concerns about the skills and competencies of some of these staff.
- Mandatory training levels were not meeting the trust standard of 85%. This included safeguarding vulnerable people. We identified this as a concern at our last inspection.
- Record keeping in relation to risk assessments, pain scores and comfort rounds needed to improve and we found gaps in information in the records we looked at.
- We had concerns about the assessment and recording of children's safeguarding concerns as relevant assessment documentation was not being used in children's records.
- Resuscitation equipment was not being checked regularly and we found gaps in records. We were not assured that the equipment was being checked daily.
- The medication room was not being temperature checked to ensure non refrigerated medication was being stored at the correct temperature and portable oxygen was not always stored safely.
- The department had not met the Royal College of Emergency Medicine (RCEM) standards in relation to patient waits in the department, including ambulance handover times although this had improved over recent months.

However:

- The department used an established triage system called Manchester triage and experienced staff carried out this process to ensure that patients were seen by the most appropriate person.
- The department was clean and well maintained. There was access to personal protective equipment and toys were cleaned regularly and complied with infection control guidelines.
- All staff took responsibility for reporting incidents and lessons learned were discussed at staff team meetings.
- Patient information was stored in line with information governance guidelines.

Is the service effective?

Requires improvement 

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

- Staff had not consistently recorded pain scores in the records we looked at despite six of 10 patients having suffered an injury. Pain scores were not always recorded, particularly in children's records.
- Results for Royal College of Emergency Medicine (RCEM) were mixed with the department underperforming in three audits.

Urgent and emergency services

- The department's re-attendance rate within seven days was worse than the England average.
- The rate of staff appraisal did not meet the trust standard of 85%.
- Low numbers of staff had completed paediatric life support training.
- We found no record of mental capacity assessments being carried out on patients who may have fit the characteristics of fluctuating capacity.

However:

- We saw evidence that the department had pathways for a number of conditions such as sepsis and head injury for both adults and children.
- There was effective multi-disciplinary team working to support patients' needs.
- The department used telemedicine to ensure that stroke patients received treatment in a timely manner, thus improving chances of effective treatment.
- Patients were offered food and drinks during their time in the department.
- Patients we spoke with told us they received pain relief should they request it.

Is the service caring?

Good  

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

- Staff ensured that the privacy and dignity of patients and their families was maintained.
- Patients and their relatives were given information about care and treatment to support decision making. They were also kept informed about tests and planned treatment.
- Patients told us the staff were kind, caring and helpful. They answered questions in language that patients could understand.
- Pastoral support was available for patients and families of any or no religious belief.

However:

- The trust performed worse than the England average in the friends and family test. This information was not available for the ED at Scarborough.
- The trust scored 77% in the most recent PLACE (Patient led assessment of the care environment). This was worse than the national average of 84%.

Is the service responsive?

Requires improvement  

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

- The department was consistently failing to meet Department of Health access and flow standards for four hour waits, 12 hour decision to admit waits and patients leaving the department before being seen.

Urgent and emergency services

- Patients had long waits in the department once a decision to admit had been made. This was predominantly due to lack of beds around the hospital.
- Despite seeing the Psychiatric Liaison team quickly, mental health patients had long waits to see the CRISIS team and therefore had to wait in the department for long periods of time.
- There was no written information for patients who required information in alternative formats such as other languages or braille.
- Limited bariatric equipment was available and patients who needed a bed faced a delay as this had to be ordered specifically from a supplier.
- Complaints were not always responded to within the trust's policy timescales. Additionally, information provided to us about complaints didn't reassure us that action had been taken to address staff behaviour or attitude.

However:

- The median time patients waited in the department was better than or similar to the England average from August 2016 to July 2017.
- Patients living with dementia or a learning disability were treated as individuals. Special care was taken to ensure that their needs were met and they were treated as quickly as possible.

Is the service well-led?

Good

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

- There was a vision and strategy for the department, including the reconfiguration of service provision and ongoing care for patients who were admitted via the ED. Urgent and emergency care services were in the process of being reconfigured to include new models of working with other specialties. The aim was to ensure the patients were seen in the right place by the right person at the right time. This would allow the team to manage the staffing and bed base in a more effective and efficient way.
- There were governance processes in place to ensure that performance was monitored and managed.
- The trust had a joint risk register for York and Scarborough. Many of the risks were shared. The risks on the register reflected those we saw in the department and there was evidence they were regularly reviewed and mitigation put in place.
- The department had implemented some innovations to manage demand and make more effective use of the space within the department.
- The department had devised a timeline for patients to support the service in meeting the four hour standard. The senior leadership in the department was strong with staff reporting a positive approach to the department.
- The trust had revised their cyber security measures after falling victim to a major cyber-attack in May 2017.

However:

- Some staff told us that they felt undervalued and unsupported. They also told us that morale was very low in the department.

Urgent and emergency services

- There appeared to be little joint working with the other ED within the trust and the department worked as a single entity.
- Senior executives from the trust rarely visited the department.
- The department did not engage in any patient experience or survey work other than the national friends and family test.

Outstanding practice

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

Areas for improvement

We found 10 areas for improvement in this service. See the areas for improvement section above

Medical care (including older people's care)

Requires improvement 

Key facts and figures

The medical care service at the trust provided care and treatment across three main hospital sites: York Hospital, Scarborough Hospital and Bridlington Hospital. There were 679 medical inpatient beds across the three sites.

The trust had 66,611 medical admissions from June 2016 to May 2017. Emergency admissions accounted for 36,697 (55%), 1,670 (3%) were elective, and the remaining 28,244 (42%) were day case.

Admissions for the top three medical specialties at the trust were:

- Respiratory medicine (12,285)
- Geriatric medicine (9,151)
- Medical oncology (8,608)

Scarborough Hospital had 181 beds located across nine wards and units.

- Ann Wright, Graham and Oak wards providing older person's care.
- Chestnut and Cherry wards providing general and acute medical care.
- Beech ward specialising in respiratory care.
- Coronary care unit (CCU) and the stroke unit.
- The site also had a Macmillan chemotherapy unit and an endoscopy suite.

Scarborough Hospital was last inspected as part of our comprehensive inspection programme in March 2015. During the 2015 inspection, we inspected and rated all five key questions. We rated the service as 'requires improvement' in the safe, responsive and well-led key questions and 'good' in effective and caring key questions. We rated the service as 'requires improvement' overall.

We decided to inspect the medicine core service to find out if they had addressed the concerns from the previous inspection and to look at the issues raised by our monitoring of the service.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity and we re-inspected all domains and key questions.

During the inspection we visited eight wards (inclusive of a surgical ward to review the care of medical outliers) and the Macmillan chemotherapy unit.

We spoke with 27 members of staff (including ward managers, matrons, doctors and therapists), 14 patients and relatives and observed care and treatment being provided. We reviewed 15 care records (including medical notes, nursing documentation and prescription charts).

Summary of this service

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

- We rated safe, effective and responsive as requires improvement. We rated caring and well-led as good.

Medical care (including older people's care)

- There continued to be insufficient numbers of suitably skilled, qualified and experienced registered nurses, in line with best practice and national guidance, taking into account patients' dependency levels.
- There was a reliance on staff goodwill, bank and agency workers and ward managers relinquishing managerial shifts to support clinical work.
- A number of registered nurse shifts remained unfilled despite escalation processes and wards worked below assessed levels based on acuity.
- Medical staffing was reliant upon short term and long term locum support at all grades.
- Staff did not always follow trust policy and recognised guidelines for the prescribing of antimicrobials and checking controlled drugs.
- Staff awareness and understanding of the principles underpinning the Mental Capacity Act was variable. There was not a robust approach to the assessment of capacity and staff could not confirm who was responsible for completing such an assessment or how and where this was captured within the patient record.
- The clinical guidance for sepsis management required updating.
- The process for the management and completion of staff appraisals required review as there was significant variation in compliance across the wards.
- The initiatives to support the care for patients living with dementia were not fully embedded however staff made some reasonable adjustments to support vulnerable patient groups on the wards.
- There were a number of patient bed moves between 10pm and 6am.
- There were a number of medical patients being cared for on non-medical wards (outliers). These patients occasionally moved between consultants and this interrupted continuity of care.
- Staff morale and well-being was being compromised due to workforce limitations.
- Service risk registers lacked detail regarding review and updates.

However:

- There had been a marked improvement in mandatory training completion.
- Infection prevention and control audits covering hand hygiene and environmental cleanliness were better than the trust target.
- Staff ensured patients were comfortable and received pain relief in a timely manner.
- Patients commented positively about food choice, quality and service. There were a number of made available to patients to meet individual needs.
- Patients commented positively about the care they received and we observed genuinely kind, compassionate and warm care interactions.
- Staff made changes to care delivery following patient feedback and concerns raised.
- There was evidence of actions taken to account for variable outcomes in local and national audit.
- Local leadership was good and staff reported senior managers were present in clinical areas.
- Staff were aware of the trust vision, strategy and objectives. Staff were also aware of directorate strategies specific to their area of practice. Wards at Scarborough Hospital had developed their own ward based mission statements to reflect their patient cohort.

Medical care (including older people's care)

- Staff reported an improved cultural shift in the previous 12 months.
- There was evidence of service improvements and local innovations to support patient care.

Is the service safe?

Requires improvement 

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

- Registered nurse staffing remained a challenge. There was only one ward (stroke unit) out of eight that reported day registered nurse fill rates above 90% between April and June 2017. There were a number of unfilled vacancies and a reliance on bank and agency staff. Despite escalation measures, a number of shifts remained unfilled whereby the wards worked below planned figures.
- There was a reliance of locum staff to support the medical rota at Scarborough Hospital. There were long and short term locum appointees at all levels across the service.
- Staff did not always complete required infection screening procedures for patients.
- The prescribing of antimicrobials did not always provide a duration of course, stop/start dates or the clinical indications for the prescription.
- Staff were unclear about the controlled drug policy and the necessary stock check requirements.
- The medical review of patients who activated national early warning score (NEWS) trigger levels and required care escalation were not always reviewed in a timely manner.
- Safety thermometer data was not displayed for patient and family reference.
- Staff did not always ensure patient information held on computer was securely stored with access restricted.

However:

- Staff were familiar with the incident reporting system and confident to report incidents. Learning from incidents was shared in emails, newsletters and bulletins.
- Wards reported good hand hygiene and infection prevention and control environmental audit compliance.
- We found patient risk assessments to be completed and reviewed in a timely manner.
- Staff used a number of measures to assess and respond to patient risk and to identify early signs of deterioration.
- There had been an improvement in mandatory training completion. Wards were better than the trust target.
- Staff were aware of key issues involved in safeguarding and understood the referral process.

Is the service effective?

Requires improvement 

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

- Staff awareness and understanding of the principles underpinning the Mental Capacity Act was variable. The recording of capacity assessments was inconsistently documented in the nursing and medical records.

Medical care (including older people's care)

- The monitoring and recording of nutrition and hydration did not always follow trust policy and best practice.
- Staff did not always provide timely support to patients who required assistance with feeding.
- Staff appraisal rates across the service varied considerably and did not always meet the trust target.
- Patient outcomes in a number of national audits showed variable performance against standards/benchmarking. In the stroke audit (SSNAP), the speech and language domain was rated in the worst band. In the heart attack audit (MINAP), only 18.5% of patients were admitted to a cardiac unit or ward worse than the England average of 55%.
- The sepsis clinical guidance used in the service at the time of the inspection was past its review date and required updating.

However:

- The service had developed a number of local care pathways underpinned by national guidance and were involved in local and national audit to measure patient outcomes.
- The stroke service had developed new care pathways to improve care for this patient group. The service was considered a national exemplar for the provision of acute stroke in small and geographically remote hospitals.
- Patients commented positively about food choice, quality and service.
- Staff recognised the importance of patient comfort and assessed pain regularly. Pain relief was administered in a timely manner.
- Wards displayed health promotion information covering topics such as infection prevention and control. Wards also provided disease specific information booklets, health education material, patient information leaflets and signposting information.
- Staff always asked for patient consent or agreement prior to carrying out any care activities.
- There were strong multi-disciplinary team (MDT) working relationships on all wards. Junior doctors received good clinical supervision although they struggled to attend all study sessions due to workloads.

Is the service caring?

Good 

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

- Patients recommended the service as a place to receive care and treatment.
- Staff were aware of and displayed the NHS 6 C's (compassion, care, communication, competence, courage and commitment) when caring for patients.
- Staff ensured patient privacy and dignity was maintained at all times.
- Patients commented positively about the care they received.
- Patients and family members were involved in care delivery and decision making with their input welcomed and valued.
- Staff considered all elements of care including the physical, emotional and social needs of the patient.

However:

- Friends and family test response rates varied considerably.
- Patients recognised when staff were "stretched" and some family members commented that they received updates on their relatives care from individual professionals and did not receive an overall update.

Is the service responsive?

Requires improvement 

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

- Wards had not made some basic changes to reduce potential environmental conflict for vulnerable patients such as those living with dementia.
- All wards at Scarborough Hospital reported bed moves between 10 pm and 6 am, however numbers varied. For example, CCU reported 95 bed moves from June 2016 to July 2017 whereas Graham and Ann Wright wards reported less than 10 moves.
- Staff reported barriers to the discharge planning process such as a lack of community beds and waiting for psychiatric assessments.
- Bed occupancy was in excess of 95% between June 2016 and June 2017 which is known to impact on the quality of care. There were a number of medical patients being cared for on non-medical wards (medical outliers).
- From June 2016 to May 2017 the trust's referral to treatment time (RTT) for admitted pathways for medicine was similar to the England average with the exception of October 2016 performance declined to 79% (England average 90%) and January 2017 performance declined to 77% (England average 89%). This had increased to 85% by May 2017 against an England average of 90%.
- From July to September 2017, there were 586 outliers recorded. Staff described how patients being cared for on non-medical wards (medical outliers) occasionally changed consultant and this led to interruptions in care progression while the patient was reviewed by the new receiving team.

However:

- The service had adapted and developed facilities to meet the needs of the local population.
- The hospital average lengths of stay were below or equivalent to the national average except for non-elective patients in respiratory and geriatric medicine.
- The service had implemented the SAFER (senior review, all patients, flow, early discharge and review) patient flow bundle initiative to improve service efficiency.
- The trust had a progressive and developing three year dementia strategy underpinned by national recommendations. This had recently been implemented and was under on-going review.
- Staff used aids and made reasonable adjustments for patients who required additional support as a result of a hearing or visual impairment or disability.
- The service followed the trust complaints procedure. Lessons from complaints were shared with the respective wards, for example, staff responded to patient feedback and concerns by making changes in care at night to reduce patient anxiety and improve patient comfort.

Medical care (including older people's care)

Is the service well-led?

Requires improvement 

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

- The service had not taken action on some of the issues raised in the 2015 inspection. For example, nurse staffing remained a challenge, as did the number of outliers and the number of bed moves patients experienced.
- Service pressures and staffing issues were having a detrimental effect on staff morale and wellbeing.
- The service risk registers did not have any entry dates and lacked evidence of on-going review and update.
- Some mobile computer terminals were not locked/secured posing a potential information governance risk.
- Staff described the IT system as inefficient at times which hindered care management.

However:

- There were individual directorate level visions and strategies. Some wards had developed their own ward based strategy to support care specific to the needs of their patient cohort.
- Staff confirmed support from local clinical leadership was good and there was senior manager presence in clinical settings.
- Staff reported there had been a move away from resistance and animosity following the coming together of York and Scarborough. In the past 12 months, staff reported a more co-operative working and culture improvement.
- Service governance structures mirrored the trust 'ward to board' ethos and staff understood their aligned roles and responsibilities.
- There was evidence of staff and public engagement and local innovations to benefit the local population.

Outstanding practice

We found one example of outstanding practice in this service. See the outstanding practice section above.

Areas for improvement

We found 18 areas for improvement in this service. See the areas for improvement section above.

Surgery

Requires improvement 

Key facts and figures

York Teaching Hospitals NHS Foundation Trust delivers surgical services over three sites at York, Scarborough and Bridlington Hospitals. Surgical services are directorate specific.

Scarborough Hospital delivers elective and non-elective surgery over a wide geographical area. The hospital has five operating theatres and 10 wards; Lilac ward has 23 beds for general surgery and gynaecology with an eight bedded surgical assessment unit. Maple ward has 24 beds for gastrointestinal surgery with a six bedded high observation unit. Aspen unit has six beds for day surgery including biopsy procedures and Ash ward has 16 beds for short stay and the first choice for medical outliers to be cared for.

From February 2016 to January 2017, there were 12,368 emergency admissions, 41,574 day admissions and 6,415 elective admissions across the trust. There were 15,099 surgical spells in Scarborough Hospital

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

Scarborough Hospital was last inspected as part of the comprehensive inspection programme in March 2015. All domains were inspected and rated. The service was rated requires improvement overall with safe, responsive and well led rated requires improvement and effective and caring rated as good.

At our inspection in 2015 we found that services were responsive to patients' individual needs, but there were concerns over waiting times, such as the 18-week referral-to-treatment time (RTT) targets, the achievement of cancer waiting time targets, and the high number of non-surgical patients being cared for on surgical wards, which was having an impact on access and flow.

We saw that optimum staffing levels and skill mix across surgical services were not being sustained at all times of the day and night. However, the trust was mitigating some of this risk by the use of bank/agency staff and the redeployment of other staff. Pressures on the wards had an impact on staff being able to attend statutory and mandatory training.

The service provided effective and evidence-based care and treatment. Staff were seen to be caring and compassionate while delivering care.

In 2015 work was continuing to integrate surgical services and deliver common standards of care across the three hospital sites (York, Scarborough and Bridlington). Directorate-level governance arrangements were in place, but protocols, guidelines and pathways of care in all three hospital sites were variable and not yet fully established.

We had been concerned that there was not always the proper and safe management of medicines including ensuring that oxygen is prescribed; medicine fridges being checked as per guidelines and learning from audits being shared with staff to identify areas for improvement. We saw that discharge prescriptions for some medicines were not available when the patient left the hospital, which resulted in medicines being sent by taxi to a patient's home or the patient or relative returning to the hospital to collect them.

During this inspection we visited the operating theatre areas, Ash ward, Maple ward, Lilac ward and the Aspen unit. We spoke with 25 members of staff, including matrons, ward managers, nursing staff (qualified and unqualified), medical staff (senior and junior grades) and managers. We observed care and treatment for 11 patients and reviewed 12 sets of patient records. Before the inspection, we reviewed performance information about the trust.

Surgery

Summary of this service

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

- We rated effective, caring and responsive as good and safe and well led as requires improvement.
- Registered nurse and care staff were not always at optimum levels and we saw that there were a significant number of registered nursing shifts which could not be filled despite active recruitment. This was mitigated by the use of agency staff and those redeployed from other wards.
- Medical staff vacancies were higher than the York Hospital despite active recruitment. This was mitigated by the use of locums.
- Referral to treatment times (RTT) improved following our last inspection, however this had fallen back to below the national average during 2017 in most surgical directorates.
- There was a significant amount of medical staff who had not received safeguarding adults and children's training, and some mandatory training modules which included 'do not attempt cardiopulmonary resuscitation'.
- We saw gaps in record books of checking emergency trolleys and anaesthetic machine log books in theatre areas.
- Staff did not always have access to clinical supervision as part of their learning and development. This was linked to professional revalidation.
- None of the staff groups at Scarborough Hospital met the trust target for appraisals.

However:

- We saw that wards and theatre areas were visibly clean and staff observed infection prevention and control measures.
- Nursing staff we spoke with said that there was good teamwork.
- The trust had set up a urology 'one stop shop' at Malton Community Hospital where patients were seen and had appropriate tests carried out and discharged with a clear plan of care prior to going home. This prevented the patient having to attend several appointments.
- Staff we spoke with told us that they felt well supported by local leadership who tried to address the short and long term staffing problems.
- We observed good compassionate care and emotional support.
- Scarborough Hospital had better than the national average for readmissions in all surgical directorates.

Is the service safe?

Requires improvement 

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

- Nursing and care staff numbers remained a challenge despite active recruitment. We saw that there were significant shortfalls in planned and actual shifts filled.
- Medical staff vacancies were worse than at York Hospital. There were notably low compliance rates in adult and children's safeguarding training and some mandatory training modules for medical staff.

Surgery

- We saw in theatres that there were several gaps of safety checks in the anaesthetic machine log book. The emergency equipment trolleys such as the cardiac arrest trolley, and the difficult to intubate trolley had not always had been checked and the record book had not been signed and dated on frequent occasions in the month prior to the inspection. There were gaps in signatures in the recording book of fridges in theatres, and a personal water bottle stored inappropriately in the theatre fridge.
- Not all documentation was standardised over the three sites, although work on an operative pathway and records was being completed with the intention of being used in York, Bridlington and Scarborough hospitals.
- Not all staff knew of incidents that had occurred outside their directorate.

However:

- Staff were encouraged to report incidents. They knew the process and usually received feedback. All serious incidents were discussed at the monthly clinical governance meetings. During our inspection we saw some evidence at that there was learning and action from the never events.
- We saw that there were pathways which identified patient risk such as the use of the world health organisation (WHO) checklists for safer surgery.
- Medicines were stored safely. Controlled drugs were checked weekly within trust guidelines. There was one ward where there was a gap in the record book, but this was dealt with at the time of inspection. Drug fridges were in the main checked daily and staff knew what to do if temperatures fell out of ranges.
- We observed that ward and theatre areas were clean. Staff employed appropriate infection prevention and control measures.
- We saw a good quality of record keeping and observations of temperature, pulse, respirations and blood pressure completed in a timely manner and audited. There were processes in place which identified patients who deteriorated. We saw these in use.

Is the service effective?

Good 

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

- Staff used nationally recognised patient pathways and the trust participated in national and local audits.
- From March 2016 to February 2017, patients at Scarborough Hospital had a better than expected risk of readmission for elective admissions when compared to the England average.
- The proportion of hip fracture patients not developing pressure ulcers was 100%, which falls in the within the best 25% of trusts. The 2015 figure was 97.7%.
- We saw that patients had effective pain relief following surgery and access to adequate diet and fluids.
- Patient records had evidence of clear multi-disciplinary plans in place, and we observed effective sharing information at daily huddles and at handover. There was a consultant ward round every day to ensure patients were seen by a senior doctor in a timely manner.

Surgery

- Seven day services had been identified as a priority for the trust 2017/2018. The four priority clinical standards for seven day services in hospitals were planned to be achieved by ensuring a review of patients within 14 hours of admission to hospital, ensuring timely access to diagnostics, access to consultant delivered interventions and on-going consultant directed reviews.
- Staff understood the principles of the mental capacity act and how this linked to consent issues. We saw that consent forms were appropriately signed and that staff understood the relevant consent and decision making requirements and guidance
- Patient information leaflets were clear and adhered to the accessible information standard. This means that patient information is produced in an easy to read format.

However:

- We saw that hip fracture was on the trauma and orthopaedic risk register to be reviewed September 2017. This was because of partial compliance of National Institute for health and care excellence (NICE) quality standard 16.
- No staff groups in surgery at Scarborough Hospital were compliant with the trust target for appraisals.
- Not all staff received clinical supervision due to time constraints.
- Although they met national standards, not all patient documentation and pathways were in the same format across all three trust sites.

Is the service caring?

Good ➔➔

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

- We saw examples of compassionate care in the ward and theatre areas. Patients praised staff for being kind despite the high activity of the wards
- We saw that staff explained procedures and investigations clearly to patients and their relatives.
- Patient records had individualised care plans, which involved the patient in their planning. We saw some evidence in care records that communication with the patient and their relatives was maintained throughout the patient's care.
- Pastoral support was available for patients and families.
- The friends and family test response rate for surgery at Scarborough Hospital was 30%, which was about the same as the England average from July 2016 to June 2017.

However:

- During our inspection, we observed and heard from patients that call bells were not always answered promptly, and although patients knew the staff were busy they felt frustrated, as it could be a toileting issue.

Is the service responsive?

Requires improvement ➔➔

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

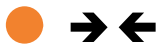
Surgery

- Cancellations of operations had risen in the last two quarters.
- Two surgical directorates were worse than the national average for referral to treatment times.
- Some patients we spoke with said they rarely saw the same member of staff consistently. Staff we spoke with understood the need to assess and deliver care to their patients in a holistic manner, but this could be constrained by the acuity of the wards.
- From July 2016 to June 2017, there were 110 complaints about surgery. The trust took an average of 55 days to investigate and close complaints, this was not in line with their complaints policy which states complaints should take 30 days to investigate and close.

However:

- The overall length of stay for elective surgical patients was better than the England average.
- One surgical directorate had better than the national average referral to treatment times.
- We saw evidence of individualised care plans in documentation and there were systems in place so patients who were vulnerable received responsive care, for example patients who lived with a learning disability. The trust had a dementia strategy.

Is the service well-led?

Requires improvement 

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

- At our last inspection we saw that there was a five year plan to integrate all three trust sites. This was now complete. However, we observed that there were still some processes and documentation which remained specific to different locations.
- We saw that there was still some cultural disconnect between the trusts three sites and staff perceptions of Scarborough Hospital was that it was more aligned to Bridlington Hospital than York Hospital.
- We were told that there were monthly walk arounds by a member of the executive team and a governor in different areas, but not all staff felt that the senior management team were visible in clinical areas.
- Ward meetings were often planned but had to be cancelled due to staffing shortages and patient acuity. We did not see any minutes for these meetings.
- Band seven staff in theatre areas worked in the clinical numbers and some staff we spoke with felt there was no overall leadership on the wards.
- Some risks on the directorate risk registers were out of date for review.
- Staff we spoke with told us consistently that they did not get the breaks with the staffing situation and over time this had an impact on their wellbeing. Staff now got paid for overtime accrued as it was not possible to take time back.
- At the time of the inspection there was no ongoing audit of World Health Organisation (WHO) checklist for safer surgery.

However:

- A governance framework was in place in individual surgical directorates to monitor performance, and risks and to inform the executive board of key risk and performance issues.

Surgery

- We saw that individual surgical directorates had the trust mission, vision and values underpinning their five year strategies.
- Clinical leaders in the directorates told us they had oversight of all incidents and met with matrons and ward sisters to discuss these.
- Staff we spoke with told us that they felt well supported by local leadership who tried to address the short and long term staffing problems
- A surgical steering group had been developed to help share information and investigations. Staff told us that they felt this was positive as there had not been overall cross site forum before. These meetings alternated between sites.

Areas for improvement

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

Critical care

Requires improvement 

Key facts and figures

York Teaching Hospitals NHS Foundation Trust has two critical care units, one at York Hospital and one at Scarborough Hospital. The intensive care unit (ICU) at Scarborough Hospital provides level two (patients who require pre-operative optimisation, extended post-operative care or single organ support) and level three (patients who require advanced respiratory support or a minimum of two organ support) care.

The unit has seven beds; two bays one with four beds, one with two beds and one single room. The unit is staffed to care for a maximum of six level three patients.

Intensive Care National Audit and Research Centre (ICNARC) data showed that from 1 April to 31 December 2016 there were 301 admissions with an average age of 62 years. Seventy percent of patients were non-surgical, 26% emergency or unplanned surgical and 4% planned surgical. The average (mean) length of stay on the unit was two days.

A critical care outreach team provides a supportive role to the wards medical and nursing staff when caring for deteriorating patients and support to patients discharged from critical care. The team is available 24 hours a day, seven days a week.

The critical care service is part of the regional critical care operational delivery network.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. At the last inspection four key questions were rated requires improvement and one rated as good. We rated safe, effective, responsive and well led as requires improvement and we rated caring as good. We re-inspected all five key questions during this inspection.

During this inspection we visited the critical care unit. We spoke with two patients and 17 members of staff. We observed staff delivering care, and looked at three patient records and four prescription charts. We reviewed trust policies and performance information from, and about, the trust.

Summary of this service

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

- We rated safe and caring as good, and effective, responsive and well led as requires improvement.
- The service had not taken action on some of the issues raised in the 2015 inspection. For example, the unit still did not have a clinical educator which was not in line with the guidelines for the provision of intensive care services (GPICS) standard and the service had not undertaken patient or relative surveys or any public engagement. At the time of this inspection, it was still not clear what critical care would look like across York and Scarborough hospitals, as the service strategy had not been finalised.
- The risk register was not reflective of all the risks in the service. There was no record of the date the risks were added to the risk register, the date the risk should be reviewed and the controls and mitigating actions recorded were limited and did not always appear to address the cause of the risks.
- The rehabilitation after critical illness service was limited and was not in line with GPICS or the National Institute for Health and Care Excellence (NICE) CG83 rehabilitation after critical illness. The service did not have access to patient and relative support groups.

Critical care

- Staff were not always supported to maintain and develop their professional skills. The number of nursing staff who had an up-to-date appraisal was worse than the trust's target. The service did not meet GPICS recommendations for the number of nurses that had a post registration award in critical care nursing.
- Senior staff acknowledged that service improvement and innovation was limited on the unit and the pace of change was slower at Scarborough than in critical care at York Hospital.

However:

- The service had taken action on some of the issues raised in the 2015 inspection. For example, medical staffing was now in line with GPICS, mandatory training rates were better than the trust target and there had been a focus on cross-site working which had improved.
- Systems and processes in safety, infection control, medicines management, equipment, patient records and the monitoring, assessing and responding to risk were reliable and appropriate.
- Care and treatment was planned and delivered by a cohesive multidisciplinary team in line with current evidence based guidance.
- All the feedback from patients and relatives was positive about the way staff treated them.

Is the service safe?

Good 

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

- The service had taken action on the issues raised in the 2015 inspection. For example, medical staffing was now in line with guidelines for the provision of intensive care services (GPICS) and mandatory training and safeguarding training rates were better than the trust target.
- The service showed a good track record in safety. There had been no never events and two serious incidents. Staff understood their responsibilities to raise concerns and report incidents. Staff we spoke with told us they received feedback from incidents.
- Systems and processes in infection control, medicines management, equipment, patient records and the monitoring, assessing and responding to risk were reliable and appropriate. The approach to managing patients who were unwell on the wards was good and ensured clear treatment plans were made.
- Nurse staffing levels ensured guidelines of the minimum ratio of one nurse to one level three patient and one nurse to two level two patients was always met.
- The service held critical care specific morbidity and mortality meetings.

However:

- The unit was not compliant with health building notice (HBN) 04-02. The constraints of the environment and non-compliance with national building standards were recorded on the service's risk register which was in line with GPICS.
- The rate of agency nurse use on the unit was not in line with GPICS standards.

Critical care

Is the service effective?

Requires improvement 

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

- The service had not taken action on some of the issues raised in the 2015 inspection. For example, the unit still did not have a clinical educator which was not in line with the guidelines for the provision of intensive care services (GPICS) standard.
- Staff were not always supported to maintain and develop their professional skills. The number of nursing staff who had an up-to-date appraisal was worse than the trust's target.
- Staff on the unit were working to complete the national competency framework for adult critical care nurses. At the time of the inspection no-one in the service had oversight of the completion of these competencies
- Information provided by the trust showed that 25% of nurses in the service had a post registration award in critical care nursing. This did not meet GPICS minimum recommendation of 50%.
- The service participated in national audit and patient outcomes were variable when compared with similar units.

However:

- Care and treatment was planned and delivered in line with current evidence based guidance.
- We observed patient centred multidisciplinary team working. Since the last inspection monthly cross site multidisciplinary team meetings had been established with standard agenda items to share learning and to standardise practice across both sites.
- Staff assessed patients' nutritional, hydration and pain relief needs and met these in a timely way.
- Staff showed an understanding of the mental capacity act, deprivation of liberty safeguards and consent.
- A consultant in intensive care medicine was available and completed a ward round seven days a week. This was in line with GPICS recommendations.

Is the service caring?

Good 

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

- All the feedback from patients and relatives was positive about the way staff treated them.
- We observed all staff responded to patients' requests in a timely and respectful manner.
- Patients were supported, treated with dignity and respect, and were involved in their care.
- All staff communicated in a kind and compassionate manner with both conscious and unconscious patients.
- Staff recognised the emotional and psychological needs of patients and their relatives.

However:

Critical care

- Whilst feedback from patients was obtained informally through receiving thank you cards and letters, this information was not displayed on the unit.

Is the service responsive?

Requires improvement 

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

- The rehabilitation after critical illness service was limited and was not in line with guidelines for the provision of intensive care services (GPICS) or the National Institute for Health and Care Excellence (NICE) CG83 rehabilitation after critical illness.
- The service did not have access to patient and relative support groups.
- There was no overnight stay facility for relatives of patients in the unit.
- From July 2016 to June 2017, the trust's critical care bed occupancy was higher than the England average.
- The rate of non-clinical transfers was worse than similar units; however, this had improved since our 2015 inspection.
- At the time of the inspection, it was not clear what critical care services would look like in the future across York and Scarborough hospitals.

However:

- The number of bed days with a delay of more than 8 hours was better than similar units and the non-delayed, out-of-hours discharges to the ward were in line with similar units.
- The unit had received no formal complaints from July 2016 to June 2017.
- Staff took account of, and were able to meet people's individual needs including patients living with dementia and those with a learning disability.

Is the service well-led?

Requires improvement 

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

- Leadership of the service was not in line with guidelines for the provision of intensive care (GPICS) standards.
- The strategy for the unit had not been finalised and this had been noted at the previous inspection.
- The risk register was not reflective of all the risks in the service. There was no record of the date the risks were added to the risk register, the date the risk should be reviewed and the controls and mitigating actions recorded were limited and did not always appear to address the cause of the risks.
- The service had not undertaken patient or relative surveys or any public engagement.
- At the time of the inspection the unit did not have regular staff meetings.
- Senior staff we spoke with acknowledged that service improvement and innovation was limited on the unit and the pace of change was slower at Scarborough than in critical care at York Hospital.

However:

- There had been a focus on cross-site working and from speaking to staff it was evident this had improved since the last inspection.
- Staff we spoke with were aware of the importance of being open and honest and were proud of the team they worked in and of the care they were able to give to patients and their families.
- Information and data relating to performance and safety was collated and shared with senior staff at monthly meetings.

Areas for improvement

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

The York Hospital

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Key facts and figures

York Hospital is one of three main hospitals forming York Teaching Hospitals NHS Foundation Trust. The trust provides acute hospital services to the local population. The trust also provides a range of other acute services from Scarborough and Bridlington Hospitals to people in the wider York area, the north eastern part of North Yorkshire and parts of the East Riding of Yorkshire

York Hospital is the trust's largest hospital. It has over 700 beds and offers a range of inpatient and outpatient services including trauma, intensive care and cardiothoracic services. York Hospital provides urgent and emergency care, medical care, surgery, critical care, maternity, end of life and outpatients and diagnostic services for children, young people and adults primarily to York and the surrounding area, and also serves the people in Scarborough, Whitby and Ryedale areas of North Yorkshire for some services.

We inspected only urgent and emergency care, medical care, critical care and surgery services at this visit.

Summary of services at The York Hospital

Good ↑

A summary of our findings about this location appears in the overall summary.

Urgent and emergency services

Good ↑

Key facts and figures

York Teaching Hospitals NHS Foundation Trust has two Accident and Emergency departments (also known as A&E, emergency departments or EDs). These were at York Hospital and Scarborough Hospital. Although part of the same trust, both departments worked independently and had separate staff and management arrangements apart from one directorate manager who oversaw the two departments.

The emergency department at York Hospital provides a 24-hour, seven-day a week service to the local population. From September 2016 to August 2017 there were 85,905 emergency department attendances, 18% of these were children.

The department has three resuscitation bays, one of which is specially equipped for children. There are 12 cubicles to treat patients with major injuries and illness, the department has an urgent care centre (UCC) for patients that were triaged to be seen by an emergency nurse practitioner for minor injuries and illnesses. UCC consisted of nine cubicles, including a specified eye cubicle and three cubicles were designed specifically to assess children.

An ambulance bay had been created for patients coming in with an ambulance crew. This consisted of six cubicles where patients were assessed by the streaming nurse on arrival to the department. Patients were then transferred to the different areas of the department where they would be reviewed by the medical team.

There was also an observation bay at the back of the department which allowed up to six patients to be admitted on a short term basis. When the bay was operational a registered nurse from the department was based within the bay.

The department had a large waiting room including a small children play area and triage room. Work was due to commence on restructuring the front area of the department where patients would enter. This would alter the design at the front allowing patients to book in specifically just for ED.

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

We inspected all areas of the department and spoke with 36 members of staff. We spoke with 16 patients and relatives, observed staff delivering care and looked at 15 patient records. We held focus groups and reviewed trust policies and performance information from, and about, the trust.

At the last inspection, we rated three or more key questions for the service as requires improvement so we re-inspected all five questions.

York Hospital was last inspected as part of the comprehensive inspection programme in March 2015. During the 2015 inspection, all five domains were inspected and rated. The service was rated as 'requires improvement' in the safe, responsive and well-led domains and 'good' in effective and caring domains. The service was rated as 'requires improvement' overall.

The main areas of concern from the March 2015 visit and the actions the trust was told they must take were:

- The provider must ensure all patients have an initial assessment of their condition carried out by appropriately qualified clinical staff within 15 minutes of the arrival of the patient at the Accident and Emergency department in such a manner as to comply with the Guidance issued by the College of Emergency Medicine and others in their "Triage Position Statement" dated April 2011.

Urgent and emergency services

- The provider must ensure that there are at all times sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients' dependency levels; nursing staff on medical and surgical wards; consultant cover within A&E.
- The provider must address the breaches to the national targets for A&E to protect patients from the risks of delayed treatment and care.

We also said that the trust should:

- Consider reviewing the facilities with regard to; a separate treatment area for children, access to call bells for patients in the majors' area and ensure patients in the waiting area can be seen by reception staff.

Summary of this service

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

- We rated effective, caring, responsive and well led as good, and safe as requires improvement
- The service had addressed previous recommendations, namely:
- A system had been put in place to ensure that patients had an initial assessment on arrival to the department within 15 minutes.
- The trust had applied measures to manage the access and flow in the department however due to bed pressures within the hospital, patients stayed in ED for a period of time. Four hour waits targets, patients waiting between four and 12 hours from the decision to admit were variable showing improvements and declines over the past 12 months.
- There was evidence of good multidisciplinary working. A Rapid Response Team provided support to patients to enable them to return home with additional help without needing to be admitted to the hospital.
- Results from Royal College of Emergency Medicine (RCEM) showed mixed performance. However the hospital was identified as performing better in four audits than the England average.
- We were told by patients and families during our inspection of positive examples of caring, compassionate care and maintaining privacy and dignity.
- Patients and families were involved in the decision making on their care in a way that they understood.
- Services were planned in a way to meet the individual's needs and the local population.
- Patients with a learning disability, patients with dementia, and bariatric patients could access emergency services appropriate for them and their needs were supported. Patients needing care and treatment for their mental health needs could access services in a joined up way from within the department.
- There was a vision and strategy for the department and staff worked together in partnership to provide effective leadership.
- The majority of staff enjoyed working in the department and felt listened to. Senior management supported staff and had nominated staff for awards.

However:

Urgent and emergency services

- There continued to be insufficient numbers of suitably skilled, qualified and experienced staff, in line with best practice and national guidance, in relation to number of registered sick children's nurses (RSCN). The number of RSCNs had reduced from three to two RSCNs.
- There remained no separate paediatric area for children to be seen and they were mostly always seen by registered nurses (RN). Some staff had completed further training in observing paediatrics in emergency care. We were provided with examples of paediatric incidents when they had been nursed by adult RNs, as a result we were not assured that paediatric care was always managed appropriately.
- Mandatory training regarding children's care was not always completed to the trust's target level of 85%. For example, 40% of medical staff had completed safeguarding level two training and 56% for safeguarding level three. The department identified that nursing staff did not need to complete advanced paediatric life support as paediatric life support was sufficient. However the level of training for paediatric life support was low, 68% for nursing and 37% for medical staff.
- Two children's pathways we looked at were not in date and required to be reviewed.
- There were no formal minutes for meetings that took place between the emergency department paediatric lead and consultant paediatrician. This was an area that the trust told us that they were going to strengthen.

Is the service safe?

Requires improvement

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

- We saw evidence that the department did not always meet the planned nurse staffing numbers, medical staffing and children's nurse staffing did not meet national guidance. The vacancy rate for nursing staff was 11% and medical staff 6%. Most nurse vacancies had been filled however they were waiting to commence the posts. Some of the post had been filled with student nurses that were not due to qualify until March 2018.
- The number of registered sick children's nurses (RSCN) had reduced since our last visit from three to two RSCNs. The trust was aware that they were not meeting the Royal college of Emergency Medicine Guidelines.
- There were incidents highlighted in how children were triaged and assessed within the department. We saw that paediatric patients were not managed appropriately at times which resulted in incidents and children were at risk. Some staff were not aware of protocols in place and did not follow the trust's sepsis pathway for one paediatric patient during our visit. There was inconsistency in which patients were sent straight to the children's assessment unit and some were sent with no supervising staff member, equipment or appropriate physiological observations.
- There was no specific paediatric area for children to be seen. Paediatric patients were often nursed by adult registered nurses (RN) who had completed further training on paediatric situations. We were provided with examples of paediatric incidents when they had been nursed by adult RNs, as a result we were not assured that paediatric care was always managed appropriately.
- Resuscitation equipment was not always checked daily in line with the trust policy.
- Medical staff did not meet the trust target for all four safeguarding training courses for both adults and children.
- Nursing staff did not meet the trust target for three of the safeguarding training courses, these included both adult and children courses. The target was met for one of the safeguarding children's courses.

- The mandatory training target was not met in relation to paediatric life support and the department did not routinely complete advanced paediatric life support.

However:

- The introduction of the streaming nurse had identified most patients were seen and triaged in 15 minutes. Data identified that there had been an improvement between January and April 2017 and also June 2017. The median time was eight minutes in comparison to the England average of six minutes.
- Staff were encouraged and understood their responsibilities to raise concerns and report incidents. We saw that systems and processes worked together to keep people safe from harm and abuse and where areas for improvement were identified, this was acted upon.
- The amount of black breaches had reduced from January 2017 to April 2017 with a slight increase in May and June 2017. However these figures remained lower than previous months before January 2017.
- Controlled drugs were managed appropriately. Record keeping and balance checks were completed as per trust policy.
- We saw that in four out of six children's records a safeguarding tool was used.
- We saw the department was prepared for a major incident and staff were aware of their roles.

Is the service effective?

Good

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

- There was evidence of good multidisciplinary working. A Rapid Response Team provided support to patients to enable them to return home with additional help without needing to be admitted to the hospital.
- Results from Royal College of Emergency Medicine (RCEM) audits showed mixed performance. However the hospital was identified as performing better in four audits than the England average. These included:
- ▪ procedural sedation in adults.
  - ▪ risk in lower limb immobilisation in plaster cast.
  - ▪ audit for vital signs in children.
  - ▪ audit for severe sepsis and septic shock.
- Staff had received extra training in managing paediatric situations and attended module courses at university.
- Pain was reviewed effectively; mechanisms were in place to ensure that patients did not remain in pain whilst waiting to see medical staff.
- Staff offered patients food and drinks and monitored patients' nutrition and hydration effectively.
- We saw that staff had an understanding of consent, mental capacity and deprivation of liberty safeguards. Staff gained consent prior to performing care.
- Patients were involved in monitoring and managing their own health. Staff supported patients and provided services to enable independence.

However:

Urgent and emergency services

- Some children's pathways were not in date and required to be reviewed.
- From July 2016 to June 2017, the trust's unplanned re-attendance rate to ED within seven days was generally worse than the national standard of 5% and generally worse than the England average.
- York Hospital did not meet any RCEM standard for moderate and acute severe asthma.
- Staff groups did not meet the trust appraisal target of 95%.

Is the service caring?

Good 

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

- Patients told us that they received compassionate care and that staff supported their emotional needs. Patients provided us with positive feedback about their care during our inspection.
- Friends and relatives provided us with positive examples of care.
- We observed staff maintaining the privacy and dignity of patients when providing care.
- We saw evidence that patients and families were involved in care planning. Staff discussed care with patients in a way that they could understand.

However:

- The trust performed worse than the England average in the friends and family test performance.

Is the service responsive?

Good 

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

- Services were planned in a way to meet the individual's needs and the local population.
- Patients with a learning disability, patients with dementia, and bariatric patients could access emergency services appropriate for them and their needs were supported. Patients needing care and treatment for their mental health needs could access services in a joined up way from within the department.
- Patients knew how to complain and staff knew how to deal with complaints they received. Complaints were investigated and learning was shared with staff.
- The trust had put measures in place to improve the access and flow in the department however due to bed pressures within the hospital, patients stayed in ED for a period of time.
- There had been some improvement in the number of patients who had waited more than 12 hours over the months. However the number varied up and down over the last few months.

However:

- Four hour waits targets, patients waiting between four and 12 hours from the decision to admit were variable. Improvements made had not been sustained over the last 12 months.

- There were no particular waiting areas or requirement for patients with autism attending the department unless families requested for somewhere quiet.
- Although complaints were managed and handled appropriately there was a delay to how long they were investigated and closed. The average time of complaints were not managed in line with the trust's policy.

Is the service well-led?

Good ↑

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

- The service had taken action on most of the issues raised in the 2015 inspection. For example, patients had an initial assessment carried out within 15 minutes of arrival and access and flow in the department had improved.
- There was a vision and strategy for the department and work was underway to improve the front of the department to promote ongoing care for the patients.
- The emergency physician in charge and nurse in charge provided leadership and were focused on the current demands within the department to aid patient flow. They had regular discussions with other staff to facilitate patients being moved out of the department. The team reviewed the status of the department every two hours to give an overview of capacity and demand.
- The majority of staff enjoyed working in the department and felt listened to. Senior management supported staff and had nominated staff for awards. Senior management had an open door approach and initiatives were in places to encourage staff to develop ideas.
- Risks were identified on the risk register and reviewed however we noted that one risk was not recorded that we found on inspection. The department were aware that they did not have the correct level of registered sick children's nurses and had provided paediatric training for adult registered nurses.
- Regular meetings were held with the department and ongoing actions and timelines completed. The trust used recognised systems to identify capacity and demand issues within the department. This was reviewed regularly and concerns escalated and managed by the team.
- Processes were in place to ensure that staff were aware of their role in the event of a major incident. Staff had been supported and involved in developing the requirements needed.

However:

- There were no formal minutes for meetings that took place between the emergency department paediatric lead and consultant paediatrician. This was an area that the trust told us that they were going to strengthen.

Outstanding practice

We found one example of outstanding practice in this service. See the outstanding practice section above.

Areas for improvement

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

Medical care (including older people's care)

Good ➔➔

Key facts and figures

The medical care service at the trust provided care and treatment across three main hospital sites: York Hospital, Scarborough Hospital and Bridlington Hospital. There were 679 medical inpatient beds across the three sites.

The trust had 66,611 medical admissions from June 2016 to May 2017. Emergency admissions accounted for 36,697 (55%), 1,670 (3%) were elective, and the remaining 28,244 (42%) were day case.

Admissions for the top three medical specialties at the trust were:

- Respiratory medicine (12,285)
- Geriatric medicine (9,151)
- Medical oncology (8,608)

The medical service at York Hospital had 469 beds located within 18 wards and units.

York Hospital was last inspected as part of our comprehensive inspection programme in March 2015. During the 2015 inspection, we inspected and rated all five key questions. We rated the service as 'requires improvement' in the safe, key question and 'good' in effective, caring, responsive and well led key questions. We rated the service as 'good overall.

We decided to inspect the medicine core service to find out if they had addressed the concerns from the previous inspection and to look at the issues raised by our monitoring of the service.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity and we re-inspected all domains and key questions.

During this inspection we visited a sample of wards and departments. We spoke with two patients and 25 members of staff. We observed staff delivering care, and looked at 10 patient records and six prescription charts. We reviewed trust policies and performance information from, and about, the trust.

Summary of this service

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

- We rated safe, caring, responsive and well led as good. We rated effective as requires improvement.
- Staff were aware of how and when to report incidents, they received feedback and lessons learned were shared. Systems and processes in infection control, medicines management, equipment, patient records and the monitoring, assessing and responding to risk were reliable and appropriate.
- Nurse staffing levels appeared to have improved since the last inspection. When the registered nurse average fill rate was below 100% we saw that on many wards the trust increased the care staff average fill rate to over 100%. Senior managers closed beds when they considered staffing levels were unsafe and translated to a potential risk to patients.
- We observed good multidisciplinary team (MDT) working at the hospital. The trust monitored compliance with the NHS services, seven days a week forum, seven day services priority standards and reported some key achievements in medicine. The service had developed a number of care pathways and guidelines underpinned by national guidance.

Medical care (including older people's care)

- Patients gave us positive feedback about the care they received. Patients told us that the staff caring and compassionate. Staff completed a holistic assessment of each individual and understood the importance of emotional support for each patient and their family. We heard of examples from staff where they were able to meet the needs of vulnerable patients.
- Services were provided and adapted to meet the needs of the local population across the wide geographical area covered. On the whole average lengths of stay at the hospital were similar to or better than the national averages for elective and emergency admissions.
- Wards had implemented the SAFER (senior review, all patients, flow, early discharge and review) patient flow bundle and discharge liaison officers to improve patient care and flow in the service.
- Staff we spoke with talked positively about local clinical ward based leadership at York Hospital. The leadership teams had an understanding of the current challenges and pressures impacting on service delivery and patient care.
- Directorates had individual visions and strategies that linked to the trust's five year strategy. Staff were aware of the trusts values and we saw these displayed. In addition, some wards had their own pledges displayed.
- Staff emphasised a real strength in local ward based teams. They were proud of the morale on their wards and how staff had risen to challenges. Staff were aware of the risks to their service. These risks were recorded and broadly correlated with our findings during inspection.
- We saw numerous examples of improvements and innovation.

However:

- Staff we spoke with did not have an understanding of when a mental capacity assessment should take place and were unable to articulate when assessments would be required to allow for nursing interventions to take place. This meant that there was a risk that the mental capacity of patients was not being appropriately considered.
- Staff were not always supported to maintain and develop their professional skills. The mandatory training and safeguarding training rates in the service were worse than the trust target and the number of nursing staff in the service who had an up-to- date appraisal was worse than the trust's target.
- The sepsis clinical guideline used in the service at the time of the inspection was past its review date and required updating.
- The initiatives to support the care for patients living with dementia were not fully embedded on the wards and in departments.
- The trust's referral to treatment time (RTT) for admitted pathways for medicine was variable. The latest period, showed 85% of this group of patients were treated within18 weeks. This was worse than the England average of 90%.
- At the time of the inspection the service had limited mechanisms to gather patient or relative feedback and there was limited clear public engagement.

Is the service safe?

Good 

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

- All areas we visited were visibly clean and well maintained. Staff followed infection control policies and results from infection control audits were on the whole positive.

Medical care (including older people's care)

- Staff told us they had sufficient equipment to support patients safely. We saw that equipment was serviced in line with manufacturer's recommendations and had been tested for electrical safety. Emergency equipment, such as resuscitation equipment was checked in line with policy.
- We saw that patients had risk assessments completed. National early warning scores (NEWS) were recorded and where necessary patients were escalated appropriately.
- Nurse staffing appeared to have improved from the last inspection. Ward managers detailed the escalation processes involved to deal with nurse staffing shortages and senior managers closed beds when they considered staffing levels were unsafe and translated to a potential risk to patients. When the registered nurse average fill rate was below 100% we saw that on many wards the trust increased the care staff average fill rate to over 100%. This was particularly evident on the medicine for the elderly wards.
- Records were completed in line with trust and professional standards. There was evidence in the records we reviewed of holistic assessment which focused on details other than physical health needs.
- Wards and departments had appropriate systems to ensure that medicines were handled safely and stored securely.
- The service showed a good track record in safety. There had been no never events in the service. Staff understood their responsibilities to raise concerns and report incidents. Staff we spoke with told us they received feedback from incidents.
- The directorates in the service engaged in the trust's mortality review process. Meeting minutes and investigation reports showed detailed review and discussion of individual cases.

However:

- The safeguarding training rate in the service was worse than the trust target; this was highlighted as a concern in our last inspection.
- The out of hours medical cover was limited and some staff we spoke with told us gaps in rotas were unable to be covered on occasions.
- We were aware of one instance prior to the inspection where beds closed in response to staff shortages had been reopened at a time of pressure, although nurse staffing had not been increased.
- Safety thermometer data was not displayed for patient and family reference.

Is the service effective?

Requires improvement 

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

- The trust had Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) guidance based on the code of practice; however, at the time of the inspection the trust did not have a MCA and DoLS policy. Staff we spoke with did not have an understanding of when a mental capacity assessment should take place and were unable to articulate when assessments would be required to allow for nursing interventions to take place. This meant that there was a risk that the mental capacity of patients was not being appropriately considered. We raised these concerns with the executive team at the end of the inspection and we were not assured at the well led inspection that any improvements had been made

Medical care (including older people's care)

- The number of nursing staff in the service who had an up-to-date appraisal was worse than the trust's target. Staff were not always supported to maintain and develop their professional skills. The majority of staff on ward 34 did not have the required competency to deliver non-invasive ventilation therapy to patients. The clinical nurse educator post on the acute medical unit was vacant.
- Patient outcomes in a number of national audits showed variable performance against standards/benchmarking. In the national audit of inpatient falls the hospital was notably below all four of the aspirational standards. In the lung cancer audit the hospital was similar to the national level for two out of four indicators and worse in two.
- The sepsis clinical guideline used in the service at the time of the inspection was past its review date and required updating.

However:

- The service had developed a number of care pathways and guidelines underpinned by national guidance. All clinical guidance referenced within the service had been reviewed by the clinical effectiveness group. The directorates had an annual audit programme to monitor implemented guidance.
- The stroke audit score had improved from the last inspection.
- Staff assessed patients' nutritional, hydration and pain relief needs and met these in a timely way. They made referrals to specialist staff appropriately.
- There were strong multidisciplinary team (MDT) relationships at the hospital. Nursing staff spoke positively of the working relationship they had with physiotherapy and occupational therapy staff. Members of the MDT attended board rounds and safety huddles to discuss patient needs and care progression.
- The trust monitored compliance with the NHS services, seven days a week forum, seven day services priority standards and reported some key achievements, namely improved medical consultant cover at weekends at York Hospital, improved streaming in stroke services and better access to consultant radiology review on-call.
- Wards displayed information boards detailing trust and ward information and health promotion materials including patient information leaflets and signposting to services.
- Staff requested verbal consent and gave an explanation to patients prior to delivering care.

Is the service caring?

Good 

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

- Staff completed a holistic assessment of each individual patient including physical, emotional and social aspects which impacted on care needs.
- Patients were treated with respect and privacy and dignity was maintained at all times.
- Staff appeared to have developed relationships with their patients and were genuinely committed to meet their needs.
- Staff we spoke with understood the importance of emotional support and tried to meet the particular emotional needs for each patient and their family.
- The trust used 'John's campaign' to help encourage the carers of patients living with dementia to become involved in their loved ones care.

- Ward areas advertised a 'night owl' campaign. This encouraged patients to raise concerns with staff if they had trouble sleeping. Notices were in place reminding staff to be quiet and we also saw 'pledges' from staff displayed on ward boards to ensure lights were switched off in good time.
- The service had a friends and family test response rate which was better than the England average of 25%.

However:

- During the time we spent on the wards we regularly heard call buzzers sounding for a number of minutes before staff were able to attend to the patient.
- The stroke service did not have access to psychological support for patients.

Is the service responsive?

Good 

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

- Services were provided and adapted to meet the needs of the local population across the wide geographical area covered. The service provided care at three main hospital locations, York, Scarborough and Bridlington. Some specialist services had been centralised at York and Scarborough respectively.
- On the whole average lengths of stay were similar to or better than the national averages for elective and emergency admissions.
- Patient flow, discharges and bed capacity issues across the directorate were discussed in daily operational meetings. The service had 18 discharge liaison coordinators across the directorates. These staff were able to assist in the planning and arrangements for patient discharge. The majority of staff told us that this was very helpful in speeding up patient discharge and allowing nursing staff to focus on other duties.
- Wards had implemented the SAFER (senior review, all patients, flow, early discharge and review) patient flow bundle to improve patient care.
- The electronic patient record was endorsed with an alert identifier to aid staff caring for vulnerable patients or those with additional needs. We heard of examples from staff where they were able to meet the needs of vulnerable patients, for example, people requiring mental health services, translation services or those with a learning disability.
- Staff employed by an older person's charity worked at the hospital and had a significant role in the discharge lounge and supporting people on discharge, for example, transporting appropriate patients home, doing shopping for them on route and signposting people to relevant services.
- There were posters and leaflets displayed providing guidance for patients on the complaints process. Staff we spoke with understood the process for managing concerns and how patients or relatives could make a formal complaint. We saw evidence of how learning from complaints was shared in the service.

However:

- Wards had not made some basic changes to reduce potential environmental conflict for vulnerable patients such as those living with dementia.
- From June 2016 to May 2017 the trust's referral to treatment time (RTT) for admitted pathways for medicine was similar to the England average with the exception of October 2016 and January 2017. The latest period, showed 85% of this group of patients were treated within 18 weeks. This was worse than the England average of 90%.

- The trust did not investigate and close complaints in line with their complaints policy.

Is the service well-led?

Good ➔➔

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

- Staff we spoke with talked positively about local clinical ward based leadership at York Hospital. The leadership teams had an understanding of the current challenges and pressures impacting on service delivery and patient care.
- The leadership team were aware of the issues within the service and these were discussed at regular cross site meetings. The team we spoke with felt the trust had a strong ward to board structure where information was communicated effectively through the organisation.
- The risks recorded in the service were reflective of those highlighted to us by ward based staff and broadly correlated with our findings during inspection. The leadership teams we spoke with were able to clearly tell us about the risks posed to the department and how these were being addressed.
- Directorates had individual visions and strategies that linked to the trust's five year strategy. Most staff we spoke with were aware of the trust vision and values. We saw these displayed in ward areas. In addition some wards had their own pledges displayed.
- Staff emphasised a real strength in local ward based teams. They were proud of the morale on their wards and how staff had risen to challenges.
- There was evidence of service improvements and local innovations to benefit the local population.

However:

- The service had a programme of internal clinical audit, directorate dashboards and ward accreditation to support the monitoring of quality. However, staff we spoke with did not raise these reports or visits with us and we saw no scores or action plans displayed.
- At the time of the inspection the service had limited mechanisms to gather patient or relative feedback and there was limited clear public engagement. The discharge lounge did not collect any patient or relative feedback.

Outstanding practice

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

Areas for improvement

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

Surgery

Good

Key facts and figures

York Teaching Hospitals NHS Foundation Trust delivers surgical services over three sites at York, Scarborough and Bridlington Hospitals. Surgical services are directorate specific.

York Teaching Hospitals NHS Foundation Trust offers elective and acute surgical services to a large geographical area.

Surgical directorates were staffed by a wide range of experienced consultants, middle grade and junior doctors, advanced care practitioners (ACPs), registered nurses and health care assistants seven days a week, 24 hours a day.

There are a total of six surgical wards offering a seven day service and one surgical assessment unit which is open between 9am and 9pm Monday to Friday and 10am and 8pm Saturday and Sunday. There are eighteen operating theatres which offer surgical procedures in head and neck, ophthalmic, general surgery and urology, gynaecology, orthopaedics, vascular and breast surgery. There is a discharge lounge to assist in patient flow.

From February 2016 to January 2017 emergency admissions accounted for 12,368, day admissions were 41,574 and 6415 were elective admissions.

At the last inspection, we rated one key question as requiring improvement and four key questions as good. We re-inspected all five key questions.

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

York Hospital was last inspected as part of the comprehensive inspection programme in March 2015. All domains were inspected and rated. The service was rated as good for safe, effective, caring and well led, and requires improvement for responsive.

At our inspection in 2015 we found that services were responsive to patients' individual needs, but there were concerns over waiting times, such as the 18-week referral-to-treatment time (RTT) targets, the achievement of cancer waiting time targets, and the high number of non-surgical patients being cared for on surgical wards, which was having an impact on access and flow.

We saw that optimum staffing levels and skill mix across surgical services were not being sustained at all times of the day and night. However, the trust was mitigating some of this risk by the use of bank/agency staff and the redeployment of other staff. Pressures on the wards had an impact on staff being able to attend statutory and mandatory training.

We were concerned that on ward 16 there were occasions where bays were mixed sex. We told the provider that they must ensure that patients' privacy and dignity is maintained when being cared for in the bays in the nursing enhanced unit based on ward 16.

The service provided effective and evidence-based care and treatment. Staff were seen to be caring and compassionate while delivering care.

In 2015, work was continuing to integrate surgical services and deliver common standards of care across the three hospital sites (York, Scarborough and Bridlington Hospitals). Directorate-level governance arrangements were in place but protocols, guidelines and pathways of care in all three hospital sites were variable and not yet fully established.

Surgery

We had been concerned that there was not always the proper and safe management of medicines including ensuring that oxygen is prescribed; medicine fridges are checked as per guidelines; learning from audits is shared with staff to identify areas for improvement.

We saw that discharge prescriptions for some medicines were not available when the patient left the hospital, which resulted in medicines being sent by taxi to a patient's home or the patient or relative returning to the hospital to collect them.

During this inspection we visited wards 11, 14, 16, 28, 29 and G1. We also visited the discharge lounge and theatre area. We spoke with 10 patients, three relatives and 24 members of staff. We observed staff delivering care and looked at 14 patient records and prescription charts. We reviewed trust policies and performance information from, and about, the trust.

Summary of this service

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

- We rated safe, effective, caring, responsive and well led as good.
- There had been an improvement in nurse staffing levels since our last inspection and evidence of continuing recruitment and the development of nurse associates.
- We saw that wards and theatre areas were visibly clean and staff observed infection prevention and control measures.
- There had been an improvement in the discharge process with the recruitment of three discharge co-ordinators for the surgical unit. Patients did not have to wait so long for their discharge medications.
- There was direct pharmacy support to the wards to support staff in prescribing and review prescription charts. Staff were aware that oxygen should be prescribed except in an emergency.
- Nursing staff said that there was good teamwork and morale had improved.
- Nursing and care staff achieved the trusts target for mandatory and safeguarding training.
- We observed good compassionate care and emotional support.
- We observed good local leadership.

However:

- There was difficulty in recruiting medical staff. This was mitigated by the use of locum staff. This had an impact on mandatory and safeguarding training.
- Referral to treatment times had initially improved since our last inspection but then deteriorated in most directorates.
- Staff did not always have access to clinical supervision as part of their learning and development.

Is the service safe?

Good 

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

Surgery

- Nursing and care staff numbers had increased since our last inspection. There remained active recruitment and the development of nursing associates. Staffing shortfalls were mitigated by use of agency and bank staff. The improvement in nurse staffing meant that mandatory training and safeguarding training met trust targets.
- Staff were encouraged to report incidents. They knew the process and usually received feedback. We heard that staff knew about, and we saw in investigations that the duty of candour was carried out. All serious incidents were discussed at the monthly clinical governance meetings.
- We saw a good quality of record keeping, and staff completed observations of vital signs in a timely manner. There were processes in place which identified patients who deteriorated and there were pathways in place which identified patient risk, such as the use of the world health organisation (WHO) checklists. We saw that staff followed these. Information was shared in safety huddles and at handover.
- Medicines were stored safely. Drug fridges were in the main checked daily and staff knew what to do if temperatures fell out of ranges. Controlled drugs were checked weekly within the trust guidelines.
- We observed that ward and theatre areas were clean. Staff employed appropriate infection prevention and control measures.
- The safety thermometer is used to record the prevalence of patient harms and to provide immediate information and analysis for frontline teams to monitor their performance in delivering harm free care. Each surgical directorate reported on their own data benchmarked against a trust targets. For example the ophthalmology directorate had 100% completion rate of venous thromboembolism (VTE) screening factors against a trust target of 95%.

However:

- There were challenges of recruitment to medical posts in some directorates. This had an impact on staff who had difficulty in accessing mandatory and safeguarding training. This was mitigated by the use of locums.
- Not all documentation was standardised over the three sites, although work on an operative pathway and records was being completed with the intention of being used in York, Bridlington and Scarborough hospitals.

Is the service effective?

Good  

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

- Staff had the skills they required to fulfil their role and used nationally recognised patient pathways.
- We saw that patients had access to adequate diet and fluid and received effective pain relief following surgery.
- The trust participated in national and local audits. From March 2016 to February 2017, all patients at York Hospital had a lower than expected risk of readmission for elective admissions when compared to the England average.
- The proportion of hip fracture patients not developing pressure ulcers was 100%, which falls in the within the best 25% of trusts. The 2015 figure was 97.7%.
- Patient records had evidence of clear multi-disciplinary plans in place, and we observed effective sharing information at daily huddles and at handovers. There was a consultant ward round every day to ensure patients were seen by a senior doctor in a timely manner.
- We saw that consent forms were appropriately signed and that staff understood the relevant consent and decision making requirements and guidance.

Surgery

However:

- We saw that hip fracture was on the trauma and orthopaedic risk register to be reviewed September 2017. This was because of partial compliance of national institute of health and care excellence (NICE) quality standard 16.
- There were 22 NICE applicable guidelines to be actioned across surgery.
- Although staff appraisal rates had improved since our last inspection, figures still fell below the trust standard.
- Not all staff received clinical supervision due to time constraints.

Is the service caring?

Good 

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

- We saw many examples of compassionate care in the ward and theatre areas. Patients praised staff on their kind and thoughtful delivery of care
- We saw that staff explained procedures and investigations clearly to patients and their relatives.
- Pastoral support was available for patients and families.
- The friends and family test response rate for surgery at York Teaching Hospitals NHS Foundation Trust was 31%, which was better than the England average from July 2016 to June 2017.
- We saw that patients were treated with respect and appropriate dignified care.

Is the service responsive?

Requires improvement 

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

- Two surgical directorates had referral to treatment times that were worse than the national average.
- Cancellations of operations had risen in the last two quarters. A last-minute cancellation is a cancellation for non-clinical reasons on the day the patient was due to arrive, after they have arrived in hospital or on the day of their operation. If a patient has not been treated within 28 days of a last-minute cancellation then this is recorded as a breach of the standard and the patient should be offered treatment at the time and hospital of their choice.
- From July 2016 to June 2017, there were 110 complaints about surgery. The trust took an average of 55 days to investigate and close complaints, this was not in line with their complaints policy which stated complaints should take 30 days to investigate and close.

However:

- We saw evidence of individualised care plans in documentation and that patients who were vulnerable received responsive care, for example patients who lived with a learning disability and dementia.
- We saw non-judgmental attitudes towards patients whose life choices had impacted on their health and made referrals to appropriate external agencies.
- One surgical directorate had better than the national average referral to treatment times.

Surgery

- Over the last two years the number of cancelled operations as a whole was in line with the national average.
- There was a urology 'one stop shop' at Malton community hospital. This allowed for patients to have tests and be seen by a consultant to plan their ongoing care and eliminate the need for multiple attendances in the outpatient department.

Is the service well-led?

Good  

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

- We saw that individual surgical directorates had the trust mission, vision and values underpinned their five-year strategies.
- Staff we spoke with told us that they felt able to have open and honest discussion with local management teams. There were e-newsletters available which gave updates on staff changes, awards and other developments.
- Patients were able to feed back their views on the wards via the friends and family test. They were asked whether they would recommend the ward to their friends and family.
- A governance framework was in place in individual surgical directorates to monitor performance, and risks and to inform the executive board of key risk and performance issues. The trust recorded surgical risk registers at a directorate level. We saw that these reflected the risks identified by ward staff and leaders.
- There was evidence of innovation such as the urology directorate 'one stop shop', and the recruitment of discharge liaison co-ordinators.
- We saw that there had been an active recruitment programme and that this had been successful in some wards which were now fully staffed for registered nurses. The trust was to implement the new nurse associate programme to support registered nurses.

However:

- Some risks on directorate risk registers were past their review date.
- At our last inspection we saw that there was a five year plan to integrate all three trust sites. This was now complete. However, we observed that there were still some processes and documentation which remained specific to location.
- There was no ongoing audit of world health organisation (WHO) checklist to safer surgery.

Outstanding practice

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

Areas for improvement

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

Critical care

Good ↑

Key facts and figures

York Teaching Hospitals NHS Foundation Trust has two critical care units. The York Hospital site is a combined intensive care unit (ICU) and high dependency unit (HDU). This provides level two (patients who require pre-operative optimisation, extended post-operative care or single organ support) and level three (patients who require advanced respiratory support or a minimum of two organ support) care to adult patients. The second smaller unit is at Scarborough Hospital.

There is a total of 17 beds comprising of; two bays, each with six beds and five single rooms, three of which had separate gowning areas. The unit is staffed to care for a maximum of nine level three and four level two patients.

Intensive Care National Audit and Research Centre (ICNARC) data showed that from 1 April 2016 to 31 March 2017 there were 975 admissions with an average age of 66 years. Sixty one of patients were non-surgical, 20% planned surgical and 19% emergency or unplanned surgical. The average (mean) length of stay on the unit was two days.

A Critical Care Outreach Team provided a supportive role to the wards medical and nursing staff when caring for deteriorating patients and support to patients discharged from critical care. The team was available 24 hours a day, seven days a week.

The critical care service is part of the North Yorkshire and Humberside Critical Care Network.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. At the last inspection two key questions were rated requires improvement, these being responsive and well led. We re-inspected all five key questions during this inspection.

During this inspection we visited the critical care unit. We spoke with six patients, four relatives and 28 members of staff. We observed staff delivering care, looked at eight patient records and prescription charts. We reviewed trust policies and performance information from, and about, the trust. We received comments from patients and members of the public who contacted us directly to tell us about their experiences.

Summary of this service

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

- We rated safe, effective, caring, responsive and well led as good.
- We found that all staff had received mandatory training and most had undergone a recent appraisal. The appointment of a clinical practice educator had further supported the learning and development of staff. This fostered an environment focused on improvement, with involvement in research and projects evident from different members of the multidisciplinary team.
- The systems and processes in place for management of medicines, infection prevention and control, patient records and the assessment of patient risks were reliable and followed national guidance.
- Nurse staffing levels and medical care was delivered in line with Guidelines for the Provision of Intensive Care Services 2015 (GPICS) standards and patient outcomes were in line with those of similar units.

Critical care

- Care was patient focused and individual needs were considered when planning and delivering care. The feedback from patients and relatives we were able to speak with was consistently positive and we were given examples of staff 'going the extra mile' with regards to patient care. Patient diaries and a follow up clinic helped support patients and families following discharge from the unit.
- Access to care was based on patients' needs and beds within the unit were flexed between level two and level three as required. The number of delayed discharges and non-clinical transfers were in line with those of similar units.
- There was strong nursing and medical leadership evident on the unit and within the critical care outreach team. Staff felt supported and valued and morale was high. We observed an open culture within the multidisciplinary team.

However:

- The service did not meet all GPICS standards, for example pharmacy provision and the number of nursing staff with a post registration certificate in critical care nursing. However mitigation and actions to address this had been put in place.
- Safety thermometer data was variable. The results of this were not publically displayed. We also found patient feedback was not displayed on the unit.
- Access and flow had been affected by patients requiring non-invasive ventilation who would normally be cared for on the ward, requiring to be cared for on the unit.
- Whilst the risk register was reflective of the risks we identified, it was felt mitigating actions did not always address the cause of the issue. There were no review dates on the register.
- The service strategy had not been finalised and this had been identified as an issue at the previous inspection.

Is the service safe?

Good

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

- In the 12 month period preceding the inspection there had been no never events and no serious incidents attributable to the service. There were good systems in place for sharing and learning from incidents.
- We observed good practice in relation to infection prevention and control. All areas were visibly clean and tidy and the rate of unit acquired infections in blood was lower than that of similar units.
- There were good systems and processes in place with regards to the management of medicines. The medicine charts we reviewed had been completed in line with trust and national guidelines.
- The trust target had been exceeded in all areas of statutory and mandatory training. This was an improvement from the last inspection.
- Safeguarding training compliance for staff exceed the trust target and staff demonstrated a good level of knowledge.
- We found evidence of assessment of patient risk with associated documents fully completed. There was a proactive approach to managing patients who were unwell on the wards to ensure clear plans were made for overnight.
- Staffing levels ensured guidelines of the minimum ratio of one nurse to one level three patient and one nurse to two level two patients was always met.

Critical care

- Medical care was delivered in line with the Guidelines for the provision of intensive care services 2015 (GPICS) standards.
- A thorough multidisciplinary review of the unit's major incident plans had been undertaken in response to the national raised terror threat level.

However:

- Safety thermometer performance was extremely variable from 0% to 100% in the period from July 2016 to July 2017. This data was not publically displayed.

Is the service effective?

Good 

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

- Care was evidence based and the multidisciplinary team were looking at ways to improve patient care and treatment. The unit was actively engaged in research to improve patient care and treatment.
- We found assessment and monitoring of pain and the nutritional status of patients, and care plans to support this.
- There was participation in national audit. Patient outcome data was in line with that of similar units.
- The appointment of a clinical nurse educator had had a positive impact on the unit. There was a focus on learning improvement amongst all the staff we spoke with.
- Consultant intensivist cover was available 24 hours a day and wards rounds took place seven days a week.
- Staff demonstrated a good understanding of the need for consent, where possible this was obtained from patients.
- We observed good multidisciplinary team working which was patient focused. Since the last inspection monthly cross site multidisciplinary team meetings had been established with standard agenda items to share learning and to standardise practice across both sites.

However:

- The number of staff with a post registration certificate in critical care did not meet guidelines for the provision of intensive care services (GPICS) minimum recommendation of 50%. All staff completed the national competency framework for adult critical care nurses and the service was supporting staff available post registration critical care courses.
- At the time of inspection pharmacy support did not meet GPICS standards; however there were plans in place to address this.
- Some staff showed a limited understanding in relation to mental capacity and deprivation of liberty safeguards.

Is the service caring?

Good 

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

Critical care

- Feedback from the patients and relatives we spoke with was consistently positive. The interactions we observed were kind and compassionate and patient's privacy and dignity was maintained at all times.
- There was a patient centred culture which was apparent from all the members of the multidisciplinary team we spoke with and observed. The introduction of personal and emotional patient diaries further evidenced this.
- Staff recognised the emotional and psychological needs of patients and their relatives and had been involved in a research project to further improve this.
- We found evidence of patient and relatives involvement in the records we reviewed. This was supported by the patients we were able to speak with.

However:

- Whilst feedback from patients was gained in an informal way this information was not displayed.

Is the service responsive?

Good ↑

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

- Access to care was based on people's needs. The number of bed days with a delay of more than 8 hours, and the percentage of non-clinical transfers was in line with similar units.
- The follow up care for critical care patients following discharge from hospital was in line with the guidelines for the provision of intensive care services (GPICS) standard. This was an improvement from the last inspection.
- Staff were able to identify and plan care to meet people's individual needs. They felt confident in providing care for patient who may require additional support, for example those with a learning difficulty or living with dementia.
- The unit had only had one formal complaint in the 12 month period preceding the inspection.

However:

- Patients requiring non-invasive ventilation had to be cared for on the unit due to a lack of suitably skilled and qualified staff to care for this patient group on the wards. This was impacting their bed occupancy and flow through the unit.

Is the service well-led?

Good ↑

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

- There was clear nursing and medical leadership on the unit and in the critical care outreach team. Staff we spoke with had confidence in these leaders.
- There was a supportive and open culture which was focused on learning and improvement.
- Staff morale was high and all the staff we spoke with were proud of the unit and the work they did.
- There had been a focus on cross-site working and from speaking to staff and reviewing meeting minutes it was evident this had improved.

Critical care

- The risk register was reflective of the risks to the service and these were discussed along with performance at monthly cross-site leadership meetings which fed in to the trust governance structures
- Staff felt valued and engaged and informed of changes within the trust.
- Patient feedback was sought informally through discussions at the follow up clinic.

However:

- The strategy for the unit had not been finalised and this had been noted at the previous inspection.
- The risk register had no dates and the mitigating actions did not always appear to address the cause of the risks.

Outstanding practice

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

Areas for improvement

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

This inspection was led by Lorraine Bolam, CQC interim head of hospital inspection. An executive reviewer, Alex Gild, chief financial officer, supported our inspection of well-led for the trust overall.

The team included three CQC inspection managers, six CQC inspectors, 15 specialist advisers, and one expert by experience.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.