

Northern Lincolnshire and Goole NHS Trust

Scunthorpe General Hospital

Quality Report

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

Ratings

Overall rating for this hospital	Requires improvement	
Accident and emergency	Requires improvement	
Medical care	Requires improvement	
Surgery	Requires improvement	
Critical care	Requires improvement	
Maternity and family planning	Good	
Services for children and young people	Good	
End of life care	Good	
Outpatients	Good	

Summary of findings

Letter from the Chief Inspector of Hospitals

Scunthorpe General Hospital is one of three acute hospitals within Northern Lincolnshire and Goole NHS Foundation Trust. This trust has been selected as one of the first trusts to be inspected under CQC's revised inspection approach. It was selected for inspection as an example of a 'high' risk trust.

Scunthorpe General Hospital provides a wide range of district general services to the population of North Lincolnshire. This hospital has approximately 400 inpatient beds as well as day beds providing medical and surgical services, maternity services delivering more than 2,0000 babies a year, children and young people services, and a critical care unit. It also has an Accident and Emergency department seeing around 60,000 attendances every year, and an outpatients department.

We inspected Scunthorpe General Hospital (SGH) as part of the comprehensive inspection of Northern Lincolnshire and Goole NHS Trust, which included this hospital, Diana, Princess of Wales (DPOW) and Goole District Hospital (GDH). We inspected Scunthorpe General Hospital on 25 April 2014 and completed an unannounced visit on 6 May 2014. We did not inspect the community service provision at the trust as part of this inspection.

We carried out this comprehensive inspection because the Northern Lincolnshire and Goole NHS Foundation Trust was placed in a high risk band 1 in CQC's intelligent monitoring system.

Overall, we rated Scunthorpe General Hospital as requiring improvement. We rated it good for being caring but it requires improvement in providing safe care, being effective, responsive to patients' needs and being well-led.

We rated maternity, children's and young people's services, end of life services and outpatients' as good. A&E, medical care, surgery and critical care require improvement.

Our key findings were as follows:

- There were arrangements in place to manage and monitor the prevention and control of infection, with a dedicated team to support staff and ensure policies and procedures were implemented. We found all areas visited clean. MRSA and Clostridium difficile rates were within an acceptable range for the size of the trust.
- There were significant vacancies with nursing and medical staff in some areas. The trust was actively recruiting into these posts. In the meantime, bank, agency and locum staff were used to fill any deficits in staff numbers. Staff could also work extra hours.
- Patients were able to access suitable nutrition and hydration including special diets. Patients reported that, on the whole, they were content with the quality and quantity of food provided.
- Mortality rates are improving.

Importantly, to improve quality and safety of care, the trust must:

- Ensure that there are sufficient qualified, skilled and experienced staff, particularly in A&E, medical and surgical wards. This is to include provision of staff out of hours, bank holidays and weekends.
- Review the skills and experience of staff working with children in the A&E department to meet national recommendations.
- Review the environment and lay out of the accident and emergency department at Scunthorpe General Hospital so that it can meet the needs of children and patients with mental health needs.
- Review care and treatment to ensure that it is keeping pace with National Institute of Clinical Excellence guidance and best practice recommendations, particularly within the intensive therapy unit.
- Ensure that the intensive therapy unit uses nationally-recognised best-practice guidance in terms of consultant wards rounds and reviewing admissions to the unit.
- Review delayed discharges from intensive therapy unit in terms of the negative impact this can have on patients.
- Ensure that the designation of the specialty of some medical wards reflect the actual type of patients treated.

Summary of findings

- Ensure that the availability of emergency theatre lists at this hospital is improved.
- Ensure that there is an improvement in the number of Fractured Neck of Femur patients who had surgery within 48 hours.
- Ensure there is appropriate care planning and a paediatric early warning scoring system on the neonatal intensive care unit and that there is consistent nutritional and tissue viability screening and assessment on paediatric wards.
- Ensure that all staff attend and complete mandatory training, particularly for safeguarding children and resuscitation.
- Ensure that staff have appropriate appraisal and supervision.
- Review the effectiveness of handovers, particularly in the medical services.
- Ensure that all patient documentation is appropriately updated and maintained including documentation for mental capacity assessments and risk assessments.
- Ensure that reasons for Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) are recorded and are in line with good practice and guidelines.
- Ensure that DNACPR orders confirm discussion with patients or family members and whether multidisciplinary teams are involved before an order is put in place.
- Review access to soft diets outside of meal-times.
- Review the 'did not attend' and waiting times in outpatients' clinics and put in steps to address issues identified.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Accident and emergency

Requires improvement

Rating



Why have we given this rating?

There were arrangements in place for the reporting and investigating of incidents and we saw examples of changes that had been implemented as a result of learning from these. Staff were aware of clinical guidance for patients with specific needs or diseases and we saw these were being implemented in practice. The A&E four hourly wait times for the trust was similar to the England average overall. We found that systems were in place to manage surges in flow and busy periods in the department.

A review of staffing levels, both nursing and medical, had resulted in the need for more staff in both areas. The trust was in the process of recruiting increased numbers of nursing and consultant medical staff, although they were constrained by a national shortage of consultant applicants. Medical staff's attendance at mandatory training was low, particularly in relation to safeguarding although there were policies for the management of safeguarding concerns in place.

We found that staff behaved in a caring manner towards patients and patient's pain was managed well. We found that A&E service leadership was in a period of change and there was movement away from being completely reactive to being more reflective. There was evidence that the leaders in the department were taking steps to make changes.

Medical care

Requires improvement



We found the medical wards to be clean and well maintained. There were mechanisms in place to manage incidents and monitor some of the safety aspects of wards such as specific patient harms. There were large numbers of vacancies across the medical directorate, resulting in insufficient staff numbers to meet their establishment, or had shifts of staff without the full range of skills needed. Mandatory training was variable across the directorate with some wards having poor attendance rates. The standard of record keeping was variable in terms of a failure to carry out risk assessments fully, or implement appropriate care pathways to minimise the risks to patients. At

Summary of findings

present there was no out-of-hours upper gastrointestinal service on this site. However in an emergency they could be transferred to the Diana Princess of Wales site.

Clinical audits took place to ensure that staff were working to expected standards and following guidelines.

Access to diagnostic tests was available seven days a week including bank holidays. Medical input on wards was sometimes poor over bank holiday periods with some patients not being seen after initial admission by a doctor until after the holiday, unless they were deteriorating.

Staff at Scunthorpe General Hospital reported that they felt well supported by their managers and that there was an open and just culture. Most were aware of the future vision of the trust and felt that the executive and senior management of the trust were accessible.

Surgery

Requires improvement



The environment on the surgical wards and theatres were clean and there was evidence of learning from incidents in most areas. Equipment was appropriately checked and cleaned regularly. The directorate had a large number of vacancies for both medical and nursing staff, which resulted in a high use of bank, agency and locum staff. The trust was trying to actively recruit into these vacancies. The number of staff having received mandatory training was variable across the surgical directorate. The World Health Organisation safety checklist was used at this hospital. Safety briefs prior to the start of theatre lists were inconsistent.

Surgical services at this hospital used evidence-based care and treatment and had a clinical audit programme in place. There was evidence of multidisciplinary working and access to seven-day services. Effective pain relief and nutritional arrangements were in place. Patients received care and treatment from competent staff, although appraisal rates for staff were variable. Access to emergency theatre lists required improvement. These were available up to 3 days during weekdays and resulted in some delays in operating on surgical emergencies.

Summary of findings

The surgical services provided at this hospital were caring. Most patients we spoke with, the care we observed, and the results of patient surveys and the family and friends test, all indicated that most patients received caring and compassionate care. Although most staff reported good leadership within the directorate we had concerns that despite significant non-compliance with the WHO checklist in September 2013 this had not been addressed sufficiently. Although we were impressed by individuals at a local level, the new clinical leadership structure required further embedding.

Critical care

Requires improvement



The findings of our review of the critical care services were very mixed. Nursing leadership and nursing care on the ITU were to a good standard and the latest nursing guidelines were being effectively implemented. The unit nursing sister was insightful and proactively managed the unit. Medical staff aimed to provide a good standard of care but there was not a sense of strong medical leadership within the ITU; the symptoms of which included the lack of pace in keeping up with nationally recognised best practice guidance, for example, not having twice-daily consultant ward rounds at weekends and not reviewing new admissions within 12 hours. There was a lack of joined-up thinking between the two main hospital sites and we had concerns about the plans to replicate the HDU services provided at Diana, Princess of Wales (DPOW) hospital at SGH. In relation to medical practice, best practice on the unit was not up to date. Outcome data for patients on the ITU was reasonably positive. We found staff, particularly staff in direct contact with patients, to be compassionate and respectful to patients and families. We observed staff being equally caring to those patients who were ventilated and who would not have been aware of their surroundings. Data in relation to patient access and flow for the ITU was mixed. Delayed discharges were the main concern especially in terms of the negative impact this can have on patients.

Maternity and family planning

Good



There were effective arrangements in place for reporting patient/staff incidents and allegations of abuse which was in line with national guidance. Staff were aware of the process for reporting and there was learning from incidents. A national trigger

Summary of findings

tool and maternity dashboard was used to identify and report incidents specific to maternity care. Figures showed midwifery staffing levels were below those nationally recommended. The service was aware of this shortfall in midwifery staffing and staffing and escalation protocols were followed to ensure staffing and skill mix levels were safe on each shift. Women told us they had received continuity of care and one-to-one support from a midwife during labour. Medical staffing was in line with national recommendations.

The maternity service used national evidence-based guidelines to determine the care and treatment they provided. There was a multidisciplinary approach to care and treatment which involved a range of providers across health care systems to enable services to respond to the needs of women. The service participated in national and local audits. Women spoke positively about their treatment by clinical staff and the standard of care they received. They told us staff treated them with dignity and respect. Women said they felt involved in developing their birth plan and had received sufficient information to enable them to make choices about giving birth. All women booked into the unit had a named midwife. Patient confidentiality was maintained in verbal communication, during discussions and in written records. The service was well led and understood the views of patients about their care. Concerns and best practice were shared to improve the service. Staff were encouraged to drive service improvement. The service had won a national award for promoting a normal birth experience.

Services for children and young people

Good



Incidents were well reported and staff received direct feedback in response to issues raised. We found that there were suitable numbers of nursing and medical staff on the unit which was clean and well equipped. Safeguarding policies were in place and mandatory training undertaken. The service used evidence-based care and treatment and had a clinical audit programme in place. There was evidence of multidisciplinary working and access to seven-day services. Children received care and treatment from competent staff. Effective pain relief arrangements were in place. Nursing, medical

Summary of findings

and other healthcare professionals were caring and children and parents were positive about their experiences. Parents felt involved in the decisions about their children's care and treatment and records were completed sensitively. The service was mostly meeting people's individual needs but access to information in other languages, such as leaflets for patients could be improved. The trust was improving the way it handled complaints. The children's service was well-led. Staff were aware of the trust vision although there was no specific vision for children's services. There was a named senior registered nurse who was responsible for influencing the commissioning and management of children's services. Quality and patient experience was seen as all staff's responsibility.

End of life care

Good



There was a Specialist Palliative Care (SPC) Team located at Scunthorpe General Hospital. It provided support and advice to inpatient services within the hospital. Staff working in the service were experienced, knowledgeable and passionate about providing good care for patients. Overall people were protected from abuse and avoidable harm. DNACPR records were completed safely and appropriately. The trust had a process in place to identify the learning needs of staff. There was a clear strategy for end of life care with good local leadership and executive board oversight. The lack of medical palliative care input was acknowledged and attempts were being made to recruit to the post. Nursing staff prioritised safe, high-quality, compassionate care for patients at the end of life.

Outpatients

Good



Outpatient areas were appropriately maintained and fit for purpose. Incidents were investigated appropriately and actions were taken following incidents to ensure that lessons were learnt and improvements shared across the departments. Staffing levels were adequate to meet patient need. Staff were caring and the service responded to patients' needs. Patients said staff treated them well. Patients said they received information about their treatment so they understood what was happening and that delays to appointment times were kept to a minimum.

Summary of findings

Although the trust was meeting the target referral to treatment times we found that it had a relatively high did not attend rate, combined with a significant number of outpatient appointments cancelled in the six weeks prior to our inspection due to lack of medical cover alone. The trust planned to implement a 'go live' system in September 2014 to improve the do not attend rate. Otherwise complaints were well handled and there was appropriate facilities to ensure that patients with increased needs were well looked after. The clinics focused on patient care. Staff understood the vision and values of the organisation. Staff and patient engagement was encouraged to achieve continuous improvement. The trust board were aware of the issues surrounding the cancellation rates and these were discussed at the finance and performance committee.

Requires improvement 

Scunthorpe General Hospital

Detailed findings

Services we looked at

Accident and Emergency; Medical care (including older people's care); Surgery; Critical care; Maternity and family planning; Services for children and young people; End of life care; Outpatients

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Detailed findings

Background to Scunthorpe General Hospital

Scunthorpe General Hospital is one of three acute hospitals within Northern Lincolnshire and Goole NHS Foundation Trust. This trust has been selected as one of the first trusts to be inspected under CQC's revised inspection approach. It was selected for inspection as an example of a 'high' risk trust. Northern Lincolnshire and Goole NHS Foundation Trust achieved Foundation Trust on May 1 2007.

Northern Lincolnshire and Goole NHS Foundation Trust was one of 14 trusts, which were subject to a Sir Bruce Keogh (the Medical Director for NHS England) investigation in June 2013, as part of the review of high mortality figures across trusts in England. As a result the trust has been subject to enforcement action by Monitor and is currently in Special Measures.

Scunthorpe General Hospital provides a wide range of district general services to the population of North Lincolnshire. This hospital has approximately 400 inpatient beds as well as day beds providing medical and surgical services; maternity delivering more than 2,000 babies a year, children and young people services, and a critical care unit. It also has an accident and emergency department seeing around 60,000 attendances every year, and an outpatients department.

The accident and emergency department at Scunthorpe General Hospital provides a service for people who live in North Lincolnshire. It is a consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients.

Between April 2013 and March 2014 the accident and emergency department saw 60,813 patients. Of this number 12,023 were children.

Scunthorpe General Hospital at Scunthorpe has eight medical wards, including a specialist stroke unit, medical

assessment unit and a short stay ward. The medical directorate has within it a number of different specialties including general medicine, care of the elderly, cardiology, respiratory medicine, diabetology, gastroenterology and stroke care.

This hospital provides a range of surgical services including general surgery, trauma and orthopaedics, gynaecology, and day surgery. There are 5 wards which provide surgical services at Scunthorpe General Hospital, with approximately 110 surgical inpatient beds. There is also a day surgery ward. There are 8 theatre suites including designated emergency and trauma theatres.

Scunthorpe General Hospital has an eight bedded intensive therapy unit (ITU) which comes under the surgery and critical care directorate.

The maternity service at Scunthorpe General Hospital provided antenatal, intrapartum and postnatal care to women. The unit delivered approximately 1,850 babies in 2012/2013.

There are 25 paediatric beds at this hospital which includes 6 assessment beds and 2 high dependency beds. The ward provided a range of paediatric services including general surgery, medicine and high dependency care. In addition, the hospital has 10 neonatal intensive care (NICU) beds and 4 transitional cots.

End of life care services were provided throughout the Trust. The Specialist Palliative Care (SPC) Team is located at Scunthorpe General Hospital.

At Scunthorpe General Hospital 162,008 patients attended outpatient clinics between April 2013 to March 2014.

Our inspection team

Our inspection team was led by:

Chair: Bill Cuncliffe, Colorectal Consultant Surgeon. **Head of Hospital Inspections:** Julie Walton, Care Quality Commission

Detailed findings

The team of 33 included CQC inspectors and a variety of specialists: Consultant Paediatrician, Medical consultant,

ENT consultant, consultant anaesthetist, junior doctor, matron, senior nurses, nurse practitioner, physiotherapist, health visitor, student nurse and experts by experience.

How we carried out this inspection

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

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

The inspection team always inspects the following core services at each inspection:

- Accident and Emergency (A&E)
- Medical care (including older people's care)
- Surgery
- Intensive/critical care
- Maternity and family planning
- Services for children and young people
- End of life care
- Outpatients

Before visiting, we reviewed a range of information we held about the hospital and asked other organisations to share what they knew about the hospital. This included the clinical commissioning group, local area team, Monitor, Health Education England and Healthwatch. We carried out announced visit on 25th April 2014 and an unannounced visit on 6th May 2014. During the visits to get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider :

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- End of life care
- Outpatients

Before visiting, we reviewed a range of information we held about the hospital and asked other organisations to share what they knew about the hospital. This included the clinical commissioning group, local area team, Monitor, Health Education England and Healthwatch. We carried out announced visit on 24 April 2014. During the visit we held a focus group with a range of hospital staff, including support workers, nurses, doctors (consultants and junior doctors), physiotherapists, occupational therapists and student nurses. We talked with patients and staff from all areas of the trust, including the wards, theatres, critical care, outpatients, maternity and A&E department. We observed how people were being cared for, talked with carers and/or family members and reviewed patients' personal care or treatment records. We held three listening events on 23rd April 2014 in Goole, Grimsby and Scunthorpe to hear people's views about care and treatment received at the hospitals. We used this information to help us decide what aspects of care and treatment we looked at as part of the inspection. The team would like to thank all those who attended the listening events.

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Detailed findings

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Facts and data about Scunthorpe General Hospital

Trust-level context and facts

- The annual budget is around £300 million.
- Other locations registered for this trust are Monarch House and Community Equipment Store; these were not included in this inspection.
- There was around 105,000 inpatients and around 400,000 outpatients treated across the trust 2012-2013.

Trust-level safety

- There were 12 Never Events (events so serious they should never happen) between December 2012 to January 2014. These involved one drill guide retained in a patient's hand following surgery and a locum surgeon implanting the wrong lens in 11 patients' eyes during cataract surgery.
- There were 63 Serious Incidents between December 2012 and January 2014, wards accounted for the majority with 47.6% in total. Pressure ulcers Grade 3 accounted for 30.2% of all incidents reported, the majority of which occurred at the DPOW.

Safety Thermometer data

(It must be noted that caution should be used when comparing trust Safety Thermometer results to the national average as this does not account for trust to trust variation in the demographic make-up of the population).

- For new pressure ulcers the trust performed above the national average for the entire year.
- For new UTIs the trust performed below the national average for six months of the year.
- For falls with harm the trust performed below the national average for seven months of the year.
- The trust's infection rates for C. difficile and Methicillin-Resistant Staphylococcus Aureus (MRSA) lie within a satisfactory statistically acceptable range for the size of the trust.

Effective

- Tier 1 Mortality Indicators (used for the assessment of mortality). There were zero Tier 1 indicators flagged as 'risk' or 'elevated' risk for the trust.
- Other Tier 1 indicators – a risk was identified for the proportion of patients who received all secondary prevention medications for which they were eligible.

Responsive

- During December 2012 and April 2013 the trust struggled to achieve the 95% target for admitting or transferring or discharging patients within four hours of their arrival in the A&E department. However the performance did improve and in February 2014 saw the highest percentage at 98.7%.
- Cancelled operations – the trust performed similar to expected for patients not treated with 28 days of a last minute cancellation due to non-clinical reason and the proportion of patients whose operation was cancelled.
- The trust performed similar to expected with regard to patients being given enough notice when they were going to be discharged and discharge delays for more than four hours.

Well-led

- Overall sickness – 4.4%, national average is 4.2%.
- Agency spend – the trust performed better than expected for full time equivalent bed days with 1.97 compared to a national average of 1.94.
- NHS Staff Survey 2013 – the results are organised into 28 key findings. Five of the indicators show performance that is better than the expected and placed within the top 20% of trusts nationally. Nine of the indicators were placed in the bottom 20%. Trust staff are less likely to recommend the trust as a place to work or receive treatment and report lower levels of fairness and effectiveness of incident reporting procedures and support from immediate managers.

Detailed findings

Our ratings for this hospital







Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Accident and emergency	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Critical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and family planning	Good	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Requires improvement	Good	Good
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Notes

We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both A&E and Outpatients.

Accident and emergency

Safe	Requires improvement	
Effective	Not sufficient evidence to rate	
Caring	Good	
Responsive	Requires improvement	
Well-led	Requires improvement	
Overall	Requires improvement	

Information about the service

The A&E department at Scunthorpe General Hospital provides a service for people who live in Lincolnshire and North Lincolnshire. It is a consultant-led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients.

Between April 2013 and March 2014 the A&E department saw 60,813 patients. Of this number, around 12,000 were children.

During our inspection, we spoke with 14 patients and relatives, and 14 members of staff. We observed care being undertaken, reviewed clinical records and tracked a patient's journey through A&E. We also inspected the environment and facilities.

Summary of findings

There were arrangements in place for the reporting and investigating of incidents and we saw examples of changes that had been implemented as a result of learning from these. Staff were aware of clinical guidance for patients with specific needs or diseases and we saw these were being implemented in practice. The department had breached the four hour target in seven of the 12 months over the period April 2013 to March 2014. Although there were systems in place to manage periods of demand breaches of the standard still occurred. We found that systems were in place to manage surges in flow and busy periods in the department.

A review of staffing levels, both nursing and medical, had resulted in the need for more staff in both areas. The trust was in the process of recruiting increased numbers of nursing and consultant medical staff, although they were constrained by a national shortage of consultant applicants. Medical staff attendance at mandatory training was low, particularly in relation to safeguarding although there were policies for the management of safeguarding concerns in place.

We found that staff behaved in a caring manner towards patients and patient's pain was managed well. We found that A&E service leadership was in a period of change and there was movement away from being completely reactive to being more reflective. There was evidence that the leaders in the department were taking steps to make changes.

Accident and emergency

Are accident and emergency services safe?

Requires improvement 

There was no coherent organisation of qualified paediatric nursing support for children who attended the department.

The numbers of staff attending mandatory training were low and we noted 33% of medical staff were up to date with safeguarding training. A review of staffing levels, both nursing and medical, had resulted in the need for more staff in both areas. The trust was in the process of recruiting increased numbers of nursing and consultant medical staff, although they were constrained by a national shortage of consultant applicants.

There were appropriate systems in place for the management of deteriorating patients and major incident plans for the management of emergency events and pressures.

Incidents

- There were two serious incidents reported by the trust from the A&E services at this hospital from December 2012 and March 2014. Both had been investigated and learning shared with staff.
- Nursing staff told us that incident reporting is through the electronic 'Datix' system. Following an incident being put onto the system the senior nurse in A&E has five days to respond.
- We reviewed one investigation into a serious untoward incident (SUI) that occurred in November 2013. The report found there had been deficiencies in the management of a cardiac arrest. This had involved poor communication between the 'hospital at night charge nurse' and medical staff. Recommendations were made which included ensuring that only suitably experienced nurses took the post of 'hospital at night charge nurse'.
- Learning from incidents was discussed at monthly meetings attended by consultants and senior members of the nursing staff.
- We saw changes had been made for the storage of equipment in the resuscitation room based on learning from a serious incident.

Cleanliness, infection control and hygiene

- Infection control information was visible in the department.
- Infection control audits were completed every month. These monitored compliance with key trust policies such as hand hygiene. Most areas within A&E demonstrated full compliance from April 2013 to present. However, we observed staff not cleaning their hands between patients.
- We found that trolleys which were not in use had notices on indicating when sheets and blankets had last been changed. Curtains in patient cubicles were disposable and also had notices indicating when they had last been changed.
- The environment was generally clean and free of clutter.

Environment and equipment

- There was also no dedicated room for the assessment of patients with mental health conditions.
- We found the resuscitation room to be in good order and well stocked. However, as it was also used for the treatment of stroke patients by another department as well as resuscitation and trauma care we found it to be too small for its purpose.
- Medical and nursing staff told us that the resuscitation room was too small.
- We found that adequate equipment was available and was clean, regularly checked and ready for use.
- Although clinical areas had been set aside for children there was no separate entrance or waiting area for them. We saw there was a play room off the waiting room although it was not being used during the time of our visit.

Medicines

- Medicines were stored correctly including in locked cupboards or fridges.
- We observed staff checking controlled drugs in a safe and appropriate manner.
- Medicines were reviewed by the pharmacists twice weekly.
- We found that the temperature of fridges were regularly checked to ensure that they were kept within the correct range for the correct storage of medication.

Records

- We observed nursing and medical staff completing records during and after interactions with patients and found they had been completed appropriately.

Accident and emergency

- We saw the department's computer system was updated in a timely manner. This recorded where people were in the department and when they had been discharged or transferred.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We reviewed consent forms which were available for both adult patients and for people with parental responsibility to consent on behalf of children. We found that these were completed appropriately.
- There were also specific consent forms for adults who were unable to give consent. The forms contained guidance on the actions to take in such cases.

Safeguarding

- Systems were in place for the reporting of safeguarding incidents so that they could be appropriately investigated by multi-agency safeguarding teams.
- Designated staff had access to the child protection register to enable them to check if a child was on the register and record any suspicions of abuse on the register. We found that local authority safeguarding authorities were contacted when appropriate.
- Mandatory training in safeguarding was provided, with A&E staff trained up to level 1 for adult safeguarding and level 2 for children's safeguarding.
- 76% of nursing staff had received level 1 safeguarding adults training, while 76% had received level 2 safeguarding children training.
- We found that 39% of medical staff had received level 1 safeguarding adults training, while 33% had received level 2 safeguarding children training.

Mandatory training

- The level of mandatory training for A&E was at 55%. This was against a trust target to achieve 95% by the end of December 2014.
- This broke down as being 63% for nursing and support staff, and 35% for medical staff.
- We were informed by the A&E managers that efforts were being made to improve performance in this area.
- Staff told us that the availability of mandatory training had improved although nursing staff told us they often had to complete the training in their own time.

Management of deteriorating patients

- We observed patients being assessed by nursing and medical staff using the 'National Early Warning Score' (NEWS) assessment system.

- Patients were assessed on arrival by a nurse who determined whether they could wait to be treated by an emergency nurse practitioner, a GP or an A&E doctor in the minor's area.
- There was also a single point of access nurse who ensured patients who could be seen by a primary care doctor were directed to the right person.
- If they required dressings, observations or pain relief they were triaged to ensure they were seen according to the severity of their condition.
- We observed A&E medical staff handing patients over to the specialty medical teams for further assessment and treatment. We also observed patients being handed over by the ambulance staff to nursing staff.
- There was an escalation policy which included actions to be taken in the case of the attendance of a large number of highly dependent patients.

Nursing staffing

- Staffing levels were calculated using a recognised tool. A recent review of the staffing levels had resulted in more qualified nurses and healthcare assistants being recruited by the trust.
- We reviewed a document which showed the present nursing establishment and the increased establishment the trust were now recruiting to. This would increase the number of qualified nurses from 32.7 whole time equivalents (wte), the present establishment, to 48.5.
- The number of healthcare assistants would increase from 9.8 wte, the present establishment, to 15.94.
- The nurse numbers would also involve an increase in the number of emergency nurse practitioners (ENPs). ENPs are nurses who have done extended training to treat patients attending with minor conditions.
- The ENPs work mainly with minor injuries although they are in the process of increasing the number of those who can also treat patients attending with minor illness.
- The nurse manager told us they also intended to recruit a nurse to work with the medical staff as an advanced nurse practitioner in the majors area. This would involve assisting in the care of some of the sickest patients in the department.
- Nursing staff we spoke with told us a large number of bank and agency staff were used. However, they said they had no safety concerns with their use as they were all experienced A&E nurses. Bank staff are temporary staff employed by the hospital while agency staff are temporary staff employed by independent agencies.

Accident and emergency

- We spoke with nursing staff who told us there were normally ten qualified nurses and one Emergency Nurse Practitioner (ENP) supported by two healthcare assistants during the day. They also told us that at night there were six qualified nurses and one healthcare assistant.
- These numbers were corroborated by rotas for February 2014 that we reviewed.
- When we spoke with nurses who worked as ENPs they told us that the minor injury conditions they could treat were limited in comparison with other A&E departments.
- There was no dedicated support for children in the department. Although there were two ENPs who had training in paediatrics, and another nurse who had paediatric experience, they did not specialise in this role. If a child required paediatric support a nurse from the paediatric team was called from the children's ward.
- There was also no play specialist employed in the department.
- The consultants and the associate specialist worked a variable shift pattern with presence during the day on Mondays, through to Sundays. On Friday nights there was a consultant who worked to 10pm. Out of hours there was always a consultant on-call.
- On the day we visited the department we found there were two staff grade doctors working throughout the day, supported by a third staff grade who came on in the afternoon. Staff grades were middle grade doctors in non-training posts.
- There were two specialist registrars covering the night shift, one of whom was a locum. Specialist registrars are experienced doctors specialising in A&E.
- There were two junior trainee doctors on during the day, supported by a third who came on in the afternoon.
- There was another junior trainee who worked during the night.
- We reviewed the rota for the week of the inspection which corroborated these findings.
- There were no A&E doctors specifically qualified in paediatrics that worked in the department. Assistance was obtained from the on-call specialist paediatricians.

Medical staffing

- The department had an establishment of five A&E consultants although there were three in place. Two of the posts were filled with locum consultants, one of whom would be leaving at the end of May 2014. However, there was also an Associate Specialist who worked on the consultant rota. Associate Specialists were senior doctors who in seniority stand just below consultants.
- The "Emergency Medicine Consultants Workforce Recommendations"; The College of Emergency Medicine; April 2010 recommends that there should be 10 A&E consultants for a department which sees between 50,000 and 80,000 patients a year. In 2013/14 the A&E at Scunthorpe saw 60,812 patients. However, because of a national shortage of suitably qualified aspirant A&E consultants A&E departments have found it difficult to meet these recommended numbers.
- The lead consultant for A&E told us they were actively trying to recruit up to their consultant establishment but were finding it difficult to attract people to the posts. They also told us they had tried to make the posts more attractive by offering them as joint appointments with the teaching hospital and regional major trauma centre at Hull. However, the lead consultant for A&E told us they had not received sufficient suitable interest in the post.

Major incident awareness and training

- There was a major incident plan in place.
- Although this had not been practiced recently the senior nursing staff told us an exercise was being arranged.
- There was also a chemical, biological, radiation and nuclear (CBRN) plan, for which an exercise had recently been held.
- There was a store for the equipment used during a CBRN incident, which was tested during the exercise.
- We also found that the trust had a business continuity plan.
- There were also other specific plans including ones for adverse weather and heatwave.
- The trust had a business continuity plan dated 12 November 2013 and an overarching business continuity policy dated 25 April 2014.
- Key functions were set out in the plan in order of priority and these included bed management and site management.
- The plan outlined specific risks and a business impact analysis was included. Recovery time objectives (RTO) and maximum tolerable periods of disruption (MTPD) were not specified.

Accident and emergency

Are accident and emergency services effective? (for example, treatment is effective)

Not sufficient evidence to rate

Staff were aware of clinical guidance for patients with specific needs or diseases and we saw these were being implemented in practice. There were directions in place to enable emergency nurse practitioners to be able to administer medicines.

Pain appeared to be well managed and there were arrangements to ensure patients in the waiting room were given pain relief. There was evidence of multidisciplinary working and some provision of a seven day service.

Evidence-based care and treatment

- There was a database on the A&E computer system which contained treatment protocols for various conditions.
- Clinical governance meetings were held on a monthly basis in the directorate of medicine discussed new NICE (National Institute for Health and Care Excellence) guidance and updates to guidance.
- We reviewed treatment protocols and flow charts for the treatment of various conditions. We observed staff appropriately following these procedures.
- The ENP's had protocols for the treatment of patients with minor injuries. There were also patient group directions (PGDs) which allowed them to administer medicines.

Pain relief

- There were procedures in place to ensure people's pain was managed.
- Assessment and triage nurses checked on patients in the waiting room to ensure they did not require pain relief.
- We observed nurses in the major's area giving pain relief to patients.
- Patients told us they were provided with pain relief.
- The College of Emergency Medicine (CEM) 'Pain in Children' audit was undertaken in 2011. This showed that 50% of children in severe pain received analgesia (pain relief medication) within 20 minutes of attendance

in A&E. The figures also showed that 88% of children received analgesia within 30 minutes, while 88% received it within 60 minutes. The latter figure was not compliant with the CEM standard of 98% of children receiving pain relief in one hour.

This was the last CEM audit undertaken in this area and no further discussion of this subject was noted in audit meeting minutes from December 2013.

- We tracked a patient who had suffered a fractured neck of femur as they were treated in the department. We observed the nursing staff administering pain relief and monitoring the effectiveness of this pain relief.

Nutrition and hydration

- We observed nutrition and hydration being provided to patients. On one occasion we intervened on behalf of a patient to ask if they could have something to drink. This was then readily provided by a member of the nursing staff.

Patient outcomes

- We found that the department took part in audits organised by the College of Emergency Medicine, including into pain relief in children, and feverish children.
- Audits undertaken in the department were discussed on a monthly basis at audit meetings attended by medical and senior nursing staff.
- The meeting held in March 2014 discussed audits which were being undertaken into severe sepsis and septic shock, paracetamol overdose, and moderate and severe asthma.

Competent staff

- Nursing staff told us they had regular appraisal. They felt they were given appropriate support and supervision from their clinical managers.
- We spoke with junior A&E doctors who told us they had regular supervision from the A&E consultants. They felt there the atmosphere in the department was supportive.
- The trust records for the appraisal of all staff in the trusts medical directorate, which included A&E at Scunthorpe, was 63.80% for February 2014. This showed a continued improvement from July 2013, where compliance was at 28% for the medical directorate at Scunthorpe. Until February 2014 the locations were counted separately.

Accident and emergency

- Revalidation for emergency medicine consultants throughout the trust was at 57.1% as of November 2013. This was against an expected completion rate of 64%. This was the latest data which was available from the trust.

Multidisciplinary working

- We found that there was multidisciplinary working with GPs, with patients being assessed on arrival as to whether they should be seen in one of the four GP consulting rooms.
- There was full access to radiology services over the 24-hour period.
- There was a team, including physiotherapists and occupational therapists to assist with the discharge of patients from the department.
- The local mental health trust, Rotherham Doncaster and South Humber NHS Foundation Trust, provide a crisis team which assesses people who attend with mental health issues. This team was contacted by staff in the department when required. The department was not a place of safety, under the terms of the Mental Health Act 1983.
- There was no designated room where mental health professionals could assess patients.
- We found systems in place for the referral of people who needed help with problems they might have with the abuse of drink or drugs.

Seven-day services

- We found that over the seven-day week the consultants and the associate specialist worked a variable shift pattern with presence during the day on Mondays, through to Sundays. On Friday nights there was a consultant who worked to 10pm. Out of hours there was always a consultant on call.
- Children who attended A&E were referred, where required, for treatment and care, to the on-call paediatrician. Paediatric nursing support was obtained from the children's ward when required.
- Pharmacy services were available on a 24-hour basis, with an on-call pharmacy for out of hours.
- There was an on-call physiotherapy service after 10pm
- Occupational therapy was not available at weekends.
- Imaging services were available out of hours.

Are accident and emergency services caring?

Good



We found that staff behaved in a caring manner towards patients. Nursing and medical staff fully involved patients in their care.

Compassionate care

- Completion of the friends and family test by patients was low within the department, with the percentage completion rate below 1%. However we found the friends and family test forms were readily available in all parts of the department.
- During our inspection we observed that staff behaved towards patients in a caring and compassionate manner.
- The results of the CQC Adult Inpatient Survey 2013 found the A&E departments performing about the same as other trusts for care and treatment.

Patient understanding and involvement

- We observed both nursing and medical staff fully involving patients in their care.
- Patients told us that staff fully explained to them their diagnoses and treatment options.

Emotional support

- While in the department we did not witness emotional support being provided to patients or their relatives.

Are accident and emergency services responsive to people's needs? (for example, to feedback?)

Requires improvement



The environment and facilities for children were poor as there was no specific children's entrance or children's waiting area. Although there was a children's play area this was not in itself sufficient to keep children separated from adults. This is despite the fact that 12,023 children attended the department in 2013/14.

There were systems in place to manage surges in flow and busy periods in the department. The A&E four hourly wait times for the trust was similar to the England

Accident and emergency

average overall. Although there were systems in place for staff to learn the lessons of complaints we found no evidence from departmental staff meetings of this taking place.

Service planning and delivery to meet the needs of local people

- There was an escalation policy for when the department was busy.
- An operations centre adjacent to A&E was in place where surges in demand were managed through organising the discharge of patients in the hospital and obtaining greater levels of support from within the trust as a whole and from partner agencies.
- There were also major incident plans for the management of demand in exceptional circumstances.

Access and flow

- The A&E four hourly wait times for the trust was similar to the England average overall. We spoke with nursing and managerial staff who told us that any delays were caused by the medical specialties not admitting patients to their wards in good time. They said that although there were some medical consultants who exhibited good practice there were others who did not prioritise the need to admit patients within four hours.
- The department also breached the standard that ambulance patients had to be handed over to A&E staff within 15 minutes. The level of breaches of this standard was around 11%. The trust informed us following inspection that the information on handover had yet to be validated.
- Actions to improve on ambulance handover times were undertaken in cooperation with the ambulance service.
- There were also escalation processes which put ambulances on divert. This involved patients being conveyed to other local A&E departments in Grimsby and Doncaster.
- We spoke with both A&E staff and ambulance staff who told us that ambulance handover times were a concern when the department was busy.
- We found that in 2013 a total of 1,109 patients left the department without being seen.
- There was an operations centre adjacent to A&E where computer software allowed for a real-time view of the bed state in the hospital. This assisted in the management of admission and discharge procedures which took the pressure off the A&E department.

Meeting people's individual needs

- We found there were no special facilities and systems in place to meet the needs of children. Although there were cubicles in majors and resuscitation areas for children the waiting area for children was the same as for adults.
- There were systems in place for the provision of translation services for people whose first language was not English.
- We found that although there were systems in place for the provision of interpretation services for people who communicated using British Sign Language (BSL), staff were not all aware of these. There was a link nurse for learning disabilities. However, no training had taken place for staff so they could better understand the needs of patients with a learning disability. The senior nurse told us they would liaise with the A&E department in Grimsby who had organised training for staff in the needs of people with a learning disability.
- We were also told by nursing staff we spoke with that there were no adaptations or special facilities to improve the experience of the elderly and people with dementia.
- There was a room for the families of people whose loved ones had recently died, or had been brought in dangerously ill, where they could talk with staff in private. In this room information leaflets were available although stored in a cupboard so as not to upset people unnecessarily.
- The door leading to this room was not appropriate and the room was small.
- We saw a leaflet about the multi-faith chaplaincy service available in the trust, including for people's whose relatives had died in A&E. This included an out-of-hours service.

Environment

- There was one entrance to the department which was used by both emergencies being brought in by ambulance and patients walking into the department to book in at reception. This meant that the privacy and dignity of patients with serious injuries was compromised. People walking into the department, including children, could view seriously injured patients which could cause distress.

Accident and emergency

- Following entry into the department ambulance patients went in one direction, while people walking into the department in another. As this was not signposted clearly enough there was the possibility of confusion.
- We observed people who were going to other departments in the hospital using the A&E entrance as a way of accessing the main hospital. This meant that the privacy of people in the waiting room was compromised, as well as leading to possible risks to security within the department.
- Senior A&E nursing staff told us that people with wheelchairs and mobility scooters often used the A&E entrance to access the main hospital as they found the main hospital entrance difficult to access.
- A car parking payment machine was located next to the entrance opposite the emergency ambulance parking area. This encouraged people to wait around the entrance area.
- The senior managers told us there was a capital plan proposed for the department which would lead to the creation of two entrances. However, this plan was in an early stage as far as these developments were concerned.
- The reception desk was in an open area and there was no privacy for patients booking in. Reception staff told us there was a room where people could book-in in private, or they could write their symptoms down on paper.
- Patients told us they felt it was unacceptable there was not a separate waiting room for children.
- The department did not have a viewing room where people could view loved ones who had died in the department. There was a room for the use of people whose relatives had recently died but this room was very cramped.

Learning from complaints and concerns

- Although systems were in place for staff to learn the lessons of complaints we found no evidence from departmental staff meetings of this taking place.
- We reviewed the minutes of the 'medicine group quality assurance' meeting that took place in December 2013. At this group which was attended by senior staff from the medicine directorate, including A&E, it was decided that the action plan following a complaint should be managed by the senior A&E consultant at Scunthorpe.

- We also reviewed the minutes of an audit meeting, which took place in March 2014 that was attended by A&E medical staff. During the meeting a presentation was given about an audit being undertaken into 'patient communication'. This audit had taken the form of asking 52 patients questions about the communication skills of the doctor who had treated them. The results showed that patients who attended through the minors' stream, that were not admitted, were less satisfied than those who had been admitted through the majors' stream, and then admitted.
- The audit was based on research which showed that 70%–90% of complaints resulted from poor communication and that if a doctor's communication skills were good then patients perceived their technical skills to be good.
- The action from this ongoing audit was that the appraisals of the A&E doctors would include patient feedback. This showed evidence that A&E medical staff were putting systems in place to learn the lessons of complaints.

Are accident and emergency services well-led?

Requires improvement



Although we found that A&E service leadership was in a period of change, we were concerned that insufficient progress had been made to address some of the safety and responsive issues found within the department. There was a drive towards developing joint working with services at Diana, Princess of Wales site, but again this was in its infancy.

Vision and strategy for this service

- The lead consultant for A&E services in the trust told us that work was taking place on developing a vision and strategy for the service. This included a closer working relationship with the A&E department in Scunthorpe and the minor injuries unit at Goole.

Governance, risk management and quality measurement

- As an organisation the trust had systems in place for governance, the management of risk and the measurement of quality which are replicated in the A&E department.

Accident and emergency

- These included monthly meetings to discuss clinical governance issues which were attended by A&E consultants, senior nursing staff and managers. We found these meetings fed into trust level quality assurance meetings, and down to staff meetings held in the A&E department.

Leadership of service

- At the time of the inspection the A&E department at Scunthorpe was managed clinically by a lead consultant and a lead nurse. They then reported into a senior consultant responsible for the clinical management of the departments at Scunthorpe, Grimsby and Goole. There was an overarching system of management in that the department is part of the directorate of medicine which is managed by an associate medical director, a general manager and a senior nurse.
- We found that work was being done to improve the leadership of the service. The senior nurse for the department had recently returned after spending time shadowing the senior nurse in the trust's other A&E in Grimsby.
- We also spoke with the senior consultant based at Grimsby who had recently taken over management of all A&E services provided by the trust, including at Scunthorpe.
- He told us of his plans for closer working between the two departments.
- The impression was of leadership undergoing a period of change.
- We found that within the directorate of medicine where A&E services sat there was support from the leadership of the directorate.
- Both nursing and medical staff told us they were satisfied with the leadership they got from the senior nurse and the consultants in the department. They also told us that the chief executive would visit the department.

Culture within the service

- Nursing staff told us that morale in the department had improved and that they felt listened to.

- Junior medical staff told us that that the senior doctors were approachable and helpful although communication was difficult when the department was busy.
- However, nursing staff we spoke with felt that not all consultants in the medical directorate were fully engaged in ensuring the department met the four-hour wait standard.
- The general manager told us that there was ongoing engagement with the medical consultants to change what was a cultural attitude.





Public and staff engagement

- Nursing and medical staff told us they felt listened to and there were processes within the department and the trust to gain the views of staff.
- We did not see any evidence outside of the friends and family test of the A&E department engaging with the general public.

Innovation, improvement and sustainability

- There were systems within the trust which encouraged innovation.
- The lead nurse for the A&E at Scunthorpe told us that they were developing the role of advanced nurse practitioner, who would work with the medical staff in the majors and resuscitation areas. It was intended that this person would work on the doctors' rota and treat patients.
- They told us they had also developed the skills of some of the emergency nurse practitioners so they could treat patients with a minor illness, as well as those with minor injuries.
- We found there was a new innovative IT system developed by staff at the trust that allowed the hospital to plan the effective discharge of well patients in order to allow the admission of sick patients from A&E. The system was based in an operations centre adjacent to the A&E department.

Medical care (including older people's care)

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

Information about the service

Scunthorpe General Hospital at Scunthorpe has eight medical wards, including a specialist stroke unit, medical assessment unit and a short stay ward. The medical directorate has within it a number of different specialties including general medicine, care of the elderly, cardiology, respiratory medicine, diabetology, gastroenterology and stroke care.

We looked at the records of 10 patients, spoke with 15 patients and relatives, and spoke with 12 doctors, five nurses, three therapists and five ward managers. We visited six wards and carried out observations on the wards we visited. Before the inspection, we reviewed performance information from, and about the trust.

Summary of findings

We found the medical wards to be clean and well maintained. There were mechanisms in place to manage incidents and monitor some of the safety aspects of wards such as specific patient harms. There were large numbers of vacancies across the medical directorate, resulting in insufficient staff numbers to meet their establishment, or had shifts of staff without the full range of skills needed. Mandatory training was variable across the directorate with some wards having poor attendance rate. The standard of record keeping was variable in terms of a failure to carry out risk assessments fully, or implement appropriate care pathways to minimise the risks to patients. At present there was no out of hours upper gastrointestinal service on this site. However in an emergency patients could be transferred to the Diana Princess of Wales site for intervention.

Clinical audits took place to ensure that staff were working to expected standards and following guidelines.

Access to diagnostic services were provided seven days a week, including bank holidays. However, patients reported there were times when they had to wait over a weekend or bank holiday to access some tests and scans. Additionally, medical input on wards was sometimes poor over bank holiday periods with some patients not being seen by a doctor until after the holiday, unless they were deteriorating.

Medical care (including older people's care)

Staff at Scunthorpe General Hospital reported that they felt well supported by their managers and that there was an open and just culture. Most were aware of the future vision of the trust and felt that the executive and senior management of the trust were accessible.

Are medical care services safe?

Requires improvement 

There were mechanisms in place to manage incidents and monitor some of the safety aspects of wards such as specific patient harms. This was done using nationally-recognised tools. On the whole, wards were clean; however there were instances when wards were untidy and crowded with equipment. There was sufficient equipment on most wards to meet people's moving and handling needs although sometimes wards had to borrow equipment such as hoists from each other.

Record keeping on the medical wards varied in standard. There was some evidence that staff were aware of the Mental Capacity Act 2005 and its application however this was not always supported by the appropriate documentation.

Due to the large number of vacancies across the medical directorate, there were times when wards had problems with insufficient staff numbers to meet their establishment, or had shifts of staff without the full range of skills needed. The trust was using a significant number of temporary staff, agency and bank nurse and locum medical staff. This was an issue for all grades and disciplines of staff.

Mandatory training was patchy across the directorate with some wards having very poor attendance rates. This meant that some staff were not up to date with all of their mandatory training, thus increasing the risk to the safety of patients. It increased the risk of patients receiving care, support and treatment that was not necessarily appropriate or in line with national standards.

At present there was no out of hours upper gastrointestinal service on this site. However in an emergency patients requiring intervention could be transferred to the Diana Princess of Wales site.

Incidents

- There had been some Never Events within the trust. These had been reported and investigated appropriately. Staff were aware of the events and had been given information about lessons learned.

Medical care (including older people's care)

- There had been 30 serious incidents reported trust wide for medical areas between December 2012 and March 2014, 10 of these were reported for this hospital. Grade 3 pressure ulcers accounted for most of the incidents reported.
- There were systems in place to report incidents. Staff were all able to access the system. Lessons learned were discussed with and fed back to staff by the ward manager.

Safety thermometer

- Safety thermometer information was clearly displayed at the entrance to each ward. This included information about all new harms, falls with harm, new venous thromboembolism (VTE), catheter use with urinary tract infections and new pressure ulcers.
- Scunthorpe General Hospital was performing worse than the national average for VTE, average for pressure sores, and better than the national average for catheter acquired infections. Work was being undertaken by the trust to improve these rates.
- Risk assessments for falls were taking place on patients and there was work being undertaken by the trust to try to reduce the incidence of avoidable falls.

Cleanliness, infection control and hygiene

- During observations of the wards, including bathrooms the wards were on the whole noted to be clean. Some of the wards however had corridors that were cluttered with equipment and medical record trolleys.
- There were policies and procedures in place to ensure that any patients carrying an infection were managed appropriately, including barrier nursing procedures where applicable. We saw that some patients on the wards were being barrier nursed.
- All of the wards displayed information about how long they had been infection free. These timescales varied from 200 days to over one year.
- There was personal protective equipment (PPE) and alcohol hand gels on display in the wards and at the entrance to each bay. Staff were observed using the PPE and hand gels when they entered and left people's bays and before and after delivering treatment and care.
- Staff were regularly audited to make sure that they were following the correct hand hygiene techniques. Risk assessments for falls were taking place on patients and there was work being undertaken by the trust to try to reduce the incidence of avoidable falls.

- 1st April 2013 to the 31 March 2014 the trust performed within expectations for rates of C.difficile infection.

Environment and equipment

- When we carried out observations on the ward, we saw that mostly there was enough equipment to safely meet people's needs. For example, there were sufficient hoists and slings, stand and turn aids and walking frames to make sure that people were supported to move in the most appropriate and safe way. Occasionally staff had to borrow equipment such as hoists from other wards, but this was infrequent.
- According to the training data supplied to us by the trust, the directorate as a whole had an overall training compliance rate of 66% however this varied greatly between different wards. For example, 75% of staff on elderly care wards were up to date with their moving and handling training and only 38% up to date with their slips trips and falls training. This meant that patients were not always supported by staff who knew how to minimise the risks of people falling.
- There was resuscitation equipment available and accessible on the ward. Trust data showed that approximately 33% of staff on Elderly Medicine wards had received resuscitation training however this varied greatly between wards.
- The resuscitation equipment had been checked regularly to make sure it was in good working order and that drugs were within date.

Medicines

- Medicines were stored securely.
- There was a doctor routinely present on the ward most days other than bank holidays when the wards were covered by the on call rota. Staff were able to access medication as needed.
- Medication needed out of hours was accessed via the doctors on call.
- Medication records showed that on the whole drugs were given to patients in accordance with instructions and charts were signed appropriately.
- Medical directorate wards had varying levels of attendance at mandatory medicine management training.

Medical care (including older people's care)

Records

- The standard of record keeping on the wards varied. Some clearly demonstrated that risk assessments had been carried out whereas others had gaps and were not always completed fully
- Only three of the ten care records we looked at had fully completed risk assessments in place that had been reviewed appropriately. It was not always clear what treatment and care patients had received such as whether action had been taken when people were at risk of malnutrition or pressure sores.
- Some records were in electronic format accessible via a computer. All disciplines of staff were able to access and contribute to these records. Apart from occasional technical problems logging in, most staff found the system to be very effective.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- There was documentary evidence that patients were, overall, consented appropriately. However, we found one person who could not speak English where an interpreter had not been used and there was no evidence that consent had been gained.
- We observed staff asking people for verbal consent prior to assisting them.
- Staff attendance at training about the Mental Capacity Act 2005 varied from ward to ward, with some having 100% attendance and others having only 39% attendance.
- From our discussions, we found that most staff understood the Mental Capacity Act 2005 and were able to identify when it should be used and apply it appropriately however the relative of one patient with dementia told us she had not been involved in any discussions about her family member relating to best interest decisions.

Safeguarding

- The trust had a safeguarding lead.
- Staff were aware that there was a safeguarding policy and the action they should take if they had any safeguarding concerns
- Staff attendance at safeguarding vulnerable adults and children training varied from ward to ward in the medical division. The majority of wards had met the trust standard of 75% attendance however attendance from some was as low as 58%

Mandatory training

- Information provided to us by the trust showed that overall, mandatory training was at 63% complete for the medicine directorate.
- The rate of attendance for various specialties within the medical directorate varied between 36% and 100%
- Some staff reported to us that they sometimes couldn't attend mandatory training because the wards were short staffed and they couldn't leave although this was starting to improve.

Management of deteriorating patients

- Scunthorpe General hospital used a system called Web V to manage and monitor patients. The system was used in conjunction with the National Early Warning Score (NEWS) and allowed staff to monitor whether patients were receiving timely repeat observations and whether their condition was improving, stable or deteriorating.
- The trust had introduced hourly roundings on all wards. This meant that staff routinely checked on each patient at least every hour. This meant that staff could assist people and also identify any changes in people's conditions.
- When patients were identified as deteriorating, staff told us they were aware of action to take. They told us that they were able to access medical support 24 hours per day either from medical staff on the ward, or from doctors on call. They said there were never any problems accessing support if patients were deteriorating.
- One ward at Scunthorpe General hospital cared for very unwell patients and had close links with the intensive therapy unit. It cared for patients who needed non-invasive ventilation and had other high-dependency needs as there was no high dependency unit at Scunthorpe General Hospital. There were occasions when the ward received patients who needed to be in critical care, but because of bed pressures and a lack of a high dependency unit were transferred to the ward.

Nursing staffing

- Staffing levels for wards were calculated using a recognised tool. Work had recently been undertaken by the trust to reassess the staffing levels on wards and increase them. This was to ensure that staffing establishments reflected the acuity of patients.

Medical care (including older people's care)

- The staffing establishment and actual staffing levels were displayed on a notice board in the corridor. On the day we inspected the wards, actual staffing levels were the same as the establishment staffing levels although this was not always the case on most wards. Where this was not the case the trust used bank or agency support.
- There had been problems with long-term sickness on most of the wards we visited. Bank and agency nurses were used to make sure that staffing levels were safe. To ensure continuity of care, regular bank and agency staff who were familiar with the wards were used whenever possible.
- In March 2014 according to nurse vacancy information, the medical directorate was meeting establishment staffing levels however there were some wards that still had vacancies for qualified nurses and health care assistants. For example, ward 22 needed an additional 0.45 wte nurses and ward 18, 0.96 wte extra nurses. Ward 23 needed 2.96 extra health care assistants.
- In January 2014 one ward had 844.35 unfilled duty hours, another had 642.6. Data provided to us showed that wards consistently had unfilled duty hours.
- The trust was in the process of a large recruitment drive and had already employed over 100 new nurses to fill vacancies. Recruitment was ongoing.
- Ward managers and other staff told us that although staffing establishments were met more often than not, sometimes they had problems with the skill mix of staff who couldn't always perform all of the tasks required of them such as taking blood and inserting cannulas. Some staff did not have all of the competencies signed off.
- We saw part of a nursing handover and discussed handovers with nursing staff. Each patient was discussed along with information about any changing needs they had, whether their health had improved or deteriorated and whether they were waiting for tests. Staff were aware of the type of information they should receive at handovers and told us they would ask for specific information if it wasn't routinely given.
- The trust was using a large number of locum medical staff to cover vacancies.
- 6.6 WTE locum junior doctors were employed in February 2014.
- The middle grade doctor rota had eight vacancies and therefore many of the middle grade doctors were locums. From staffing information, in February 2014 only 1 WTE locum was used.
- In February 2014 from the staffing information provided to us, 7.5 WTE consultant locums were used. There are currently eight consultant vacancies.
- Junior doctors told us there was a need for an increase in the number of junior doctors available out of hours at weekends.
- Senior medical staff were contactable by phone if junior doctors needed any support although junior doctors commented that it depended which registrars were on call as to how quickly support arrived. This was confirmed by nursing staff.
- There had been a recent incident when important information had not been handed over to a ward on patient transfer and information not written in to a patients care plan. This had led to serious consequences. The incident was under investigation.
- Junior doctors told us that morning handover was not as efficient as it could be because not all junior staff were attending the meetings. This increased the risk of important information not being handed over to receiving staff.
- Junior doctors also told us that they were concerned about their workload at night because sometimes they were very busy and struggled to deal with all of the demands on their time thus increasing the risk of harm to patients.

Major incident awareness and training

- The trust had a business continuity plan dated 12 November 2013 and an overarching business continuity policy dated 25 April 2014.
- Key functions were set out in the plan in order of priority and these included bed management and site management.
- The plan outlined specific risks and a business impact analysis was included. Recovery time objectives (RTO) and maximum tolerable periods of disruption (MTPD) were not specified.

Medical staffing

- There were significant number of medical staff vacancies at all grades including consultant level.
- In February 2014, from the information given to us by the Trust, there were 62.7 medical and dental vacancies across the trust.

Medical care (including older people's care)

- There were arrangements in place to deal with winter pressures such as an escalation process when there were extreme pressures on beds such as opening extra beds on some wards and bringing extra staff to help deal with increased demand.

Are medical care services effective?

Requires improvement



The effectiveness of services in the medical directorate at Scunthorpe General Hospital were in need of some improvement. Additionally, ward dashboards highlighted that care pathways were not always appropriately implemented or followed and that staff were not meeting the trust policy of supervision and appraisal levels on most wards.

Access to diagnostic services were provided seven days a week, including bank holidays. However, patients reported there were times when they had to wait over a weekend or bank holiday to access some tests and scans. Additionally, medical input on wards was sometimes poor over bank holiday periods with some patients not being seen by a doctor until after the holiday, unless they were deteriorating. Clinical audits took place to ensure that staff were working to expected standards and following guidelines. The trust had highlighted that there were a number of national audits that required additional focus to ensure that they remained on schedule for completion.

There was evidence of good multidisciplinary working on wards and on the whole patients were happy with their access to pain relief.

Evidence-based care and treatment

- Staff worked in line with NICE guidance and implemented care pathways such as the Chronic obstructive pulmonary disease (COPD) pathway and the sepsis pathway.
- However, the trust was only assured of 70% compliance at the time of the publication of the Quality Accounts 2013/14, this was across all directorates. The aim was to be 90% compliant by March 2014. The Governance and Assurance Committee received updates quarterly and information in February 2014 showed that the 90% had not been achieved.

- Ward managers held ward staff meetings and produced newsletters to make sure that all staff working on wards were aware of any changes to working practice or equipment use. This ensured that staff were working in line with local policies and NICE guidance.
- Clinical audits took place to ensure that staff were working to expected standards and following guidelines.
- Staff were able to access local policies using the intranet and were aware of specific policies that affected the work carried out on the ward.

Pain relief

- Patients were able to request pain relief and there were systems in place to make sure that additional pain relief could be accessed via medical staff if required.
- Patients we spoke with had no concerns about how their pain was controlled.
- A palliative care nurse funded by Macmillan cancer worked at the trust and was able to work with patients who were experiencing pain at the end of their lives.
- Pain assessments were carried out with some patients, but this was not recorded consistently across the medical directorate.
- As a result of participating in the National Pain Audit 2013/14 the trust had identified the need to improve the quality of advice given to patients on managing pain, particularly following consultation.

Nutrition and hydration

- Patients were able to access suitable nutrition and hydration including special diets during meal times and when these had been pre-planned however it was not always possible to access things like soft diets outside of meal times.
- Patients reported that on the whole they were content with the quality and quantity of nutrition and hydration they received.
- We observed that there were jugs of water on patient's side tables and these were changed regularly throughout the day. Four fluid balance charts were reviewed, all were not fully completed.
- Following the Sir Bruce Keogh Review the trust had implemented a hydrant project and introduced the MUST screening tool (Malnutrition Universal Screening Tool) to better identify patients at risk of malnutrition and dehydration.

Medical care (including older people's care)

- The trust had also began rolling out volunteers at mealtimes to assist feeding of dependant patients, alongside a generic snack list for ward areas for patients at risk of malnutrition.
- We were informed of a trial of a new role of dysphagia assistant for patients with known swallowing problems to ensure feeding regimes are in place.
- The trust has changed its catering supplier and was reporting higher satisfaction with the quality of food.
- Scunthorpe General Hospital Patient led assessment of the care environment (PLACE) score was 69.3%

Patient outcomes

- There were no Tier 1 mortality indicators for the trust, which meant that there was no evidence of risk for the composite indicator for in-hospital mortality and Dr. Foster composite of hospital standardised mortality ratio indicators (HSMR) or the summary hospital level mortality indicator (SHMI). There had been a reduction in the SHMI rate and the trust was now at 109, which is within the 'as expected' range.
- There were three mortality outliers for acute cerebrovascular disease, acute bronchitis and chronic obstructive pulmonary disease. Action plans were in place to address issues identified.
- There was a trust-wide programme of audits including national audits and local audits.
- Clinical audits took place to ensure that staff were working to expected standard and following guidelines. According to the trust's Annual Quality Account 2013/14 – 19 national clinical audits were reviewed and actions were identified as a result.
- The trust had highlighted that there were a number of national audits that required additional focus to ensure that they remained on schedule for completion.
- Scunthorpe General Hospital was seen to be failing to meet one of the MINAP indicators, 'nSTEMI patients admitted to a cardiac ward or unit' although their performance had improved from the previous year. In four of the five measures, the data from the annual MINAP report showed that Scunthorpe's performance in 2012/2013 was worse than their performance in 2011/2012 although they were still better than the England average.
- Actions from the National Diabetes Inpatient Audit led to the updating of Diabetes Hypoglycaemia pathways, the foot ulcer care pathway and new guidance had been approved for a new capillary blood glucose chart and

managing inpatient glycaemia. Provision of educational presentations on how to establish the 'safe use of insulin' online learning module and ongoing training to junior doctors, nurses and healthcare assistants on the importance of providing diabetes patients with supper had also been undertaken.

- Scunthorpe General Hospital was taking part in the Sentinel Stroke National Audit. Their score for the period October 2013 to December 2013 was C on a scale of A-E with A being the highest and E being the lowest.
- The trust also participated in three Confidential Enquiries, including Subarachnoid Haemorrhage and alcohol-related liver disease, actions from both of which were ongoing.
- There was no evidence of increased risk of readmission after either an elective or emergency admission to the trust; however, site-specific data was not available.
- Staff were able to access local policies using the intranet and were aware of specific policies that affected the work carried out on the ward.

Competent staff

- Ward managers were working towards making sure that nursing staff had the appropriate number of supervision sessions each year, in line with the trust policy, and were subject to an annual appraisal. According to dashboard information, there was still some work to do to achieve this. One particular ward had a rate of 18% compliance as opposed to the expected rate of 80%
- The trust-wide medical division annual appraisal rate for all staff was 61%. There was no hospital or discipline specific information available.
- Junior doctors received support, appraisal assessment and guidance to ensure they were competent to carry out their role.
- Junior doctor staff were happy with the level of support and teaching they received. They had some protected learning time.

Multidisciplinary working

- There was clear evidence of multidisciplinary working on the ward. There was regular input from physiotherapists, occupational therapists and other allied health professionals when required.
- There was evidence that the trust worked with external agencies such as the local authority when planning discharges for patients.

Medical care (including older people's care)

Seven-day services

- Support services such as therapy services were not routinely available out of hours, or seven days a week.
- Staff reported that patients admitted prior to a bank holiday could potentially not be seen by a doctor on the ward for more than four days unless they deteriorated.

Are medical care services caring?

Good



Patients were content with the level of care they received from staff, although a number commented that staff did the best they could despite how busy they were and the pressure on them. Patients raised no concerns about their privacy and dignity being compromised and on the whole staff were thought to be polite, patient, very hard working and caring.

Most patients were not actively involved in discussions about their treatment however they did not feel that this was a concern. Some patients had been very involved in discussions about their future treatment needs. Patients were able to access support services, such as counsellors, psychologists and Macmillan practitioners.

The trust response rate for the friends and family test was poor and staff stated that in the past they had not always given out cards for patients to complete. This had changed recently and staff were encouraging patients to complete the comment cards.

Compassionate care

- From analysis of the CQC Intelligent Monitoring Report there was no evidence of risk regarding compassionate care, meeting physical needs, patient overall experience, treatment with dignity and respect and trusting relationships.
- The 2013 CQC adult in patient survey showed that the trust was average when compared with other trusts in eight out of the ten areas reviewed.
- For the inpatient survey friends and family test the trust performed above the average for three of the four months reported, with October scoring the highest. The trust response rates were significantly lower than the national average indicating that scores are less likely to be representative.

- The 15 patients we spoke with were happy with the care and compassion they received on the ward.
- Patients believed that staff cared for them very well despite the pressure they were under and how busy they were on the wards.
- Throughout the inspection we saw patients being treated with compassion and respect and their dignity was preserved.
- Call bells on the ward were mostly answered promptly however we did notice that some patients' call bells were not within their reach. There were, however, occasions when call bells went unanswered for significant periods of time because staff were busy assisting other patients. One patient told us they had to wait 30 minutes for assistance.
- Hourly roundings had been introduced to some wards to make sure that staff were aware of any emerging needs patients had.
- PLACE showed that Scunthorpe General Hospital scored 90.1% for privacy and dignity.

Patient understanding and involvement

- Patients on the whole felt that they were listened to by staff and some were aware of what was happening in their patient journey.
- Most patients had not been involved in formulating their care plans but they were aware of what treatment they would be having, and why. Some patients reported that medical staff had spent time with them, listened to them and discussed treatment options. The level of patient involvement varied between wards.

Emotional support

- Patients reported that they felt able to talk to ward staff about any concerns they had either about their care, or in general.
- There was information within the care plans to highlight whether people had emotional or mental health problems.
- Patients were able to access counselling services, psychologists and the mental health team.
- There were relatives' rooms available where private discussions and sensitive conversations could take place.

Are medical care services responsive?

Medical care (including older people's care)

Requires improvement



Scunthorpe General Hospital offered a variety of medical specialty services however the designation of the specialty of some of the wards did not accurately reflect the actual type of patients treated. Up to 30% of patients were transferred between wards and to different sites between the hours of 9pm and 7am.

The health needs of most patients were met and there was access to specific support services such as mental health services and therapy support. Patients whose first language was not English were able to communicate using interpreting services and there was some patient information available in different languages. There had been recent incidents when patients' clinical and personal needs were not met. These were being investigated.

In the past, the trust had been poor at dealing with concerns of patients via the PALS service however this had improved recently with the appointment of a clinical member of staff. Patient experience videos were also being trialled as a way of engaging with staff to help them understand the impact of poor care on patients.

Service planning and delivery to meet the needs of local people

- There were a number of different wards at Scunthorpe General Hospital covering a number of different medical specialties including cardiology, respiratory medicine, endocrinology, gastroenterology, elderly care and stroke.
- Some wards were designated as specialist medical wards however the vast majority of the patients were Care of the Elderly patients. There was a concern that the staffing establishment reflected the acuity of for example endocrinology patients and did not accurately reflect the actual acuity of patients on the ward who were elderly and often frail. This meant that there was the potential that staffing levels were too low.
- Between 1 December 2013 and 27 February 2014 extra staff were brought in to assist wards on 183 occasions because of the increased acuity of patients.

Access and flow

- There was no data specific to this hospital about bed occupancy levels however the latest data provided to us by the trust showed that occupancy levels were around 81%, lower than the national average of 87.5%
- Patients on the medical wards were either admitted via A&E, after referral from their GP or electively.
- Information provided by the trust showed that most patient transfers to other sites took place between the hours of 7am and 9pm (71%). However, 29% of patients were transferred between 9pm and 7am.
- The bed management team, which included matrons, worked closely with wards to try and ensure patient flow.
- Daily board rounds were undertaken and involved members of the multidisciplinary team.

Meeting people's individual needs

- The trust had a dementia strategy in place, with an accompanying action plan and was work in progress. The action plan was monitored by the Quality and Patient Experience Committee. A quality matron had been given the lead for dementia and dementia champions had been identified across wards.
- The trust was working towards achieving a nationally agreed dementia CQUIN (Commission for Quality Innovation – a payment reward scheme agreed by local commissioners aimed at encouraging innovation), for which it was required to ensure that patients were identified and assessed on admission with regards to dementia.
- Dementia Friends training had been delivered to some staff, including the trust board by the Alzheimer's Society. Staff we spoke with had an awareness of how to support people living with dementia. Dementia training was being rolled out across the trust but was not mandatory. We were unable to access ward-specific information about the number of staff who had undergone dementia training.
- The trust had access to interpreting services using a three-way telephone service. Some leaflets and patient information was available in different languages on request but was not routinely available on the wards.
- The trust had a learning disabilities team that staff could contact if they needed advice. The carers of people with learning disabilities were encouraged to stay with the person to support the person and make sure that their hospital admission was the least disturbing possible.

Medical care (including older people's care)

- The wards were able to request extra staff called 'sitters' to support people who were displaying challenging behaviour, who were wandering or who needed closer observation however there were not always staff available to do this, particularly during the day. 'Sitters' were easier to access at night time. Information from the trust regarding nurse expenditure showed that 'sitters' brought in as bank staff were only recorded as being used on one occasion in the trust between 1 December 2013 and 28 February 2014

Learning from complaints and concerns

- Staff were informed about the learning of complaints and concerns. Information was disseminated to staff at ward meetings.
- A newly-appointed clinical staff member had joined the PALS team to assist with feeding back to wards. Staff in the PALS team and wards found this to be effective and beneficial.
- Patients were not aware of the complaints procedure and were not routinely given information about how to complain. The majority of patients and relatives however felt that they could raise concerns and be confident that they would be listened to on this ward.

Are medical care services well-led?

Requires improvement 

Staff at Scunthorpe General Hospital reported that they felt well supported by their managers and that there was an open and just culture. Most were aware of the future vision of the trust and felt that the executive and senior management of the trust were accessible.

The trust had governance structures in place and took part in clinical audit and clinical effectiveness programmes to try to improve the quality of care delivered by the hospital. Patient engagement was improving and there were a number of initiatives in place to further improve engagement. However, patients and relatives were not routinely made aware of the complaints process while on the wards.

There was a perceived cultural resistance from some medical consultants to improve the A&E department's performance against the four-hour standard. This showed a lack of coordination as there were other medical

consultants who staff told us worked hard to admit patients to the wards. In addition certain issues such as mandatory training have yet to be addressed despite it being raised as a concern during the Keogh Review.

Vision and strategy for this service

- The trust had a clear vision and strategy.
- Staff on the wards were aware of this strategy and supportive of the direction of the trust.

Governance, risk management and quality measurement

- Wards used a quality dashboard and safety thermometer to measure their performance against key indicators. Where wards were consistently falling below the expected levels of performance, action was taken to improve performance.
- Trust-wide quality matrons were employed to lead the drive to improve quality.
- There were regular governance meetings and the outcome of these was fed back to staff at ward meetings.
- The trust had a risk register which on review identified many of the risks CQC were identifying during our inspection such as about staffing levels.

Leadership of service

- Staff reported that on the whole they felt supported by their line manager and senior managers.
- Staff felt that the executive team at the trust was visible and accessible and receptive to concerns being raised.
- Managers were encouraged to make decisions about their wards in a supportive way and had the freedom to make decisions using their own initiative.
- Some staff felt that the medical leadership and organisation on one particular ward could be improved as there were three consultants, each responsible for a small number of beds and ward rounds were not at regular times. This meant that the leadership of junior doctors was not always in place. There was the potential that this could have an impact on patients.

Culture within the service

- Staff spoke mostly positively about the care they provided for patients on the ward.
- Staff and managers reported that there was an open and honest culture and accountability within the trust.
- There was good team working on the wards between staff of different disciplines and grades.

Medical care (including older people's care)

- However, nursing staff we spoke with felt that not all consultants in the medical directorate were fully engaged in ensuring the A&E department met the four-hour wait standard. The general manager told us that there was ongoing engagement with the medical consultants to change what was a cultural attitude.
- Service level data was not available for specific wards however trust-wide results of the staff survey were poorer than the national average relating to staff being able to provide the care that patients needed.
- Although the trust was spread out over a large geographical area, staff still felt that they were part of the trust. They felt included.

Public and staff engagement







- The trust took part in the family and friends test however overall response rated for the trust were poor. We were unable to access data specific to wards at Scunthorpe General Hospital.

- There was information in about the Patient Advice and Liaison service (PALS) in public areas.
- Patients were not routinely provided with information about how to make a complaint.
- The trust was using patient stories as a way of trying to improve the quality of care people received and raise awareness of the impact that poor care can have on patients.

Innovation, improvement and sustainability

- Managers told us that they were supported to try new ways of working to improve the effectiveness and efficiency of the wards.
- Junior doctors undertook quality improvement and clinical audit work.

Surgery

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

Information about the service

This hospital provided a range of surgical services including general surgery, trauma and orthopaedics, gynaecology, and day surgery. There were five wards which provide surgical services at Scunthorpe General Hospital, with approximately 110 surgical inpatient beds. There was also a day surgery ward. There were eight theatre suites including designated emergency and trauma theatres. Day surgery was incorporated into these theatre suites.

We visited all of the five wards as well as day surgery. We also visited two of the theatre suites.

We talked with 26 patients and 16 members of staff including matrons, ward managers, nursing staff (qualified and unqualified), medical staff both senior and junior grades, and managers. We observed care and treatment and looked at care records for 14 people. We received comments from people who contacted us to tell us about their experiences. Before the inspection, we reviewed performance information from, and about, this hospital.

Summary of findings

The environment on the surgical wards and theatres were clean and there was evidence of learning from incidents in most areas. Equipment was appropriately checked and cleaned regularly. The directorate had a large number of vacancies for both medical and nursing staff, which resulted in a high use of bank, agency and locum staff. The trust was trying to actively recruit into these vacancies. The number of staff having received mandatory training was variable across the surgical directorate. The World Health Organisation safety checklist was in use at this hospital. Safety briefs prior to the start of theatre lists were inconsistent.

Surgical services at this hospital used evidence-based care and treatment and had a clinical audit programme in place. There was evidence of multidisciplinary working and access to seven-day services. Effective pain relief and nutritional arrangements were in place. Patients received care and treatment from competent staff, although appraisal rates for staff were variable. Access to emergency theatre lists required improvement. These were available up to 3 days during weekdays and resulted in some delays in operating on surgical emergencies.

The surgical services provided at this hospital were caring. Most patients we spoke with, the care we observed, and the results of patient surveys and the family and friends test, all indicated that most patients received caring and compassionate care.

Surgery

Although we were impressed by individuals at a local level the new clinical leadership structure required further embedding.

Are surgery services safe?

Requires improvement 

The environment on the surgical wards and theatres were clean and there was evidence of learning from incidents in most areas. Equipment was appropriately checked and cleaned regularly. There was adequate equipment to ensure safe care. Records were adequately maintained.

There were areas where surgery required improvement. The directorate had a large number of vacancies for both medical and nursing staff, which resulted in a high use of bank, agency and locum staff. The trust was trying to actively recruit into these vacancies.

The number of staff having received mandatory training was variable across the surgical directorate. Some areas such as general surgery were low at 42%. The compliance rate across all surgical specialities had improved throughout the past year. The World Health Organisation safety checklist was in use at this hospital. Safety briefs prior to the start of theatre lists were inconsistent.

Incidents

- Between December 2012 and January 2014 the trust reported 12 Never Events relating to surgical areas. We saw serious incident investigations had taken place and actions identified and implemented to ensure that there was learning from the incidents. 11 of the events were to do with the implantation of a wrong lens by the same locum surgeon during ophthalmic surgery.
- Most staff were aware of the Never Events and could describe how practice had changed as a result. It was not clear from the staff we spoke with if lessons learnt from these never events had been shared across the three sites within the trust.
- We found the reporting of patient safety incidents was in line with that expected for the size of trust.
- There had been 11 serious incidents reported trust wide for surgical areas between December 2012 and March 2014, three of these were reported for this hospital and were low risk.
- Staff said they felt confident to report incidents and were aware of how to complete this. Feedback was given to ward managers who confirmed that any themes

Surgery

from incidents were discussed at staff meetings or displayed in staff rooms. Staff were able to give examples of where practice had changed as a result of incident reporting.

- Incidents were discussed at ward manager meetings and the surgical matron attends a monthly matron forum which had attendance from across three sites and promoted shared learning.
- Mortality and morbidity meetings were in place in all relevant specialities, with oversight by the Surgery and Critical Care Group Governance Committee. Mortality was a standing item at this governance committee. All relevant staff participated in mortality case note reviews and or reflective practice.

Safety thermometer

- Safety thermometer information was clearly displayed on information boards in every surgical ward. This information included avoidable falls and pressure ulcers. The trust was performing above the England average for new pressure ulcers and venous thromboembolism (VTE), and below the England average for falls from harm and catheter and new urinary tract infections.
- Each ward had a quality dashboard which included monitoring of safety thermometer information. Any areas for improvement identified were discussed with the surgical matron and ward managers to produce action plans.
- Risk assessments for pressure ulcers, VTE and falls were completed appropriately on admission

Cleanliness, infection control and hygiene

- Ward and theatre areas appeared clean and we saw staff regularly wash their hands and use hand gel between patients. Bare below the elbow policies were adhered to.
- Infection control information was visible in all ward areas, with each ward having an infection prevention and control information board. This information included how many days a ward had been free from Clostridium Difficile.
- MRSA and C. Difficile rates were within an acceptable range for the size of the trust.
- Infection control audits were completed every month which monitored compliance with key trust policies such as hand hygiene. Most areas within surgery demonstrated full compliance.

Environment and equipment

- The environment on the surgical wards and in theatres was safe.
- Equipment was appropriately checked and cleaned regularly. There was adequate equipment on the wards to ensure safe care.
- Resuscitation equipment and defibrillation machines were checked daily on all surgical wards.

Medicines

- Medicines were stored correctly, in a drugs trolley which was locked at all times. Fridge temperatures were checked daily on all surgical areas.
- Medicine charts were completed. Where medicines had not been administered as prescribed, codes and an explanation were completed to indicate the reasons why.

Records

- All records were in paper format. Nursing and health care professionals all documented in the same place. Medical staff maintained separate records.
- Records were kept securely when not in use.
- Medical health records keeping standards were audited annually. The most current audit report identified no significant issues within surgery.
- Nursing staff audit two sets of records a month as part of an annual nurse documentation audit, as well as reviewing ten sets of records every month as part of each ward's quality dashboard. These did not identify any significant issues.
- All surgical wards complete appropriate risk assessment. These include risk assessments for falls, pressure ulcers and malnutrition. Risk assessments we reviewed were comprehensively completed.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Patients were consented appropriately. We saw examples of patients who did not have capacity to consent to their procedure. Staff could describe how and when the Mental Capacity Act 2005 would be applied, as well as deprivation of liberty safeguards.

Safeguarding

- The trust had a safeguarding adults policy and guidance which had been recently revised and was in draft form.

Surgery

All staff we spoke with were aware of this policy and guidance and could describe how to report a safeguarding issue and the role of the local safeguarding adult services.

- Compliance with adult safeguarding level 1 training ranged from 50% to 94% across all surgical areas at this hospital.

Mandatory training

- We looked at staff mandatory training records. Overall, trust information for this hospital showed that in theatre compliance rate was 66%, surgical wards was 75%, orthopaedic (including medical staff) was 57%, and general surgery (including medical staff) was 42%.
- The compliance rate across all surgical specialities had improved throughout the past year.

Management of deteriorating patients

- The surgical wards use the National Early Warning System (NEWS) scoring system, a recognised early warning tool for the management of deteriorating patients. Wards use an electronic system to record patient's vital signs, and this is used for early identification of a deteriorating patient. The electronic board will inform staff if a patient's vital signs are deteriorating.
- There were clear guidelines for escalation. Staff were aware of the appropriate action to take if patients scored higher than expected.
- Emergency surgery was mostly managed in accordance with National Confidential Enquiry into Patient Outcome and Death (NCEPOD) recommendations and the Royal College of Surgeons standards for emergency surgery. Surgery out of hours is consultant led and delivered.
- Emergency theatre lists were available up to three days per week, at night and weekends. Some medical staff raised concerns about delays in operating on surgical emergencies due to the limited availability of the emergency list. Managers said that there were plans to increase to some all-day provision.

Five steps to safer surgery

- The World Health Organization Safety Checklist was in use at this hospital. We observed it being used in the theatres we visited, a recent audit performed by the

trust showed that compliance with the sign-in, sign-out process was around 51% and 73% respectively. This was an additional assurance measure to ensure that the process was completed.

- Safety briefs prior to the start of theatre lists were inconsistent. Staff said that, at times, there was very little participation or engagement in briefings. There were actions in place address this by introducing a zero tolerance framework and increasing staff education and awareness.

Nursing staffing

- Staffing levels for wards were calculated using a recognised tool. Work had recently been undertaken by the trust to reassess the staffing levels on wards and increase them. This was to ensure that staffing establishments reflected the acuity of patients.
- Ideal and actual staffing numbers were displayed on every ward we visited.
- All of the surgical wards and theatres had vacancies for trained nurses. The vacancy rate was around 18 WTE for qualified nurses in surgical areas. There were no significant vacancies for health care assistants. The trust was actively recruiting into these posts.
- Bank and agency staff were used to fill any deficits in nursing staff numbers. Staff could also work extra hours. Agency use was low, with the preferred option being staff working extra hours and the use of bank staff.
- All bank and agency staff completed an appropriate local induction on arrival for their shift.
- Nursing handovers occurred twice a day using patient information from the ward electronic system. This was detailed, comprehensive and identified any risks regarding patient care.

Medical staffing

- Surgical consultants from all specialities were on call for a 24-hour period.
- There were around 15 medical staff vacancies at trust grade and consultant level across the surgical areas, at least three were consultant anaesthetist vacancies. These were filled by locums, some long term.
- There had recently been an increase in medical cover on the surgical wards out of hours and overnight. Staff reported that this increase in medical staff had improved patient care in terms of no longer having to wait for medication prescribing.

Surgery

- Medical handovers involved both formal face to face and telephone handovers. Medical staff said that the handover process was good and provided them with the required patient information.

Major incident awareness and training

- The trust had a business continuity plan dated 12 November 2013 and an overarching business continuity policy dated 25 April 2014. Key functions were set out in the plan in order of priority and these included bed management and site management. The plan outlined specific risks and a business impact analysis was included. Recovery time objectives (RTO) and maximum tolerable periods of disruption (MTPD) were not specified.

Are surgery services effective?

Good



Surgical services at this hospital used evidence-based care and treatment and had a clinical audit programme in place. There was evidence of multidisciplinary working and access to seven-day services. Effective pain relief and nutritional arrangements were in place. Patients received care and treatment from competent staff, although appraisal rates for staff were variable.

Evidence-based care and treatment

- There were no written protocols for deferring elective activity to prioritise unscheduled emergency procedures. There was guidance available in the escalation and surge policy.
- Policies were based on NICE and Royal College guidelines.
- The trust's quality and audit department completed audits to assess compliance with policies and procedure.
- Ward managers undertook regular audits (hand hygiene, records, falls). We saw that action was taken where issues were identified, for example, increased staffing and introducing link roles.

Pain relief

- Patients were assessed pre-operatively for their pain relief post-operatively.
- Pain assessments were routinely carried out for patients and recorded.

- Most patients reported their pain was well controlled.

Nutrition and hydration

- Patients were able to access suitable nutrition and hydration including special diets
- Nutrition and hydration assessments were completed on all appropriate patients in the care records reviewed. These assessments were detailed and used the Malnutrition Universal Screening Tool (MUST).
- Care pathways for nutrition and hydration were in place and had been comprehensively completed.
- We observed care rounds where patients were offered a drink. Where appropriate, we observed drinks within easy reach of patients.
- We observed that nutritional and fluid intake was monitored where appropriate.
- Patient-led Assessments of the Care Environment (PLACE) scored this hospital 69.3% for food. The trust has since changed its catering supplier. Patients we spoke with had no concerns about the quality of food.
- Dietician advice and support was available if a patient was a risk of malnutrition.

Patient outcomes

- Patient Reported Outcome Measures for surgery were within expected limits.
- There were no current CQC Mortality Outliers relevant to surgery.
- The directorate participated in all national audits that it was eligible for and, overall, performance was satisfactory.
- The trust's performance for two of the five national bowel cancer audit project indicators was found to be better than expected (number of cases that had a CT scan reported), or tended towards better than expected (data completeness for cases having major surgery).
- This hospital participated in the National Hip Fracture Database. Findings from the 2013/14 report showed that this hospital was improving in areas such as patients receiving a bone protection medication assessment, and had areas where performance had decreased such as patients admitted to an orthopaedic ward within four hours. The hospital had an action plan in place to address any issues. At this hospital 71.4% of Fractured Neck of Femur patients had surgery within 48 hours during 2013. This was up from the previous year. The England average during 2013 was 87.3%.

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- Day case surgery was performed just below national expectation at 87% of cases between March 2013 to March 2014. The British Association of Day Surgery recommends that 90% of certain surgeries are completed as day cases.

Competent staff

- We looked at medical and nursing staff appraisal records. Compliance rates for nursing staff having appraisals varied between wards and theatres from 19% up to 96%. Compliance rates for medical staff varied from 50% up to 100%.
- The surgical matron told us of the actions in place to improve these compliance levels. For example, introducing a cascade approach for nursing staff to complete appraisals.
- Revalidation processes for nursing and medical staff were in place and up to date.

Multidisciplinary working

- Each ward had the input of a physiotherapist and occupational therapist during weekdays. Physiotherapy was also available on weekends.
- The physiotherapists and occupational therapists worked closely with the nursing teams on each ward. Daily handovers were carried out with members of the multidisciplinary team.
- There was pharmacy input on each ward during weekdays and on a Saturday morning.
- The directorate worked closely with local authority as part of discharge planning.

Seven-day services

- On-call consultants completed ward rounds at weekends. They reviewed all patients. On-call consultants provided support out of hours.
- Physiotherapy was available on a Saturday and Sunday, and was on call out of hours. There was no occupational therapy service at weekends.
- Pharmacy input was available on a Saturday morning. Wards could access an on-call pharmacist out of hours. Wards had a supply of stock take home medicines to enable patients to be discharged on a weekend, as well as having access to an emergency supply of medicines if required.
- Radiology was available on call at weekends and out of hours and there were arrangements in place to access scans.

Are surgery services caring?

Good



The surgical services provided at this hospital were caring. Most patients we spoke with, the care we observed, and the results of patient surveys and the family and friends test, all indicated that most patients received caring and compassionate care.

Compassionate care

- Throughout our inspection we observed patients being treated with compassion, dignity and respect. We saw that call bells were answered promptly and patients told us staff “have been absolutely marvellous”, and “have been wonderful”.
- We saw that comfort rounds were undertaken.
- We saw that doctors introduced themselves appropriately and that curtains were drawn to maintain patient dignity.
- There was facilities on every ward for staff and relatives to have more sensitive conversations if required.
- Ward managers confirmed that if patients were very unwell, visiting times would be flexible.
- The trust’s friends and family test response rate is significantly lower than the England average. Ward managers and the matron were aware of this and had introduced ways to help increase these response rates.
- There were no surgical wards that people would be “unlikely” or “extremely unlikely” to recommend.
- The 2013 CQC adult in patient survey showed that the trust was average when compared with other trusts in eight out of the 10 areas reviewed. One of the areas the trust was below average was in operations and procedures, in terms of patients being given an explanation of what would happen before an operation or procedure and being told what to expect.

Patient understanding and involvement

- Patients and relatives we spoke to stated they felt involved in their care. They had been given the opportunity to speak with the consultant looking after them.
- Ward managers we spoke with told us that they are always visible on the wards so that relatives and patients could speak with them.

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- Ward information boards displayed who was in charge of wards for any given shift and who to contact if there were any problems.

Emotional support

- Patients said that they felt able to talk to ward staff about any concerns they had either about their care, or in general.
- There was information within the care plans to highlight whether people had emotional or mental health problems.
- Clinical nurse specialists in areas such as pain management and breast care were available to give support to patients.
- Patients were able to access counselling services, psychologists and the mental health team.

Are surgery services responsive?

Good



Overall, we found services were responsive. Access and flow arrangements were in place and the hospital were mostly meeting people's individual needs.

Service planning and delivery to meet the needs of local people

- The trust had an escalation and surge policy and procedure to deal with busy times. This gave clear guidance to staff regarding how to proceed when bed availability was an issue. The hospital operated with a colour-coded system, purple being no bed availability.
- Staff had a good understanding of this procedure and were aware of their role in this.
- During busy times the bed availability was displayed on the trust's intranet.

Access and flow

- Referral to treatment times in less than 18 weeks for admitted completed pathways for this hospital was 92% against a target of 90%.
- Between October 2013 and December 2013 the trust's bed occupancy rate was 77% which is below the England average of 86%. The trust's bed occupancy averages have been consistently below the England averages over the period 2001 to 2013.
- The bed management team worked closely with wards to try and ensure patient flow.

- The discharge planning process commenced at the pre-assessment stage, and for emergencies, at the admission stage.
- Daily board rounds were undertaken and involved members of the multidisciplinary team, for example, physiotherapists and occupational therapists.
- Staff we spoke with said that discharges could be delayed due to the lack of intermediate care beds. The trust is working with the local clinical commissioning group to address this issue.
- Electronic GP discharge summary was in use within surgical ward areas. Staff reported no delays with this process.
- The trust scored similar to expected when compared to other trusts regarding the proportion of patients whose operation was cancelled.
- Elective cancellation rates on the day of operation at this hospital was similar to expected between April 2013 and March 2014. Approximately 214 out of the 621 operations cancelled were due to non-clinical reasons.
- The trust scored similar to expected when compared to other trusts regarding the number of patients not treated within 28 days of last minute cancellation due to a non-clinical reason.
- There were no urgent operations cancelled more than once during 2013/14 at this hospital.
- The directorate had outlier guidelines which included criteria for the suitability of patients to be transferred. Between March 2013 and February 2014 the surgical outlier rate for this hospital was around 20%.

Meeting people's individual needs

- Support was available for patients with dementia and learning disabilities. The unit had dementia champions as well as a learning disability liaison nurse who could provide advice and support with caring for people with these needs.
- A translation telephone service was available so that patients who English was not their language could communicate. Within the department it was possible to request a translator.
- There were multiple information leaflets available for many different conditions and procedures. These could be made available in different languages.

Learning from complaints and concerns

- Complaints were handled in line with the trust policy. If a patient or relative wanted to make an informal complaint they would speak to the person in charge of

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the ward who would try and resolve the issue. If it could not be resolved they would be directed to the Patient Advice and Liaison Service (PALS). If they still had concerns following this they would be advised to make a formal complaint. This process was outlined in leaflets and posters which were available on all wards.

- The surgical matron received all of the complaints relevant to her unit. She would then speak to the relevant ward manager and staff involved. She would also offer to meet with the complainant.
- Staff gave us examples of how wards had learnt from complaints. Each ward used “you said, we did” to show patients and relative how complaints had resulted in improvements being made on wards.
- Discussion of lessons learnt were completed at the surgery and critical care clinical governance groups and quality and safety days.

Are surgery services well-led?

Requires improvement



We were impressed by individuals at a local level, the new clinical leadership structure required further embedding.

Vision and strategy for this service

- The trust had a clear vision and strategy.
- Senior managers could articulate the trust vision; this was less evident with more junior staff.

Governance, risk management and quality measurement

- Surgery and critical care clinical governance meetings were held monthly. These involved all three sites within the trust.
- Complaints, incidents, audits and quality improvement were discussed.
- Feedback from these meetings was given to ward managers at their weekly meetings.
- Managers could provide examples of where they had identified issues and taken action to address these.
- Wards used a quality dashboard and safety thermometer to measure their performance against key indicators. Where wards were consistently falling below the expected levels of performance, action was taken to improve performance.

- A surgical risk register was in place. This had controls and assurance in place to mitigate risk. It was regularly reviewed.

Leadership of service

- The clinical leadership structure had recently changed and was not yet fully embedded. Some medical staff were unclear about the new structure.
- Audits undertaken in September 2013 demonstrated significant concern with regards to the WHO checklist – in particular with adherence from anaesthetists and surgeons. Although an action plan had been put in place in response to this, the audit had not been redone and therefore it was not clear as to whether sufficient improvement had been made.
- Each ward had a band 7 ward manager. Managers we spoke with had some supernumerary time each week.
- Most band 7 ward managers had participated in a nursing leadership programme.
- There was a matron who oversaw the surgical areas. We were told that she was visible, coming on the wards at least once a day.
- Nursing staff stated that they were well supported by their managers. These managers were visible and provided clear leadership.
- Medical staff stated that they were supported by their consultants.

Culture within the service

- Most staff reported a positive shift in culture in the last 12 months. They reported increased engagement and visibility of the Chief Executive and the board of directors. Staff said it was more of a listening organisation.
- Staff spoke positively about the service they provided for patients. Quality and patient experience was seen as a priority.
- There was good team working on the wards between staff of different disciplines and grades.
- Staff sickness absence rates between September 2011 and September 2013 was broadly in line with England average.

Public and staff engagement

- The trust’s family and friends test response rate was significantly lower than the England average. Ward managers and the matron were aware of this and had introduced ways to help increase these response rates.







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- There was information about the Patient Advice and Liaison service (PALS) in public areas.
- The trust was rated as better than expected or tending towards better than expected for eight of the 28 NHS staff survey key findings 2013. Areas in this range included staff experiencing harassment, bullying or abuse from patients, relatives or the public and percentage of staff reporting errors, near misses or incidents witnessed in the last month.

Innovation, improvement and sustainability

- Managers told us that they were supported to try new ways of working to improve the effectiveness and efficiency of the wards.
- There were some examples of innovation and improvement, such as the introduction of the “Shine” and “Dragon’s Den” initiatives. However, the impact of these initiatives was not yet evident.

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

Information about the service

Scunthorpe General Hospital (SGH) had an eight bedded intensive therapy unit (ITU) which was part of the critical care directorate.

During the inspection we visited the intensive therapy unit and spoke with a range of staff, patients and families. We also reviewed documentation, some patient records and observed care.

Summary of findings

The findings of our review of the critical care services were very mixed. Nursing leadership and nursing care on the ITU were to a good standard and the latest nursing guidelines were being effectively implemented. The unit nursing sister was insightful and proactively managed the unit. Medical staff aimed to provide a good standard of care but there was not a sense of strong medical leadership within the ITU; the symptoms of which included the lack of pace in keeping up with nationally recognised best practice guidance, for example, not having twice-daily consultant ward rounds at weekends and not reviewing new admissions within 12 hours.

There was a lack of joined-up thinking between the two main hospital sites. In relation to medical practice, best practice on the unit was not up to date. Outcome data for patients on the ITU was reasonably positive. We found staff, particularly staff in direct contact with patients, to be compassionate and respectful to patients and families. We observed staff being equally caring to those patients who were ventilated and who would not have been aware of their surroundings.

Data in relation to patient access and flow for the ITU was mixed. Delayed discharges were the main concern especially in terms of the negative impact this can have on patients.

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Are critical care services safe?

Requires improvement 

Reported incident numbers were comparatively high for the SGH ITU but the vast majority were graded as low or very low risk. Safety thermometer data showed that harm to patients was relatively low, for example, with falls, pressure sores and infections. This positively reflected on the standards of care in specific areas and good nursing practice.

The main concerns related to some aspects of medical practice and leadership and overall working arrangements. The medical rota for the ITU did not promote consistency of care and the consultant reviews of patients at weekends was not adequate. In addition, patients were not always assessed by a consultant within 12 hours of admission. We also had concern about medical practice not keeping pace with nationally-recognised best practice guidance and the precedence placed in working towards such practice.

Incidents

- There were a total of 232 critical care incidents recorded across the trust between 1 April 2013 and 31 March 2014; about 19 reported incidents per month. The vast majority of incidents were recorded as low or very low risk. 53 of the incidents occurred at the Diana Princess of Wales (DPoW) hospital which includes a seven bedded ITU and four bedded HDU.
- 179 incidents were recorded at Scunthorpe General Hospital (SGH) where there is an eight bedded ITU. Some themes occurring from reviewing the incidents were around pressure area care, failings with air mattresses and delays in concerns about patient safety / wellbeing being escalated.
- The above figures show a comparatively disproportionate amount of incidents and/or incident reporting and it is unclear why the incident report numbers at SGH are significantly higher than at DPoW.
- There were no never events for critical care between December 2012 and January 2014.
- The serious incidents for anaesthesia and pain management across the trust between June 2012 and July 2013 equalled 8; 6 moderate concerns, one abuse, none severe and one death.

Safety thermometer

- We spoke with the unit nursing sister about the safety thermometer and key safety information was on display on the unit.
- The data showed no grade 3 or 4 pressure ulcers for the previous four months.
- The last grade 3 or 4 sore recorded was over three years ago and were deemed as unavoidable.
- Three patients had fallen in the previous 12 months and each incident had been closely reviewed. Contributing factors with all three falls were that the patients were delayed discharges and ideally should not have remained on the unit for the length of time they did.

Cleanliness, infection control and hygiene

- We observed hand washing compliance on the ITU, particularly for nurses and doctors. If there was patient contact, nursing and medical staff, cleaned their hands appropriately the majority of the time, using either soap and water or alcohol hand-rub.
- Nursing and medical staff also consistently cleaned their hands after contact with the patient's immediate environment.
- The ITU had three hand wash basins in the main five bedded 'open' area and a further three hand wash basins in the two bedded side room area.
- The positions of the hand wash basins in the 'open' five bedded area were not ideal. Two hand wash basins were at each end of the unit and another was in the middle partially obstructed with a bedside curtain.
- All staff followed the trust's uniform policy in clinical areas and had rolled up sleeves or wore a short sleeve top; staff did not wear wrist watches.
- The environment of the ITU was visibly clean including horizontal surfaces and high-contact surfaces/ equipment touched by staff and patients.
- We observed the use of personal protective equipment (PPE) on the ITU; mainly aprons.
- Different coloured aprons were positioned close to each bed bay; this was a historical concept and enabled staff to identify colleagues if they moved away from their dedicated area. The coloured aprons were still in use but we noted coloured aprons being used in between different areas.
- Aprons were used appropriately but staff were not fully engaging with the previous colour coding system.
- The trust's infection rates for *C. difficile* and MRSA infections were within a statistically acceptable range

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for the size of the trust. In relation to the ITU, there was one MRSA blood infection sampled from a patient in December 2013; a root cause analysis (RCA) was conducted and it was noted as an unavoidable infection.

- Learning occurred from the RCA including ensuring correct documentation was used for blood cultures and staff were reminded about the trust's MRSA screening policy.

Environment and equipment

- We spoke with the nursing sister on the unit and equipment was described as good particularly in relation to humidifiers, ventilators and monitors.
- We observed some servicing dates on ventilators and three were in date and one was three months out of date.
- Air mattresses were a frustration according to staff. This was because staff were required to roll air mattresses up after each use and send to a separate department for cleaning. On occasion, mattresses were returning to the unit and not inflating properly; the likely reason being due to damage during transit.
- Some beds were also relatively old and required replacing, according to the unit nursing sister.
- The trust had a Medical Device Evaluation and Replacement Process and all equipment was risk assessed and evaluated by the Equipment Group.
- We observed resuscitation equipment on the ITU; the necessary emergency equipment was in place and there was a daily check process for the resuscitation trolley.
- The resuscitation trolley should have been checked twice daily; it wasn't checked on 30 April 2014 and only once on 28 and 29 April and once on 1 May and 2 May 2014.
- Plans have been approved to fully refurbish the unit; this will improve the layout and positioning of the hand wash basins.
- The unit sister felt the design of the side rooms could be improved during the upgrade especially in relation to annex areas.

Medicines

- We checked medicines on the ITU; they were stored correctly in locked cupboards and fridges where necessary. Fridge temperatures were checked and were within the necessary limits.

Records

- We reviewed nursing records/documentation on the ITU and it was comprehensive and included the relevant care pathways, evaluation of care, observations, accurate fluid balance recording and other general assessments.
- There were daily assessment forms which were completed, including weekends, and there was good documentation of any procedure that was done, for example, a tracheostomy change or review of a chest X-ray.
- Nursing documentation used was in line with best-practice recommendations.
- Nursing documentation was completed accurately.
- Medical records on the ITU were completed daily and were clear to follow.
- There was a nursing discharge summary but no medical version accompanying the patient to the ward when discharged.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We spoke with nursing staff on the unit about restraint and there was a hospital policy on restraint.
- It was confirmed that restraint was rarely used on the unit.
- Mitts were occasionally applied to patient's hands to prevent them from pulling out drips and other medical devices and the nurses described the correct process for reaching best-interest decisions.

Safeguarding

- We spoke with nursing staff on the ITU about safeguarding and they were aware of how to escalate concerns.
- Staff were confident in being able to recognise a potential safeguarding concern and escalate appropriately.
- The trust had a safeguarding policy in place that was easy accessible by all staff.

Mandatory training

- We spoke with the nursing sister on the unit; they took a keen oversight in relation to staff training and education. Nursing staff on the unit were 96% compliant with mandatory training.
- 70% of the nurses on the unit had a specific critical care qualification.

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- The clinical educator for the unit had recently moved in to another role and their position was being advertised.
- The newly advertised role was not intended to be the same as the original post but it was still to include clinical education.

Management of deteriorating patients

- From speaking with ward staff, it was felt the early warning score system in place at the hospital had become well embedded.
- Nursing staff, mainly ward staff, on the whole, sought advice from medical staff when warning scores were showing patients to be deteriorating.
- Nursing staff on the unit felt they had enough support when managing a deteriorating patient and consultants were easily contactable.
- We observed one patient who was becoming unwell and there was a quick response from the medical team when nurses raised concern.
- There were general concerns about patients whose discharges to the ward were delayed due to low patient priority being placed on critical care discharges by bed management.
- A middle grade doctor we spoke with felt ward staff were confident in using the trust's early warning score system but, on occasion, responses in treating a deteriorating patient had been delayed because of difficulties in accessing senior medical advice; this was particularly so out of hours and at weekends.

Nursing staffing

- We reviewed nurse staffing rotas for the ITU for the months December 2013, January, February and March 2014. There was a suitable compliment of nursing staff and agency or bank staff had not been used. Staff sickness levels were not excessive.
- Nursing staff we spoke with raised no concerns about nurse staffing levels or issues in relation to retention or morale.
- The nurse staffing ratio was 5.5 whole time equivalents per bed. This was described by the ward sister as suitable but it did not allow for much 'slippage' in terms of staff cover, for example, sickness and/or annual leave.
- The Intensive Care Society (ICS) Core Standards (2014) states that a more realistic figure to provide a nurse at the bedside at all times and run a full complement of beds is 7wte per bed.

- 33% of shifts had a supernumerary clinical coordinator; this fell below the national standard of every shift 24/7 having a supernumerary clinical coordinator.
- Nursing handovers on the ITU were at 07.30 and 19.30.
- A nurse informed us that nursing handovers were a full-team handover at the bedside and was sufficiently detailed.

Medical staffing

- We spoke with a consultant anaesthetist and middle grade (staff grade) doctor on the ITU about medical staffing and we also observed medical teams working on the ITU.
- We spoke with nursing staff about medical cover and support for the unit and reviewed the on-call rota for the previous three months.
- We observed a morning medical handover on the ITU and this was done separately to the ward round. This took place in a private room and was well structured and included a discussion of patient outliers.
- The ITU used an electronic hand-over system and we observed this working well during the inspection.
- The consultants working on the critical care unit worked on a rotational basis and this included an on-call rota; there were 13 consultants covering anaesthetics and the ITU, this made it a one in 13 on-call. There were plans to increase this to 15 by increasing the number of anaesthetists, there were no plans to increase the number of intensivists.
- The daytime consultants covering the ITU covered one day at a time. The failure of one consultant to cover for a longer period of time has the potential to adversely impact on the continuity of patient care and management. This was acknowledged by some of the nursing staff.
- We spoke with the associate director for surgery and critical care, Anaesthetics and Critical Care about the consultant working patterns and changes to existing practice were not planned; this was partly because critical care best-practice standards were not seen as mandatory.
- We also spoke with the consultant ITU lead for the site and a consultant ITU anaesthetist. The consultant shift patterns were known about and it was acknowledged that the arrangements were not best practice.
- They also recognised that changing the current consultant working patterns would increase the number of on-call shifts required which was not favoured.

Critical care

- There was minimal use of locums for the ITU because the middle grade doctors tended to cover available shifts amongst themselves.

Major incident awareness and training

- Major incident training was covered at induction.
- Staff we spoke with were able to describe the major incident policy and where to locate a copy.
- Emergency contingency plans had recently been updated including for a 'flu epidemic, flooding and/or power failure'.

Are critical care services effective?

Requires improvement



Nursing care and treatment followed nationally-recognised, best-practice guidance and such guidance was up to date and easily accessible. Some clinical guidance on the unit was not up to date and some medical practice was not striving to follow the latest guidance, for example, in relation to the ventilation of patients with respiratory disease.

Outcome data for patients on the ITU was reasonably positive and, importantly, mortality ratio figures compared with number of admissions to the ITU were not seen as an outlier. Some data provided subtle indications of safety concerns including raised in-hospital ventilated patient mortality.

Some of the comments above highlight a lack of impetus in terms of implementing best-practice guidance particularly from a medical perspective, which in turn could have safety implications for patients.

Evidence-based care and treatment

- In relation to nursing and the ITU, we found care and treatment was evidence-based and the guidance was easily accessible at each bedside.
- Nursing policy folders were up to date and followed best-practice guidance.
- In relation to medicine and the ITU, we found no available operational policy and evidence-based guidance. Documentation was not up to date and was disorganised.
- There were examples where we had concerns about adherence to/awareness of the latest evidence-based critical care medical guidelines.

- There appeared to be lack of knowledge, guideline and implementation of any protective lung ventilation strategy.
- We asked about clinical guidelines and many were simply a sheet of paper and not in the trust format.
- Some guidelines were in the trust format of which many were out of date. There was no order to documents and they would have been very difficult to effectively use.
- There was training for transferring patients and the related documentation was good. However, there were no checklists.
- High-impact VAP prevention was audited which demonstrated 100% compliance for 2014, this included sedation hold. However the sedation hold contradicted what was being said by the trainees and what was witnessed on the unit.
- A patient had had their sedation hold part of a VAP care bundle ticked but the sedation hold had yet to be commenced.
- There was generally a lack of other internal audits of practice; no others were demonstrated when requested.

Pain relief

- We spoke with a range of staff on the ITU about pain relief for patients. Staff felt well supported by the pain team when required.
- The pain team provided adequate support to the ITU and no concerns were raised about inappropriate pain relief during our inspection of the ITU.

Nutrition and hydration

- Staff we spoke with described how dieticians visited the ITU on a regularly basis and/or as and when required.
- We noted from reviewing some patient records where dietetics had been involved in supporting patients in ensuring adequate nutrition and hydration.

Patient outcomes

- We reviewed the ICNARC data for the period 1 January 2013 to 30 June 2013. We noted that in-hospital cardio-pulmonary resuscitation (CPR) rates were above the rates for other similar units for quarter two of 2013. Rates were also consistently high during 2012. This could be an indication that some patients had deteriorated beyond acceptable levels on the wards before being admitted to the ITU or support provided to the wards from critical care trained staff was not always adequate.

Critical care

- In relation to patients admitted on a ventilator (a machine that supports people to breathe), percentage unit mortality showed a downward trend. Average length of stay for such patients was regularly lower than other similar units.
- However in hospital' mortality was higher for ventilated patients which may indicate that some discharges were too early and/or lack of support provided on the wards for such patients; the same applied for patients with sepsis.
- Unit mortality and acute hospital mortality figures showed a downward trend during 2013.
- Mortality ratios for quarter two of 2013 were lower than those for similar units.
- The High Impact Intervention audits across the critical care units were self-audit data. Compliance figures for central line insertion across all relevant wards within the hospital were 100% but we were unclear if there were other lines of assurance or peer observed audit information to qualify the 100% compliance figures.

Competent staff

- There was good coordination of critical care training and education; a high proportion of the nurses on the ITU had a specific critical care qualification, in the region of 60%–70%.
- All on the ITU staff had been trained in intermediate life support.
- A staff nurse we spoke, who was new to the unit, was positive of the support and standard of training on the intensive therapy unit.
- They were required to work through a comprehensive competency based assessment portfolio for care of the critically ill.
- Newly-qualified nurses starting on the intensive therapy unit had an eight week period where they were supernumerary and they were also allocated a mentor.
- Nurses on the unit were encouraged to complete mentorship training.
- Staff had been trained in understanding the trust's early warning score processes; known as ALERT for qualified nursing staff and BEACH for healthcare support staff.
- Staff development was supported by the Critical Care Network
- The newly qualified ITU nurse described how all staff were supportive and there was good access to training aids such as e-learning.

- Training available for outreach nurses included non-invasive ventilation and train-the-trainer in relation to early warning score training (ALERT) and patient assessment.
- Medical staff we spoke with had received an appraisal within last 12 months and study leave was accessible.
- Induction for junior doctors was seen as good.
- In relation to medical staff, we spoke with a middle grade doctor; they said there was a two-day induction which was seen as adequate. They also said study leave wasn't a problem in obtaining. However, there were no formal ITU teachings or additional training.
- Medical staff had no training in transferring the critically ill patient.
- Consultants were not all trained in intensive care medicine and according to trainees and nursing staff this has led to, on occasion, poor action plans, admitting patients unnecessarily and indecision.

Multidisciplinary working

- We spoke with an outreach nurse for critical care and the service provided was seven days a week from 7.30am to 8pm.
- After 8pm there was support for patients provided by the 'hospital at night team'.
- In the region of 90%–100% of critical care patient discharges were followed up by the outreach.
- Follow up clinics for patients who had been on the ITU were provided with the opportunity to attend a follow-up clinic with an outreach nurse.

Seven-day services

- At weekends, on the ITU, consultant ward rounds were completed once daily which is not seen as best practice. National guidance recommends twice daily consultant ward rounds, including weekends.
- A theme coming from discussions with staff was that there were a limited number of doctors available to support the ITU out of hours.
- We spoke with an anaesthetist about staffing including cover provided for the operating theatres. There were three emergency operating delays in April 2014 all of which were due to the anaesthetists being busy elsewhere in the hospital. There did appear to be a shortage of staffing out of hours; there were only two anaesthetic trainees and one consultant anaesthetist to cover ITU, maternity and theatres.
- At weekends, for the ITU, there was only one consultant ward round, when national guidance recommends two.

Critical care

- We found that not all patients admitted to the ITU had been seen by a consultant within 12 hours of admission, again, this is not in line with best-practice recommendations.
- The ITU was covered by anaesthetic consultants who are not necessarily trained in or kept up to date in critical care medicine.
- Most of the consultants did not have regular daytime sessions on the ITU. Several members of the medical and nursing staff felt that the decision making of the non-intensivist consultants was inferior to that of their intensivist colleagues.
- Out-of-hours imaging and pharmacy were all available. In addition, medical resonance imaging (MRI) was available 7.30am – 10.30pm seven days a week with facilities to ventilate patients.
- All admissions to ITU were discussed with the consultant responsible for the unit.
- Consultants were supportive and would come in from home when asked.

Are critical care services caring?

Good



From our observations on the ITU we found staff, particularly staff in direct contact with patients, to be compassionate and respectful to patients and families. We observed staff being equally caring to those patients who were ventilated and who would not have been aware of their surroundings.

Patients and families we spoke with were positive about their experiences on the ITU and felt staff were caring and communicated with them well. We saw examples of patients being involved in making decisions about their care which supported the fact that staff respected patient's decisions.

Compassionate care

- From patients we observed on the unit it was clear that personal care had been provided to a good standard.
- We observed nursing and medical staff on the ITU providing direct care to patients; we found staff interactions with patients and/or their relatives to be friendly, respectful and supportive.

- On the ITU, curtains were drawn around bed areas while care was delivered and privacy and dignity maintained.
- Some of the patients we observed were critically ill and were on ventilators. Staff were equally caring and respectful to those patients that may not have been fully aware of people around them.
- Staff would inform patients of what they were doing even when it was unlikely the person would be able to hear and/or understand what they were saying.
- We spoke with one family on the ITU and one family member described how they were happy with the care that had been provided and communication was good.
- We also spoke with a patient and they had no complaints about their care and they felt all staff were approachable and caring.
- Senior nursing staff on the ITU stated that in-patient survey data showed that patients were, in the vast majority of cases, positive about their experiences on the unit.

Patient understanding and involvement

- Some of the patients we observed were critically ill and were on ventilators; this meant that direct interaction and involvement was difficult. We observed a nurse caring for a patient who had recently had major surgery. The nurse explained their care and treatment plan for the forthcoming days and reassured the patient; the nurse was caring and supportive.
- A family member we spoke with said staff communicated with them and the family well.

Emotional support

- The patients and families we spoke with felt the staff did all they could for patients and were very willing to listen to concerns.
- Patients also felt medical staff were supportive and made time to listen.
- Patients and/or relatives were provided with specific contact numbers if additional emotional support was required.

Are critical care services responsive?

Requires improvement



Data in relation to patient access and flow for the ITU was mixed. Out-of-hours discharges had a significant peak late

Critical care

2012/early 2013 with a significant drop in quarter two of 2013, bringing the range back to that of similar units. High, early discharges and out-of-hours discharges were a historic concern but the trust reacted and added an extra bed to the unit, this relieved some of the pressure and reduced the negative figures to within a more acceptable range; this was a positive responsive action.

Nursing staff expressed concerns about a recent increase in delayed discharges which resulted in relatively well patients being cared for in an acute environment; this is not a suitable experience for patients and can have a negative emotional impact. There had been recent falls incidents on the unit relating to patients wandering the unit who should have been transferred to a more suitable environment.

Service planning and delivery to meet the needs of local people

- We spoke with a consultant doctor in the ITU about how the unit deals with busy times. They felt there were appropriate escalation processes in place and staff living close to the hospital could be called on where necessary.
- They also said that during busy periods patients were often found beds throughout the hospital to support the management of patient flow and release critical care beds; this sometimes involved using the recovery bays in the operating theatres.

Access and flow

- Early reported discharges from the unit were significantly high, particularly at the end of 2012. However, there had been a drop since the end of 2012 but the rates remained above that of similar units. This indicates the increased pressures on the ITU beds resulting in earlier discharges sooner than optimal and often out of hours to create available beds.
- Out-of-hours discharges had a significant peak late 2012/early 2013 with a significant drop in quarter two of 2013, bringing the range back to that of similar units.
- The rise in early discharges and out-of-hours discharges was a concern but the trust reacted and added an extra bed to the ITU which relieved some of the pressure and reduced the negative figures to within a more acceptable range.

- Although delayed discharges had been historically lower compared to similar units the unit nursing sister described how delayed discharges more recently were a key concern because the hospital bed-base had been very full recently.
- Transfers out and non-clinical transfers out had been consistently high and were very high for early 2013 but both were on a downward trend indicating the bed pressures the unit faced and difficulty in admitting patients to the ITU.
- We reviewed some more recent data that was due to be submitted to ICNARC which provided a more up-to-date picture in terms of unit activity. This was discussed in the following points:
- Average length of stay peaked between January and February 2014 but dropped again in March 2014 to become within a more acceptable range.
- We were told about an example of the impact extended length of stay delays had on patients; the week before our visit a patient was discharged home from the ITU because their discharge was excessively delayed.
- It was not ideal for patients to be cared for on the ITU when their condition is no longer critical; this is well recognised. It can be traumatic and upsetting for a relatively 'well' patient to stay in an environment where the majority of patients are receiving acute and often invasive treatment.
- The facilities on the ITU were not ideally suited for patients who were comparably well and who could walk to toilet and bathroom facilities unaided.
- Readmission rates remained relatively low which is a positive indication that patients were not returning back to the ITU after discharge from the unit.
- Non-clinical transfers peaked between January 2014 and February 2014 and levelled out again in March 2014; non-clinical transfers were relatively low from July 2013 to March 2014 (excluding February 2014).
- Bed occupancy figures for March 2014 were in the high 90's (%) and there had been a steady incline from January 2014; going in to 2014 the ITU was running on a high bed capacity figure. Ideally, bed capacity should ideally be around 85%.

Meeting people's individual needs

- If patients had specific additional needs staff would willingly allow care workers and/or family to visit the unit out of usual visiting times.

Critical care

- For patients with additional/complex needs staff encouraged families to provide extra support where appropriate.
- Families/carers are able, on occasion, to stay over at the hospital if necessary. Family members/ carers were provided with a recliner chair so they could sleep on the unit next to their relative.
- On recent occasions, staff have arranged for relatives to sleep over in the unit's on-call room.
- Facilities for families/friends/carers were limited which negatively impacted on people's experience of the unit during times of increased emotion and stress.

Learning from complaints and concerns

- The ITU sister stated that there had been four complaints since Christmas 2013; one complaint related to a re-admission and issues around poor communication. The other complaints did not have any aspects in common and were all handled in line with trust policy.
- The complaints were openly discussed at staff meetings in order to engage with staff and ensure lessons could be learnt.
- The unit held communication meetings every month which included junior and senior nursing staff; these meetings regularly discussed complaints and concerns and any learning points.
- Trainee doctors we spoke with received very little feedback from critical incidents they had reported and so were reluctant to continue to report.

Are critical care services well-led?

Requires improvement 

The governance and leadership for critical care was variable. From a nursing perspective, nurse leadership was good and staff felt engaged and positive about their work.

From a medical perspective, the leadership was not as strong. We had concerns regarding the current consultant model of working and apparent lack of direction for the service. In addition there was a there was a lack of impetus in implementing best-practice guidelines and limited overall vision for the service.

Vision and strategy for this service

- Staff we spoke with on the ITU were familiar with key parts of the trust strategy specifically the six Cs which included care, compassion, competence, communication, courage and care.
- Joint governance meetings were held monthly attended by senior nursing staff; these meetings included discussions around vision and strategy for the service.
- Staff were aware of the monthly newsletter named 'News@NLAG'.
- Sections within 'News@NLAG' focused on trust vision and strategy. For example, in the April 2014 edition, the trust looked to recruit 100 'care makers' to celebrate and recognise staff who embody the six Cs.
- A new nursing strategy had recently been launched with focus on quality, a harm-free environment and meeting people's needs.

Governance, risk management and quality measurement

- Joint governance meetings were held monthly and attended by senior nursing staff; topics covered included governance, risk management and quality measurement.
- ITU network meetings were held every two months and this provided opportunity to share information with senior staff from other ITUs and discuss risk and quality.
- There was a critical care delivery group which met every three months which also addressed issues around risk and quality measures.
- The unit contributed to ICNARC.

Leadership of service

- The nurses we spoke with felt the ITU was well-led and senior staff were approachable.
- Nursing staff felt well supported and well informed; nursing clinical guidelines were up to date and care followed best-practice guidelines.
- Senior nursing staff were visible on the unit and had a suitable understanding of the day-to-day running of the service.
- However from a medical perspective, the sense of strong leadership was less apparent.
- The concerns highlighted in other sections of this report point to weaknesses in senior leadership for example, the consultant working patterns, once daily ward rounds at weekends and lack of medical clinical guidelines.

Critical care

- Other concerns were around patients not being seen within 12 hours of admission by a consultant, and medical staff not trained in intensive care.
- We spoke separately with the SGH ITU lead and the associate director for surgery and critical care. We asked about any foreseeable changes to the service and key challenges ahead. There were no plans to alter the existing ways of working and the precedence placed on ensuring nationally recognised best practice guidance were followed was not high on the agenda.
- Having a distinctly separate HDU, away from the intensive care unit, is not ideal and critical care (including an HDU) is best provided within one larger unit, led by critical care staff, where beds can be flexed up or down to accommodate level 2 and level 3 patients as demands change. This model may not be possible if physical space is problematic.
- The implications of having a physician-led HDU did not seem to have been fully considered and the experiences of running such a unit at DPoW had not been fully taken in to account.
- There was no cross-site working and lack of standardised care and management across both sites.
- There appeared to be very little joined up thinking and no tangible benefits from operating two critical care units being operated within the same trust.

Culture within the service

- The nursing sister on the ITU felt morale in the unit was good and there was a good team that worked together well.
- We were informed that short-term staff sickness levels were comparatively low, staff retention was good and about two-thirds of staff had worked on the unit for over 10 years.







Public and staff engagement

- For the ITU, patient surveys have been used in the past to engage with patients and get their views on the care they received. However, these were done over three years ago.
- All patients on the ITU were invited to a critical care outreach follow-up clinic. Patients were invited to express their views about their experiences. Information from the meetings was recorded and emailed to the unit nursing sister.
- From a recent follow-up clinic, patients commented how handovers were noisy; staff have since been encouraged to be quieter.
- We observed a comments box in the relative's room; this was used to encourage people to provide their views about the service and ITU in general.
- The ITU nursing sister felt that staff built positive relationships with relatives and this was a key part of the service.
- Attempts were made to engage with staff including the NLAG staff and members newsletter.
- The unit nursing sister attempted to engage with staff where possible including at team meetings, one-to-one meetings and through more general day-to-day engagement.

Innovation, improvement and sustainability

- A practice development group was in place and met every three months; the group focused on developing practice particularly in terms of innovation and improvement.
- The anaesthetic lead for SGH felt the ITU had been innovative in certain instances. For example, the unit was involved with a CPAP (continuous positive airway pressure) trial in relation to sepsis and head injury research.

Maternity and family planning

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

Information about the service

The maternity service at Scunthorpe General Hospital provided antenatal, intrapartum and postnatal care to women. The unit delivered approximately 1,850 babies in 2012/2013.

We visited the antenatal and postnatal wards, obstetric theatres and labour ward. We spoke with five women and 17 staff including midwives, midwifery support workers, doctors, consultants and senior managers.

We observed care and treatment and looked at care records. We also reviewed the Trust's performance data.

Summary of findings

There were effective arrangements in place for reporting patient/staff incidents and allegations of abuse which was in line with national guidance. Staff were aware of the process for reporting and there was learning from incidents. A national trigger tool and maternity dashboard was used to identify and report incidents specific to maternity care. Figures showed midwifery staffing levels were below those nationally recommended. The service was aware of this shortfall in midwifery staffing and staffing and escalation protocols were followed to ensure staffing and skill mix levels were safe on each shift. Women told us they had received continuity of care and one-to-one support from a midwife during labour. Medical staffing was in line with national recommendations.

The maternity service used national evidence-based guidelines to determine the care and treatment they provided. There was a multidisciplinary approach to care and treatment which involved a range of providers across health care systems to enable services to respond to the needs of women. The service participated in national and local audits.

Women spoke positively about their treatment by clinical staff and the standard of care they received. They told us staff treated them with dignity and respect. Women said they felt involved in developing their birth plan and had received sufficient information to enable them to make choices about giving birth. All women booked into the unit had a named midwife. Patient

Maternity and family planning

confidentiality was maintained in verbal communication, during discussions and in written records. The service was well led and understood the views of patients about their care. Concerns and best practice were shared to improve the service. Staff were encouraged to drive service improvement. The service had won a national award for promoting a normal birth experience.

Are maternity and family planning services safe?

Good



There were effective arrangements in place for reporting patient/staff incidents and allegations of abuse which was in line with national guidance. Staff were aware of the process for reporting and there was learning from incidents. A national trigger tool and maternity dashboard was used to identify and report incidents specific to maternity care.

Maternity services were clean and effective procedures were in place to monitor infection prevention and control.

Staffing levels were set and reviewed at ward and board levels using nationally recognised tools and guidance. Figures showed midwifery staffing levels were below those nationally recommended. The service was aware of this shortfall in midwifery staffing and staffing and escalation protocols were followed to ensure staffing and skill mix levels were safe on each shift. Women told us they had received continuity of care and one-to-one support from a midwife during labour.

Medical staffing was in line with national recommendations for the number of babies delivered on the unit each year. There were adequate numbers of junior doctors on the wards and any gaps in the rota were filled by internal medical cover.

Care and treatment was planned and delivered in a way to ensure women's safety and welfare. Risk assessment tools were used to ensure appropriate referral of women developing critical illness during or after pregnancy.

Clinical records were completed to a good standard. Each record contained a clear pathway of care which described what women should expect at each stage of their labour. When not in use records were kept safe in line with data protection.

Incidents

- Maternity had no recent Never Events. Trust policies on reporting incidents were embedded. All staff we spoke with said they were encouraged to report incidents.
- A national trigger tool and maternity dashboard was used to identify and report incidents specific to

Maternity and family planning

maternity care. There was a proactive and reactive response to incident management. Incidents were discussed at the clinical governance group each month. Records showed there was learning and actions had been taken where required. Individuals involved in serious incidents could request feedback from the governance teams.

- There was a good track record in unexpected admission to NICU, maternal unplanned admission to ITU, suspension of maternity services, unexpected neonatal death, intrapartum death and maternal deaths.
- Monthly perinatal mortality and morbidity meetings were held. All serious cases including stillbirths and neonatal deaths were reviewed as a peer group. Junior doctors told us they attended meetings and were involved in learning.
- A directorate learning lessons newsletter was available for staff regarding incidents.

Safety thermometer

- Maternity did not use the safety thermometer to monitor patient harms and 'harm free care'. The head of midwifery informed us information specific to maternity risks was being developed and would be in place in the next six weeks.
- Records we looked at evidenced risk assessments for venous thromboembolism (VTE) were carried out. An audit in October 2013 showed 100% of women had been assessed for VTE at booking and delivery and 80% postnatally.

Cleanliness, infection control and hygiene

- The maternity unit was visibly clean. Staff reported they had received infection control training. Policies were adhered to such as 'bare below the elbows' dress code and we saw staff regularly washed their hands.
- Cleaning schedules were in place and there were clear processes for checking the cleanliness of the environment and decontamination of equipment.
- There were no cases of methicillin-resistant staphylococcus aureus (MRSA) bacterial infections or clostridium difficile infections detected in the last six months for maternity.

Environment and equipment

- The environment in the maternity unit was safe

- Equipment was appropriately checked regularly. There was adequate equipment on the wards to ensure safe care (specifically cardiotocography (CTG) and resuscitation equipment). Staff confirmed they had sufficient equipment to meet need.

Medicines

- Medicines were stored correctly and appropriate checks carried out.
- Fridge temperatures were checked in all clinical areas.

Records

- An audit of the World Health Organization (WHO) surgical checklist showed compliance in 100% of cases.
- Clinical records were completed to a good standard. Each record we looked at contained a clear pathway of care which described what women should expect at each stage of their labour. When not in use records were kept safe in line with data protection.
- Five sets of records were reviewed each month on an ongoing basis and action taken to improve the quality of record keeping. In March 2014 the service achieved compliance against level 2 national risk management standards achieving 10/10 for quality of record keeping.
- The child's health record (RED Book) was given to parents at their first antenatal visit by the health visitor who spent time with parents explaining the contents.
- 'Fresh eyes' approach was used, where two staff reviewed foetal heart tracings to reduce misinterpretation, improving patient safety.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Patients were consented appropriately and correctly. Women were given choices about their care and the risks, benefits and alternative options were discussed. The consent process was supported by written information.
- There were clear procedures for patients who did not have capacity to consent. The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were adhered to appropriately.

Safeguarding

- There were two safeguarding midwives for maternity services. Midwives in each of the areas also had link roles for safeguarding.

Maternity and family planning

- Staff were aware of the safeguarding policies and procedures and had received training in this area. They were also aware of the trust's whistleblowing procedures and the action to take.

Mandatory training

- Records for April 2014 showed that 80% of staff in the maternity unit at Scunthorpe were up to date with their mandatory training.
- Staff confirmed they were up to date with mandatory training and this included attending annual cardiac and pulmonary resuscitation training. Staff had also attended annual multidisciplinary skills drills obstetric emergency study days.

Management of deteriorating patients

- The service used the Maternity Early Obstetric Warning Scoring System. There were clear directions for escalation and staff spoken to were aware of the appropriate action to be taken if patients scored higher than expected.
- We looked at completed charts and saw that staff had escalated correctly, and repeat observations were taken within the necessary time frames.

Midwifery staffing

- Births to midwife ratio was 1:29 against a nationally recommended ratio of 1:28. The unit was using an acuity tool to ensure staffing levels and skill mix was safe.
- Ideal and actual staffing numbers were displayed on every ward. Staff reported that they were only rarely understaffed and vacancies were filled with internal bank staff. The unit did not use agency staff.
- There was a safe staffing and escalation protocol to follow should staffing levels per shift fall below the agreed roster. Staff reported good cross department working.
- Women told us they had received continuity of care and one-to-one support from a midwife during labour. Trust data for 2012 showed the rate of women receiving on-to-one care in labour was 99.1%.
- We observed a midwifery handover on the labour ward. The handover occurred twice a day and was factual and comprehensive.

Medical staffing

- Consultants were present on the labour ward for 60 hours a week. This was in line with national recommendations for the number of babies delivered on the unit per annum.
- There were adequate numbers of junior doctors on the wards and any gaps in the rota were filled by internal medical cover.
- The unit was not overly reliant on locum medical staff and where required only used locums which had previously worked in the unit.
- There were three consultant-led handovers per day. The handover was structured, documented and attendance was recorded.
- Anaesthetist – 24-hour cover.
- Maternity scored better than expected for junior doctor workloads (General Medical Council – National Training Scheme Survey 2013).

Major incident awareness and training

- The trust had a business continuity plan dated 12 November 2013 and an overarching business continuity policy dated 25 April 2014. Key functions were set out in the plan in order of priority and these included bed management and site management. The plan outlined specific risks and a business impact analysis was included. Recovery time objectives (RTO) and maximum tolerable periods of disruption (MTPD) were not specified.
- Business continuity plans for maternity were in place. These included the risks specific to each clinical area and the actions and resources required to support recovery.
- A trust assurance process was in place to ensure compliance with NHS England core standards for Emergency Preparedness, Resilience and Response. A mix of training was available for key staff utilising emergency plans such as table top exercises and practical training.

Are maternity and family planning services effective?

Good



Maternity used national evidence based guidelines to determine the care and treatment they provided. There

Maternity and family planning

was a multi-disciplinary approach to care and treatment which involved a range of providers across health care systems to enable services to respond to the needs of women.

The service participated in national and local clinical audits. Records showed recommendations from audits had been fully implemented.

Patient outcomes were monitored and reviewed. Data showed normal delivery rates were higher than that reported nationally, emergency caesarean section rates were significantly lower than expected and maternal and neonatal readmission rates were lower than expected. Where indicators were not within the expected range such as stillbirths there was evidence the service was taking action to improve in this area.

A process was in place to identify learning and development of staff. Staff told us they had received appraisals and there was a proactive approach to midwifery supervision. Midwives expressed a positive experience of supervision.

Evidence-based care and treatment

- Maternity used a combination of NICE (e.g. QS22, 32 and 37), and RCOG guidelines (e.g. Safer Childbirth: minimum standards for the organisation and delivery of care in labour) to determine the treatment they provided. Local policies were written in line with this and were updated three years or sooner if national guidance changed
- The directorate participated in a variety of local audits such as documentation, swab checks, third and fourth degree tears, stillbirth review and antenatal steroids for pre-term labour. There was a clinical audit action plan for 2013/2014 which identified the date action was required, person responsible and evidence of completion. Records showed most recommendations had been fully implemented.

Pain relief

- Information was given to women to make them aware of the pain relief options available to them.
- Various pain relief was available for birthing women which also included drug free methods.
- There was a 24-hour epidural service.

Nutrition and hydration

- Most women told us they had a choice of meals and these took account of their individual preferences. They

told us the food was satisfactory and most women said they had received sufficient portion sizes. One woman, however, felt there was insufficient choice for diabetic diets.

Patient outcomes

- In the last 12 months there were 1,857 deliveries at Scunthorpe.
- Normal delivery rates were higher than that reported nationally.
- The trust had lower rates of caesarean sections compared with nationally.
- Emergency caesarean section rates were significantly lower than expected.
- Maternal readmission rates were lower than expected.
- Neonatal readmission rates were lower than expected.
- There were four maternal admissions or transfers to ITU at Scunthorpe (March 2013–February 2014)
- There were 21 incident forms completed for unplanned admissions to Neonatal Intensive Care Unit. (September 2013–February 2014)
- Based on 2011/12 data the service was an outlier for stillbirths. Records showed each stillbirth was investigated using the National Patient Safety Agency toolkit and if necessary an external supervisory investigation. The head of midwifery told us there was an ongoing review of stillbirths working in partnership with other agencies such as public health on actions for smoking, obesity and breastfeeding.
- The directorate participated in the Royal College of Obstetrics and Gynaecologists 11 Maternity quality indicators. The directorate had passed in three of the four data areas. Action had been taken to improve within this area and included audits for third and fourth degree tears and induction of labour. The directorate participated in all of the clinical audits it was eligible for.

Competent staff

- Newly qualified midwives undertook a preceptorship programme.
- There was a proactive approach to midwifery supervision. Midwives expressed a positive experience of supervision.
- The trust had a target of each directorate achieving 75% compliance for appraisal by the end of the year. Records showed that 69% of staff in maternity had received an appraisal. All staff we spoke with confirmed they had received an annual appraisal.

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- Junior doctors attended teaching sessions and participated in clinical audits. They told us they had good ward-based teaching and were well supported by the ward team and could approach their seniors at any time if they had concerns.
- The service was rated as within expectations for two out of the three Antenatal and New-Born Screening Education Audit indicators. We discussed the requirement for a screening coordinator with the Head of Midwifery. They told us the post was previously funded by commissioners which had now ceased. However the post had been appointed to and was being funded by the directorate until external funding was secured.

Multidisciplinary working

- Staff told us they received good support from the critical care outreach team to ensure safe transfers if women required intensive care.
- There were clear processes for multidisciplinary working in the event of maternal transfer by ambulance, transfer from homebirth to hospital and transfers postnatally to another unit. This was achieved using the ACCEPT approach to ensure the right patient had to be taken at the right time by the right people to the right place by the right form of transport and received the right care throughout.
- Staff worked closely with children's services to care for babies admitted to the transitional care unit. Staff said they received good support from the neonatal unit and could obtain advice at any time.
- For those women who have certain pre-existing medical conditions, such as diabetes or epilepsy, a joint clinic was available where a consultant obstetrician and physician were present to manage care.
- Communication was sent to the GP by email automatically on discharge from the department. This detailed the reason for admission and any investigation results and treatment undertaken.

Seven-day services

- There was sufficient medical cover out of hours. Consultants were present on the labour ward from 9am to 2pm at weekends and then on call from home.
- Seven-day working was operational in diagnostic services such as CT, MRI, Radiology and ultrasound.

Are maternity and family planning services caring?

Good



Women spoke positively about their treatment by clinical staff and the standard of care they received. They told us staff treated them with dignity and respect. Women said they felt involved in developing their birth plan and had received sufficient information to enable them to make choices about giving birth. All women booked into the unit had a named midwife. Patient confidentiality was maintained in verbal communication, during discussions and in written records.

There were facilities to ensure women and their families were supported following bereavement. Access was available to a named bereavement midwife. There were bereavement policies and procedures in place for supporting parents. Formal bereavement training for midwives was being arranged.

Compassionate care

- In the CQC Maternity Services Survey 2013, 119 responses (a response rate of 14.3%) were received from women about their care at this trust. The trust performed about the same as other trusts for labour and birth and better than other trusts for staff during labour and birth and care in hospital after birth.
- The family and friends test results for February 2014 (93 responses received NHS Choices) showed that the majority of women were extremely likely or likely to recommend the service at Scunthorpe to their family or friends. Friends and Family cards were given to women at discharge and boxes were available in clinical areas for comments to be submitted.
- Most women spoke positively about their treatment by clinical staff and the standard of care they received. We observed staff interacted with women and their relatives in a polite, friendly and respectful manner.
- There were arrangements in place to ensure privacy and dignity. Women said staff treated them with dignity and respect. Privacy notices were attached to bed curtains or room doors while care was being given.

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Patient understanding and involvement

- Women said they felt involved in developing their birth plan and had received sufficient information to enable them to make choices about giving birth.
- All women booked into the unit had a named midwife and their contact details. In addition there was a 24-hour, seven-days-a-week 'hotline' for women to call if they had any concerns
- Women who chose to have their birth in hospital were offered a tour of the unit with their partner prior to the birth.
- Women had access to their hand held records throughout their pregnancy. Patient confidentiality was maintained in verbal communication, during discussions and in written records.

Emotional support

- There were facilities to ensure women and their families were supported following bereavement.
- Access was available to a named bereavement midwife.
- There were policies and procedures in place for supporting parents in cases of stillbirth or neonatal death this included referral to the Blue Butterfly group, which was facilitated by the chaplaincy and offered support to families following bereavement.
- Although staff provided caring and compassionate care to parents following pregnancy loss they told us they had not received any formal training in bereavement. Minutes from the April 2014 foetal loss meeting showed that supervisors of midwives were organising training sessions for later in the year.
- Research nurses were working with local women on a project to examine early motherhood depression.

Are maternity and family planning services responsive?

Good



The services worked with local commissioners of services, the local authority, other providers, GP's and patients to coordinate and integrate pathways of care that met the health needs of women. There was integrated working between the children's centres and midwifery team which had led to women accessing antenatal services earlier.

There were arrangements in place for access to the service and discharge or transfer of women which met their needs. Information was shared effectively with agencies, such as GPs, social services and community services.

The service responded to the needs of vulnerable patients. There were specialist midwives who provided support in areas such as teenage pregnancy and substance misuse. There was a team of peer support workers at the hospital and in the community who provided advice and support for women who chose to breastfeed. A range of leaflets about care and treatment was available in different formats and languages. Access was available to interpreting services.

Complaints were handled in line with trust policy. Information was given to women about how to make a comment, compliment or complaint. There was learning from complaints and concerns and action and improvement to services was taken where required.

Service planning and delivery to meet the needs of local people

- The service was aware of the risks to the service such as staffing levels and skill mix, geography of the three trust sites and investment in community services. It worked with local commissioners of services, the local authority, other providers, GP's and patients to coordinate and integrate pathways of care that met the health needs of women. There was integrated working between the children's centres and midwifery team which had led to women accessing antenatal services earlier.

Access and flow

- Women received an assessment of their needs at their first appointment with the midwife. The midwifery package included all antenatal appointments with the midwives, ultrasound scans and all routine blood tests as required. The midwives were available on call 24 hours a day for advice.
- Maternity team care was provided for those women for whom midwifery led care was not advised. Women were seen by an obstetric team following initial assessment.
- Prior to discharge women were given a transfer home pack from the midwife and seen by the community midwifery team the day following discharge from hospital. Women were able to contact the ward up to 28 days post discharge if they had any concerns.
- There was good compliance in achieving six-hour discharges from the labour ward. Midwives carried out

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examination of the new-born for all low-risk pregnancies. Staff on the postnatal ward told us there were sometimes delays in discharge at weekends due to the availability of a paediatrician to undertake the examination.

- The unit did not have to close 2012/13 due to over capacity.
- Bed occupancy was in line with the Royal College of Midwives recommendations.
- 73.6% of pregnant women accessing antenatal care were seen within 10 weeks compared with 20.1% seen within 20 weeks.

Meeting people's individual needs

- The service responded to the needs of vulnerable patients. There were specialist midwives who provided support in areas such as teenage pregnancy and substance misuse.
- There was a team of peer support workers at the hospital and in the community who provided advice and support for women who chose to breastfeed. The service had achieved level 1 UNICEF Baby Friendly Accreditation and was working towards level 2. This was a worldwide programme which encouraged maternity hospitals to support women with breastfeeding. While good work was ongoing with breastfeeding peer support workers, breastfeeding initiation and continuation rates were below the national average.
- A report from 2011 showed the trust was consistently above all the screening uptake targets and the failsafe visit in 2012 demonstrated good counselling and information given to women.
- A range of leaflets about care and treatment was available in different formats and languages. Access was available to interpreting services.

Learning from complaints and concerns

- Complaints were handled in line with trust policy. Information was given to women about how to make a comment, compliment or complaint. There were processes in place for dealing with complaints at ward level or through the trusts Patient Advice and Liaison Service.
- An afterthoughts service was available for women and their partners if they had questions following birth. This involved a face-to-face appointment with the midwife.
- Learning from complaints and concerns was discussed at monthly staff meetings. Action taken following

complaints included improvements to patient information leaflets and ensuring staff identified themselves and their position to patients when entering the consultation area.

Are maternity and family planning services well-led?

Good



Staff spoke positively about the service they provided for women. Quality and patient experience was seen as a priority and everyone's responsibility. Staff told us they were encouraged to raise concerns about patient care and this was acted on. Staff were dedicated and worked well as a team.

Staff were aware of their roles and responsibilities. Staff reported that leadership on the wards was good and they received the necessary support to undertake their role. Most staff told us senior managers were visible and known to them.

The service understood the views of patients about their care. Concerns and best practice were shared to improve the service.

Staff were encouraged to drive service improvement. The service had won a national award for promoting a normal birth experience.

Vision and strategy for this service

- The trust's vision and values which promoted compassion, dignity, respect and quality was visible in clinical areas.
- The service was in the process of scheduling staff engagement events to help inform the women's and children's vision and strategy. Key themes were organised around the five national domains contained in the NHS Outcomes Framework (December 2013).

Governance, risk management and quality measurement

- In March 2014 the trust achieved level 2 accreditation against national maternity clinical risk management standards achieving a score of 46/50.

Maternity and family planning

- Monthly governance meetings were held where incidents, complaints, claims, audits and guidance were discussed. Staff were kept up to date with this information through newsletters, staff meetings and team briefings.
- A quality dashboard was completed. Most staff told us they were aware of the quality issues in the service. However, the dashboard was not displayed in clinical areas.
- Risks were escalated to the trust risk register and monitored each month.

Leadership of service

- Staff were aware of their roles and responsibilities. Management structures showed clear lines of accountability.
- Staff reported that leadership on the wards was good and they received the necessary support to undertake their role.
- Openness and honesty was the expectation for the service and was encouraged at all levels.
- Most staff told us senior managers were visible and known to them.

Culture within the service

- Staff spoke positively about the service they provided for women. Quality and patient experience was seen as a priority and everyone's responsibility.
- Staff told us they were encouraged to raise concerns about patient care and this was acted on.

- Staff were dedicated and worked well as a team. There was good multidisciplinary working.
- Staff sickness levels were within expected numbers.
- Trust figures for January 2014 showed staff were reporting ongoing increases in staff engagement, morale and the ability to implement change at both ward/department and trust level. Staff told us morale in the unit was good.







Public and staff engagement

- The service took account of the views of women and their families through the Maternity Liaison Services Committee, a multidisciplinary forum where comments and experiences from women were used to improve standards of maternity care.
- Service user representatives were invited to the labour ward forum and patient information group.
- The service had a 'you said, we did' communication board. This showed action had been taken in response to patient feedback. Improvements had been made to the quality of food environment and communication.

Innovation, improvement and sustainability

- Staff were encouraged to drive service improvement. The service had won a national award for promoting a normal birth experience. A midwifery-led vaginal birth after caesarean section clinic had been introduced which worked with women who had a previous caesarean section.

Services for children and young people

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

Information about the service

Within the hospital there are 25 paediatric beds which included six assessment beds and two high dependency beds. All the paediatric beds were located on Disney Ward. The ward admitted children from birth. Young people were admitted up to the age of 16 years old and there were formal arrangements in place to treat and care for young people up to the age of 19 years old where required. The ward provided a range of paediatric services including general surgery, medicine and high dependency care. In addition, the hospital has 10 neonatal intensive care (NICU) beds and four transitional cots. There was also an outpatient clinic service. Between April 2013 and March 2014, the children's service had 4,857 admissions.

We visited Disney Ward, NICU, theatres, the A&E department and the outpatient area. We spoke with 13 patients or relatives and 21 members of staff including consultants, registrars, junior doctors, the Head of Children's Nursing, the matron, ward managers, staff nurses, health care assistants, play specialists and domestic staff.

Summary of findings

Incidents were well reported and staff received direct feedback in response to issues raised. We found that there were suitable numbers of nursing and medical staff on the unit which was clean and well equipped. Safeguarding policies were in place and mandatory training undertaken.

The service used evidence-based care and treatment and had a clinical audit programme in place. There was evidence of multidisciplinary working and access to seven-day services. Children received care and treatment from competent staff. Effective pain relief arrangements were in place. Nursing, medical and other healthcare professionals were caring and children and parents were positive about their experiences. Parents felt involved in the decisions about their children's care and treatment and records were completed sensitively.

The service was mostly meeting people's individual needs but access to information in other languages, such as leaflets for patients could be improved. The trust was improving the way it handled complaints. Children's service was well-led. Staff were aware of the trust vision although there was no specific vision for children's services. There was a named senior registered nurse who was responsible for influencing the commissioning and management of children's services. Quality and patient experience was seen as all staff's responsibility.

Services for children and young people

Are services for children and young people safe?

Good



Incidents were well reported and staff received direct feedback in response to issues raised. We found that there were suitable numbers of nursing and medical staff on the unit which was clean and well equipped. Safeguarding policies were in place and mandatory training undertaken.

Incidents

- There have been no recent never events reported within children's services.
- We saw a report relating to a serious incident in A&E in late 2013 that led to a full root cause analysis. The results of this were displayed in the staff coffee room for all staff to read and consider.
- All staff we spoke to stated that they were encouraged to report incidents and received direct feedback from their matron. Themes from incidents were discussed at ward meetings and staff were able to give us examples of where practise had changed as a result of incident reporting.
- Staff were aware of what incidents and errors to report and how a report should be made.
- There were irregular NICU staff meetings although staff told us incidents would be discussed at meetings.

Safety Thermometer

- NICU staff completed the adult safety thermometer but found it largely irrelevant to NICU. Staff told us they had regularly highlighted this to the Quality Manager.
- Disney Ward did not complete a safety thermometer. We were told this was a national issue in children's services as there was no paediatric version.

Cleanliness, Infection control and hygiene

- Ward areas appeared clean and we saw staff regularly wash their hands and use hand gel between patients.
- Bare below the elbow policies were adhered to.
- Patients were screened on admission for MRSA.
- If patients were found to have either C. difficile or MRSA they were isolated in a side room.
- We found that infection control audits such as MRSA screening and hand hygiene were carried out on a regular basis.

- We found no information on infections and hand hygiene audits displayed on NICU or Disney.
- Disney Ward had dedicated cleaning staff who had responsibility for ensuring the ward was clean.
- Nursing staff on NICU cleaned equipment and damp dusted the surfaces in clinical areas. The domestic staff had responsibility for cleaning floors, bathrooms and toilets.

Environment and Equipment

- The environment in the children's department was safe.
- Equipment was appropriately checked and cleaned regularly. There was adequate equipment on the wards to ensure safe care.
- We visited the paediatric resuscitation area in A&E and found it was situated next to the adult resuscitation areas. A curtain divided the paediatric resuscitation area from the adult resuscitation area.
- We visited the recovery room in theatres and found the paediatric resuscitation trolley had been checked two days before our visit but prior to that it had not been checked since January 2014.

Medicines

- Medicines were stored correctly including in locked cupboards or fridges where necessary. Fridge temperatures were checked.
- We saw nurses following correct procedures in relation to controlled drug administration.
- Nurses prepared intravenous drugs and infusions within ward treatment room areas.
- We found that children and babies were weighed and their weights recorded on drug administration charts.
- There were standards in place for checking drugs before administration and staff told us where they find information on medicines.

Records

- All records were in paper format on NICU and all health care professionals documented in the same place.
- There were no care plans in place on NICU. We were informed the trust was changing over to an electronic patient record system that would encompass care plans for each baby. We raised the issue of there being no care plans in place with senior staff. We revisited the unit and found some basic care plans had been written and entered into the paper records.
- Disney ward had care plans in place.

Services for children and young people

- We saw appropriate risk assessments were completed within NICU.
- There was no routine nutritional screening or tissue viability assessments carried out on Disney ward.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Patients were consented appropriately and correctly. We were told that staff received mandatory training on the Mental Capacity Act every three years. The most recent audit showed that the children's ward had achieved 69% compliance on nursing staff attending Mental Capacity Act training (with 11 staff not meeting the requirement) and 79% compliance for medical staff (with five staff not meeting the requirement).
- We saw a completed consent form that included information on the procedure and the signature of the parent. A parent told us she was fully informed about the procedure and felt involved.
- We did not see any documentation to assess a child/young person's ability to make a decision. The Adult Protection team assisted young people and those who have a learning disability to make informed decisions.

Safeguarding Children

- The hospital had a named doctor for safeguarding who provided one session a week. All NHS trusts are required to have a named doctor for safeguarding who provide advice and expertise for fellow professionals and promote good practice within their organisation in line with the Safeguarding Children and Young People; roles and competencies document (RCPCH, 2010).
- In addition there was a separate designated doctor for safeguarding.
- The hospital had a named nurse for safeguarding who worked 30 hours a week.
- There was an executive lead for safeguarding within the trust.
- A safeguarding team was in place. The team provided safeguarding supervision sessions four times a year to ward-based staff.
- A paediatric liaison nurse was in post. Their role was to investigate all admissions and identify any child in need and in addition, screen for any safeguarding matter. The liaison nurse liaised with the multidisciplinary team and ward-based staff.

- A coloured sheet was used in patient records to identify and highlight to staff that the child was classed or had been classed as a child in need. These coloured sheets remained as permanent addition to the notes to highlight to staff to be extra vigilant.
- There was a written safeguarding children policy and procedure in place.
- We found staff knew how to respond appropriately when there were concerns about a child or young person.

Mandatory Training

- We looked at the staff mandatory training audits.
- Records confirmed that 75% of staff on the paediatric wards were up to date with their mandatory training and 79% of medical staff were up to date.
- Medical staff had received safeguarding training at level 1, 2 or 3. 96% of staff had received level 1 training, 92% level 2 training and 100% had received level 3 training.
- Nursing staff had received safeguarding training at level 1, 2 or 3. 94% of staff had received level 1 training, 83% level 2 training and 74% had received level 3 training.
- Staff received annual resuscitation training. 67% of medical staff had received an annual update with two staff not meeting the requirement. 63% of staff on the wards had received their annual update with 13 staff not meeting the requirement. We spoke to staff who told us they were paediatric intermediate and advanced life support trained.

Management of the deteriorating patient

- Disney Ward used the Paediatric Early Warning Scoring System (PEWS). There were clear directions for escalation printed on the reverse of the observation charts and staff spoken to were aware of the appropriate action to be taken if patients scored higher than expected.
- We looked at completed charts and saw that repeat observations were taken within the necessary time frames.

Nursing Staffing

- NICU Nursing staffing numbers were assessed using the British Association of Perinatal Medicine (BAPM) acuity tool. Ideal and actual staffing numbers were not displayed on NICU.
- Staff reported they used their own staff from NICU to cover sickness and understaffing.

Services for children and young people

- There was a children's services establishment review in progress for Disney ward. The review had an aim of pursuing an increase in the establishment to ensure the nurse/patient ratio meets the Royal College of Nursing (RCN) standard of one nurse to five patients per shift. In addition, there was a recommendation in the review for one nurse on every shift to be a band 6 grade.
- There was no recognised acuity tool used to determine dependency on Disney ward.
- Disney Ward displayed ideal and actual staffing numbers based on current establishment figures.
- Nursing handovers occurred twice a day at 7am and 7.30pm. We read nursing records and asked the nursing staff about particular care needs. We found nurses to be knowledgeable about each child's needs.

Medical Staffing

- There was consultant cover on NICU and Disney Ward from 9am to 5pm Monday–Friday. After 5pm and at weekends consultants were called out via an on-call rota. All children were seen by a consultant within 24 hours of admission to the ward.
- There were guidelines in place that state a consultant neonatologist would be called in immediately when a baby is born under 31 weeks.
- The paediatric clinical lead was on sick leave and a locum doctor was in place.
- The junior doctor rota had vacancies at tier 1 level. This gap was filled by locums. There were no gaps at middle grade or specialist registrar level. All children were seen by a doctor on the middle grade rota within four hours.
- Junior doctors told us there were adequate numbers of junior doctors on the wards out of hours and that consultants had a very low threshold to come back onto the ward to review their patients.
- We observed a medical handover and found evidence of appropriate investigation and treatment against national guidance such as the National Institute of Clinical Excellence (NICE).
- There were consultant led handovers Monday to Friday. The handover was observed was structured, documented and attendance was recorded.
- We spoke with consultant surgeons and consultant anaesthetists who told us they complied with their Royal College guidelines regarding the treatment of children.

Major incident awareness and training

- The trust had a major incident plan dated 21 March 2014. There was a Resilience Manager in post and an emergency preparedness steering group. Within the plan there was a set of action cards for staff to follow that included action to be taken in the event of a paediatric arrest. A Command and Control structure was also outlined in the plan.
- The trust had a business continuity plan dated 12 November 2013 and an overarching business continuity policy dated 25 April 2014. Key functions were set out in the plan in order of priority and these included bed management and site management. The plan outlined specific risks and a business impact analysis (BIA) was included. Recovery time objectives (RTO) and maximum tolerable periods of disruption (MTPD) were not specified.

Are services for children and young people effective?

Good



We found the children's services were effective as the hospital used evidence-based care and treatment and had a clinical audit programme in place. There was evidence of multidisciplinary working and access to seven-day services. Children received care and treatment from competent staff. Effective pain relief and nutritional arrangements were in place.

Evidence Evidenced -based care and treatment

- The children's service used a combination of NICE, Royal College of Paediatrics and Child Health (RCPCH) guidelines to determine the treatment they provided. Local policies were written in line with this and were updated if national guidance changed.
- We observed evidence-based care being discussed at the medical handover.
- At the monthly departmental meetings any changes to guidance and the impact that it would have on practice was discussed.

Pain relief

- We observed children receiving appropriate pain relief before a procedure was carried out.
- We found a range of distraction techniques were used before a procedure was performed.

Services for children and young people

Nutrition and hydration

- Drinks, snacks and an appropriate choice of food were available for children and young people.
- There were plans in place to change the menu on Disney ward to improve the range of choice available.
- Multi-faith foods were available on request.
- We found that staff were knowledgeable about a child who was fed via a percutaneous route.
- There were facilities for the management of bottle-feeding.
- Hypoglycaemic boxes were in place to manage children who suffer with diabetes.

Patient outcomes

- Children's services had an audit programme and participated in national audits including the paediatric asthma, fever and pneumonia audits and the paediatric intensive care audit (PICANet).
- There was no evidence of risk regarding in-hospital mortality for paediatric and congenital disorders (Paediatric and Congenital Disorders and Perinatal Mortality, 1 April 2012 to 29 January 2014).
- There was no evidence of risk regarding re-admission rates in the neonatal unit.

Competent staff

- The trust began to collate data from July 2013 on how many staff had received an appraisal. The data related to the women's and children's service and not just the children's service. 69% of staff had received an appraisal with and overall trust compliance of 75%.

Multidisciplinary working

- The ward had physiotherapists and occupational therapists; they did not generally attend the morning ward round.
- In addition there was a dedicated pharmacist for the children's service.
- We saw young people over the age of 16 years being cared for within the service and saw evidence that their transition into the adult services was being effectively managed.
- Children and young people who were in need of psychiatric or psychological treatment and support had access to specialist input.
- There was evidence of regular management meetings between the staff disciplines.

Seven-day services

- Nursing cover was the same seven days a week. Medical cover changed out of hours.
- Patients had access to physiotherapists and occupational therapists.
- Radiology ran at the weekends and bank holidays.
- An out-of-hours pharmacist was on call and staff had access to ward stock drugs.

Are services for children and young people caring?

Good



Nursing, medical and other healthcare professionals were caring and children and parents were positive about their experiences. Parents felt involved in the decisions about their children's care and treatment and records were completed sensitively.

Compassionate Care

- Throughout our inspection we witnessed children and their parents being treated with compassion, dignity and respect. We saw that children and young people were attended to promptly. The children we spoke to told us, 'I love it here'. A set of parents told us they had asked that their baby be taken to the NICU rather than a local one. Other parents told us 'I am involved in every decision and the staff are very caring'.
- We looked at patient records and found they were completed sensitively and detailed discussions that had been had with children and their parents.
- Parents were encouraged to visit and open visiting times were in place for close family members.

Patients understanding and involvement

- Children and parents we spoke with felt that they had been involved in their care and decisions around their treatment.
- Each child had a named nurse and consultant.

Emotional Support

- We spoke with a specialist diabetes nurse who provides emotional support to children diagnosed with diabetes.
- We found the hospital had good links to the Child and Adolescent Mental Health Services (CAMHS).

Services for children and young people

Are services for children and young people responsive?

Good



We found services were responsive. Service planning, delivery to meet the needs of local people and access and flow arrangements were in place and the hospital was mostly meeting people's individual needs but access to information in other languages, such as leaflets for patients could be improved. The trust was improving the way it handled complaints.

Service planning and delivery to meet the needs of local people

- The hospital had a dedicated assessment unit located on Disney Ward. The assessment unit ensured that children and young people were assessed appropriately before being formally admitted to a ward.
- The named senior nurse for children's services met regularly with the North East Clinical Commissioning Group (CCG) to service plan. We read the minutes dated 11 September 2013.
- Matrons and ward managers were responsible for bed management and regularly liaised with the bed management team.

Access and flow

- Children were referred to the paediatric department by either the A&E department or a GP. Children who required a period of assessment were transferred to an assessment unit that had six beds located on Disney Ward. This meant that children were not kept in A&E for a lengthy period of time. The assessment unit was open between 9am to 10.30pm and was staffed by a registered paediatric nurse. Medical cover was accessed via the ward. Children were either directly discharged from the assessment unit or admitted to the ward when required.
- Babies born over 27 weeks gestation were transferred from the maternity unit to NICU.
- The trust is part of the North Trent Neonatal network. Embrace provides 24-hours, 7-days-a-week critical care transport and clinical advice using conference-call facilities to liaise with sub-specialists. When necessary, an intensive care team skilled in the transport of critically ill children and infants will be mobilised.

- There were good arrangements in place for discharge and we saw evidence of discharge planning and individualised care packages for children.
- A discharge summary is sent to the GP on discharge from the service. This detailed the reason for admission and any investigation results and treatment undertaken.

Meeting people's individual needs

- Support was available for patients with learning disabilities or physical needs via a multi-agency approach. There was a lead paediatrician for learning disabilities but no senior nurse.
- A translation telephone services was available 24/7 and interpreters could be booked in advance for face-to-face consultations.
- There were information leaflets available for making a complaint. We only saw English language leaflets and information displayed in ward areas.
- There was no dedicated teacher or formal education arrangements. Staff told us that they contacted the patient's teachers to request school work if required.
- Play areas inspected were found to be clean and toys and games were found to be age appropriate for children.
- There was no separate room for young people to use.
- Toys and games were provided in outpatients.
- There was a dedicated children's waiting room in A&E with toys available but this was found to be small and we saw children playing in the adult waiting area. There was a children's minor injuries treatment room that had children's decorative stickers on cupboards and the ceiling. There was also a small selection of toys in the room.

Learning from complaints and concerns

- If a patient or relative wanted to make an informal complaint then they would speak to the ward sister or senior staff nurse. If this was not able to deal with their concern satisfactorily they would be directed to the Patient Advice and Liaison Service (PALS). If they still had concerns following this they would be advised to make a formal complaint. This process was outlined in leaflets available throughout the service.
- The Quality and Patient Experience Committee had reviewed the trust's management of complaints. We read a report on the trust's complaints action plan dated February 2014. We saw there were actions outlined, a dedicated lead for the action, a timescale to achieve the action and the progress outlined. Learning

Services for children and young people

was shared through patient stories, which were a regular feature on the agenda of the committee and trust board. Ward staff said they discussed individual complaints at ward meetings but ward meetings on NICU were not held regularly.

Are services for children and young people well-led?

Good



We found the children's service well-led. Staff were aware of the trust vision although there was no specific vision for the children's service. There was a named senior registered nurse who was responsible for influencing the commissioning and management of children's services. Quality and patient experience was seen as all staff's responsibility.

Vision and strategy for this service

- The trust vision was visible throughout the wards and corridors. In addition it was displayed on the six C's (Care, Communication, Competence, Courage, Compassion, Commitment) board located at the entrance of each ward.
- Staff were able to repeat the vision to us at focus groups and during individual conversations.
- There was no specific vision or strategy for the children's service.

Governance, risk assessment and quality measurement

- Children's joint clinical governance meetings were held within the directorate. These were chaired by the Head of Children's Nursing and attendees included Consultants, Matron's, Ward Managers, other specialty doctors, the Safeguarding Named Nurse and business managers. Complaints, incidents, audits and quality improvement projects were discussed.
- A women and children's group newsletter was disseminated quarterly so that all levels of staff were informed about successes, mandatory training issues, compliments, learning lessons, incidents and guidelines.

Leadership of service

- There was a defined leadership structure in place.
- There was a named senior registered nurse within the hospital who was responsible for influencing the commissioning and management of children's services. A senior nurse is defined by the RCN and the named nurse will fully meet the RCN standard when she completes her Master's degree.
- There was a nominated director with responsibility for ensuring that children and young people are given due consideration at board level.
- Staff told us there were regular 'walk rounds' by the Matron.

Culture within the service

- Staff within the directorate spoke positively about the service they provided for patients. Quality and patient experience was seen as everyone's responsibility.
- Staff spoke of how they were encouraged to speak up if they saw something they were unhappy with regarding patient care.
- Staff worked well together and there was obvious respect between not only the specialities but across disciplines.







Public and staff engagement

- A women and children's group newsletter was disseminated quarterly so that all levels of staff were informed about successes, mandatory training issues, compliments, learning lessons, incidents and guidelines.
- The trust was rated better than expected or tending better than expected for eight of the 28 NHS 2013 staff survey key findings.
- The trust was seen as performing generally above the England average the inpatient and A&E test. The trust has a significantly lower response rate than the England average in both surveys.

Innovation, improvement and sustainability

- Nursing staff told us they were encouraged to look at their own learning and could access study days.
- Health Care Assistants could access a paediatric CARMA course that aimed to develop confidence in recognising and assessing potentially sick patients. This course supported their knowledge and skills competences framework.

End of life care

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

Information about the service

End of life care services were provided throughout the trust. The Specialist Palliative Care (SPC) Team is located at Scunthorpe General Hospital. The team comprised of two full time Band 7 Macmillan Clinical Nurse Specialists supported by a 24-hour Band 3 Administration post with medical support from a SPC Multidisciplinary Team Lead (GP). The service was provided Monday to Friday.

We spoke with sixteen staff, reviewed 10 DNACPR information and 10 patient records. We did not speak with any patients.

Summary of findings

There was a Specialist Palliative Care (SPC) Team located at Scunthorpe General Hospital. It provided support and advice to inpatient services within the hospital. Staff working in the service were experienced, knowledgeable and passionate about providing good care for patients.

Overall people were protected from abuse and avoidable harm. DNACPR records were completed safely and appropriately. The trust had a process in place to identify the learning needs of staff.

There was a clear strategy for end of life care with good local leadership and executive board oversight. The lack of medical palliative care input was acknowledged and attempts were being made to recruit to the post. Nursing staff prioritised safe, high-quality, compassionate care for patients at the end of life.

End of life care

Are end of life care services safe?

Good



Equipment was available for patients at the end of life. Anticipatory medicines were prescribed in accordance with the trusts policy. Not all staff were up to date with training on the mental capacity act. The trust had a process in place to identify the learning needs of staff in relation to end of life care, but training for End of Life care was not mandatory.

Incidents

- Staff we spoke with did not recall any incidents they had reported with reference to end of life care issues.
- Between December 2012 and March 2014 the trust had no reported serious incidents in this area.
- Staff told us they would complete an incident report if they were not able to provide a side room for a patient receiving end of life care.

Cleanliness, infection control and hygiene

- There were systems in place in the mortuary to ensure good hygiene practices and the prevention of the spread of infection.
- At times staff would double bag the clothing before they gave to relatives. This was to reduce the smell and risk of infection.

Environment and equipment

- There were syringe drivers for people needing continuous pain relief. There was a process to ensure that they were available to patients 24 hours a day, seven days a week.
- We checked the resuscitation equipment on all of the wards we inspected and they were clean and all equipment was in date.

Records

- We reviewed three do not attempt cardio pulmonary resuscitation (DNACPR) forms. We saw that the forms had been signed appropriately by a senior member of staff.
- The trust had a palliative care handover document for us by staff.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We saw there were systems in place to review the needs of a patient with fluctuating capacity to consent in response to their changing needs.
- In April 2014, trust wide, 72% of all staff with 59% of all staff at Scunthorpe General Hospital were compliant with MCA training.
- Trust wide, 75% of nursing and midwifery staff and 55% of medical and dental staff were compliant with MCA training.

Safeguarding

- The trust had policies for safeguarding children and vulnerable adults. Staff were aware of the policies and procedures.

Mandatory training

- The palliative care team had produced an education and training programme to deliver all aspects of palliative and end of life care training.
- End of life training was not seen as mandatory training by the trust.
- The trust provided breaking bad news workshops and handbook for staff.
- We spoke with a link nurse who was very positive about their role in educating the ward staff.
- Junior doctors completed training for patients at end of life as part of their induction to the hospital.
- Trust Grade Doctors completed one day training in palliative care and end of life care. Trust-grade doctors are experienced doctors but are not part of the national training scheme.
- The trust provided a multi-professional communications workshop in February/March 2014.
- The trust provided syringe driver training for registered nurses.
- Workshops on Palliative Care/End of Life Care Training for all staff was provided.
- In April 2014, 63% of staff were compliant with DNACPR training at Scunthorpe Hospital.
- 432 staff at Scunthorpe General Hospital had completed End of Life training in April 2014.

Nursing staffing

- There was End of Life Care Coordinator who worked across the trust.
- There was a Specialist Palliative Care Nurse at the hospital supported by a Band 3 administration post.

End of life care

- There was a Quality Matron who took the lead for End of Life across the trust.
- Trust wide 72% of nursing and midwifery staff were compliant with DNACPR training.

Medical staffing

- The trust did not have a palliative care consultant in place. However, the trust was currently trying to recruit a palliative care consultant.
- Trust wide, 56% of medical and dental staff were compliant with DNACPR training.
- Senior consultants on duty at week-end and bank holiday were available for delivering bad news.
- Staff told us there was lack of medical support and supervision for End of life care,
- There was medical support provided by North Lincolnshire Specialist Palliative Care Multi-Disciplinary Team Lead (GP).

Chaplaincy Staff

- The trust had 1.5 chaplaincy staff across all sites.
- There was a full-time chaplain based at Scunthorpe General Hospital
- There was no chaplaincy cover for the trust on Fridays.
- The chaplaincy service had on call cover across the trust.
- The trust had recently recruited a full time chaplain who was commencing in post in May 2014 to work at Scunthorpe General Hospital.

Major incident awareness and training

- The trust had a business continuity plan dated 12 November 2013 and an overarching business continuity policy dated 25 April 2014.
- Key functions were set out in the plan in order of priority and these included bed management and site management.
- The plan outlined specific risks and a business impact analysis was included. Recovery time objectives (RTO) and maximum tolerable periods of disruption (MTPD) were not specified.

Are end of life care services effective?

Good



Overall, care and treatment was delivered in line with current legislation standards and recognised evidence-base guidance. There was a multidisciplinary approach to care and treatment. Anticipatory medicine was well prescribed.

Evidence-based care and treatment

- Senior clinicians and nursing staff were aware that the National Institute for Health and Care Excellence (NICE) was rewriting guidance to remove reference to the Liverpool Care Pathway (LCP) following a recent independent review of the pathway.
- The palliative care staff based the care they provided on the NICE Quality Standard 13 – End of Life Care for Adults.
- The trust reviewed the NICE supportive and palliative care guidance through the Palliative Care and End of Life Strategy Group
- The trust had developed a pathway for patients who were at the end of their life, including patients with a serious diagnosis, life-limiting illness or progressive age-related frailty.
- The trust provided a copy of Care Of the Dying Patient and Last Offices Policy (Adults). However, it was not dated or ratified by the board.
- The trust was completing a trust-wide Audit of End of Life Care including patients on the Liverpool Care Pathway which was due to be completed in May 2014. The results of this were not yet available.

Pain relief

- Anticipatory end of life care medication was prescribed appropriately.
- Medical staff we spoke with said they followed the Trust's clinical guidelines on anticipatory medication prescribing. We were shown this policy and it was dated October 2013.
- Some nursing staff said they needed at times to prompt doctors to prescribe anticipatory medicines. However, most said that this was managed well to avoid delays for patients and ensure good symptom management.
- Appropriate syringe drivers were available to deliver sub-cutaneous medication. Staff said there was a pool

End of life care

of medical devices available and they could obtain a syringe driver within 20 minutes of it being prescribed. This included those who were being discharged home. We were told that the keys to operate the syringe drivers were the same whether in the community or in hospital making administration of medicines more prompt and timely.

- The trust had an Anticipatory Drug Prescribing for End of Life Care Policy. Anticipatory drug prescribing is designed to enable prompt symptom relief at whatever time of day or night a patient develops distressing symptoms. We were shown this policy and it was dated October 2013.
- The trust completed a CQUIN for End of Life which included prescribed anticipatory drugs.
- Access to Anticipatory Drugs was available 24 hours per day.

Nutrition and hydration

- Nutrition and hydration was included in new End of Life care plan. The end of life team had a clear end of life care plan, which was to be used across all sites and wards.
- This indicated that the aim should be for people to eat and drink normally for as long as possible, acknowledging that the need for hydration and nutrition may reduce as people approached the end of their life.

Patient outcomes

- The trust completed National Care of the Dying Audit.
- The trust had developed a local Trust wide End of Life Care audit. This audit was currently in progress and the collective results would assist in directing future education and training programmed for clinical teams.

Competent staff

- The chaplain staff demonstrated a caring and compassionate approach towards patients, relatives and staff who may be distressed.
- Bereavement office staff said they were proud of the service they delivered; comforting patients and making sure people left confident and knowledgeable about what to do next after a death. However, the bereavement staff had not received any formal training in dealing with bereaved relatives.
- The chaplain staff and bereavement staff did not have formal clinical supervision. Bereavement staff were part of the finance department and did have access to support from the palliative care team.

Seven-day services

- There was no chaplaincy cover on Fridays across the trust. The hospital contacts local organisations to provide cover if required.
- There was currently no 24-hour telephone advice line for end of life care and this had been highlighted in the North Lincolnshire Palliative care action plan.

Are end of life care services caring?

Good



Patients were made to feel safe and comfortable. Staff working in the service were caring, experienced, knowledgeable and passionate about providing good care outcomes for patients.

Compassionate care

- Staff told us that side rooms were usually provided for people who were at the end of their lives.
- Staff demonstrated commitment and compassion to enabling good end of life care and dignified after death care.
- The trust took part in an Inpatient Survey between September 2013 and January 2014. Patients scored the trust 6.7 out of 10 for being involved in decisions about their discharge from hospital, if they wanted to be.
- The Humber Primary Care Trust (PCT) Cluster can be seen to be performing in the bottom 20% of all PCT clusters nationally. North East Lincolnshire and Goole formed part of the Humber PCT cluster.
- The cluster was in the bottom 20% for the categories "Patient Had Enough Choice about Where They Died"; "Enough Help with Nursing Needs"; "Staff Dealt with Family Sensitively after Patient Died".
- As part of the listening events we received information that relatives had not received bereavement support and signposting information to other organisations when their relative had died.
- The trust was developing a bereavement feedback form to share feedback with local teams and at EOL group. However, the trust did not have an implementation date for this form to be used.

Patient understanding and involvement

- The trust took part in an Inpatient Survey between September 2013 and January 2014.

End of life care

- Patients scored the trust 7 out of 10 for being involved as much as they wanted to be in decisions about their care and treatment.
- Patients scored 5.1 out of 10 for having someone on the hospital staff to talk to about any worries and fears.

Emotional support

- The trust took part in an Inpatient Survey between September 2013 and January 2014. Patients scored the trust 6.6 out of 10 for receiving enough emotional support, from hospital staff, if needed.
- The trust provided chaplaincy support for patients across the trust.
- The chaplaincy service had local links with Roman Catholic Churches to provide Roman Catholic patients with support.
- Scunthorpe General Hospital did not have a multi-faith room with washing facilities.
- The maternity unit had bereavement midwives who provided support to parents whose babies had died, or who had had a miscarriage, neonatal death or termination for abnormality. The bereavement midwives helped parents to preserve memories and they provided emotional support during the next pregnancy.
- Patient had access to SANDS North Lincolnshire Support Group that provided bereavement support to patients.

Are end of life care services responsive?

Good



The hospital engages and works with local commissioners of services, the local authority and other providers to coordinate care and facilitates access to appropriate services.

Service planning and delivery to meet the needs of local people

- The trust had developed and implemented Palliative Care Patient Handover Form which included information about where the patient wished to die, DNACPR information and action plans for the management of the patients care.
- The bereavement office had procedures in place to try to ensure timely issue of death certificates. However, they said the only complaints they ever received were about delays in this due to waiting for medical staff to

complete the death certificates when they were busy on the wards and unable to come down to the mortuary. They said they fed this back to staff teams to try and improve matters and make sure they had more time to spend with families rather than 'chasing up' medical staff.

- Rooms were available on site for relatives of patients at the end of their lives. Pull-out beds were also available if relatives wished to stay in the room with their loved one.

DNA CPR Records

- The trust completed a local audit for the completion of DNACPR in 2013/2014. The audit looked at 20 patient notes and found 65% (13 out of 20) of notes documented details of discussion with the patient and relatives/carers as appropriate.

Access and flow

- We spoke with the specialist palliative and End of Life teams and they told us of their commitment to ensure patients' symptoms could be stabilised and patients could be discharged quickly to ensure that they were able to end their life in a place they had identified in their end of life plan.
- End of life discharge planning documentation supported the rapid discharge of patients who wanted to end their lives in their own home.
- Staff reported excellent relationships and liaison with other agencies, such as the ambulance service, adult social care services in the community, district nurses and Macmillan nurses.

Meeting people's individual needs

- Interpreters were available when necessary. However, information leaflets from the bereavement office on what to do after a death were not available in any alternative languages or formats. Staff said they may ask the interpreters to translate information if needed.
- Staff had access to a language line for interpretation services.
- For patients in North and North East Lincolnshire, only 23 out of 80 of people who wish to die at home do so (End of Life Strategy Group Meeting February 2014).
- The service was monitoring monthly the preferred place of care and the reasons for non-achievement for patients. Monitoring commenced in February 2014.

End of life care

- Arrangements had been made with the mortuary and local coroners to ensure where necessary, for religious and cultural reasons, bodies could be released promptly.

Facilities

- There was a range of viewing rooms and a chapel of rest to enable relatives to spend time with their deceased loved one.
- There was a separate bereavement office with a private room available for staff to take a distressed relative collecting personal belongings and paperwork

Learning from complaints and concerns

- The service has an action plan which includes reviewing complaints and concerns from relatives about end of life care.
- The service reviewed three complaints included the Quality and Patient Experience Committee Quarter Three report.

Are end of life care services well-led?

Good



There was a clear strategy for end of life care with good local leadership and executive board oversight. The lack of medical palliative care input was acknowledged and attempts were being made to recruit to the post. Nursing staff prioritised safe, high-quality, compassionate care for patients at the end of life.

Vision and strategy for this service

- The trust had an end of life strategy and this was monitored through the End of Life Strategy Group.
- There were bi-monthly end of life meetings to discuss end of life care issues and the opportunity to update staff on new initiatives, training and share information around end of Life Care in the ward area

Governance, risk management and quality measurement

- Governance meetings were held within the service and all staff were encouraged to attend including junior staff and administrative staff.
- Complaints, incidents and audits and quality improvement projects were discussed.
- The trust had an integrated action plan for end of life care which provided an overview of current performance of end of life services.

Leadership of service

- The trust had a board director who has the responsibility for End of Life Care.
- The trust had a lead cancer nurse who worked across all sites.
- The trust did not have a consultant lead for palliative care but was attempting to recruit to the post.

Culture within the service

- A palliative care link nurse spoke with pride about the work they were undertaking regarding end of life care and ensuring rapid discharge for patients when they wanted home to be their preferred place of death.






Public and staff engagement

- The trust held quarterly Liverpool Care Pathway Link Nurse Champions Meetings. Agenda items included the current experience of link nurses, replacement of the LCP, Training and discussion of end of life issues and concerns.

Innovation, improvement and sustainability

- The Macmillan End of Life Care Coordinator and Specialist Palliative Care CNS's will be running a workshop on the Trust Best Practice day in May 2014.

Outpatients

Safe	Good	
Effective	Not sufficient evidence to rate	
Caring	Good	
Responsive	Requires improvement	
Well-led	Good	
Overall	Good	

Information about the service

Northern Lincolnshire and Goole NHS Foundation Trust provided a range of outpatient clinics. At Scunthorpe General Hospital 162,008 patients attended outpatient clinics between April 2013 to March 2014. The hospital had a dedicated outpatient department (OPD) with dedicated staff.

We visited outpatient clinics for orthopaedics, ophthalmology and ENT. We spoke with eight patients and carers, six staff and looked at four sets of patient notes. We looked at the patient environment, the availability of equipment, cleanliness and we looked at information provided to patients.

Summary of findings

Outpatient areas were appropriately maintained and fit for purpose. Incidents were investigated appropriately and actions were taken following incidents to ensure that lessons were learnt and improvements shared across the departments. Staffing levels were adequate to meet patient need.

Staff were caring and the service responded to patients' needs. Patients said staff treated them well. Patients said they received information about their treatment so they understood what was happening and that delays to appointment times were kept to a minimum.

Although the trust was meeting the target referral to treatment times we found that it had a relatively high did not attend rate, combined with a significant number of outpatient appointments cancelled in the six weeks prior to our inspection due to lack of medical cover alone.

Otherwise complaints were well handled and there was appropriate facilities to ensure that patients with increased needs were well looked after.

The clinics focused on patient care. Staff understood the vision and values of the organisation. Staff and patient engagement was encouraged to achieve continuous improvement. The trust board were aware of the issues surrounding the cancellation rates and these were discussed at the finance and performance committee.

Outpatients

Are outpatients services safe?

Good



Outpatient areas were appropriately maintained and fit for purpose. Incidents were investigated appropriately and actions were taken following incidents to ensure that lessons were learnt and improvements shared across the departments. The infection control procedures were adhered to in the clinical areas, which appeared clean and reviewed regularly. Staffing levels were adequate to meet patient need.

Incidents

- Between December 2012 and March 2014 this hospital had reported two serious incidents in this area, which was graded low risk.
- Staff stated that they were encouraged to report incidents and received direct feedback from their matron. Themes from incidents were discussed at meetings and staff were able to give us examples of where practice had changed as a result of incident reporting.
- Staff told us they learn from incidents across the trust. For example, a serious incident had occurred in the Outpatient Department at Scunthorpe General Hospital regarding patient ID checking. An ID check process had been developed and implemented at Diana Princess of Wales Hospital and training was given to all new medical staff.

Cleanliness, infection control and hygiene

- The trust participated in the national outpatient survey in 2011 and they scored 8.9 out of 10 for cleanliness in the outpatient departments. Clinical areas were clean.
- Toilet facilities were clean. The trust participated in the national outpatient survey in 2011 and they scored 8.7 out of 10 for describing the toilets in the Outpatients Department as clean.
- We saw staff regularly washed their hands and used hand gel between patients.
- We saw that bare below the elbow policies were adhered to by staff.
- There were weekly cleaning audits within the department that showed the clinic was cleaned and any issues were identified and improvements to the cleaning schedule were implemented.

- The outpatient department completed infections control audits. Staff were 100% compliant with Hand Hygiene.

Environment and equipment

- We looked at equipment and found it was appropriately checked and cleaned regularly. There was adequate equipment available in all of the outpatient areas. Staff confirmed they had enough equipment.
- The outpatient department completed an Ophthalmology Environmental Audit and the children's toys were highlighted needing to be cleaned every day. Actions were discussed at the outpatient team meeting on the 9 April 2014 and a sign off sheet has been produced and was now completed by staff.
- Resuscitation trolleys in outpatients were centrally located and checked regularly. Single-use items were sealed and in date, and emergency equipment had been serviced.

Medicines

- Medicines were stored correctly, including in locked cupboards or fridges where necessary. We found all fridge temperatures were checked in all clinic areas.
- Patients were counselled for new medication and written information was given.
- The trust participated in the national outpatient survey in 2011 and they scored 8.3 out of 10 for being told the reason for a change medication in a way they could understand.
- But they scored 4.9 out of 10 for being told about medication side effects to watch out for.

Records

- Staff told us it was very rare for them not to have the full set of patient's notes for clinic appointments.
- During the inspection we observed a patient's notes were not available for an appointment.
- Regular audits of the quality of record keeping were undertaken against key performance indicators for tracking and availability of patient notes. The outpatient department reviewed 10 sets of patient notes each month for completeness and availability. Information from the audits were presented in graphs and showed that patient notes were complete and available. We could not find evidence of actions taken following audits of record keeping.

Outpatients

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We looked at patient notes and patients were consented appropriately and correctly.
- Nursing staff told us they had completed Mental Capacity Act (2005) training. We found nursing staff understood the Mental Capacity Act (2005) (MCA) and how this related to outpatients in terms of best interest decisions and the vulnerable adult.
- Medical staff we spoke with were unclear how the Mental Capacity Act related to outpatient care.

Safeguarding

- The trust had policies for safeguarding children and vulnerable adults. Staff was aware of the policies and procedures.
- 94.4% of staff had completed safeguarding training as part of mandatory training.

Mandatory training

- We looked at staff mandatory training records. Records confirmed that 94.4% of staff were up to date with their mandatory training. A monthly review completed by the trust showed 92% of outpatient nursing staff had completed their mandatory training. And 86% of outpatient's ophthalmology staff had completed their mandatory training in March 2014.

Management of deteriorating patients

- Staff on the MacMillan Unit had access to medical staff if a patient deteriorated while attending for chemotherapy treatment.

Nursing staffing

- The number of patients who attended clinics held each week was used to calculate the staffing need for the clinic.
- There were adequate numbers of nursing staff available to meet patient's needs. Nursing staff and patients told us there was always enough staff.
- We looked at the numbers for staffing agreed by the trust and these matched the number of staff working on staff rotas we looked at on the day of the inspection.
- The outpatient department tried to have the minimum standard for nurse to doctor ratio as one nurse to two doctors. However, sometimes due to absence/bank staff not turning up, it could be one nurse to three doctor's ratio. Staff escalated if the bank staff did not arrive for shifts to the trust bank manager.

- Bank staff had a general induction and were buddied with a permanent member of staff for the clinic.
- Bank staff did not complete any clinical paperwork.
- The trust reviewed their sickness rates and in March 2014 outpatient nursing sickness rates were 17.3% but this has now reduced to 6.9% following staff leaving.
- Outpatient's ophthalmology sickness rates were 0.3%. It was identified for outpatient nursing there were two staff on long-term sick.

Medical staffing

- Medical staff was managed by the speciality divisions such as medicine and surgery. The divisions review and manage mandatory training, supervision and appraisal.
- The trust used locum medical staff to manage clinics at a weekend.

Major incident awareness and training

- The trust had a business continuity plan dated 12 November 2013 and an overarching business continuity policy dated 25 April 2014.
- Key functions were set out in the plan in order of priority and these included bed management and site management. The plan outlined specific risks and a business impact analysis was included.
- Recovery time objectives (RTO) and maximum tolerable periods of disruption (MTPD) were not specified.

Are outpatients services effective?

Not sufficient evidence to rate

The outpatient department completed surveys and took part in clinical audits to improve the quality of the service. Performance information is monitored and is readily available to staff and patients. The outpatient department supports and enables multidisciplinary working and can demonstrate multidisciplinary care delivery meets patient needs and delivers positive outcomes.

Evidence-based care and treatment

- The hospital was working with commissioners to improve the effectiveness of the service by looking at new ways of working. They were asking patients how improve the outpatient experience could be improved.

Pain relief

- Patients on the Macmillan Unit had access to pain relief.

Outpatients

Patient outcomes

- Results for the Outpatient Survey 2011 Patients scored the trust 8.8 out of 10 for overall impression of the outpatient visit and 8.1 out of 10 score for overall impression about the appointment.
- The trust completed a trust-wide Ophthalmology Planned Care Outpatient Audit in April 2012 to assess the appropriateness of ophthalmology outpatient appointments in the hospital setting. Following results from a benchmarking exercise against trusts of similar size to NLAG had shown that the trust was seeing too many reviews.
- The audit had also offered the opportunity to look at variations of care within the department across the trust.
- Action from the audit had identified that there was an opportunity to reduce the number of follow-ups by seeing more patients after 6–12 months rather than after 3–6 months.
- The orthopaedic department had reviewed the waiting time in the outpatient clinics. They had identified that there could be delays in patient pathway because patients had to have X-rays.

Competent staff

- There were formal processes in place for staff to receive training and annual appraisals.
- Staff confirmed they had received training and told us they had had an appraisal.
- The monthly review completed by the trust showed 74% of outpatient nursing staff had had their Professional Development and Appraisal Review (PDAR). 100% of outpatient's ophthalmology had had their Professional Development and Appraisal Review in March 2014.
- The trust currently employs 47 Trust Grade doctors, 31 of which have been with them for less than a year and, therefore, will not have had a full year's service in a non-training grade post.

Multidisciplinary working

- There were cardiology fast-track clinics which involved multidisciplinary working.
- There were seven-day clinics for cardiology, and ophthalmology.

Seven-day services

- A number of outpatient clinics had run 'ad hoc' evening or weekend clinics to help them meet their targets. This showed that the outpatient clinics were responsive to the needs of patients and to their feedback.
- The trust ran extra clinics on a Saturday in March and April 2014 and extra weekday clinic sessions
- The longest waiting time for new patients in ophthalmology was now 13 weeks.

Are outpatients services caring?

Good



Patients told us they felt involved in their care and treatment. Patients felt staff supported them with making difficult decisions. Patients told us they felt their privacy and dignity was respected.

Compassionate care

- Throughout our inspection we witnessed patients being treated with compassion, dignity and respect.
- We looked at patient records and found they were completed sensitively and detailed discussions that had been had with patients and their relatives.
- The environment in the outpatient department allowed for confidential conversations.
- All patients were treated privately in consultation rooms.
- Chaperones were provided where required.
- Volunteers were available to provide assistance to patients.
- When patients had been identified as needing extra support this was flagged so staff could organise extra support at their appointment.

Patient understanding and involvement

- Patients stated they felt that they had been involved in decisions regarding their care.
- Patients had no issues about the outpatient service. One patient told us staff had explained their care and treatment and felt staff were friendly and polite.
- Patients had opportunities to ask questions. Staff explained the treatment and patients were able to talk with staff about any concerns.

Outpatients

Emotional support

- Patients and relatives told us they had been supported when they had been told difficult diagnoses and had been given sufficient support.

Are outpatients services responsive?

Requires improvement



Although the trust was meeting the target referral to treatment times we found that it had a relatively high did not attend rate, combined with a significant number of outpatient appointments cancelled in the six weeks prior to our inspection due to lack of medical cover alone.

Otherwise complaints were well handled and there was appropriate facilities to ensure that patients with increased needs were well looked after.

Service planning and delivery to meet the needs of local people

- The trust reviewed outpatient performance monthly. Performance reviewed includes: staffing levels and staff sickness, vacancy and use of bank staff.
- The hospital had introduced extra clinic sessions to meet the demand for patient referrals to ophthalmology.
- The hospital had introduced ophthalmology walk-in clinics three times per week.

Access and flow

- Referral to treatment times in less than 18 weeks for non-admitted completed pathways for this hospital was 95% against a target of 90%.
- The trust monitored their Did Not Attend (DNA) rates at operational management level for Scunthorpe General Hospital. The DNA rate was 10.7% for 2013-2014. However, staff within outpatients were not aware of this. Staff we spoke to confirmed this, stating that they did not review DNA rates because these were managed by operational management staff and staff were not informed of the results.
- Clinic and discharge letters were sent to GPs electronically within three days of the appointment.
- Patients had to request if they would like copies of their hospital letters.
- The outpatient clinics had signs saying "if waiting longer than 30 minutes please inform a member of staff".

- During our inspection we were given information that showed 42 outpatient clinics had been cancelled by the trust between 5 March 2014 and 24 April 2014 because they did not have medical cover for the clinics.
- We received information from the trust regarding cancelled appointments. This appeared to show that the trust had quite high levels of cancellation of outpatient appointments. The cancellation rate for this hospital was 18%.
- We spoke with the trust who told us the information should be treated with a note of caution. This was raw data which was taken from the CAMIS system and included issues such as patients whose appointments had been changed within the same clinic, for example appointments changed from 3.30pm to 1.30pm, and appointments which have been changed or brought forward at the request of the patient.
- The trust told us they managed cancelled appointment weekly to ensure that any patient cancelled is re-appointed as appropriate. This was also discussed at the monthly business meetings for each group and oversight and challenge was provided at the Finance and Performance Committee and Trust Board.

Meeting people's individual needs

- There was good signage in the department.
- Information was displayed in the clinic advising patients of the waiting time.
- Volunteers assisted patients with checking in for appointments and direct people to where ever they need to be, within the hospital.
- Staff had access to a telephone translation line.
- The hospital had a dementia champion within the outpatient department.
- The trust had implemented a drop in clinic for patients for patients with dementia and their relatives to allow them to ask about what would happen during their appointment.

Learning from complaints and concerns

- Complaints were handled in line with the trust policy. Initial complaints would be dealt with by the outpatient matron, but if this was not able to deal with their concern satisfactorily they would be directed to the Patient Advice and Liaison Service (PALS).
- We reviewed two complaints received and action plans. The trust responded to the complaint and an action plan was implemented and completed. Action from the

Outpatients

complaint was that the outcome of the investigation was to be shared at a team meeting. However, we did not see evidence of any lesson learned being shared with staff.

- The staff tried to resolve patients' issues immediately.
- Staff explained the complaints procedure to us. We also found that PALs information was on display in the department.

Are outpatients services well-led?

Good



The clinics focused on patient care. Staff understood the vision and values of the organisation. Staff and patient engagement was encouraged to achieve continuous improvement. The trust board were aware of the issues surrounding the cancellation rates and these were discussed at the finance and performance committee.

Vision and strategy for this service

- There was a leadership structure for the hospital and staff understood the structure, who their line manager was and who they reported to on the structure.
- Staff understood the strategy for the service.
- The executive directors and senior managers undertook announced and unannounced visits to outpatient areas to observe the running of the service. Following the visit and evaluation report is sent to the department visited.

Governance, risk management and quality measurement

- Quarterly team meetings were held and all staff were encouraged to attend, including junior members of staff. We looked at the minutes for September 2013, January 2014 and April 2014. The meetings looked at incidents, complaints and PALs information, staffing and service review.
- The outpatient department registered risks on the central operations risk register.

- The risk register was monitored through monthly central operations governance meetings. At Scunthorpe General Hospital it has been identified that there was an issue about availability of appointments in ophthalmology.
- High risks were monitored by the Trust Governance & Assurance Committee.

Leadership of service

- There was a leadership structure for the department and staff understood the structure, who their line manager was and who they reported to on the structure.

Culture within the service

- Staff within the directorate spoke positively about the service they provided for patients. Quality and patient experience was seen as a priority and everyone's responsibility.
- Staff worked well together and there was obvious respect between not only the specialities but across disciplines.

Public and staff engagement

- Within the hospital there was 'you said, we did information' displayed on the wall telling patients of improvements.
- Patients Satisfaction Survey was completed annually. Patient Satisfaction Survey for 2013 found patients wanted written information. An information sheet on Ear Nose and Throat services was to be developed.
- Results from the 2013 NHS Staff survey placed the trust in the bottom 20% nationally for effective team working, for the percentage of staff who reported communication between senior management and staff.
- The hospital held quality safety days. In April 2014 the quality safety day reviewed complaints, incidents and claims, and central operations.

Innovation, improvement and sustainability

- Innovation was encouraged from all staff members across all disciplines.
- The trust ran a best-practice day where staff displayed and shared experience.

Outstanding practice and areas for improvement

Outstanding practice

- The maternity service at Scunthorpe General Hospital had won a national award for promoting a normal birth experience. A midwifery-led vaginal birth after caesarean section clinic had been introduced which worked with women who had a previous caesarean section. This meant that women were given increased opportunities to have a natural birth.

Areas for improvement

Action the hospital MUST take to improve

The trust must:

- Ensure that there are sufficient qualified, skilled and experienced staff, particularly in A&E, medical and surgical wards. This is to include provision of staff out of hours, bank holidays and weekends.
- Review the skills and experience of staff working with children in the A&E department to meet national recommendations.
- Review the environment and lay out of the accident and emergency department at Scunthorpe General Hospital so that it can meet the needs of children and patients with mental health needs.
- Review care and treatment to ensure that it is keeping pace with National Institute of Clinical Excellence guidance and best practice recommendations, particularly within the intensive therapy unit.
- Ensure that the intensive therapy unit uses nationally-recognised best-practice guidance in terms of consultant wards rounds and reviewing admissions to the unit.
- Review delayed discharges from intensive therapy unit in terms of the negative impact this can have on patients.
- Ensure that the designation of the specialty of some medical wards reflect the actual type of patients treated.
- Ensure that the availability of emergency theatre lists at this hospital is improved.
- Ensure that there is an improvement in the number of Fractured Neck of Femur patients who had surgery within 48 hours.
- Ensure there is appropriate care planning and a paediatric early warning scoring system on the neonatal intensive care unit and that there is consistent nutritional and tissue viability screening and assessment on paediatric wards.
- Ensure that all staff attend and complete mandatory training, particularly for safeguarding children and resuscitation.
- Ensure that staff have appropriate appraisal and supervision.
- Review the effectiveness of handovers, particularly in the medical services.
- Ensure that all patient documentation is appropriately updated and maintained including documentation for mental capacity assessments and risk assessments.
- Ensure that reasons for Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) are recorded and are in line with good practice and guidelines.
- Ensure that DNACPR orders confirm discussion with patients or family members and whether multidisciplinary teams are involved before an order is put in place.
- Review access to soft diets outside of meal-times.
- Review the 'did not attend' and waiting times in outpatients' clinics and put in steps to address issues identified.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

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

Regulated activity

Regulation

Treatment of disease, disorder or injury

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

The environment and lay out of the accident and emergency department at Scunthorpe General Hospital must be reviewed so that it can meet the needs of children and patients with mental health needs. Appropriate steps had not been taken to ensure that there were sufficient numbers of suitably qualified, skilled and experienced nursing and medical staff working in the hospital to carry out the activity of TDDI, particularly in A&E, medical and surgical wards, including provision of staff out of hours, bank holidays and weekends, in order to safeguard the health safety and welfare of service users.

Regulated activity

Regulation

Treatment of disease, disorder or injury

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

There were not suitable arrangements in place to ensure that staff were supported to enable them to deliver care and treatment to service users safely and to the appropriate standard.

Not all staff had attended and completed mandatory training, particularly for safeguarding children and resuscitation.

Not all staff had received an appraisal or had appropriate supervision.

Not all staff had the skills and experience to work with children in the A&E department to meet national recommendations.

This section is primarily information for the provider

Compliance actions

Regulated activity

Regulation

Treatment of disease, disorder or injury

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

(1)The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of –

(a)The carrying out of an assessment of the needs of the service user; and

(b)The planning and delivery of care and, where appropriate, treatment in such a way as to –

1. Meet the service user’s needs,
2. Ensure the welfare and safety of the service user

Not all patient documentation was appropriately updated and maintained including documentation for mental capacity assessments and risk assessments, including nutritional and tissue viability screening and assessment on paediatric wards.

Not all reasons for Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) were recorded and in line with good practice and guidelines.

Access to soft diets outside of meal-times must be reviewed.

The ‘did not attend’ and waiting times in outpatients’ clinics must be addressed and measures put in place to address the issues identified.

Regulated activity

Regulation

Treatment of disease, disorder or injury

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

Care and treatment must be in line with National Institute of Clinical Excellence guidance and best practice recommendations, particularly within the intensive therapy unit.

This section is primarily information for the provider

Compliance actions

The intensive therapy unit must use nationally-recognised best-practice guidance in terms of consultant wards rounds and reviewing admissions to the unit.

Delayed discharges from intensive therapy unit must be reviewed in terms of the negative impact this can have on patients.

The designation of the specialty of some medical wards must reflect the actual type of patients treated.

The availability of emergency theatre lists at this hospital must be improved.

There must be an improvement in the number of Fractured Neck of Femur patients who had surgery within 48 hours.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

The environment and lay out of the accident and emergency department at Scunthorpe General Hospital must be reviewed so that it can meet the needs of children and patients with mental health needs.