

Sherwood Forest Hospitals NHS Foundation Trust

Inspection report

Kings Mill Hospital
Mansfield Road
Sutton In Ashfield
Nottinghamshire
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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

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

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

Ratings

Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

Are resources used productively?

Requires improvement 

Summary of findings

Combined quality and resource rating

Good 

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

Background to the trust

Kings Mill Hospital in Sutton in Ashfield is the main acute hospital site for Sherwood Forest Hospitals and provides acute healthcare services to a population of 420,000 across Mansfield, Ashfield, Newark, Sherwood parts of Derbyshire and Lincolnshire.

The hospital provides 496 inpatient beds (more than half in single occupancy rooms), eight main theatres, four-day case theatres, two obstetric theatres, an Endoscopy unit and a 24-hour emergency department.

Each year there are more than 70,000 inpatient admissions and 30,000-day case patients; 120,000 patients attend the emergency department, around 3,000 babies are delivered and more than 500,000 people attend outpatient and therapy appointments in the King's Treatment Centre.

Overall summary

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

What this trust does

The trust provides acute healthcare services for 420,000 people across Mansfield, Ashfield, Newark, Sherwood and parts of Derbyshire and Lincolnshire.

The trust provides general and acute hospital care across three hospital sites; King's Mill Hospital, Newark Hospital and Mansfield Community Hospital. In addition, some outpatients' services are run from Ashfield Community Health Village.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

Summary of findings

During the core services inspection of the trust 16-18 April 2018, we inspected the following core services at the trust's main locations;

King's Mill Hospital

- Urgent and emergency care services
- Medical care (including care of the older person)
- Maternity
- End of Life Care
- Outpatients
- Diagnostic Imaging.

Newark Hospital

- Urgent and emergency care services (Urgent Care Centre)
- Medical care (including care of the older person)
- Outpatients.

Mansfield Community Hospital

- Community inpatient care

Ashfield Community Health Village

- Outpatients (this core service is included in the King's Mill Hospital Outpatients report due to the size of the service delivered from Ashfield Community Health Village).

We inspected well led at the trust between 15-17 May 2018. Our summary is below and further information is available in the trust's well led evidence appendix.

What we found

Overall trust

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

- Overall, we rated caring as outstanding, effective, responsive and well-led as good and safe as requires improvement. In rating the trust, we took into account the current ratings of the five services not inspected this time.
- During this inspection we rated 10 core services with all being rated as good overall.
- We rated well-led for the trust overall as good.

Are services safe?

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

Our requires improvement rating for safe was affected by ratings we have not inspected this time. During this inspection we found all of the 10 core services we inspected were good for safe because:

- The trust had improved in relation to sharing learning from incidents. We found a culture which encouraged the sharing of learning from incidents.

Summary of findings

- Staff were knowledgeable about safeguarding and demonstrated an awareness of the trust's safeguarding processes.
- Staff managed and stored medicines safely and securely.
- Although there remained challenges in recruiting and retaining staff evidenced by high nurse vacancies on some of the medical wards, teams had implemented strategies to reduce vacancies and increase retention.
- We observed consistent standards of hand hygiene and infection control measures amongst clinical and ward-based staff. Staff were consistent in isolating patients at risk of spreading infection.
- Delivery of the sepsis treatment bundle for adult emergency and inpatients consistently exceeded the 90% standard with February 2018 reported as 100%. This indicated staff were responsive to initial screening and treatment.
- There were comprehensive risk assessments completed and evidence that risk assessments continued throughout the patient's stay in hospital.

Are services effective?

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

- Staff provided care and treatment in line with national guidance and best practice standards.
- The service monitored the effectiveness of care and treatment by participating in national and local audits and used the findings to drive improvements.
- Staff were knowledgeable about and demonstrated a good awareness of consent, mental capacity and the Mental Capacity Act (2005). This was evidenced in our conversations and from looking at patient records.
- Staff of all grades and responsibilities had access to a range of teaching, learning and development opportunities delivered by specialist teams.
- There was effective multidisciplinary team (MDT) working

However;

- Some of the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders known as Allow a natural death (AND) forms were not completed in full and did not always reflect the information included in the patient's mental capacity assessment.

Are services caring?

Our rating of caring improved. We rated it as outstanding because:

- The caring in the at Mansfield Community Hospital and the maternity service at King's Mill Hospital was rated as outstanding. Caring was rated as good for the other services we inspected this time.
- Staff respected patients' privacy and dignity at all times and always showed compassion and kindness. Feedback from patients and relatives confirmed this.
- Feedback from patients and those close to them was mostly positive about the way staff treated them.
- Staff provided emotional support to patients and relatives when required to minimise their distress and involved patients in decisions about their care.

Are services responsive?

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

- Services were generally delivered in a way that focused on people's holistic needs.

Summary of findings

- Patients were able to access care and treatment in a timely way, although there were some delays for patients waiting for MRI scans.
- The hospitals generally performed better than the England average for access to outpatient services. Referral to treatment times (RTT) for non-admitted pathways and incomplete pathways was generally better than the England overall performance.
- For the period April 2017 to March 2018, less than 1% of patients were seen without their full set of medical records.
- The trust had an integrated discharge assessment team (IDAT) who supported fast track continuing care and rapid discharge of patients to enable them to be cared for and die in the place of their choice.
- The Department of Health and Social Care's standard for emergency departments is that 95% of patients should be admitted or discharged within four hours of arrival in the department. From February 2017 until January 2018 the trust had performed better than the English average of between 85% and 91% and between March 2017 and August 2017 had performed in excess of 95%.

Are services well-led?

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

- There was compassionate, inclusive and effective leadership at all levels in the trust.
- Leaders had the capacity and capability needed to deliver excellent care.
- All staff were aware of the trust's vision and values and were focused on constant improvement and delivering outstanding care to patients.
- All leaders were highly visible and approachable.
- There was a strong and palpable culture of team work and staff felt valued, with different disciplines working alongside other and showing respect for each other's opinions.
- Governance arrangements were proactively reviewed and reflected best practice.
- There were systems in place for identifying risks with controls in place to manage them. Staff were encouraged to look at future risks.

Kingsmill Hospital

We rated the hospital as good because:

- When concerns were raised or things went wrong, the approach to reviewing and investigating causes had improved.
- Sharing learning from incidents had improved with a culture that encouraged shared learning.
- Staff demonstrated a kind and caring approach towards patients and their families. It was obvious staff had a positive relationship with patients and we saw staff spending time talking to patients and their families.
- There was effective clinical governance procedures and quality measurement processes.
- The trust had effective systems for identifying risks, planning to eliminate or reduced them, and coping with both the expected and unexpected.
- Managers across the trust promoted a positive culture which supported and valued staff, creating a common purpose based on shared values.
- Peoples individual needs and preferences were central to the delivery of tailored services.

Summary of findings

- Staff understood their roles and responsibilities regarding the safeguarding of vulnerable adults and children.
- Care was mostly delivered in line with national and best practice guidance.
- The Department of Health and Social Care's standard for emergency departments is that 95% of patients should be admitted or discharged within four hours of arrival in the department. From February 2017 until January 2018 the trust had performed better than the English average of between 85% and 91% and between March 2017 and August 2017 had performed in excess of 95%.

However;

- Some of the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders known as Allow a natural death (AND) forms were not completed in full and did not always reflect the information included in the patient's mental capacity assessment.

Mansfield Community Hospital

Our rating of this hospital improved. We rated the hospital as good because:

- There were multiple examples of how staff exceeded patient expectations and provided individualised, compassionate care that significantly improved individual experiences.
- There had been demonstrable, substantial improvements in the areas we previously found for improvement that were under each ward team's control. This included stabilised leadership, improvements in training and induction and a reduction in the use of agency staff.
- Audit and benchmarking programmes had been implemented to improve how the hospital evidenced patient outcomes.
- Rehabilitation was at the heart of care and treatment in the hospital and staff, both clinical and non-clinical, had taken on additional training to be able to provide extended roles.
- Services and ward environments were structured to facilitate socialisation amongst patients, reduce the risk of isolation and promote a welcoming environment for relatives.
- Opportunities for staff progression and development had significantly improved and a dedicated clinical nurse educator was leading a substantial education programme for trainee nurse associates.

Newark Hospital

Our rating of this hospital stayed the same. We took into account the current ratings of services not inspected at this time so we rated the hospital as requires improvement. However, during this inspection we found all the three core services we inspected were good because:

- We saw staff providing compassionate care throughout our visit. Patients spoke highly of the care they received.
- When concerns were raised or things went wrong, the approach to reviewing and investigating causes had improved.
- Sharing learning from incidents had improved with a culture that encouraged shared learning.
- There were effective clinical governance procedures and quality measurement processes.
- The trust had effective systems for identifying risks, planning to eliminate or reduced them, and coping with both the expected and unexpected.

Summary of findings

Ratings tables

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

Outstanding practice

We found examples of outstanding practice in King's Mill Hospital, Newark Hospital and Mansfield Hospital.

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

Areas for improvement

We found areas for improvement We found 37 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

What happens next

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

Outstanding practice

We found the following outstanding practice:

King's Mill Hospital

Urgent and Emergency Care

- The department had introduced a 'red card' system for keeping patients safe when relatives needed to leave their loved ones.
- A new pro-forma had been introduced to ensure patients were monitored effectively when in ED for longer than four hours. This included pressure area care, nutrition and hydration and ensuring any deterioration in their condition was monitored and highlighted appropriately.
- The trust had purchased overnight ambulance provision to ensure patients could return home if they had been risk assessed as being safe to do so. This prevented patients from either staying in the department for longer than was necessary or being admitted unnecessarily.

Medical Care

- The trust had implemented a Virtual Ward this was an establishment of 36 WTE Band 2 health care support workers to work across the Trust to support patients who required enhanced observation. We saw evidence in falls reduction as a result of The Virtual Ward therefore reduced harm for patients
- The trust had implemented falls grab bags and responder bags. The EAU was equipped with an outdoor first responder bag and a falls grab bag to help staff respond to emergency situations. Both bags had daily documented

Summary of findings

safety and stock checks. We saw falls grab bags on all wards and spoke with the falls specialist nurse who also had a falls trolley with all the equipment required for re-assessment of patients post fall. In order to support patients and staff after a fall the specialist nurse was able to go to the wards to support both the patient and the staff with practical and educational resources to reduce further risk.

- Senior staff recognised the need for future sustainability of the workforce and provided development opportunities for staff nurses to progress to more senior roles. This included secondments to senior posts as part of professional development plans. The charge nurse on Ward 34 was actively working to promote development opportunities for healthcare assistants. For example, they had supported one HCA to attend a secondment to the tissue viability team and then ensured their learning was shared by encouraging the member of staff to work shifts elsewhere in the hospital through the virtual ward system. They planned to further embed this strategy to encourage more HCAs to take on more specialist roles and training.
- Advanced nurse practitioners (ANPs) were in post in the emergency assessment unit and on Ward 41. Additional nurse training and education had enabled ANPs to carry out patient consultations and physical examinations, develop a differential diagnosis and prescribe where appropriate. We spoke with two ANPs they were all very supportive of each other and aware of the development of the role in order to support both the medical and nursing teams. The nursing team on Ward 41 explained the benefit of having an ANP available, always having someone with clinical expertise around providing continuity for the patients and the medical staff.
- A new ward personal assistant role had been established. This team assisted in the performance and governance of each ward through audit administration support and arranging staff rotas to ensure they had time for mandatory training updates.
- Staff on various units had established secure, private social media groups to improve communication between them. The team on EAU had used this to remind each other to use printed wristbands for patients and to document standing and lying blood pressure readings for patients.
- Staff in the division had established a care quality charter that outlined ten core standards they worked towards against a working ethos of, 'Be the best we can be'.

Maternity Services

- The service set up a pilot process for induction of labour in order to address delays and inconsistencies in the booking of induction of labour for women.
- The bereavement service was valued by both women and staff and provided excellent support for women and their families who had suffered pregnancy loss.
- The service promoted normality. The normal birth rate was better than the national average and the service was developing a normal birth forum to further improve outcomes.
- We saw specific examples of where care had been tailored to meet the individual needs of women, especially those with complex physical health needs.

Outpatients

- Medical records management was provided 24 hours a day and had achieved over 98% notes availability across the trust.
- The department had achieved 100% e-referral implementation, which had been nationally recognised as successful.

Diagnostic Imaging

Summary of findings

- Staff within two areas of the radiology department had won regional radiography team of the year two years in a row, for their staff excellence and service delivery improvements.
- The radiology department was well supported by a team of medical physics experts who monitored radiation protection of staff and patients through excellent audits and collaboration.

Newark Hospital

Outpatients

- Medical records management was provided 24 hours a day and had achieved over 98% notes availability across the trust.
- The department had achieved 100% e-referral implementation, which had been nationally recognised as successful.

Mansfield Hospital

- A practice development nurse had been assigned to medicines management as part of a project to improve medicines safety and reduce incidents. This was an innovative role that provided staff with significant additional specialist capacity to develop more efficient and safe ways of working.
- The kindness and compassion demonstrated by staff in all roles and at all levels of responsibility was of a consistently high standard and each team demonstrated how they routinely exceeded expectations. For example, a healthcare assistant attended the ward on their day off to help a patient with hair styling before they went home. In another example staff had provided weekend accommodation and care for the relative of a patient who was very distressed over their transition to end of life care.
- Individual staff had completed training above and beyond that needed by their role to provide patients with more advanced care. For example, a housekeeper on Lindhurst ward had completed training to be able to play memory games with patients to increase social stimulation. An occupational therapist had completed training to enable them to provide support to patients with cognition and memory.
- Therapies teams had established regular learning opportunities with community colleagues and the early supportive discharge team. This formed a framework for continuous improvement and included a network of specialists, which meant the MCH team benefited from the learning of those who had attended lectures, conferences or research events.

Areas for improvement

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

Action the trust SHOULD take to improve

King's Mill Hospital

Urgent and Emergency Care

- The provider should ensure security staff working in the emergency department receive training to understand the fundamentals of mental health issues in order to support both patients and staff when required to do so.
- The provider should ensure staff assess patients for any underlying or previous mental health issues when presenting at the department for a physical illness.

Summary of findings

- The provider should consider installing a strip alarm in rooms used for psychiatric assessments to enable staff to summon assistance wherever they are in the room as per current guidance and not rely on the push button alarm currently installed.
- The provider should ensure emergency medicine consultants in the department are aware of who has the role as the guardian of safe working hours and exception reporting in order to support trainee doctors.
- The provider should ensure further progress is made in agreeing protocols with the local mental health trust in order for the department to allow access to mental health notes of patients attending the department.
- The provider should ensure staff do not use family members of patients instead of the telephone interpreting service. This is not considered good practice.

Medical Care

- The provider should ensure medical notes on wards are stored in lockable areas, cabinets or trolleys to reduce the risk of unauthorised access to patient information.
- The provider should ensure staff have training in relation to FGM.
- The provider should ensure staff have practical fire safety training sessions.
- The provider should ensure the consistent use of the 'This is Me' document.

Maternity

- The provider should ensure gaps in the junior doctors' rota are appropriately covered to provide a sustainable junior doctors' service to women.
- The provider should ensure there is a dedicated theatre list for women undergoing a planned caesarean section.

End of Life Care Services

- The trust should ensure that the processes for completing DNACPR (Allow a natural death (AND) form) are clear and that where mental capacity assessments are undertaken, they must be done on a situation specific basis and include all relevant parties in that situation specific assessment.
- The trust should ensure the mental capacity assessment paperwork reflects the requirements of the mental capacity act legislation.
- The trust should ensure staff understand the requirements of the Mental Capacity Act 2005 in relation to their role and responsibilities.

Outpatients

- The provider should ensure cleaning schedules are readily available in all areas to ensure consistency of standards.
- The provider should commence temperature checks in the rooms where medicines are stored.
- The provider should have a policy to provide guidance regarding the transition of children into adult outpatient services.

Diagnostic Imaging

- The provider should ensure access to patients requiring MRI scans is improved.
- The provider should ensure the risk register consistently reflect risks that were managed through local and divisional governance processes.

Summary of findings

- The provider should ensure that patients from wards are brought to the radiology department with their notes.
- The provider should ensure that document control is reviewed, and updated documents should be readily available to staff.
- The provider should consider how to make the waiting areas throughout the department more patient centred.

Newark Hospital

Urgent and Emergency Care

- The provider should reduce the ligature risk of the two call bells in the UCC by replacing them with a suitable alternative.
- The provider should consider producing local safety standards for invasive procedures as recommended by NHS England.
- The provider should ensure storage of the controlled drugs belonging to the out of hours GP service are separated from the UCC controlled drug store.
- The provider should consider introducing bespoke training for reception staff to equip them with tools, skills and knowledge to recognise and escalate urgent medical conditions.
- The provider should consider including questions about religious and cultural beliefs in patient documentation.
- The provider should take action to improve the response times for mental health patients requiring an assessment by specialist mental health staff.

Medical Care

- The provider should ensure medical records are clear and legible always and are organised in a way that the latest episode of care can be clearly located.
- The provider should consider improving the ward environments to make them more suitable for patients living with dementia.
- The provider should ensure all risks on the risk register are reviewed and given their next review date.

Outpatients

- The provider should ensure cleaning schedules are readily available in all areas to ensure consistency of standards.
- The provider should consider reviewing the storage facilities to ensure there is sufficient storage available to meet the needs of the service.
- The provider should ensure staff receive training and information on FGM.

Mansfield Hospital

Community inpatients

- The provider should review the restrictions in capacity in the therapies team that impact their ability to carry out audits, research and service development.
- The provider should ensure staff have the support and resources they need to continue developing audit and patient outcomes work.

Summary of findings

Is this organisation well-led?

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

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

- Throughout the well led inspection, as on all the core service inspections, we found a demonstrable culture of high quality, sustainable care which was delivered across specialties, divisions, trust locations and staff groups.
- Staff morale had been consistently high throughout this inspection.
- The senior leadership team was stable and had moved on since the last inspection to ensure trust wide improvements were embedded. We found the senior leadership team had positively impacted on the trust, its staff and the continued delivery of safe, quality care to patients.
- The senior leadership teams working relationships were evidently cohesive and collaborative. Staff were very positive about the visibility of the senior leadership team.
- Senior leaders had the capacity, experience and capability to provide a strong focus on the delivery of high quality, safe patient care. We found succession planning was in place or being actively considered.
- The effectiveness of the executive and non-executive directors on the trust board had effectively developed into a positive team working ethic, with appropriate levels of challenge, debate and support.
- The governors of the trust had an improved awareness and understanding of their role in holding to account the executive and non-executive bodies of the trust.
- We found a strong and positive focus on leadership development at different levels in the organisation, especially middle management level. In particular, we noted the strong senior management triumvirate working relationships at divisional levels.
- We found the trust was taking ownership of governance processes, both divisionally and corporately.
- We were reassured that information governance practice and procedure was good.
- We found information systems were working for the trust, providing good quality, timely data which is appropriately reported.
- The 'Freedom to speak up guardian' group was established in the trust.
- System based, external partnership working of the trust and its senior leadership team within the regional health and social care community was developing well.

However, we also found;

- In the longer term the Sherwood Forest Hospitals NHS Foundation Trust strategy needed to be refreshed and re-described. Capacity and activity at Newark Hospital needed to be a particular strategic consideration and future focus for the trust.
- The trust needed to continue to build its organisational self-confidence to appropriately describe and demonstrate its continuing journey of safe, quality care provision.

Summary of findings

Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Aug 2018	Good ↑ Aug 2018	Outstanding ↑ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018

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

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Kings Mill Hospital	Requires improvement ↔ Aug 2018	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018
Newark Hospital	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018	Good ↔ Aug 2018	Good ↑ Aug 2018	Requires improvement ↔ Aug 2018	Requires improvement ↔ Aug 2018
Overall trust	Requires improvement ↔ Aug 2018	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↑ Aug 2017	Good ↑ Aug 2018	Good ↑ Aug 2018

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

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔ Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018
Community	Good Aug 2018	Good Aug 2018	Outstanding Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018

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

Ratings for Kings Mill Hospital

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

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

Ratings for Newark Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↔ Aug 2018	Good Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↑↑ Aug 2018	Good ↑ Aug 2018
Medical care (including older people's care)	Good ↔ Aug 2018	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↑↑ Aug 2018	Good ↑ Aug 2018
Surgery	Good Oct 2015	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Requires improvement Oct 2015	Requires improvement Oct 2015
End of life care	Requires improvement Jul 2014	Requires improvement Jul 2014	Good Jul 2014	Requires improvement Jul 2014	Requires improvement Jul 2014	Requires improvement Jul 2014
Outpatients	Good Aug 2018	N/A	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018
Overall*	Good ↔ Aug 2018	Requires improvement ↔ Aug 2018	Good ↔ Aug 2018	Good ↑ Aug 2018	Requires improvement ↔ Aug 2018	Requires improvement ↔ Aug 2018

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

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health inpatient services	Good Aug 2018	Good Aug 2018	Outstanding Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018
Overall*	Good Aug 2018	Good Aug 2018	Outstanding Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018

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

Acute health services

Background to acute health services

The trust provides acute services on two hospital sites, King's Mill Hospital and Newark Hospital. It provides all of the eight main core services, although children and young people's services, critical care and maternity services are only provided on the King's Mill site.

Newark Hospital provides an Urgent Care Centre, while King's Mill provides an Emergency Department.

Summary of acute services

Good ● ↑

Our rating of the acute services improved. We rated them as good because;

- The trust had improved in relation to sharing learning from incidents. We found a culture which encouraged the sharing of learning from incidents.
- Staff were knowledgeable about safeguarding and demonstrated an awareness of the trust's safeguarding processes.
- Delivery of the sepsis treatment bundle for adult emergency and inpatients consistently exceeded the 90% standard with February 2018 reported as 100%. This indicated staff were responsive to initial screening and treatment.
- There were comprehensive risk assessments completed and evidence that risk assessments continued throughout the patient's stay in hospital.
- Staff provided care and treatment in line with national guidance and best practice standards.
- Staff respected patients' privacy and dignity at all times and always showed compassion and kindness. Feedback from patients and relatives confirmed this.
- Services were generally delivered in a way that focused on people's holistic needs.
- Patients were able to access care and treatment in a timely way, although there were some delays for patients waiting for MRI scans.
- Leaders had the capacity and capability needed to deliver excellent care.
- Staff were aware of the trust's vision and values and were focused on constant improvement and delivering outstanding care to patients.

Newark Hospital

Boundary Road
Newark
Nottinghamshire
NG24 4DE
Tel: 01623622515
www.sfh-tr.nhs.uk

Key facts and figures

Newark Hospital is located in the Newark and Sherwood area of Nottinghamshire. It provides surgery, outpatient services, inpatient medical services and an urgent care service.

The UCC is open 24 hours a day to treat urgent but not life-threatening conditions in adults and children. The UCC had 23,685 attendances between January 2017 and December 2017.

The trust provides medical care services for patients. At the hospital, there is an endoscopy unit and 36 inpatient beds across two wards. Sconce Ward is a sub-acute/rehabilitation ward that sees patients across various specialities. The Fernwood Unit is a 12 bed, GP led ward for patients with low-level rehabilitation needs.

Newark Hospital provides over 30 sub speciality outpatient services including health screening services, dermatology, ophthalmology, respiratory medicine, rheumatology, fracture clinic and phlebotomy. There is a separate paediatric outpatient service which is run by women's and children's services, but this was not inspected as part of this inspection.

Between November 2016 and October 2017, 108,870 patients attended Newark Hospital outpatient appointments.

Summary of services at Newark Hospital

Requires improvement ● → ←

Our rating of services stayed the same. We rated them as requires improvement.

A summary of this hospital appears in the overall summary above.

Urgent and emergency services

Good  

Key facts and figures

Newark Hospital Urgent Care Centre

Newark Hospital Urgent Care Centre (UCC) is open 24 hours a day, seven days a week, to treat urgent but not life-threatening conditions in adults and children. It is an integral part of the Sherwood Forest Hospitals NHS Foundation Trust urgent and emergency care service.

We inspected the urgent care centre as part of an announced inspection of urgent and emergency care at the trust. The UCC last had a full comprehensive inspection October 2015 and a partial inspection (Safe key line only) July 2016.

The UCC had 23,685 attendances between January 2017 and December 2017 of which 24.5% were children. Patients with the following minor illnesses and injuries are treated at the UCC:

- Sprains and strains
- Broken bones
- Wound infections
- Minor burns and scalds
- Minor head injuries
- Insect and animal bites
- Minor eye injuries
- Injuries to the back, shoulder and chest
- Urinary infections
- Chest infections
- Mild asthma
- Throat infections
- Ear ache
- Rashes.

Most patients attending the UCC are 'see and treat' patients which means they are assessed, treated and discharged home. Some patients require a higher level of care and require transferring to other local acute hospitals.

We spoke with reception staff, health care support workers, domestic staff, registered nurses, emergency nurse practitioners and managers. We inspected the waiting and reception area, plaster room, four clinical treatment rooms, six patient consultation rooms, clean and dirty utility rooms, cleaning store and various store cupboards.

Summary of this service

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

Urgent and emergency services

- Safety was given a high priority, people were protected from avoidable harm and abuse. Lessons were learnt when things went wrong and staff were open and honest with patients. Performance showed a good track record and steady improvements in safety.
- There were clearly defined and embedded systems, policies and procedures to keep people safe and safeguarded from abuse. Staffing levels and skill mix were planned and reviewed. Patients were assessed appropriately and their condition monitored for signs of deterioration.
- People had good outcomes because they received effective care and treatment that met their needs. There was participation in local and national audits and information was used to improve care. Staff were competent to carry out their roles and had annual appraisals to determine training and development needs.
- There was evidence of good multidisciplinary working particularly when elderly or vulnerable patients were discharged and needed ongoing care.
- Staff had a good understanding of the Mental Capacity Act and consent to care and treatment was obtained in line with legislation and guidance.
- People were treated with dignity and respect and were involved as partners in their care. Staff responded passionately when people needed help and support and helped patients and those close to them to cope emotionally with their care and treatment.
- Services were planned and delivered in a way that met the needs of the local population. Reasonable adjustments had been made and action taken to remove barriers for people who had difficulty using or accessing services. It was easy for patients to complain or raise a concern.
- There was a clear statement of vision and values driven by quality and safety and the strategic objectives were monitored and reported to the board.
- Good governance procedures and structures were in place which interacted with each other appropriately. Risks were managed and understood by all staff.
- Leaders were visible and supportive, staff were complimentary about local leaders. There was a culture of openness and honesty and mechanisms were in place to support staff and promote positive wellbeing.
- There was effective engagement with local stakeholders and staff, staff actively raised concerns and those who did were supported. Staff proactively sought ways to innovate and improve.

However:

- Two nurse call bells in one of the treatment rooms were attached to extension cables which represented a ligature risk.
- There were no local safety standards in place for invasive procedures.
- The controlled drug storage area was shared with the GP out of hours service which could result in stock control errors.
- Staff were still uncertain about the future of Newark Hospital and the UCC.

Is the service safe?

Good   

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

Urgent and emergency services

- Our rating of safe stayed the same. We rated it as good because:
- Effective training in safety systems, processes and practices was available to staff. The mandatory training compliance rate for staff at the UCC was higher than the trust target.
- Effective systems, processes and practices were in place to protect adults and children from abuse and neglect.
- All areas were visibly clean, hygiene procedures were followed to prevent and protect people from healthcare associated infections.
- The environment was suitable for the purpose intended and well equipped to assess and treat patients with a wide range of illnesses and injuries.
- Comprehensive risk assessments were completed for patients and patients, including children were monitored for signs of deterioration.
- Nursing and medical staffing levels were adequate to deliver a safe service, there was limited use of bank staff and rare use of agency staff. Staff handovers at shift changes were thorough.
- Care records were written and managed safely, care records we reviewed had all appropriate sections complete and were written legibly, signed and dated.
- Medicines were stored, prescribed and administered in line with relevant legislation, medicines were available for patients to take home in the out of hours period. Medical staff prescribed antibiotics according to antimicrobial protocols.
- Systems were in place to report, investigate and learn from incidents, staff were familiar with the incident management process and we saw evidence of learning from incidents.

However:

- Two nurse call bells in one of the treatment rooms were attached to extension cables which represented a ligature risk.
- There were no local safety standards in place for invasive procedures.
- The controlled drug storage area was shared with the GP out of hours service which could result in stock control errors.

Is the service effective?

Good 

We rated it as good because:

- Patients' care and treatment was delivered in line with legislation, standards and evidence based guidance including the National Institute for Health and Care Excellence and other expert professional bodies.
- Adequate arrangements were in place at the UCC for patients their friends and families to access food and drink.
- We observed patients in pain being assessed and managed effectively, patients in pain were prioritised and pain relief was administered quickly.
- The UCC contributed to a range of Royal College of Emergency Medicine outcome measures. Staff took part in local audits and results from audit contributed to improved care.

Urgent and emergency services

- Staff had a varied range of competencies which meant people had their needs assessed by staff with the right skills. Children were cared for by staff who had appropriate competencies to provide safe care and treatment.
- We saw evidence of good multidisciplinary working both within the hospital and with external health and social care providers. There was good liaison with other healthcare providers when patients were discharged from the UCC and needed on going care.
- Most blood test, x rays and computerised tomography scans were available throughout the 24-hour period. Procedures were in place so staff had access to complex investigation in the out of hours period.
- Staff had a good understanding of the Mental Capacity Act, capacity and consent were assessed as part of the initial assessment. Patients' consent was sought prior to any treatment being carried out.

However:

- Reception staff had not had any training or preparation in the recognition of urgent medical conditions.

Is the service caring?

Good ● → ←

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

- Staff were welcoming to patients and their families and we observed staff treating patients with care and compassion.
- Patients privacy was respected and staff reacted with kindness and sympathy to patients who were distressed or in pain.
- Staff were aware of the emotional and psychological effect of illness and injury, rooms were available for patients in distress, friends and family were kept informed of care and treatment progress.
- Staff at the UCC communicated clearly with patients and their families to ensure they understood their care, treatment, condition and after care advice. Patients told us they were given enough information to make informed decisions about their care.

Is the service responsive?

Good ● → ←

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

- Services were provided to meet the needs of the local population. Local communities and organisations had been involved in plans to improve and develop the service.
- The new refurbishment and the design of the UCC meant it was a light, calm and pleasant environment.
- Care and treatment at the UCC took account of patient's individual needs, staff had the skills and knowledge to care for and treat patients with complex needs. Discharge planning took into account the needs of vulnerable patients.
- Patients attending the UCC could access care and treatment in a timely way. The time patients spent in the UCC was better than the England average and the number of patients leaving the UCC without being seen was better than the England average.

Urgent and emergency services

- People's concerns and complaints were listened to and used to improve the quality of care at the UCC. Staff and patients were familiar with the complaints process.

However:

- Mental Health patients did not always receive an assessment by the Liaison Psychiatry services within an hour but staff were given advice over the phone about the care and management of the patient whilst they were waiting.

Is the service well-led?

Good ● ↑↑

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

- Leaders and managers had the capacity and capability to deliver high quality care, staff spoke very highly of local leaders and managers.
- The vision, values and priorities for the trust were manageable and staff were familiar with them and understood their role in delivering them. A comprehensive strategy was in place which was monitored and reported to the board.
- There was a culture of openness and honesty, staff told us they felt supported and that consideration was given to their health and wellbeing.
- There was a clear governance structure across the trust involving staff at Newark Hospital and the UCC. This enabled information to be cascaded efficiently.
- The trust had comprehensive assurance systems in place, in particular we saw that risks were identified and escalated through a clear risk management process. The risks identified for the UCC were relevant and understood by staff.
- Information was used appropriately, processed, challenged and acted on. Information was collected to manage the performance of the UCC and for quality improvement. Patient information was handled securely and with confidentiality according to the Data protection Act.
- The views of patients, the public and staff were gathered in a number of ways to inform the performance of the service and in consultation about proposed developments. There was substantial community involvement in the development of Newark Hospital and the UCC.
- Staff, managers and leaders continually looked for ways to improve the service, embracing new technologies and new ways of working. Recognition and reward schemes were in place for staff.

However:

- Staff were still uncertain about the future of Newark Hospital and the UCC.

Areas for improvement

We found six areas for improvement. See areas for improvement section.

Medical care (including older people's care)

Good  

Key facts and figures

The trust provides medical care services for patients at Newark Hospital. At the hospital, there is an endoscopy unit and 36 inpatient beds across two wards. Sconce Ward is a sub-acute/rehabilitation ward that sees patients across various specialities. The Fernwood Unit is a 12 bed, GP led ward for patients with low-level rehabilitation needs.

The trust had 42,189 medical admissions from November 2016 to October 2017. Emergency admissions accounted for 21,828 (52%), 778 (2%) were elective, and the remaining 19,583 (46%) were day case. We were unable to obtain site level data for Newark Hospital specifically and therefore; this information is trust-wide for medical care services.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During this inspection we visited the Mercia Doughty Endoscopy Unit, Sconce Ward and Fernwood Unit.

As part of our inspection we:

- Spoke with seven patients who were using the service and two relatives.
- Spoke with 19 staff members; including service leads, the ward leader, matron, doctors, nurses, non-registered staff and allied health professionals.
- Reviewed ten complete medical and nursing care records relating to physical health.

Summary of this service

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

- There were good processes in place to prevent avoidable harm.
- Patient risk assessments were routinely completed and nursing records were clear and comprehensive.
- Care and treatment was delivered in line with evidence based, best practice guidance.
- There was a positive multi-disciplinary team (MDT) approach on the wards and departments we visited.
- Consent was well managed and staff understood their responsibilities in relation to the Mental Capacity Act and associated Deprivation of Liberties Safeguards (DoLS).
- Staff demonstrated a kind and caring approach towards patients and their families. It was obvious that staff had positive relationships with patients and we saw them spend time talking to patients and their families and friends.
- Staff took their time to respond to the individual needs of patients, including those living with a cognitive impairment such as dementia and those living with a learning disability.
- Services were in place to support patients with spiritual and cultural needs.
- All staff we spoke with were enthusiastic and passionate about the work they did.
- There was evidence of clinical governance procedures and quality measurement processes.

However;

Medical care (including older people's care)

- Patients' medical records were not always clear or legible and it was difficult to find and follow the latest episode of care.
- Some staff we spoke with at the time of the inspection were still unsure of the direction of travel for this hospital. In addition, some staff were unclear about the plans for the Fernwood Unit.

Is the service safe?

Good ● → ←

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

- There were good processes in place to prevent avoidable harm.
- Staff were knowledgeable about safeguarding processes and knew how to appropriately refer concerns to keep people safe.
- Mandatory training compliance was high across medical care areas.
- Practices to prevent the spread and control of infection were consistently adhered to and audits supported that this was routine practice across medical care areas. There were good decontamination processes on the Mercia Doughty Endoscopy Unit.
- There were good systems in place to monitor patients who may deteriorate and escalate them for medical review through the use of technology.
- Patient risk assessments were routinely completed and nursing records were clear and comprehensive.
- Medical and nurse staffing levels were generally appropriate.

However;

- Staff knowledge of female genital mutilation (FGM) was mixed.
- There were gaps in the checks of some equipment such as piped oxygen and suction.
- Patients' medical records were not always clear or legible and it was difficult to find and follow the latest episode of care.
- There had been no audits undertaken in relation to the application of the sepsis bundle on medical care areas at Newark Hospital, although we did not find any concerns with the application of the sepsis bundle during the inspection.
- There were some occasions where nurse staffing was below establishment on Fernwood Unit which made it difficult to manage.

Is the service effective?

Good ● ↑

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

- Care and treatment was delivered in line with evidence based, best practice guidance.
- There were care pathways in place to support the assessment of patients with suspected mental health concerns.

Medical care (including older people's care)

- The endoscopy service was accredited by the Joint Advisory Group (JAG) for Gastro-Intestinal (GI) Endoscopy.
- Nutrition, hydration and pain relief were well managed.
- There was a positive multi-disciplinary team (MDT) approach on the wards and departments we visited.
- Consent was well managed and staff understood their responsibilities in relation to the Mental Capacity Act and associated Deprivation of Liberties Safeguards (DoLS).

Is the service caring?

Good ● → ←

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

- Staff demonstrated a kind and caring approach towards patients and their families. It was obvious that staff had positive relationships with patients and we saw them spend time talking to patients and their families and friends.
- Staff ensured they supported patients to maintain their privacy and dignity at all times.
- NHS Friends and Family Test (FFT) results were positive.
- We saw evidence that staff considered the emotional needs of patients in their care. We saw examples of staff supporting nervous and anxious patients and were comforting and supportive in their approach.
- Patients and family members, we spoke with told us they found members of staff kind, approachable, accommodating and considerate.

Is the service responsive?

Good ● → ←

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

- There was evidence that services at Newark were reviewed regularly and changes were made as required.
- The facilities and premises for medical care at Newark Hospital were generally suitable for the services that were being delivered.
- Staff took their time to respond to the individual needs of patients, including those living with a cognitive impairment such as dementia and those living with a learning disability.
- Services were in place to support patients with spiritual and cultural needs.
- There were low levels of complaints across medical care services at the hospital but staff knew how to manage a complaint should they occur.

However;

- Ward environments would benefit from some improvements to make them more dementia friendly.

Medical care (including older people's care)

Is the service well-led?

Good   

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

- Staff generally reported good leadership across the organisation including, from their line managers.
- All staff we spoke with were enthusiastic and passionate about the work they did.
- There was evidence of clinical governance procedures and quality measurement processes. It was evident that risks were identified, mitigated (where possible), reviewed and escalated through different committees.
- There were ward based dashboards to measure, monitor and improve performance.
- There were arrangements in place to respond to emergencies and major incidents. Staff understood their roles and responsibilities in this regard.

However;

- There was no substantive leader on the Fernwood Unit.
- Some staff we spoke with at the time of the inspection were still unsure of the direction of travel for this hospital. In addition, some staff were unclear about the plans for the Fernwood Unit.
- Some risks on the risk register were past their review date and some didn't have a review date at all.

Areas for improvement

We found three areas for improvement. See areas for improvement section.

Outpatients

Good 

Key facts and figures

Sherwood Forest Hospitals NHS Foundation Trust delivers outpatient services at King's Mill Hospital, Mansfield Community Hospital, Newark Hospital and Ashfield Community Health Village. This report refers to our site visit to Newark Hospital outpatient services.

Newark Hospital provides over 30 sub speciality outpatient services including health screening services, dermatology, ophthalmology, respiratory medicine, rheumatology, fracture clinic and phlebotomy. There is a separate paediatric outpatient service which is run by women's and children's services, therefore it was not inspected as part of this inspection.

Between November 2016 and October 2017, 108,870 patients attended Newark Hospital outpatient appointments.

Summary of this service

We rated it as good because:

- Mandatory training including safeguarding adults was higher than the trust target for mandatory training.
- Staffing levels showed minimum vacancies and a low staff turnover rate.
- Medical records were available for over 98% of the time for clinic appointments.
- There was safe handling and storage of medical records.
- There was evidence of shared learning following incidents and there was a positive culture related to incident reporting.
- Care and treatment was given in line with national evidence based guidance.
- There was a range of facilities to meet peoples nutritional and hydration needs.
- Staff were suitably trained and competent to deliver care effectively.
- Appraisal rates were 98% for outpatients services at Newark Hospital
- There were processes in place to obtain consent in line with policies.
- We saw staff providing compassionate care throughout our visit. Patients spoke highly of the care they received from staff.
- Staff and volunteers provided emotional support to patients during visits to outpatient services.
- A variety of services were being offered which supported the local population.
- There was a large active voluntary service which supported patients, families and staff.
- The 'did not attend' (DNA) rate was lower than both the national and trust average.
- Patients were offered a choice of appointments and there had been an increase in attendances for both new attendances (7.4%) and follow up appointments (8.8%).
- Clinic utilisation had improved from 77% to 88.9%.

Outpatients

- There was a clear vision and strategy for the hospital which was shared by leaders, staff and the public. There was evidence of progress and delivery of key objectives within the strategy.
- Leaders were visible and changes that had been made in senior leadership had had a positive impact on staff.
- There was a governance structure and processes that enabled the hospital to monitor and measure performance and to manage risks.
- There were high levels of staff satisfaction. Staff were proud of the hospital as a place to work and spoke highly of the culture.
- There was evidence of a continuous learning culture and progressions of innovation to improve outpatients service at Newark Hospital.

Is the service safe?

Good ●

We rated it as good because:

- Mandatory training including safeguarding adults was higher than the trust target for mandatory training.
- Staffing levels showed minimum vacancies and a low staff turnover rate.
- Staff undertook infection prevention and control practices in line with guidance.
- Equipment had evidence of appropriate maintenance checks and servicing arrangements.
- Medical records were available for over 98% of the time for clinic appointments.
- There was safe handling and storage of medical records.
- There was evidence of shared learning following incidents and there was a positive culture related to incident reporting.
- There were monitoring arrangements in place to ensure the safe storage and handling of medicines

However, we also found:

- Staff had not received training in female genital mutilation (FGM).
- Cleaning schedules were stored remotely and were not available in all clinic rooms, however all areas were visibly clean.
- There was insufficient storage in some clinic rooms.

Is the service effective?

Not sufficient evidence to rate ●

- Care and treatment was given in line with national evidence based guidance.
- There was a range of facilities to meet peoples nutritional and hydration needs.
- Staff were suitably trained and competent to deliver care effectively.

Outpatients

- Appraisal rates were 99% on average for outpatients services at Newark Hospital.
- There was evidence of health promotion initiatives to support people living with long-term conditions
- Teams worked across disciplines to deliver outpatients appointments jointly.
- There were processes in place to obtain consent in line with policies.

Is the service caring?

Good ●

We rated it as good because:

- We saw staff providing compassionate care throughout our visit. Patients spoke highly of the care they received from staff.
- Staff and volunteers provided emotional support to patients during visits to outpatient services.
- There were quiet areas where staff could discuss treatment and concerns with patients and families in privacy and with dignity.
- Staff gave patients timely and appropriate support and information to cope emotionally with their care.

Is the service responsive?

Good ●

We rated it as good because:

- A variety of services were being offered which supported the local population.
- There was a large active voluntary service which supported patients, families and staff.
- The 'did not attend' (DNA) rate was lower than both the national and trust average.
- Patients were offered a choice of appointments and there had been an increase in attendances for both new attendances (7.4%) and follow up appointments (8.8%).
- Clinic utilisation had improved from 77% to 88.9%.
- Performance for patients seen by a specialist within two weeks was better than the national average.
- Records were available for clinics over 98% of the time.

However, we also found:

- Clinic cancellation within 6 weeks was above the trust target (2.2%) and averaged 4.5% between March 2017 and March 2018.
- Complaints response times were worse than the trust target of 25 days.

Outpatients

Is the service well-led?

Good ●

We rated it as good because:

- There was a clear vision and strategy for the hospital which was shared by leaders, staff and the public. There was evidence of progress and delivery of key objectives within the strategy.
- Leaders were visible and changes that had been made in senior leadership had had a positive impact on staff.
- Staff spoke positively of the culture and support in place and felt they were able to influence changes.
- There was a governance structure and processes that enabled the hospital to monitor and measure performance and to manage risks.
- There were high levels of staff satisfaction. Staff were proud of the hospital as a place to work and spoke highly of the culture.
- There was evidence of a continuous learning culture and progressions of innovation to improve outpatients service at Newark Hospital.

Outstanding practice

We found two areas of outstanding practice. See outstanding practice section above.

Areas for improvement

We found three areas for improvement. See areas for improvement section above.

Kings Mill Hospital

Mansfield Road
Sutton In Ashfield
Nottinghamshire
NG17 4JL
Tel: 01623622515
www.sfh-tr.nhs.uk

Key facts and figures

Kings Mill Hospital in Sutton in Ashfield is the main acute hospital site for Sherwood Forest Hospitals and provides acute healthcare services to a population of 420,000 across Mansfield, Ashfield, Newark, Sherwood parts of Derbyshire and Lincolnshire.

The hospital provides 496 inpatient beds (more than half in single occupancy rooms), eight main theatres, four day case theatres, two obstetric theatres, an Endoscopy unit and a 24-hour emergency department.

Each year there are more than 70,000 inpatient admissions and 30,000 day case patients; 120,000 patients attend the emergency department, around 3,000 babies are delivered and more than 500,000 people attend outpatient and therapy appointments in the King's Treatment Centre.

Summary of services at Kings Mill Hospital

Good  

Our rating of services improved. We rated them as good.

A summary of this hospital appears in the overall summary above.

Urgent and emergency services

Good  

Key facts and figures

Kings Mill Hospital emergency department (ED) is consultant led and provides a 24-hour single point of access integrated front door approach for all patients whether as an acute emergency arriving by ambulance, self-referrals or by NHS111. The co-located urgent care centre is not run by the trust and was therefore not part of the inspection process. A separate waiting and treatment area is available for paediatrics (children) between the hours of 9am and 11pm. Children do not have to wait in the adult area after 11pm.

Adult ED comprises three areas; resuscitation, majors and minors. The resuscitation area can care for six adults and one child at any one time although any of the cubicles can be used for either adults or children. Twenty trolley spaces are available in the majors area which includes two isolation cubicles and two spaces in the Bluebell room, a quieter area used for patients who could be distressed by noise. Two rooms are available for patients attending the department with mental health needs.

The emergency ambulatory care unit (EACU) is used mainly by patients requiring blood tests, those receiving day treatment and patients waiting for test or x-ray results. Care for the small number of patients sent to EACU from ED is overseen by doctors from ED.

The department is a designated trauma unit within the East Midlands regional trauma network and works closely with the major trauma centre at a neighbouring trust which provides trauma care for both adults and children.

At the last inspection we rated safe, effective and caring as good, responsive as requires improvement and well-led as inadequate.

Our inspection was announced. Before the visit we reviewed information that we held about the service and following our visit information we requested from the trust.

During the inspection visit, the team:

- Visited adult and paediatric (children's) emergency departments and the emergency ambulatory care unit (EACU)
- Spoke with 33 patients and 18 relatives
- Observed staff giving care to both adults and children
- Reviewed 20 patient care records in paper and electronic format
- Spoke with 37 members of staff from a variety of grades. This included consultants, middle grade and junior grade doctors, senior nurses, managers, nurses, matrons, health care assistants, student nurses, administrative and housekeeping staff.

Summary of this service

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

- Improvements in meeting the four-hour waiting time target had been made and sustained with the department performing better than the national average.

Urgent and emergency services

- Systems were in place for assessing all patients arriving in the emergency department to determine how quickly they should be reviewed: this included a clear streaming/triage process. Criteria were in place for staff to determine which patients could be signposted to the co-located primary care centre.
- Patients waiting longer than the recommended time to be handed over from the care of ambulance staff to hospital staff had generally improved.
- When concerns were raised or things went wrong, the approach to reviewing and investigating causes had improved. We saw evidence of wider learning from events or action taken to improve safety.
- The leadership, management and governance of the department assured the delivery of high quality person-centred care. Risks and quality measures were regularly reviewed, responsibilities were clear and risks were understood and managed.
- Clinical leadership had improved and was now consistent. There was compassionate, inclusive and effective leadership at all levels in the department. Leaders had the capacity and capability needed to deliver excellent care.
- A divisional wide urgent and emergency care improvement plan was in place which included medical leadership. Significant issues that threatened the delivery of safe and effective care had been identified and appropriate action was taken to manage them.

Is the service safe?

Good   

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

- There were effective streaming and triaging processes in place for adults and children who were sent to the most appropriate area for their needs. During our inspection patients were seen and assessed within 15 minutes of arrival.
- The identification and treatment of patients with sepsis was good. Audits showed the trust had been performing well. Any incident of patients not receiving antibiotics within one hour was logged as an incident and investigated.
- Staff understood safeguarding and there were robust systems and processes in place to keep adults and children safe.
- When transferred to a ward, staff undertaking and receiving patient handover were required to complete an accountability handover section on the patient's record. This ensured patients were not put at risk because of lack of information.
- All areas were visibly clean. Robust infection control processes were in place with staff observing the 'bare below the elbows' policy and demonstrating good hand washing techniques.
- Specific rooms had been provided in the emergency department for people at risk of self-harm.
- Patients were placed on the most appropriate care pathway and which followed best practice guidance.
- A psychiatric liaison team was based in the hospital which meant patients with mental health needs were generally assessed within one hour of arrival. The team also provided support to the staff in the emergency department.
- The department was fully staffed with nurses and maintained a waiting list for future vacancies. A further three emergency medicine consultants were joining the trust in the next few months with consultants having a presence in the department for a minimum of 16 hours each day.
- Medicines including oxygen were prescribed, administered and stored appropriately.

Urgent and emergency services

- Staff used an electronic system to record incidents and understood what an incident was. Actions with lessons learned following an investigation were shared with staff.

However:

- On reviewing records, we were not assured, unless patients disclosed it themselves, that patients would be recognised as having a mental health illness when they presented with a physical one to the emergency department.

Is the service effective?

Good   

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

- The units within the emergency department provided care and treatment based on national guidance. This included the National Institute for Health and Care Excellence (NICE) and the Royal College of Emergency Medicine (RCEM).
- Food and drinks were provided within the department including those with special dietary needs.
- Pain levels were assessed quickly using different methods dependent upon age and cognitive ability. Staff reacted promptly with pain relief and patients were checked regularly for pain during their stay.
- The trust performed better or comparable with the England average for three of the Royal College of Emergency Medicine audits in 2016/2017. These were moderate and acute severe asthma, severe sepsis and septic shock and venous thrombo-embolism (VTE) risk in lower limb immobilisation in plaster cast.
- Staff received a comprehensive induction with nursing staff undertaking eight weeks supernumerary status. Medical and nursing staff received on-going role specific training which was well-structured. Staff had regular meetings and received annual appraisals.
- Staff understood the Mental Capacity Act (2005) and how vulnerable patients could be protected who could not make informed decisions.
- Staff had access to other specialties and diagnostic services seven days a week.

However:

- Security staff who worked in the department, but who were not employed by the trust, did not receive any training relating to mental health issues.
- Discussions with some staff revealed their understanding of the Mental Capacity Act and the Mental Health Act was variable.

Is the service caring?

Good   

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

- Staff respected patients' privacy and dignity at all times and always showed compassion and kindness. Feedback from patients and relatives confirmed this.
- Patients were cared for in single cubicles or rooms and were not nursed in corridors. Patients who wished to talk confidentially at reception were given the opportunity to do so.

Urgent and emergency services

- The department's friends and family test performance had been consistently better than the England average since June 2017.
- Staff provided emotional support to patients and relatives when required to minimise their distress and involved patients in decisions about their care.

Is the service responsive?

Good  

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

- The Department of Health and Social Care's standard for emergency departments is that 95% of patients should be admitted or discharged within four hours of arrival in the department. From February 2017 until January 2018 the trust had performed better than the English average of between 85% and 91% and between March 2017 and August 2017 had performed in excess of 95%.
- The percentage of patients waiting more than four hours from the decision to admit until being admitted was lower than the national average between February 2017 and January 2018. In the whole of that time nine patients waited longer than 12 hours, the most (seven) being in December 2017 when all acute trusts were suffering from winter pressures.
- From January 2017 until December 2017 the percentage of patients leaving the department without being seen was between 1.6% and 2.5% which was consistently better than the England average of 3.5%.
- From January 2017 until December 2017 the monthly median total time in the department for all patients was consistently similar to the England average.
- The department took account of patient's individual needs. Where it was possible to do so staff made reasonable adjustments for patients, for example those with limited or no mobility or those with dementia or a learning disability. Wheelchair access was available. A quiet room (the Bluebell room) had been provided for patients who were distressed by noise, for example those with dementia.
- A therapy room was available in the department with a kitchen area to assess patient's ability to cope at home.
- A team of carers from another provider was available to assist health care assistants in the department with comfort rounds and take patients home when appropriate to do so. They were also able to provide short-term support for patients at home until a care package could be put in place.
- The trust had funded the use of a private ambulance to be utilised at night to return patients home or to a care home if they were safe to be discharged, thus preventing admission.
- Bed flow meetings were attended by senior staff from the emergency department five times a day. Each patient in the department was discussed with potential admissions highlighted.
- All GP referrals were seen in the department which allowed for rapid assessment; this had reduced the number of patients admitted by 30%.
- Patient referrals to other specialty teams were timely. The clinical lead for the department had produced a protocol for other specialties to follow. Any breach in the protocol was followed up with the specialty lead.
- The department listened to people's concerns and complaints, responding to them within the trust's timescales and were used to improve services.

Urgent and emergency services

However:

- Family members had sometimes been used for interpreting instead of accessing the telephone interpreting service which was available. This is not considered good practice.

Is the service well-led?

Outstanding 

Our rating of well-led improved. Our rating of this area increased by 3 ratings. We rated it as outstanding because:

- There was compassionate, inclusive and effective leadership at all levels in the department. Leaders had the capacity and capability needed to deliver excellent care.
- All staff were aware of the trust's vision and values and were focused on constant improvement and delivering outstanding care to patients.
- All leaders were highly visible and approachable in the department. They had a shared purpose and were described by staff as being very supportive and inspiring.
- There was a strong and palpable culture of team work and staff felt valued, with different disciplines working alongside other and showing respect for each other's opinions.
- Forty staff from all staff groups, including administrative and housekeeping staff were rostered to attend bi-monthly meetings so they did not have to attend in their own time. Minutes were circulated to everyone.
- Nurse leaders worked as part of the clinical team each week to ensure their practice was up to date, they could monitor care provided and support and encourage junior staff.
- Senior staff were available 24 hours day by telephone for anyone needing support.
- Governance arrangements were proactively reviewed and reflected best practice.
- There were systems in place for identifying risks with controls in place to manage them. Staff were encouraged to look at future risks and not reflect on past ones.
- There were effective structures, processes and systems in place to support good quality sustainable services with leaders striving to implement innovative ideas to improve them.
- Individual staff were aware of their role and who they were accountable to. Staff not performing were supported to achieve and managed appropriately.
- Staff felt highly engaged and empowered to suggest new ways of working. There was a waiting list of staff wanting to work within the department.
- The department engaged well with patients, staff and third-party providers.

Outstanding practice

We found three areas of outstanding practice. See outstanding practice section above.

Areas for improvement

We found six areas of improvement. See areas for improvement section above.

Medical care (including older people's care)

Good  

Key facts and figures

Sherwood Forest Hospitals NHS Foundation Trust provides medical care (including older people's services) across three hospital sites; King's Mill Hospital, Newark Hospital and Mansfield Community Hospital.

The trust had 42,189 medical admissions from November 2016 to October 2017. Emergency admissions accounted for 21,828 (52%), 778 (2%) were elective, and the remaining 19,583 (46%) were day case.

Admissions for the top three medical specialties were:

- General Medicine: 20,582
- Gastroenterology: 9,746
- Dermatology: 3,481

Medical care (including older people's services) at the King's Mill Hospital is provided by two directorates Acute Medicine and ED Specialist Medicine.

The medical care service at King's Mill Hospital provides care and treatment for ten specialities:

- Care of the Elderly
- Clinical Oncology
- Diabetology
- Gastroenterology
- General Medicine Assessment Unit
- Haematology
- Infectious Diseases
- Neurology
- Rheumatology
- Dermatology

The trust has 333 medical inpatient beds, located across 13 wards at King's Mill Hospital

During this inspection we visited the Emergency Assessment Unit, Endoscopy, Cardiac Catheter Suite, the Discharge Lounge and all 13 medical wards at King's Mill Hospital. During this inspection we also:

- spoke with 48 patients who were using the service and 13 relatives
- Spoke with 92 staff members; including service leads, ward leaders, matrons, doctors, nurses, and administration and housekeeping staff.
- reviewed 25 medical care records relating to physical health
- Reviewed 25 nursing care records relating to patient risk assessments and care plans, 30 patient records relating to observations and 18 medicine administration records.

Medical care (including older people's care)

Summary of this service

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

- The service had improved in relation to sharing learning from incidents. We found a culture which encouraged the sharing of learning from incidents.
- The service had improved in relation to staffing levels for level two patients in ward 43. There was increased staffing provision in comparison to the staffing arrangements at the time of our 2015 inspection.
- Patient risk assessments were routinely completed and nursing records were clear and comprehensive.
- The service monitored the effectiveness of care and treatment by participating in national and local audits and used the findings to drive improvements.
- There was an effective multidisciplinary team (MDT) working environment within medical services with the involvement of external partners (such as mental health service providers) to support patients' health and wellbeing.
- Consent was well managed and staff understood their responsibilities in relation to the Mental Capacity Act and associated Deprivation of Liberties Safeguards (DoLs).
- Staff demonstrated a kind and caring approach towards patients and their families. It was obvious that staff had positive relationships with patients and we saw them spend time talking to patients and their families and friends.
- Staff took their time to respond to the individual needs of patients, including those living with a cognitive impairment such as dementia and those living with a learning disability.
- Services were in place to support patients with spiritual and cultural needs.
- All staff we spoke with were enthusiastic and passionate about the work they did.
- There was evidence of clinical governance procedures and quality measurement processes. It was evident that risks were identified, mitigated (where possible), reviewed and escalated through different committees.

However;

- Patients' medical records were not always stored safely to maintain the privacy of patients.
- Some risks on the risk register were past their review date and some didn't have a review date at all.

Is the service safe?

Good   

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

- The service had improved in relation to sharing learning from incidents. We found a culture which encouraged the sharing of learning from incidents.
- Staff were knowledgeable about safeguarding and demonstrated an awareness of the trust's safeguarding processes.
- Staff managed and stored medicines safely and securely on the medical wards and areas.
- The service had improved in relation to staffing levels for level two patients in Ward 43. There was increased staffing provision in comparison to the staffing arrangements at the time of our 2015 inspection.

Medical care (including older people's care)

- Although there remained challenges in recruiting and retaining staff evidenced by high nurse vacancies on some of the medical wards, ward teams had implemented strategies to reduce vacancies and increase retention.
- We observed consistent standards of hand hygiene and infection control measures amongst clinical and ward-based staff. Staff were consistent in isolating patients at risk of spreading infection.
- The service had improved the accessibility of care plans. In the 24 patient records we checked, staff had completed patient risk assessments in all 24 records which we accessed easily.
- Delivery of the sepsis treatment bundle for adult emergency and inpatients consistently exceeded the 90% standard with February 2018 reported as 100%. This indicated staff were responsive to initial screening and treatment.

However:

- On most wards patient identifiable information was stored in open unlocked trolleys.
- Staff knowledge of female genital mutilation (FGM) was mixed.

Is the service effective?

Good  

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

- Staff provided care and treatment in line with national guidance and best practice standards.
- The service monitored the effectiveness of care and treatment by participating in national and local audits and used the findings to drive improvements.
- Staff were knowledgeable about and demonstrated a good awareness of consent, mental capacity and the Mental Capacity Act (2005). This was evidenced in our conversations and from looking at patient records.
- The endoscopy unit had achieved Joint Advisory Group (JAG) accreditation in recognition of achievements in patient-centred care according to the measurements of the global rating scale.
- The hospital achieved a grading of A in the quarterly Sentinel Stroke National Audit Programme (SSNAP). This was based on a scale of A-E, where A is best and E is the worst.
- Staff of all grades and responsibilities had access to a range of teaching, learning and development opportunities delivered by specialist teams.
- There was an effective multidisciplinary team (MDT) working environment within medical services with the involvement of external partners (such as mental health service providers) to support patients' health and wellbeing.

Is the service caring?

Good  

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

- Patients received person-centred care and treatment to meet their needs and reflect their personal preferences, including patients living with dementia and those with a learning disability.

Medical care (including older people's care)

- Staff treated patients with compassion, dignity and respect at all times this was evident in our interviews with patients and relatives.
- Staff involved patients and those close to them in decisions about their care and treatment.
- We observed positive, polite, friendly and professional interactions between staff and patients and family members.
- We spoke with 48 patients during the inspection and overall patients spoke positively about staff.
- Staff treated patients with dignity and respect and
- Staff routinely included patients in care planning and delivery, including in medicines management.

Is the service responsive?

Good ● ↑

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

- Staff demonstrated an awareness of the needs of local population and developed services accordingly. This included establishing a medical mental health unit (Ward52- Woodland Ward) and developing nurse specialist roles such acute respiratory nurses on Ward 43 and the advanced nurse practitioner role on Ward 41.
- The service provided rapid access to clinics such as the Ambulatory Care Unit (ACU) unit, a diagnostic centre and a medical day unit. This helped address the increased demand on the emergency assessment unit.
- The service took into account the needs of various people, for example patients living with dementia and patients with learning disability.
- The trust provided a Frailty Intervention Team which aimed to prevent avoidable admissions to hospital.
- From November 2016 to October 2017 the average length of stay for medical elective patients and medical non-elective patients, was lower than the England average.
- Services were in place to support patients with spiritual and cultural needs.

However:

- The trust told us the admission of a patient living with dementia being admitted would trigger the use of the 'This is Me' document. However, we reviewed five patients with a diagnosis of dementia. This is me documents were at the point of care for two of them.

Is the service well-led?

Good ● ↑↑

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

- There was a clear vision and strategy for the trust. Senior staff on the medical wards demonstrated knowledge of this vision and understood their responsibility in relation to the strategy to achieve this vision.
- Following the inspection in 2015, the trust had simplified the governance structures by using the triumvirate model of leadership. This encouraged effective governance from board level to ward level.

Medical care (including older people's care)

- Staff spoke positively about the leadership of the service including the visibility of senior leadership. Staff also spoke positively about the culture of the service describing it as a place they were proud to work in. All staff we spoke with felt that the stability of the executive team had improved “massively”.
- Although challenges remained in relation to recruiting and retaining staff, senior leaders used various initiatives in order to recruit and retain staff.
- All staff we spoke with were committed and passionate about the work they did. They told us staff at all levels were supportive, approachable and friendly. One staff member told us “this hospital was a different place a few years ago, it feels different re-energised”.
- There had been an improvement in relation to staff engagement which we found lacking in the previous inspection. We found multiple examples of senior staff engaging staff and patients in order to obtain their views on improving the service.
- There had been an improvement in relation to the management and review of the risk registers for the service. Risks in the divisional risk registers were reviewed regularly and mitigating actions were indicated.

However:

- Some risks on the risk register were past their review date and some didn't have a review date at all.
- All the staff we spoke with were aware of what actions to take in the event of a major incident such as a fire for example. However, staff told us they had not had practical training for evacuation in the event of fire.

Outstanding practice

We found seven areas of outstanding practice. See outstanding practice section above.

Areas for improvement

We found four areas for improvement. See areas for improvement section above.

Maternity

Good 

Key facts and figures

Sherwood Forest Hospitals NHS Trust provides maternity services at the King's Mill Hospital at Sutton in Ashfield. The maternity unit comprises a pregnancy day care unit, antenatal clinic, maternity ward (antenatal and postnatal) and the Sherwood Birthing Unit. Additional antenatal and postnatal services are provided at the Newark Hospital.

From October 2016 to September 2017 there were 3,395 deliveries at the trust.

Our inspection was part of an announced inspection.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During this inspection we:

- Spoke with 43 staff members; including service leads, matrons, midwives, doctors, non-registered and administrative staff.
- Spoke with 22 patients and nine relatives who were using the service
- Reviewed the medical records for 10 women

Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings

We rated it as good because:

- The service collected safety information, which was compared to national data. Staff used the information to improve the service.
- Staff understood their roles and responsibilities regarding safeguarding vulnerable adults and children. Although consultants' compliance with safeguarding training was lower than the trust target, most staff had received appropriate levels of safeguarding training and could tell us about examples of where they had identified and raised concerns.
- Staff demonstrated good practice with regards to hand hygiene and infection control. We saw hand gel available in clinical areas and the environment and equipment were visibly clean. Equipment was regularly serviced and cleaned. Surgical site infections were below the national average.
- There were effective processes for the reporting and management of incidents, Staff were aware of their responsibilities to report incidents and we saw learning from incidents was shared.
- The service managed incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave women and families honest information and suitable support.
- Staff kept appropriate records of women's care and treatment. Handheld and inpatient records were clear, up-to-date and available to all staff providing care. Safeguarding records were up to date and easily accessible. Completion of cardiography trace records was in line with trust policy.

Maternity

- The service provided care and treatment based on latest evidence and national guidance and maintained a quality dashboard to monitor outcomes. The normal birth rate was higher (better) than the national average and the total caesarean section rate was lower (better) than the national average.
- Staff with different roles worked together as a team to benefit women. Midwives, doctors, nurses and other healthcare professionals supported each other to provide good care. Multidisciplinary teamwork was continuous and evident throughout the unit.
- Staff gave patients enough food and drink to meet their needs and improve their health. Women had access to snacks and light meals as they required. Enhanced recovery programme supported early hydration and improved recovery.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Staff documented when consent for procedures and ensure records had been gained.
- Staff actively promoted improving women's health by encouraging women to stop smoking, and increasing skin to skin and breastfeeding.
- Staff understood and respected the personal, cultural, social and religious needs of women and those important to them. Women and their relatives we spoke with told us without exception they were treated with dignity, kindness and respect.
- Feedback from people who used the service, those who are close to them and stakeholders was positive about the way staff treated people. The trust performed amongst the best performing trusts for three out of 15 questions in the CQC maternity survey 2017.
- Staff provided emotional support to patients to minimise their distress. Women, families and staff particularly valued the bereavement service. Excellent bereavement care was a priority for the service. Bereavement services and staff knowledge on supporting bereaved families ensured people received the physical and emotional care required.
- People's individual needs and preferences were central to the delivery of tailored services. Staff routinely involved women who used the services and those close to them in planning and making shared decisions about their care and treatment. Birthing partners were included and involved in the care of their partner and new-born baby.
- We saw specific examples of innovative approaches to care particularly for women with complex needs. Staff from the multidisciplinary team worked collaboratively to provide care for women. Staff had a proactive approach to understanding the needs and preferences of different groups of people and delivered care in a way that met these needs. We saw staff going above and beyond to plan care for a woman with complex physical needs.
- The trust planned and provided services in a way that met the needs of local people. There were a range of clinics for both high and low risk women.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Complaints were investigated and closed within the trust target timescales.
- Service leads had the right skills and abilities to run a service providing high-quality sustainable care. The middle manager structure had just been implemented.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Matrons were visible and active in clinical areas. Predominantly staff felt valued for the work they did.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The risk register was reviewed regularly and staff had an awareness of the risks throughout the unit.

Maternity

- The trust engaged well with women, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The service's vision and strategy was in line with national priorities.

However:

- Although there was no evidence of impact on the care women received, there were gaps in the junior doctors' rota which were being filled by staff working flexibly and covering additional shifts. This had an impact on individuals' morale and ability to access training.

Is the service safe?

Good ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings

We rated it as good because:

- The service collected safety information, which was compared to national data. Staff used the information to improve the service.
- Staff understood their roles and responsibilities regarding safeguarding vulnerable adults and children.
- Staff demonstrated good practice with regards to hand hygiene and infection control. We saw hand gel available in clinical areas and the environment and equipment were visibly clean. Equipment was regularly serviced and cleaned. Surgical site infections were below the national average.
- There were effective processes for the reporting and management of incidents, Staff were aware of their responsibilities to report incidents and we saw learning from incidents was shared.
- The service managed incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave women and families honest information and suitable support.
- Staff kept appropriate records of women's care and treatment. Handheld and inpatient records were clear, up-to-date and available to all staff providing care. Safeguarding records were up to date and easily accessible. Completion of cardiography trace records was in line with trust policy.

However:

- Although there was no evidence of impact on the care women received, there were gaps in the junior doctor's rota which were being filled by staff working flexibly and covering additional shifts. This had an impact on individual's morale and ability to access training.
- The service did not currently use an acuity tool for midwifery staffing although we were told this would be in place soon. However, the midwife to birth ratio was higher (better) than the national average.

Is the service effective?

Good ●

Maternity

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings

We rated it as good because:

- The service provided care and treatment based on latest evidence and national guidance and maintained a quality dashboard to monitor outcomes. The normal birth rate was higher (better) than the national average and the total caesarean section rate was lower (better) than the national average.
- Staff with different roles worked together as a team to benefit women. Midwives, doctors, nurses and other healthcare professionals supported each other to provide good care. Teamwork was continuous and evident throughout the unit.
- Staff gave patients enough food and drink to meet their needs and improve their health. Women had access to snacks and light meals as they required. Enhanced recovery programme supported early hydration and improved recovery.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Staff documented when consent for procedures and ensure records had been gained.
- Staff actively promoted improving women's health by encouraging women to stop smoking, and increasing skin to skin and breastfeeding.

Is the service caring?

Outstanding 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings

We rated it as outstanding because:

- Patients were truly respected and valued as individuals. Staff recognised the totality of patient's needs. We saw examples of staff finding innovative ways to meet patient's needs.
- Staff understood and respected the personal, cultural, social and religious needs of women and those important to them.
- Women and their relatives we spoke with told us without exception they were treated with dignity, kindness and respect. Women felt they were really cared for and they really mattered.
- Feedback from people who used the service, those who are close to them and stakeholders was positive about the way staff treated people. The trust performed amongst the best performing trusts for three out of 15 questions in the CQC maternity survey 2017. Trust scores were about the same as other trusts for the remaining 12 questions.
- We saw specific examples of innovative approaches to care particularly for women with complex needs. We observed staff from the multi-disciplinary team working collaboratively to provide care for women. Staff had a proactive approach to understanding the needs and preferences of different groups of people and delivered care in a way that met these needs. We saw staff going above and beyond to plan care for a woman with complex physical needs. Staff showed determination and creativity to overcome obstacles to delivering care.
- Staff provided emotional support to patients to minimise their distress. The bereavement service provided kind, compassionate care which respected the totality of women and their family's needs.

Maternity

- Staff routinely involved women who used the services and those close to them in planning and making shared decisions about their care and treatment. Birthing partners were included and involved in the care of their partner and new-born baby. Women were empowered to have a voice so they could have the best possible birthing experience.
- The service had access and links with advocacy and support networks in the community.

Is the service responsive?

Good 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings

We rated it as good because:

- People's individual needs and preferences were central to the delivery of tailored services. We saw specific examples of innovative approaches to care particularly for women with complex needs.
- The multi-disciplinary team worked collaboratively to provide care for women. Staff described this approach as 'trying to make even the most high-risk woman experience aspects of normality.'
- The trust planned and provided services in a way that met the needs of local people. There were a range of clinics for both high and low risk women.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Complaints were investigated and closed within the trust target timescales.

However;

- There was no dedicated elective caesarean section list for the obstetric theatres. This meant women booked for an elective section might have to wait for staff to complete any emergency procedures before their surgery could proceed.

Is the service well-led?

Good 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Service leads had the right skills and abilities to run a service providing high-quality sustainable care. The middle manager structure had just been implemented.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Matrons were visible and active in clinical areas. Predominantly staff felt valued for the work they did.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The risk register was reviewed regularly and staff had an awareness of the risks throughout the unit.

Maternity

- The trust engaged well with women, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The services' vision and strategy was in line with national priorities.

Outstanding practice

We found four areas of outstanding practice. See outstanding practice section above.

Areas for improvement

We found two areas for improvement see areas for improvement section above.

End of life care

Good  

Key facts and figures

End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

There was no specialist palliative care ward at King's Mill Hospital. Patients requiring palliative or end of life care were nursed throughout the hospital. There were 1,367 deaths from November 2016 to October 2017 at King's Mill Hospital.

Specialist palliative care was commissioned by the clinical commissioning group (CCG). The specialist palliative care team (SPCT) were employed by another NHS trust and were based at a neighbouring hospice which was not part of Sherwood Forest Hospitals NHS Foundation Trust.

The provision of end of life care services to patients was not the sole responsibility of the specialist palliative care team. It was provided by general nurses and doctors who work on the wards throughout the hospital. The trust had its own end of life care team based at King's Mill Hospital who worked collaboratively with the SPCT.

The specialist palliative care nurses from the neighbouring hospice provided face to face support Monday to Friday, with a dedicated 24-hour advice line provided by the hospice for patients, families and professionals during the evenings and weekends.

Following a comprehensive inspection in 2015, the trust was required to complete the following actions:

- Ensure staff delivering end of life care receive suitable training and development.
- Ensure all patients at the end of life receive care and treatment in line with current local and national guidance and evidence based best practice.
- Ensure the quality of the service provided by the specialist palliative care team is monitored to ensure the service is meeting the needs of patients throughout the trust.
- Ensure risks for end of life care services are specifically identified, and effectively monitored and reviewed with appropriate action taken.

The trust was also asked to:

- Ensure patient outcomes are regularly monitored and reviewed to ensure the end of life care service is meeting the needs of patients.

During our inspection, we visited the emergency department, the integrated critical care unit (ICCU), the mortuary viewing area, the bereavement office, the chaplaincy service. We also visited wards 12, 22, 24, 43, 51, 53 and 54.

We spoke with four relatives, 38 members of staff including clinical nurse specialists, hospital porters, ward managers, nurses, administrators, healthcare assistants, therapy staff, volunteers, the integrated discharge advisory team (IDAT), a psychologist and doctors. We looked at 22 sets of medical and nursing records and reviewed 36 not for resuscitation in the event of cardiac or respiratory arrest orders, which were called 'Allow a natural death forms' (AND).

End of life care

Summary of this service

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

- Staff understood their roles and responsibilities regarding the safeguarding of vulnerable adults and children. All staff we spoke with had received appropriate levels of safeguarding and could describe what safeguarding was and the process to refer alerts.
- There were comprehensive risk assessments completed in the medical and nursing notes. These were commenced on admission and there was evidence that risk assessments continued throughout the patient's stay in hospital.
- We saw good examples of multidisciplinary working and involvement of other agencies and support services.
- There was good team working between the specialist palliative care team, the bereavement service and the chaplaincy service. The chaplaincy team was an integrated part of the overall delivery of care to the dying patient.
- Patients and their relatives told us they were fully included in discussions around their plan of care.
- Data provided by the trust showed that there were no complaints related to end of life care between January 2017 and December 2017.
- There was a newly appointed non-executive director for end of life care at board level.

However;

- Some of the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders known as Allow a natural death forms (AND) we viewed were not completed properly and did not reflect the information included in the patient's mental capacity assessment.

Is the service safe?

Good  

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

- There were comprehensive risk assessments completed and evidence that risk assessments continued throughout the patient's stay in hospital.
- The trust had recently implemented the use of an electronic system to enable the tracking and location of all end of life care patients. This meant there was good oversight of where patients requiring end of life care were located in the hospital.
- Staff demonstrated good practice with regards to hand hygiene and infection control.
- Staff understood their roles and responsibilities regarding safeguarding vulnerable adults and children. Nursing staff had received appropriate levels of safeguarding training and could tell us about examples of where they had identified and raised concerns.
- There was sufficient equipment available to meet the needs of people receiving end of life care on all of the wards we visited.
- Medical and nursing notes for patients who were receiving end of life care were accurate, complete, legible and up to date.

End of life care

- Staff were aware of the incident reporting procedures in the trust and there was a system to enable incidents relating to end of life care to be identified
- End of life care champions were in place in all of the relevant clinical areas.
- There was a protocol in place for the last 48 hours of life which provided guidelines for staff on actions to take such as anticipatory prescribing.

However;

- Although there were arrangements in place to track the location of patients who had been identified as requiring end of life care, we were less assured about processes to identify patients who were at the end of life in the first place.

Is the service effective?

Good  

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

- We saw evidence of holistic assessments being undertaken as part of patient's individualised last days of life care plan. Treatment and support were delivered in line with legislation, standards and evidence based guidance, including the National Institute for Health and Care Excellence (NICE).
- The trust participated in the End of life care Audit: Dying in Hospital 2016 and performed better than the England average for all of the agreed clinical indicators.
- The trust monitored the effectiveness of the service through participating in local and national audits.
- We found good multidisciplinary working which included the chaplaincy service.

However;

- Some of the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders known as Allow a natural death (AND) forms were not completed properly and did not always reflect the information included in the patient's mental capacity assessment.

Is the service caring?

Good   

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

- Staff cared for patients with compassion. We saw several examples of staff from all disciplines being supportive and kind to patients and their relatives.
- Feedback from care givers and relatives told us that staff treated patients with dignity and respect, explained what was happening and were caring.
- Relatives and care givers felt included in the patient's plan of care. Staff involved patients and those close to them in decisions about their care and treatment.
- The chaplaincy team offered support to patients of all faiths and no faith. They were available to patients 24 hours a day.

End of life care

- Mortuary staff and bereavement office staff considered ways in which to make it as easy as possible for relatives to view the deceased's body and to acquire death certificates.

Is the service responsive?

Good  

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

- The trust had an integrated discharge assessment team (IDAT) who supported fast track continuing care and rapid discharge of patients to enable them to be cared for and die in the place of their choice. The pathway aimed to facilitate getting patients to their preferred last place of care or death. Data showed the majority of patients were supported to die in their preferred place of death.
- The emergency department operated a gold star system. A gold star was placed on the medical notes of all end of life care patients who had returned home from the department. These patients were then reviewed by the end of life care champion and the end of life care team to evaluate the patient experience and if any interventions could have been improved.
- Data provided by the trust showed that there were no complaints related to end of life care between January 2017 and December 2017.
- There was a process in place to track patients who were at the end of life during their stay in hospital.
- The end of life care service had a cancer patient and care giver involvement group.
- On all the wards we inspected apart from the stroke unit, there were individual side rooms for patients who were identified as having days or hours to live. Visitors could stay overnight and had access to refreshment facilities. A butterfly symbol was placed outside a person's room to identify patients receiving end of life care.
- There were interpreters available when required for patients whose first language was not English.

Is the service well-led?

Good   

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

- There were identified clinical, executive, non-executive and nursing leads for end of life care services.
- The trust board maintained appropriate oversight of end of life care. Risks were included on the trusts corporate risk register.
- There was a trust wide end of life care strategy in place which was based on national strategy. However, a review was needed to ensure it reflected the changes to the provision of end of life care services across the local health community.
- End of life care champions were in place across the wards. This network of staff had an awareness of the trust's end of life care strategy.
- Staff were committed to providing and ensuring patients received a good end of life care experience. Without exception, all staff were dedicated to ensuring patients received end of life care in the way and where they wished.

End of life care

- Staff reported positive working relationships, and we observed that staff were respectful towards each other.
- All staff said they felt confident to raise concerns with their managers.
- There were systems in place to ensure that staff affected by the experience of caring for patients at end of life were supported. For example, staff could speak with the chaplaincy service about their experience of end of life care.
- There was a governance structure for end of life care with clear lines of accountability.
- Engagement events with patients and relatives had taken place to seek the views on end of life care.

Areas for improvement

We found three areas for improvement. See areas for improvement section above.

Outpatients

Good 

Key facts and figures

Outpatients services at King's Mill Hospital are known as King's Mill Treatment Centre (KTC). The trust also has outpatient activity at Mansfield Community Hospital, Newark Hospital and Ashfield Community Health Village. This report refers to our three-day inspection of KTC and half day visit to Ashfield Community Health Village.

Ashfield Community Health Village was owned and managed by a neighbouring trust. Sherwood Forest Hospitals NHS Foundation Trust holds outpatient clinics there on three days per week.

King's Mill Treatment Centre provides outpatient clinics to a full range of medical, surgical, ophthalmology and dermatology supported by phlebotomy, allied health services, orthotic services, medical records and a telephone appointment booking service.

King's Mill Treatment Centre saw 518,039 patients during the period November 2016 to October 2017.

Ashfield Community Health Village saw 3,850 patients during the period November 2016 to October 2017.

During our inspection we spoke to senior managers, clinicians, nurses, health care assistants, receptionists, physiotherapists, phlebotomists, plaster room technicians, volunteers, patients and visitors. We visited clinics, medical records department and the booking centre.

Summary of this service

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

We rated it as good because:

- Our rating of this service improved. We rated it as good because:
- There was a positive incident reporting culture with evidence of learning and sharing following incident investigations.
- Mandatory training and appraisal rates exceeded the trust target.
- Staffing levels showed minimum vacancies and a low staff turnover rate.
- Staff complied with infection prevention guidelines.
- There was efficient medical records management with over 98% availability for all outpatient clinics.
- Medicines were stored in line with local and national guidance.
- Policies, protocols and patient pathways were based on national guidance.
- Staff were suitably qualified and trained to carry out their roles within the outpatient environment.
- Appraisal rates were 100% throughout the department.
- Specialities were involved in local networks for sharing best practice,
- We saw evidence of multidisciplinary working.

Outpatients

- We received consistently positive feedback from patients
- We observed positive interactions between staff and patients.
- There were opportunities for patients to receive psychological support when receiving bad news.
- There was an ethos of open leadership with senior management becoming more visible throughout the trust.
- Local management had a strong influence, enabling staff make comments and suggestions for improvement.
- Medical records had undergone a reorganisation over the previous two years resulting in over 98% records availability across the trust.
- There was a clear vision and strategy.
- Governance practices were cascaded down throughout the department with information shared at all levels.
- There had been positive engagement with staff, reflected in the staff survey response rate and outcomes.

Is the service safe?

Good ●

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

We rated it as good because:

- There was a positive incident reporting culture with evidence of learning and sharing following incident investigations.
- Mandatory training and appraisal rates exceeded the trust target.
- Staffing levels showed minimum vacancies and a low staff turnover rate.
- Staff complied with infection prevention guidelines.
- There was efficient medical records management with over 98% availability for all outpatient clinics.
- Medicines were stored in line with local and national guidance.

However, we also found:

- Equipment at Ashfield Community Health Village had not been serviced. This was escalated to senior management and removed from service immediately.
- Cleaning schedules were not readily available in clinic areas.
- Some medical record storage trolleys were unlocked and unsupervised.
- There was no evidence of temperature recordings for clean utility rooms where medicines were stored.

Is the service effective?

Not sufficient evidence to rate ●

During this inspection we found;

Outpatients

- Policies, protocols and patient pathways were based on national guidance.
- Staff were suitably qualified and trained to carry out their roles within the outpatient environment.
- Appraisal rates were 99% on average throughout the department.
- Specialities were involved in local networks for sharing best practice,
- We saw evidence of multidisciplinary working.

However, we also found-

- There was no policy for managing transition from paediatric to adult services.

Is the service caring?

Good ●

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

We rated it as good because:

- We received consistently positive feedback from patients
- We observed positive interactions between staff and patients.
- There were opportunities for patients to receive psychological support when receiving bad news.

Is the service responsive?

Good ●

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

We rated it as good because:

- The hospital generally performed better than the England average for access to outpatient services. Referral to treatment times (RTT) for non-admitted pathways and incomplete pathways was generally better than the England overall performance.
- The trust performed better than the 93% operational standard for people being seen within two weeks of an urgent GP referral.
- For the period April 2017 to March 2018, less than 1% of patients were seen without their full set of medical records.
- The outpatients department had undertaken a review of clinic utilisation as part of an improvement programme and had increased utilisation from 70% to 88.9%.
- The service provided services to meet the needs of the local population.
- There was an active voluntary workforce to support patients and visitors to the department.
- Patients were able to book appointments on-line and they were a national first to implement 100% e-referral for first outpatient consultation.

Outpatients

- The department had successfully reduced do not attend rates by 50%.

However, we also found

- The positive e-referral system had resulted in a lack of clinic slot availability above the national target of 4% at 20%.
- Complaints response times were worse than the trust target of 25 days.

Is the service well-led?

Outstanding 

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

We rated it as outstanding because:

- There was an ethos of open leadership with senior management very visible throughout the trust. Local management had a strong influence; enabling staff to make comments and suggestions for improvement.
- Staff were very proud to be working at the hospital and there was a clear vision and strategy which staff understood and could articulate.
- Medical records had undergone a reorganisation over the previous two years resulting in over 98% records availability across the trust.
- Governance practices were cascaded down throughout the department with information shared at all levels. Risks were effectively managed.
- There had been positive engagement with staff which was reflected in the staff survey response rate and outcomes.
- There was an approach to quality improvement within the service and a focus on digital solutions to improve patient care.

Outstanding practice

We found two areas of outstanding practice. See outstanding practice section above.

Areas for improvement

We found three areas for improvement. See areas for improvement section above.

Diagnostic imaging

Good 

Key facts and figures

The radiology service provides a comprehensive diagnostic imaging service that includes the use of x-ray and various types of imaging modalities such as ultrasound, MRI (magnetic resonance imaging) scan and CT (computerised tomography) scan.

X-ray, ultrasound, and CT are available at both King's Mill and Newark hospitals; MRI is available at King's Mill Hospital.

King's Mill Hospital offers two x-ray departments, one situated next to the Emergency Department and the other within the King's Treatment Centre which is dedicated to outpatients.

The outpatient x-ray department uses state of the art digital equipment that gives faster results and reduces waiting times for patients.

The department also includes small private waiting areas for those patients needing to wear a hospital gown, ensuring a more dignified experience.

(Source: Routine Provider Information Request (RPIR))

In 2017, the radiology departments across the trust saw 229,000 patients and carried out 290,000 examinations across all modalities.

During this inspection, we visited the Magnetic Resonance Imaging (MRI), ultrasound, x-ray, Computer Tomography (CT), and nuclear medicine departments. We spoke with eight patients, two relatives and 35 members of staff. We observed the examination of patients and reviewed medical records.

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

This was our first inspection of diagnostic imaging as a standalone service. At our last comprehensive inspection in June 2015, diagnostic imaging was inspected as part of the

outpatient and diagnostic imaging service. Following this inspection, we found, in diagnostic imaging, the provider was complying with the regulations and we did not make any recommendations.

Summary of this service

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The radiology department was well supported through a service level agreement by a team of medical physics experts who monitored radiation levels received by staff and patients as well as auditing of compliance against national radiation regulations.
- The radiology department conducted audits of clinical practise as well as operational performance against national standards where available and benchmarked themselves against other trusts locally and nationally.
- Role development of radiographers and sonographers was actively encouraged and well supported by radiologists.

Diagnostic imaging

- The management team in radiology was effectively managing staffing vacancies, and had managed to attract staff despite the national occupational shortages.
- Performance and operations were well monitored in the radiology department. Senior staff were aware of up to date statistics via regular meetings, scorecards and weekly emails.

However:

- Radiographers did not consistently check pregnancy status of women of child bearing age as per local procedures.
- Inpatients attending the radiology department for examinations did not always have their notes transported with them. This meant that staff would not be aware of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order or falls risk assessment.
- The MRI department was only seeing up to 40% of suspected cancer patients within the trust's target of seven days.
- X-ray images were having to be outsourced to a tele-radiology company as the department was struggling to meet their key performance indicators.
- Document control in the x-ray departments was poor, and we found outdated or old versions of documents which staff were referring to. This was because the shared computer drive which held the most up to date policies and procedures was difficult to navigate.

Is the service safe?

Good ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Radiology equipment was consistently well maintained and subject to regular testing by both radiographers and medical physics.
- Staff wore radiation badges to monitor any occupational radiation doses and personal protective equipment (PPE) such as lead aprons were available throughout the department to ensure staff doses to radiation was kept as low as possible.
- Risks to patients were appropriately identified through checklists for MRI, interventional procedures and CT contrast according to national guidance.
- The radiology department was well supported through a service level agreement by a team of medical physics experts who monitored radiation levels received by staff and patients as well as auditing of compliance against national radiation regulations.
- Sickness rates amongst radiographers and radiologists was significantly lower than the trust targets.
- Incident management with the radiology was good, with all incidents thoroughly monitored and investigated when appropriate.

However:

- Radiographers did not consistently check the pregnancy status of women of child bearing age as per local procedures.

Diagnostic imaging

- Paperless work flows in some areas meant that clinical practise relating to checking of patient's identification was not robust.
- Inpatients attending the radiology department for examinations did not always have their notes transported with them. This meant that staff would not be aware of do not attempt cardiopulmonary resuscitation orders or fall risk assessments.

Is the service effective?

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We do not rate effective for diagnostic imaging.

We found:

- Patient doses to ionising radiation were appropriately optimised and doses were kept 'as low as reasonably practicable' for their intended purpose.
- The radiology department conducted audits of clinical practise as well as operational performance against national standards where available and benchmarked themselves against other trusts locally and nationally.
- Intra-departmental relationships were good and we observed excellent working relationships at all levels.
- Role development of radiographers and sonographers was actively encouraged and well supported by radiologists.
- The trauma and research network audit and sentinel stroke national audit programme audits showed that access to emergency CT head scans was better than national standards. Where the audits showed areas for improvement the radiology department carried out in depth analysis.
- The radiology department offered a seven-day service for CT, MRI and x-ray examinations.

Is the service caring?

Good 

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- We observed staff treating patients with compassion and respect in all areas.
- In March 2018, results from the NHS friends and family test showed 94% of patients would recommend the service to their friends and family.
- The radiology department received many formal compliments. Patients had thanked staff for their kindness, empathy and care received during their examinations. Feedback included for example, the positive support experienced by a claustrophobic patient during an MRI scan.
- We observed and patients we spoke to told us that radiographers and sonographers took time to explain their examinations in a way they understood. Each patient we spoke with was clear about what appointment they were attending for and what they were to expect.
- Staff had good awareness of patients with complex needs and those patients who might require additional support should they display anxiety during their visit to the department. Relatives of anxious, distressed or confused patients were able to stay with patients in the MRI scanning room if required.

Diagnostic imaging

- Whilst relatives were not able to routinely stay in the scanning room with the patient, during CT scans or x-rays, relatives were able to stay with the patient for as long as possible and in exceptional circumstances relatives were given personal protective equipment such as lead gowns if it was necessary to stay in the room.

Is the service responsive?

Requires improvement ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because:

- The radiology department was struggling with meeting demands for MRI scanning capacity. The MRI department was only seeing up to 40% of suspected cancer patients within the trust's target of seven days. Departmental managers were aware of this risk and had both short-term and long-term plans in place to help address any appointment backlogs.
- X-ray images were having to be outsourced to a tele-radiology company as the department was struggling to meet their KPIs.
- Some of the waiting areas in the department were not as patients centred as they could have been. Not all waiting areas had a range of chairs to meet people's different needs.

However:

- Access to examinations for inpatients and routine scans was consistently good.
- KPIs for report turnaround times were set locally and even though the department had struggled to achieve these targets, the majority of patients were still receiving their results in a timely manner.
- Actions were in place to review capacity and demand within the radiology department to ensure that backlogs in appointments and reporting were being addressed and minimised both in the short term and longer term.
- Children undergoing examinations were well catered for. There was a dedicated x-ray room in the outpatient's x-ray department with the walls decorated with colourful hand drawn artwork. We also saw distraction aids available such as toys and projectors to put children at ease during their x-rays. Specially designed leaflets were available for older children, which explained x-ray examinations in easily understandable terms.

Is the service well-led?

Good ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The management team in radiology was effectively managing staffing vacancies, and had managed to attract staff despite the national occupational shortages.
- Staff had confidence in the radiology service manager and other local leaders, who all demonstrated knowledge and enthusiasm for their roles and the department.
- Performance and operations were well monitored in the radiology department. Senior staff were aware of up to date statistics via regular meetings, scorecards and weekly emails.

Diagnostic imaging

- The senior leaders in radiology were actively engaged with clinical staff and other stakeholders.
- Culture within the department was good, and staff at all levels held each other in high regard, and showed enthusiasm for the department and their work.
- Staff within two areas of the radiology department had won regional radiography team of the year two years in a row, for their staff excellence and service delivery improvements.

However:

- There was only one radiologist who had a license to justify examinations relating to administration of radioactive substances. This was not identified as a risk on the risk register.
- Document control in the x-ray departments was poor, and we found outdated or old versions of documents which staff were referring to. This was because the shared computer drive which held the most up to date policies and procedures difficult to navigate.
- The risk register did not consistently reflect risks that were managed through local and divisional governance processes.

Outstanding practice

We found two areas of outstanding practice. See outstanding practice section above.

Areas for improvement

We found five areas for improvement. See areas for improvement section above.

Community health services

Background to community health services

The community inpatient service consisted of three wards within one hospital. The wards provide general rehabilitation following an acute medical condition or orthopaedic surgery as well as neurological rehabilitation.

Summary of community health services

Good 

Our rating of this service was good. We previously inspected this service under a different core service so we are unable to compare the ratings with the last inspection.

We rated it as good because:

- There were multiple examples of how staff exceeded patient expectations and provided individualised, compassionate care that significantly improved individual experiences.
- There had been demonstrable, substantial improvements in the areas we previously found for improvement that were under each ward team's control. This included stabilised leadership, improvements in training and induction and a reduction in the use of agency staff.
- All areas of the patient-led assessment of the care environment in 2017 demonstrated improvements from the previous year.
- Audit and benchmarking programmes had been implemented to improve how the hospital evidenced patient outcomes.
- Improvements in discharge coordination were being led by a complex discharge specialist and there was evidence of consistent, embedded multidisciplinary liaison to improve patient care.
- Rehabilitation was at the heart of care and treatment in the hospital and staff, both clinical and non-clinical, had taken on additional training to be able to provide extended roles.
- Services and ward environments were structured to facilitate socialisation amongst patients, reduce the risk of isolation and promote a welcoming environment for relatives.
- Opportunities for staff progression and development had significantly improved and a dedicated clinical nurse educator was leading a substantial education programme for trainee nurse associates.

However:

- At our last inspection in July 2016 we found therapies teams were unable to provide services outside of core Monday to Friday hours. This remained the case and patients admitted at weekends had limited access to care planning and therapies exercises. Some nursing staff had completed training to provide basic interim therapies assessments for patients.

Summary of findings

- Local governance processes worked well but there was limited evidence that some of the overarching governance strategies at a trust level had a positive impact. This included the morbidity and mortality arrangements and the use of the divisional risk register.
- The Chatsworth ward therapies team were unable to carry out audits or research due to restrictions on their capacity.

Community health inpatient services

Good 

Key facts and figures

Mansfield Community hospital serves the communities of Mansfield and Ashfield. The trust had 46 inpatient beds across three wards.

- Chatsworth ward
- Lindhurst ward
- Oakham ward

Mansfield Community Hospital provides general rehabilitation following an acute medical condition or following orthopaedic surgery and neurological rehabilitation.

During this inspection we inspected the medicine core service.

We last inspected Mansfield Community Hospital in July 2016. At that inspection we rated the hospital requires improvement overall, which reflected requires improvement ratings in effective, responsive and well led and good ratings in safe and caring. We told the trust they should make improvements in seven areas:

- Improve the standards of induction for new staff.
- Ensure the storage of oxygen cylinders were in line with guidance from the Health and Safety Guidance.
- Ensure trust sepsis management protocols met the needs of the community hospital environment.
- Monitor and review patient outcomes.
- Ensure prescribed food supplements are stored safely.
- Ensure patient record files are robust.
- Improve the training for healthcare assistants in the Mental Capacity Act (MCA) (2005).

At this inspection we found the trust had addressed all of these issues and in some cases substantial improvements had been made. This included in MCA training for healthcare assistants, which was at 100%. At this inspection we rated the caring domain as “outstanding.”

To come to our ratings, we spoke with 19 members of staff, 17 patients and nine relatives. We reviewed 15 sets of patient notes, inspected all clinical areas and took into account a further 73 items of evidence.

Summary of this service

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

- There were multiple examples of how staff exceeded patient expectations and provided individualised, compassionate care that significantly improved individual experiences.
- There had been demonstrable, substantial improvements in the areas we previously found for improvement that were under each ward team’s control. This included stabilised leadership, improvements in training and induction and a reduction in the use of agency staff.

Community health inpatient services

- All areas of the patient-led assessment of the care environment in 2017 demonstrated improvements from the previous year.
- Audit and benchmarking programmes had been implemented to improve how the hospital evidenced patient outcomes.
- Improvements in discharge coordination were being led by a complex discharge specialist and there was evidence of consistent, embedded multidisciplinary liaison to improve patient care.
- Rehabilitation was at the heart of care and treatment in the hospital and staff, both clinical and non-clinical, had taken on additional training to be able to provide extended roles.
- Services and ward environments were structured to facilitate socialisation amongst patients, reduce the risk of isolation and promote a welcoming environment for relatives.
- Opportunities for staff progression and development had significantly improved and a dedicated clinical nurse educator was leading a substantial education programme for trainee nurse associates.

However:

- At our last inspection in July 2016 we found therapies teams were unable to provide services outside of core Monday to Friday hours. This remained the case and patients admitted at weekends had limited access to care planning and therapies exercises. Some nursing staff had completed training to provide basic interim therapies assessments for patients.
- Local governance processes worked well but there was limited evidence that some of the overarching governance strategies at a trust level had a positive impact. This included the morbidity and mortality arrangements and the use of the divisional risk register.
- The Chatsworth ward therapies team were unable to carry out audits or research due to restrictions on their capacity.

Is the service safe?

Good   

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

- At the time of our inspection compliance with mandatory training was 100% for all nurses and healthcare assistants. Safeguarding training rates exceeded the trust's minimum standard in every month between February 2017 and March 2018.
- Performance in infection control measures was consistently good and each ward met or exceeded trust standards for infection control and hand hygiene training and nursing performance between February 2017 and March 2018.
- In the 2017 patient-led assessment of the care environment (PLACE), all three wards scored 100% for cleanliness.
- The head of estates and facilities provided evidence of plans to improve fire safety training and awareness following risk assessments that identified gaps in procedures resulting from the different organisations involved in the building.
- Although there were persistent gaps in medical cover, the hospital complied with the Academy of Royal Colleges Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients with regards to assigning named doctors to each patient.
- Nursing staff vacancies were similar to other wards in the directorate and the matron was using a social media platform to increase recruitment.

Community health inpatient services

- Agency nurse usage was generally lower than other inpatient medical wards and ward leaders utilised the healthcare assistant-led 'virtual ward' system to fill vacancies on a daily basis.
- We saw staff maintained high standards in the completion of patient records, including a system of assurance and accountability. Audit data indicated Chatsworth and Lindhurst wards consistently met the trust's 90% standard and Oakham ward came within 4% of this, with a clear drive for improvement.
- All three wards performed consistently well in the nursing medicines performance audit, with 96% compliance in the previous 12 months against a trust standard of 85%. Monitoring of medicines incidents was proactive and we saw demonstrable improvements in safety standards and processes as a result of collaborative working between pharmacy and nursing teams.
- Ward teams implemented new policies and processes following incidents to improve safety, including significant work with the tissue viability and falls teams.
- In the previous 12 months staff reported three falls with moderate or severe harm and six hospital-acquired pressure ulcers. These were low numbers compared with other wards in the division and reflected the approach of activity-based rehabilitation on the wards.

However:

- Nursing staff did not always feel they had ready access to medical staff for advice and support.

Is the service effective?

Good  

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

- Care, treatment and rehabilitation were based on national and international standards and guidance. This included standards set by the UK Rehabilitation Outcomes Collaborative, the National Institute of Health and Care Excellence, the British Dietetic Association and the European Pressure Ulcer Advisory Panel.
- Staff measured and benchmarked performance using a system of rolling audits and ad-hoc projects led by individual specialists or teams. This reflected an improvement on our findings from July 2016.
- Tracking systems were in place to act on National Patient Safety Alerts and national updates such as to how food should be thickened.
- Audits had demonstrably led to improved outcomes for patients, including significant improvements in tissue viability care.
- Allied health professionals (AHPs) were leading 12 pharmacy audits in the hospital relating to medicine safety and storage and compliance with National Patient Safety Alerts.
- Metrics used to measure nutrition and hydration performance indicated consistently good standards. This included 94% compliance with the use of malnutrition universal scoring tool (MUST) in the 2017 patient-led assessment of the care environment and 92% compliance with trust standards in the same period.
- A divisional nutrition board meant the multidisciplinary team maintained oversight of patients with complex needs.
- The pain team demonstrated a 6% improvement in referral times between 2015 and 2017, with 96% of patients seen on the day of referral by March 2017. This team were introducing more advanced care pathways for patients who experienced back pain and for pain relief for fractured neck of femur.

Community health inpatient services

- From October 2016 to September 2017, patients had a lower than expected risk of readmission for elective admissions, and a lower than expected risk of readmission for non-elective admissions, when compared to England averages.
- Across all three wards 100% of staff had completed an appraisal in the previous 12 months.
- Multidisciplinary working was evident at all levels of the hospital. This included between inpatient and outpatient therapies teams, the practice development team and external professionals and the wheelchair and orthotic services. Therapies, nursing and discharge teams worked together to plan and coordinate complex discharge packages that included social care.
- A dedicated clinical nurse educator had established a training and competency programme for trainee nurse associates based on guidance from the Nursing and Midwifery Council (NMC). They used this to ensure mentorship and training was in line with national competency frameworks.
- There was a demonstrable drive from senior staff to ensure their teams had access to ongoing professional and clinical development. All healthcare assistants had completed the national care certificate and band five nurses were supported to become mentors for trainee nurse associates.
- Health promotion was embedded in care delivery. Staff were proactive in improving health outcomes as a result of this, such as through the 'PJ paralysis' programme.
- Completion rates for Mental Capacity Act (2005) training were consistently high, with 98% completion overall and 100% completion amongst healthcare assistants, therapists and trainee nurse associates.

However:

- There was not always a prescriber on duty in the inpatient wards, which meant there could be delays in obtaining pain medicine.
- Although there was demonstrable evidence of sustained, significant improvement in the management of tissue viability, high levels of variance remained in the recording of wound dressing changes and use of medical photography. This included several instances of 0% compliance.
- The therapies team on Chatsworth ward did not have capacity to carry out audits or benchmarking work that would help them to develop standards or implement innovative projects.

Is the service caring?

Outstanding  

Our rating of caring improved. We rated it as outstanding because:

- Each of the three wards had a demonstrably positive, vibrant atmosphere facilitated by every member of the team. This included non-clinical staff, such as a housekeeper who sang to patients on Oakham ward and ward clerks who got to know patients and their families.
- During all of our observations staff demonstrated a caring, compassionate and kind approach to interacting with patients. They demonstrated detailed knowledge and understanding of each patient and tailored their care accordingly. This included subtle care and gestures that helped patients to feel comfortable in the ward and feel important there.
- Between December 2016 and November 2017, the hospital demonstrated a response rate in the NHS Friends and Family Test significantly higher than trust and national averages, at 86%.

Community health inpatient services

- Each ward achieved the maximum 100% score in the monthly respect and dignity nursing metric between February 2017 and March 2018, which was better than the trust standard of 85%.
- Staff in each ward were demonstrably committed to delivering compassionate, holistic care that contributed to patient's physical and mental wellbeing. We saw a culture of staff working beyond their role to understand individual needs. This included involving relatives and pets in hospital visits, singing to patients and helping them to achieve their desired aesthetic look on their day of discharge home.
- Multidisciplinary teams prioritised good mental health as part of care and treatment plans and developed strategies to deliver this through consistent emotional support. This included an occupational therapist who had trained to improve cognition and mood. This approach was demonstrably embedded in the ethos of each ward, which routinely provided care that exceeded immediate clinical need.
- Each ward team facilitated mealtimes as a social experience and staff worked with patients one-to-one to provide support such as cutting up food.
- All 17 of the patients we spoke with described care in positive terms, particularly in relation to caring and kind staff.
- The department of spiritual and pastoral care provided a 24-hour support service and patients told us this team had been accessible and caring when they needed them.
- Staff had delivered emotional support and compassionate care that exceeded expectations when patients transitioned to an end of life care pathway. This reflected their ability to provide adaptable, highly individualised care that met the needs of patients and their relatives even when this was outside of the specialty.
- Involvement of patients in their care was routine and in-depth. The multidisciplinary team worked together to plan for each patient's discharge home. This included home visits to assess the home environment for safety and physiotherapy equipment needs.
- Staff in all areas demonstrated positive involvement with the relatives of patients as part of the rehabilitation and recovery process.
- Volunteers worked with patients to support them in activities at weekends, including one volunteer who had previously been a patient in the hospital.

Is the service responsive?

Good ● ↑

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

- There was a demonstrably positive impact of the work of the therapies team on patients in each ward, including through a breakfast club and use of specialist gyms.
- A complex discharge coordinator had joined the hospital team and worked with social services to plan packages of care for patients with multiple, often challenging needs.
- The team on Chatsworth ward was re-establishing links with a community clinic for patients with complex neurological conditions and who were at risk of relapse. This was a strategy to prevent avoidable hospital admissions.
- A fast track continuing care pathway was in place to support patients expected to transition to end of life care within 12 weeks. This involved a multidisciplinary team, including colleagues in the community.

Community health inpatient services

- Ward facilities included a fully equipped gym on Chatsworth ward, day and activities rooms and a private garden. We saw staff facilitated and encouraged full use of these to encourage patients to remain engaged and to reduce the risk of social isolation.
- Staff completed a daily personal care assessment (PCA) for each patient that included a record of their activities and information that may contribute to care and treatment planning. All members of the multidisciplinary team contributed to the PCAs, which we saw reflected social and community needs.
- Nurses took on extended 'link' roles in areas such as sepsis and infection control. This meant they had access to more advanced training and liaison opportunities with specialist teams to provide support to ward colleagues.
- Nurses and healthcare assistants had developed activities plans and spent one-to-one time with patients at weekends to mitigate the lack of therapies cover during this time.
- Service planning was extensive and included social work support and relationships with community organisations to help patient's complete documentation ready for their discharge, such as social welfare applications.
- Staff had implemented a range of measures to support patients living with dementia. This included communication tools and use of the national 'this is me' document.
- The hospital demonstrated significant year-on-year improvements in the patient-led assessment of the care environment in relation to the dementia-friendly environment and facilities for patients living with a disability.
- In the previous 12 months two complaints received in the hospital and 21 compliments were passed through the patient advice and liaison service. Staff acted on complaints and implemented changes and improvements as a result.

However:

- The way length of stay was recorded meant patients had already accumulated time in the trust before arriving at Mansfield Community hospital. This meant there were no accurate figures for length of stay relating to each ward in isolation.
- There was no therapies cover at weekends, which reduced the ability of ward teams to provide assessments for patients admitted during this time. However, allied health professionals had provided training to nursing staff to enable them to carry out some moving and handling and basic physiotherapy assessments as an interim measure.

Is the service well-led?

Good  

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

- Each ward team used a quality and safety dashboard to continuously monitor performance against trust standards and as a benchmark against other trust departments and service. This formed a key element of the governance structure, including 16 nurse-led metrics.
- Staff spoke positively of the leadership structure and team and said they had ready access to senior staff when needed. We saw senior leadership teams were responsive to staff requests for engagement and worked with them to overcome challenges they had raised.
- There was a demonstrable drive to engage exiting staff in future development opportunities, including the recruitment of healthcare assistants to trainee nurse associate roles.

Community health inpatient services

- The trust had improved the involvement and recognition of therapies teams in governance and operations.
- There was documented evidence, supported by conversations with staff, that the chief nurse and other senior staff placed value and importance on staff morale and wellbeing.
- Nursing staff performed consistently well in the safety and quality assurance tool, with overall performance above the trust standard of 85% in the year leading to our inspection.
- Where patients were admitted inappropriately nurses challenged this and made every effort to prevent risky practice.
- The key risk on the risk register related to the lack of consistent medical cover. The matron and senior nurses had a good understanding of other risks to the service and demonstrated how they worked to mitigate these.
- Senior staff used multidisciplinary ward assurance meetings to hold each other to account with performance, quality and safety. Divisional risk committees monitored the outcomes of assurance meetings to ensure teams had support and guidance to maintain good standards of quality assurance.
- The trust fire and security management specialist and head of estates and facilities implemented an action plan to significantly improve governance, risk management and performance in relation to fire safety. This was in response to gaps in knowledge, understanding and procedures we found on site.
- The senior team used a ward accreditation scheme to measure performance against trust and national standards. The process was evidence-based and staff were required to demonstrate benchmarking practice, a drive for improvement and patient outcomes. Two wards in the hospital achieved silver status and one ward achieved bronze status, all of which indicated they were meeting patient needs and performing well against trust standards.
- The trust had carried out an extensive project to ensure all publications from the patient information leaflet service met the NHS England Accessible Information Standard (AIS). In April 2018 a review found the project was complete and had resulted in all 443 trust-published leaflets meeting the AIS.
- In the 2017 staff survey Lindhurst ward achieved the highest overall satisfaction score for the whole trust, at 90%.

However:

- There was limited evidence risks applicable to this hospital were well managed by the divisional team and the risk register related primarily to the trust's King's Mill site.
- Monthly ward assurance meetings were held to monitor performance and quality assurance. Although these were in-depth there was limited engagement from ward leaders as the meetings were always held off-site and staffing pressures meant attendance was difficult.

Outstanding practice

- A practice development nurse had been assigned to medicines management as part of a project to improve medicines safety and reduce incidents. This was an innovative role that provided staff with significant additional specialist capacity to develop more efficient and safe ways of working.
- The kindness and compassion demonstrated by staff in all roles and at all levels of responsibility was of a consistently high standard and each team demonstrated how they routinely exceeded expectations. For example, a healthcare assistant attended the ward on their day off to help a patient with hair styling before they went home. In another example staff had provided weekend accommodation and care for the relative of a patient who was very distressed over their transition to end of life care.

Community health inpatient services

- Individual staff had completed training above and beyond that needed by their role to provide patients with more advanced care. For example, a housekeeper on Lindhurst ward had completed training to be able to play memory games with patients to increase social stimulation. An occupational therapist had completed training to enable them to provide support to patients with cognition and memory.
- Therapies teams had established regular learning opportunities with community colleagues and the early supportive discharge team. This formed a framework for continuous improvement and included a network of specialists, which meant the MCH team benefited from the learning of those who had attended lectures, conferences or research events.

Areas for improvement

- The provider should review the restrictions in capacity in the therapies team that impact their ability to carry out audits, research and service development.
- The provider should ensure staff have the support and resources they need to continue developing audit and patient outcomes work.
- The provider should ensure nursing staff fully understand the arrangements for medical cover.

Our inspection team

Carolyn Jenkinson Head of Hospital Inspection led this inspection and was supported by Michelle Dunna, Inspector. An executive reviewer, Andrew Ridley, Chief Executive, supported our inspection of well-led for the trust overall.

The team included 15 inspectors, one executive reviewers,10 specialist advisers, and two experts by experience.

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