

# The Rotherham NHS Foundation Trust

## Quality Report

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

## Ratings

### Overall rating for this trust

Requires improvement 

Are services at this trust safe?

Requires improvement 

Are services at this trust effective?

Requires improvement 

Are services at this trust caring?

Good 

Are services at this trust responsive?

Requires improvement 

Are services at this trust well-led?

Requires improvement 

# Summary of findings

## Letter from the Chief Inspector of Hospitals

The Rotherham NHS Foundation Trust provides both acute hospital and community-based health services. The trust served a population of over 257,600 people living in Rotherham and the surrounding areas. In total the trust had 481 beds.

Rotherham is an urban area with a deprivation score of 53rd out of 326 local authorities (with one being the most deprived). This means that Rotherham has a significantly deprived population and is worse than the national average on a range of population health measures.

We inspected The Rotherham NHS Foundation Trust as part of our comprehensive inspection programme. We carried out an announced inspection of Hospital between 23-27 February 2015. At the same time as this inspection, an inspection of the quality and effectiveness of the arrangements that health care services have made to ensure children are safeguarded was also taking place. These inspections are part of a national programme that the Care Quality Commission is currently undertaking. The inspections review health services within local authority areas in England and will case track individual children in each area. We have used some of the information that was identified during this review within our report.

In addition, an unannounced inspection was carried out on 7 March 2015. The purpose of the unannounced inspection was to look at the children's ward and medical admissions unit at the Rotherham Hospital.

Overall, we rated this trust as "Requires Improvement" and we noted some outstanding practice and innovation. However improvements were needed to ensure that services were safe, effective, responsive and well led.

Our key findings were as follows:

### **Cleanliness and Infection Prevention and Control**

- The trust had a dedicated infection control team. They visited the wards at Rotherham Hospital on a daily basis and were highly regarded by the staff we spoke with. The infection control team undertook a range of infection control audits on the wards.
- We saw that side rooms were used for patients who had, or it was suspected, that patients had infections.

Signage to alert staff and visitors of the risk of infection was placed on the doors. On many wards we saw that the doors to these rooms were open, which meant the signage to alert of the possible risk of infection were not immediately evident. Opened doors also increased the spread of infection. We asked to see if there were risk assessments in place for doors to remain open but they weren't available.

- We saw there was clear information displayed or provided regarding the use of segregated toilets for the sole use of patients who had, or were suspected of having infections, but segregated use was not enforced. We observed toilets meant for sole use being used by patients who were not considered as being an infection risk. This increased the risk of the spread of infection.
- We saw many good examples of staff delivering care using best practice but also saw examples where staff action increased the risk of infection. This included one staff member who cleaned a toilet and left the toilet without removing their gloves and aprons and entered a clean area.
- The incidence of *Clostridium difficile* infections in 2013/2014 was 28 and was above the trusts target.
- There had been no Methicillin-resistant *Staphylococcus Aureus* bacteraemia (MRSA) infections across the trust in the last 12 months.
- During our inspection we found that generally the hospital was visibly clean.

### **Nutrition and Hydration**

- Nutritional screening assessments were available in all patient records that we looked at.
- Patients generally reported that the quantity of food was sufficient but there were variable reports on the quality with most patients telling it was acceptable. Following the inspection, the trust changed its catering contract and it was hoped this would bring new benefits to both staff and patients.
- Where patients had identified nutritional needs, staff were alerted to this by the use of a red napkin and red jug being placed on their tray. Most patients had the appropriate coloured jug by their beds.

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- Protected meal times were in place to allow time for patients to eat sufficiently. Where relatives or friends supported people to eat, they were encouraged to continue this.
- Most fluid balance charts we saw were well completed, however the audits on some wards identified that they were at times poorly completed.

## Mortality

- There were no open mortality outlier alerts for the trust at the time of our inspection. Mortality outlier alerts look at patterns of death rates in NHS trusts. Alerts are issued when the number of deaths is higher than usual.
- The trust reported data for the 'Summary Hospital - level Mortality Indicator' (SHMI). The summary hospital-level mortality indicator (SHMI) and the hospital standardized mortality ratio (HSMR) between July 2013 and July 2014 shows no worse than the national average for the number of deaths. The groups with highest excess deaths for the latest SHMI were pneumonia, stroke, mental retardation and senility, renal failure and lung cancer. SHMI and HSMR are ways in which the NHS measures healthcare quality by looking at the death rates from certain conditions in a trust.
- The trust held monthly mortality review meetings where all unexpected deaths were reviewed.

## Staffing

- Planned staffing levels were not being achieved on a number of wards, particularly those in the medical care service. This was impacting heavily on staff morale, sickness and retention. The trust recognised this and recruitment, including overseas recruitment was underway.
- The trust was reliant on agency nurses, but tried to use the same agency staff where possible. We were encouraged to see the nurse staffing reports to the trust board and to the Quality Assurance Committee explored the potential for a link between nursing vacancy rates and the incidence of patient falls. A correlation had not been confirmed.
- Medical staff were in a better position than nurses, although there were some areas of the trust that required an increase.

## We found areas of good practice

- BreathingSpace was an innovative nurse-led unit. The unit had been visited by members of parliament as well as interested parties from across the UK, Japan, China and Belgium. The nurse consultant who led the unit had presented papers at national and international conferences focused on respiratory illnesses.
- BreathingSpace provided exemplary care to the patients it cared for due to the highly skilled and knowledgeable staff working on the unit. Staff were caring and compassionate and continued their caring role by supporting families after the loss of a loved one. It was an example of an innovative community service that met the needs of the population very well.
- The trust hosted a photopheresis treatment service which helped patients with conditions where the white blood cells are thought to be the cause of the disease. It is the largest centre outside of London to provide the treatment. We saw a child who had travelled some distance for the treatment during our visit. It was a service that was highly valued by the patients who used it.

# Summary of findings

## **We found areas of poor practice where the trust needs to make improvements.**

Importantly, the trust must ensure that:

- All relevant staff must receive appropriate training and development. This should include, mental capacity, safeguarding adults and children, resuscitation and living with dementia awareness.
- All relevant staff must be able to assess the capacity and best interests of patients in line with the Mental Capacity Act 2005 and its associated deprivation of liberty safeguards.
- All do not attempt cardio-pulmonary resuscitation (DNA CPR) forms must be completed in line with the trust's policy and that patients' capacity is assessed in line with the requirements of the Mental Capacity Act (2005).
- The registered person must ensure patients are not cared for in mixed sex wards/departments apart from those areas which are exempt from meeting the national requirements.
- The registered person must ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed to meet the needs of patients.
- The outpatient appointment validation process must be completed and actions taken to assess clinical risks to patients of having overdue appointments.
- The children's ward environment must be safe and appropriate for children and young people.
- Incidents must be reported and investigated in a timely manner and that learning is shared with all staff.
- Directorate and corporate risk registers must be reviewed so they reflect the current identified risks, contain appropriate mitigating actions and that the risks are monitored and reviewed at appropriate intervals.
- Children and young people using the short break service were not protected against the risks associated with the unsafe use and management of medicines.
- The provider must ensure that there is effective liaison between the contraception and sexual health service and the school nursing service about individual young people who may be at risk of abuse.
- Complaints must be dealt with in accordance with the trust policy, national best practice and guidance.
- Patient records must be kept securely.

## **In addition the trust should:**

# Summary of findings

## Emergency department

- Complete a review of staffing levels so appropriate numbers of suitably qualified nurses, emergency department assistants, and healthcare assistants are on duty to manage surges in demand.
- Ensure that all relevant staff are able to attend regular staff meetings.
- Ensure that there are systems in place that allow for professional sign language interpretation of consultations for profoundly deaf patients who use sign language, either in person or via video link.

## Surgery

- Improve the 18-week referral-to-treatment targets so that patients have access to timely care and treatment.
- Improve access and flow for patients attending fracture clinic appointments.
- Minimise the movement of patients from other specialities onto surgical wards, particularly those wards providing elective orthopaedic surgery.

# Summary of findings

## Critical care

- Make sure that staff have access to up-to-date, evidence-based guidance.
- Review access to the intensive care unit so it is secure at all times.
- Ensure that consultant ward rounds take place in accordance with national guidance.

## Maternity

- Review guidance so that the time intervals for recording patient observations are sufficiently frequent to ensure patient safety.
- Make sure that suitably trained staff are available to provide postoperative recovery care for women.
- Review documentation so that appropriate prompts are available to identify patient safety needs.
- Review the process for women with social service involvement, who may require an extended stay on the ward after giving birth.
- Review the rates of elective caesarean section and those performed following an induction of labour, with appropriate implementation of identified learning.
- Review access and patient flow on the labour and postnatal wards so there is effective use of resources to ensure that mothers and babies are cared for in the most appropriate place.

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## **Children and young people**

- Review the internal safeguarding processes and implement identified actions.
- Review the transition arrangements for children and young people for all pathways.
- Review the leadership of the service so there is access to senior children's nursing advice.

## **Outpatients and diagnostic imaging**

- Ensure that sharps are managed in a manner which protects staff and patients from the risk of needle-stick injuries.

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## Community Inpatient Services

- Review the care being provided in The Oakwood Community Unit so that patients have the opportunity to engage in social activities as well as promoting their independence.
- Review reasons for staff working in the community inpatient areas feeling isolated and distanced from the senior leaders in the trust.
- Review the delay in discharges caused by lack of access to prompt assessments for receiving social care and continuing healthcare and lack of availability of specialist packaging for medicines.

## Community Children and Young People's Services

- Systems for reporting and recording safety concerns, incidents and near misses are used effectively and consistently.
- Safeguarding supervision should be reviewed to make sure it is robust and effective for all staff that need this.
- The provider should ensure that the substance misuse pathway is effective in providing appropriate intervention for young people under 16.
- The provider should ensure that handovers from midwives to health visitors are taking place in a timely and effective way.
- Review the early attachment service is not over reliant on one practitioner.
- Review the discharge criteria for the early attachment service are fully defined.
- Review the IT requirements of staff working in the community so that staff are not hindered by old and inefficient IT equipment.
- Ensure that all staff working with children, young people and families have received training about the identification and prevention of child sexual exploitation.
- Ensure that young people have access to contraceptive and sexual health clinics during school holidays.
- Ensure that waiting time targets are met for physiotherapy non-urgent appointments and child development centre appointments.
- Ensure that letters to parents and carers include how to get the information in languages other than English.
- Ensure that information about complaints is captured and shared, including when they are dealt with locally and not recorded on the reporting system.
- The provider should ensure that risks and concerns within the service are dealt with in an appropriate and timely way.
- Ensure a consistent approach to obtaining the views of children, young people and families using the service.
- Strengthen the engagement with staff delivering community health services for children and young people and improve communication about service design and strategy.



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## Community End of Life Care Services

- Provide support to staff delivering community end of life and palliative care to report patient safety incidents appropriately and ensure they are able to access training in incident reporting on a regular basis.
- Strengthen ways of learning from incidents and sharing good practice across the community end of life and palliative care services.
- Ensure staff visiting patients in their homes to deliver end of life and palliative care are able to access the complete information they need before providing care and treatment.
- Ensure that staff delivering community end of life and palliative care are able to access appropriate one to one supervision on a regular basis.
- Strengthen the engagement with staff delivering community end of life and palliative care, and improve communication about service design and strategy.

## Community Health Services for Adults

- Strengthen the engagement with community health services for adults' staff.
- Ensure community staff have access to information relating to people before providing care and treatment.
- Ensure staff are accessing interpreter services where appropriate.
- The provider should support community and district nursing staff to report patient safety incidents appropriately.
- The provider should ensure staff are involved in learning from incidents and good practice is shared across teams and departments.

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## **Trust wide**

- Ensure that information about how to make a complaint or leave a comment is available in alternative formats and languages.
- Ensure that nursing staff have access to clinical supervision.
- Ensure that patients who are living with dementia and/or their relatives have the opportunity to give information about their personal circumstances, their preferences and likes and dislikes.
- Patients' records are kept securely at all times.

## **Professor Sir Mike Richards Chief Inspector of Hospitals**

# Summary of findings

## Background to The Rotherham NHS Foundation Trust

The Rotherham NHS Foundation Trust is a district general hospital and a provider of community services. The trust was authorised as a foundation trust by Monitor in 2005. An NHS foundation trust is still part of the NHS but the trust has gained a degree of independence from the Department of Health. The hospital provided a full range of hospital services, including an emergency department,

critical care, and general medicine, including elderly care, general surgery, paediatrics and maternity care. The community services were made up of community dental services, community children's and young people, community services for adults, community end of life care services and community inpatient services.

## Our inspection team

Our inspection team was led by:

**Chair:** Dr Jane Barrett, Chair Thames Valley Clinical Senate

**Head of Hospital Inspections:** Carolyn Jenkinson, Head of Hospital Inspection, CQC

The team included two CQC inspection managers, 12 CQC inspectors and a variety of specialists including: consultant surgeon, consultant in respiratory medicine, a consultant paediatrician, consultant intensivist, a GP, a

student nurse, two midwives, two executive director nurses, a governance expert, an occupational therapist, a speech and language therapist, a matron, two community adult specialist nurses, one health visitor, one school nurse, a physiotherapist, a head of children's nursing and a dentist. We were also supported by two experts by experience who had personal experience of using or caring for someone who used the type of services we were inspecting.

## How we carried out this inspection

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

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

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

We held a listening event in Rotherham on 17 February 2015 where members of the public shared their views and experiences of the trust. Some people also shared their experiences of the trust with us by email and telephone.

The announced inspection took place between 23-27 February 2015. We held focus groups with a range of staff in the hospital, including nurses, junior doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters. We also spoke with staff individually as requested.

We talked with patients and staff from all the ward areas, outpatients services as well as in the community services. We observed how people were being cared for, talked with carers and family members, and reviewed patients' records of personal care and treatment.

# Summary of findings

We carried out an unannounced inspection on 7 March 2015 at Rotherham Hospital. The purpose of our unannounced inspection was to look at the children's ward and the medical assessment unit.

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

## What people who use the trust's services say

We spoke with more than 40 people who attended our listening event. Some people were very positive about the care they had received at the trust. Other people were less positive about their care.

The NHS Friends and Family Test is a single-question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.

The trust's performance in all of the NHS Friends and Family Tests in January 2015 was largely positive.

- The trust scored higher than the England average of 96% for the inpatient test, with 98% of patients recommending the inpatient services provided by the trust. A total of 361 patients responded.
- The trust scored slightly lower (worse) than the England average of 87% for A&E, with 73% of patients recommending the service. A total of 997 patients responded.
- The trust scored higher (better) than the England average of 96% for antenatal services, with 100% of women recommending this service.
- The trust scored higher (better) than the England average of 97% for the birth question in the maternity test, with 99% of women recommending this service.
- The trust scored higher (better) than the England average of 93% for the postnatal ward in the maternity test, with 100% of women recommending this service.
- The trust scored higher (better) than the England average of 97% for the postnatal care in the community question in the maternity test, with 100% of women recommending this service.

From April 2014, the staff NHS Friends and Family Test was introduced to allow staff to give their feedback on NHS services based on recent experiences. Staff were asked to respond to two questions: The "care" question

asks how likely staff are to recommend the NHS service they work in to friends and family. The "work" question, asks how likely staff would be to recommend the NHS service they work in as a place to work.

The trust's scores in this test were lower (worse) than the England average, with 57% of staff saying they would recommend the trust for care, and 43% recommending the trust as a place to work. The England averages were 77% for the care question and 61% for the work question.

The trust had a total of 29 reviews during 2013/14 on the NHS Choices website: 59% were positive and 41% negative. The Patient Choices website contained 133 reviews, of which 70% were positive and 30% negative. In February 2015, the website gave the trust an overall rating of 3.5 stars out of 5 which meant that patients would be "likely to recommend" the hospital.

The CQC Adult Inpatient Survey was carried out between September 2013 and January 2014. A total of 367 patients responded to the survey. The overall score for the trust was about the same as other trusts. There were 10 areas of questioning in this survey and nine out of the ten areas scored about the same as other trusts, but the questions relating to the hospital and wards scored worse than other hospitals. This was due to the response to the questions relating to food quality, food choice and single-sex accommodation.

In the Survey of Women's Experience of Maternity Care (CQC 2013), the trust performed about the same as other trusts in all of the four areas. The survey asked women a number of questions relating to their labour and birth, the staff who cared for them and the care they received in hospital following the birth.

The results of the 2014 cancer patient experience survey rated the trust 20th out of 153 trusts. Plans were in place to address the lowest scoring areas which were patients perceptions of;

- Not receiving information that was easy to understand

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- Not being aware of financial assistance available
- Not be informed of support groups
- Not being asked how they like to be addressed
- Not being aware of the opportunity to participate in clinical trials
- Not receiving understandable information around the side effects of treatment

The patient-led assessments of the care environment (known as PLACE) programme are self-assessments

undertaken by teams of NHS and private/independent healthcare providers with at least 50% members of the public. They focus on the environment in which care is provided, as well as supporting non-clinical services, such as cleanliness, food, hydration, and the extent to which the provision of care is supported with privacy and dignity. The PLACE outcomes for 2014 showed that the trust was rated worse than the England average for all areas.

## Facts and data about this trust

The Rotherham NHS Foundation Trust provided integrated services to a population of 257,600 patients. It had a total of 481 beds: 427 general and acute; 39 maternity; two children's critical care; 13 adult critical care.


The trust employs: 3552.8 whole time equivalent (WTE) staff.

The trust has a total revenue of £242.71 million and its full costs were £242.57 million. It had a surplus of £0.14 million.

There were 69,788 inpatient admissions between 1 November 2013 to 31 October 2014; 23,857 outpatient (total attendances) and the A&E department saw 76,260 patients between December 2013 and November 2014.

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## Our judgements about each of our five key questions

	Rating
<p><b>Are services at this trust safe?</b></p> <p>Overall we rated the safety of the services as requires improvement.</p> <p>For specific information, please refer to the individual reports for the Rotherham Hospital, community health services for adults, community health services for children and young people, community end of life care, community inpatient services and community dental services.</p> <p>The inspection team made 13 separate judgements about the safety of services across the trust. Two services were judged as 'inadequate', nine were 'requires improvement' and two services were judged as 'good' for safety.</p> <p><b>Duty of candour</b></p> <ul style="list-style-type: none"><li>Managers were aware of the duty of candour regulation that was introduced in November 2014. The intention of this regulation is to ensure that providers are open and transparent when things have gone wrong. It sets out specific requirements providers must follow. The trust had considered the regulation and discussions had taken place about it at the quality assurance committee. The duty had been incorporated into their incident management process.</li></ul> <p><b>Safeguarding</b></p> <ul style="list-style-type: none"><li>The chief nurse was the executive lead for safeguarding in the trust.</li><li>Rotherham was well-known nationally for problems with child sexual exploitation. The Report of inspection of Rotherham metropolitan borough council (Casey report), published February 2015, was commissioned by the Secretary of State for Communities and Local Government. The report highlighted a series of failings in Rotherham. While these failings were not attributed to the NHS services in Rotherham, the trust had been significantly involved with the local authority to bring about the required improvements to safeguarding children.</li><li>The arrangements for safeguarding adults and children needed to be improved. Not all staff had undertaken the required training on safeguarding adults and children. Training compliance varied across the trust and was significantly lower in some parts of the trust than in others. For example, in the</li></ul>	<p><b>Requires improvement</b> </p>

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adult community service, just 16% of district nurses were up to date with safeguarding adults training. The majority of staff and managers we spoke with put this down to pressures on staffing which prevented them completing training.

- Despite the poor uptake of training in some areas, we found that staff reported safeguarding concerns appropriately to external agencies for investigation. However, staff were unclear about the process for reporting safeguarding concerns internally within the trust.
- The trust's safeguarding lead for children was on long term leave. The trust responded well to the opportunities that this has created to look at how front line practitioners could be better supported to be more confident and competent in working with vulnerable families.
- There was no safeguarding supervision available for ward staff working in the children and young people's service. Supervision allows for a dedicated time for discussion of individual cases of concern about safeguarding children and is an essential requirement for the professional development and support of those working with children.
- Safeguarding supervision had changed and was now provided as part of case management supervision for health visitors and school nurses and not by the safeguarding team. Some staff felt that this did not provide sufficient opportunity for the reflection and support that is important when working with complex families to ensure that practitioners remain emotionally strong.
- Where health visitors and school nurses had made safeguarding referrals and were not happy with the response from social services, they escalated their concerns through their managers or the trust safeguarding team. There was no pathway in place to ensure a timely response to the escalated concerns. This meant there could be delays in protecting children from abuse or neglect.
- Risk assessments to identify vulnerability, including potential exploitation, were completed for young people attending Contraception and Sexual Health (CASH) and genito-urinary medicine (GUM) services. The risk assessments for young people using GUM services were more robust than those seen for young people using CASH. Some of the CASH assessments were incomplete and so may not have been as effective in identifying young people at risk.
- The potential role of CASH and GUM services in child sexual exploitation and child protection enquiries was not well understood. There were no systems in place to ensure that

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intelligence about risk was appropriately recorded and used. Staff working in CASH and GUM could not recall being asked to contribute to child protection enquiries. This meant that multi-agency risk assessments may have been incomplete.

## Incidents

- The trust's Quality Assurance Committee (QAC) had been focussed on increasing incident reporting. The number of reported patient safety incidents per 1,000 bed days was monitored and this data was presented to the trust Board. The trust was not meeting its internal target for the number of incidents resulting in severe harm or death. The trust's target for this was 30 but there had been 60 incidents between April 2014 and January 2015.
- We found evidence of learning from incidents, but this varied between services. Some teams didn't feel they heard about the outcome of the incident after they had reported it. There was a risk that staff would fail to see the added value of incident reporting if they never received feedback.
- In some services, we found that staff were not always reporting incidents. This was either because they didn't have the time or they did not think they should report the issue as an incident. This meant that senior leaders in the trust might not have an accurate picture of the risks across the organisation.
- In the children and young people's service, we found that a significant incident from September 2014 had not yet been investigated. We raised this with the chief nurse at the time of our inspection.

## Staffing

- Nurse staffing levels were calculated using a variety of methods. In some areas a recognised tool had been used, whereas in other areas senior staff used their professional judgement. We had concerns about staffing levels in many areas of the trust. The trust was in the process of carrying out a nurse safe staffing review. This had been delayed at the time of our inspection but the chief nurse told us it would be complete by March 2015.
- The trust Board committed £1.4 million to increase nurse staffing during 2013/14. They were supportive of all shifts being filled recognising the significant financial pressures this presented. The board recognised the link between a quality service and having sufficient registered nurses on duty.
- The trust was actively recruiting to all vacant posts and in the interim was using agency staff and internal bank staff to ensure safe staffing levels.



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- Planned staffing levels were not being achieved on some wards. This was impacting heavily on staff morale and retention. The trust recognised this and recruitment, including from overseas, was underway. In order for the senior leaders to get assurance that standards of care were being maintained, they carried out quality walk rounds (including out-of-hours). They also provided some training opportunities for long term agency staff.
- There were significant shortages of staff working in the community, with district nursing and school nursing being worse affected. This was having an impact on staff morale as well as, to some extent, patient care. Staff were working additional hours to meet demand, but this was not sustainable in the long term. There had been an investment in the staffing for the community nursing service and it had seen an increase in the numbers of nurses. Despite this, community nursing teams were still under-staffed and taking on increasing workloads.
- We looked at the trust's risk register. Safe staffing was an area that was included on the register. The nurse staffing levels for maternity and medicine as well as the middle-grade staffing for A&E were listed. However, there was no entry regarding the staffing concerns in either the district nursing or the school nursing service.
- Monthly monitoring of safe staffing was reported to the quality assurance committee and the trust Board. In January 2015, within the acute hospital, there were 43 shifts that did not meet the required ratio of one registered nurse to eight patients. In addition, 21% of shifts worked in the community had a staffing deficit.
- The fill rate for registered nurses working on each shift had been below the trust's target since July 2013 when it was first introduced. In December 2014, the fill rate was 94% for registered nurses on day shifts but was better at night, with 99% of registered nurses on the night shift. Agency and bank nurses were used to fill gaps.
- The trust was reliant on agency nurses, but tried to use the same agency staff where possible. Within the medical directorate in January 2015, there were 414 shifts out of a total of 990 (41%) that needed agency registered nurses. In addition, there were 316 shifts using agency healthcare support workers. The rates in surgery were less, with 81 shifts using registered nurses from an agency and 57 shifts using healthcare support

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workers. Only three agency nurses were used in the family health directorate which covered maternity services. The records did not include the rates of agency staff usage in the community settings.

- The trust had identified a correlation between the number of falls and the number of vacancies and use of temporary staff.
- Staff were moved around the hospital to cover the areas with the greatest need. While staff recognised why this was needed, it was having a negative effect on staff morale.
- The trust employed some nurses who only worked night shifts. The trust was trying to change this so that these nurses worked days and nights. Many of those affected were unhappy about this proposal and felt it would affect their work-life balance.
- Medical staff were in a better position than nurses, although there were some areas of the trust that required an increase. The medical staff skills mix had a level worse than the national average of registrar/middle-grade doctors (31% compared to 45%). However, the trust had very slightly more than the national average for consultant posts (34% compared to 33%). The hospital also had better than the national average junior doctor roles (30% compared to 22%).
- The trust's risk register documented that there were insufficient middle-grade doctors to run the middle-grade rota 24 hours per day, seven days per week. As a result, locum doctors had been recruited. Advanced nurse practitioners were also being trained and recruited to provide additional cover up to 2am.
- The critical care unit was unable to meet national guidance on the number of consultant-led reviews, although funding to increase the consultant establishment had been approved.
- Junior doctors raised some concerns about the level of medical cover within gastroenterology. There were concerns that this service was not able to provide a safe level of care, and we raised this with the medical director at the time of our inspection. The trust responded to this immediately and worked with the medical teams to review how this service was covered.
- At our focus group with junior doctors, we heard how they felt the increased use of agency nursing staff impacted on the quality of care being provided on some of the wards. This was particularly within medicine.

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## Mandatory training

- The trust had a target for 80% of staff to be up to date with mandatory training. The trust rate was 67% but this varied considerably across the services. In some core services we found it difficult to determine the actual rate of mandatory training that had been completed.

## Are services at this trust effective?

Overall we rated the effectiveness of the services as 'requires improvement'. For specific information, please refer to the individual reports for the Rotherham Hospital, community health services for adults, community health services for children and young people, community end of life care, community inpatient services and community dental services.

The inspection team made 12 separate judgements about the effectiveness of services across the trust. Two services were judged as 'good' and 10 were judged as 'requiring improvement'. We did not rate the effectiveness of the outpatient and diagnostic service because we were not confident that we were collecting sufficient evidence to rate this area.

## Evidence-based care and treatment

- Generally we found that care and treatment was based on evidence and staff followed national guidance. However, we did find evidence that some guidelines had not been updated.
- The surgical directorate took part in all the national clinical audits they were eligible for, and had a formal clinical audit programme where national guidance was audited and local priorities for audit were identified.
- Records showed good compliance in most areas.
- The endoscopy unit received Joint Advisory Group (JAG) for Gastrointestinal Endoscopy accreditation in 2010. This is the formal recognition that an endoscopy service has demonstrated the competence to deliver against the measures in endoscopy standards. A JAG visit took place in March 2015 and the reaccreditation was deferred for six months.

## Patient outcomes

- There were no open mortality outliers at the time of our inspection. The interim medical director had reinstated monthly mortality and morbidity meetings and all unexpected deaths were reviewed by the mortality steering group. There was a hospital mortality review policy.

Requires improvement



# Summary of findings

- Outcomes were not measured in all of the core services we inspected. For example, patient outcomes in community end of life care were not monitored. However they were in surgery and critical care. Outcomes for patients in critical care were in line with expected levels. Surgical outcomes were mostly in line with national averages.
- Nursing staff performed weekly audits on harm-free care, patient experience and the environment. Performance dashboards were used to monitor quality and safety. More development was needed for dashboards in the community settings.
- The average length of stay for patients on medical wards was better than the national average in all specialities.
- Performance for some clinical outcomes in maternity varied from month to month, and some were consistently poor – for example, induction of labour was significantly higher than the national average for 10 out of 12 months. The elective caesarean section rate fluctuated each month, with five months of the 12-month period exceeding the national average, and there was no consistent upward or downward trend.
- The gynaecology department was also achieving all targets for seeing patients with suspected cancer within agreed timescales. The average length of stay on the ward was lower than the target which was positive; however, we observed that the readmission rate for elective patients was significantly higher than expected. Readmissions were recorded on the performance dashboard and monitored through governance meetings. Cases were retrospectively audited to identify common themes and learning. We also noted that the average bed wait was significantly higher than expected and the number of cancelled operations was also higher than the agreed target.

## **Multidisciplinary working**

- We found some good evidence of multi-disciplinary working across the trust. This was particularly evidenced in the end of life care services in both the acute and community settings.

## **Consent, Mental Capacity Act & deprivation of liberty safeguards**

- We reviewed a sample of consent forms and found that most of these were completed appropriately and in line with Department of Health guidelines.
- Consent audits showed good performance in a number of areas, including use of appropriate consent forms and

# Summary of findings

documenting risks and benefits. Improvements for informing the patient of the type of anaesthesia and provision of information booklets were identified and an action plan developed.

- All patients we spoke with told us they had been asked for their consent before surgery. They said the risks and benefits had been explained to them and they had received sufficient information about what to expect from their surgery. We also saw that staff working in the community setting obtained consent from their patients before carrying out any procedures.
- The trust had a Mental Capacity Act 2005 policy which included the Act's associated deprivation of liberty safeguards. Most, but not all, of the staff we spoke with could demonstrate that staff had an awareness of the legislation but few staff had undertaken training in this area. We found some nursing staff working in both the acute hospital and in the community who incorrectly thought that mental capacity assessments were the responsibility of medical staff only. We found that not all decision-making was informed by or in accordance with, national best practice guidance or legislation.
- We checked 35 DNA CPR forms on wards throughout the hospital and found inconsistencies in how these were completed, mainly relating to the assessment of patients' capacity to make decisions about DNA CPR.

## Are services at this trust caring?

Overall we rated caring at the trust to be 'good'. For specific information, please refer to the individual reports for the Rotherham Hospital, Community health services for adults, community health services for children and young people, community end of life care, community inpatient services and community dental services.

The inspection team made 13 separate judgements about the level of caring in services across the trust. All services were judged as good.

### Compassionate care

- The vast majority of patients we spoke with told us they had been treated with kindness and respect. A small number of patients were less complimentary about their care but this was mostly due to breakdowns in communication.
- We heard from patients and relatives before, during and after our inspection who wanted to tell us about their experiences. Generally, these were positive, but we also heard some examples where people felt the care fell short of what they

Good



# Summary of findings

expected. Some people didn't feel there was enough support for patients who were living with dementia. The trust was taking steps to improve the care of these patients including planned environmental works and further staff training.

- We saw some very good examples of compassionate care being delivered at BreathingSpace which is a 20-bed, nurse-led inpatient unit for patients with chronic lung disease.
- The trust had adopted the "Hello, my name is..." campaign which reminded staff of the importance of introducing themselves to patients by name. The campaign was being led by the board of directors and was publicised throughout the trust.

## Understanding and involvement of patients and those close to them

- We observed that staff involved patients in their care. On the whole, patients told us they felt involved in their care. A small number of patients felt less involved.
- The trust collected data from relatives of patients living with dementia. The results showed that well over 80% of relatives felt they had been given support and allowed to be involved in the planning and delivery of care. Over 90% of relatives were likely to recommend to family and friends if they needed similar care or treatment.

## Emotional support

- Patients and those close to them were provided with emotional support.
- We found some good examples of staff offering emotional support to patients at BreathingSpace. There was an annual memorial service for people who had died, a message tree where people could place messages about loved ones and also a "forget-me-not" book.

## Are services at this trust responsive?

Overall we rated the responsiveness of the services as 'requires improvement'. For specific information, please refer to the individual reports for the Rotherham Hospital, community health services for adults, community health services for children and young people, community end of life care, community inpatient services and community dental services.

The inspection team made 13 separate judgements about the responsiveness of services across the trust. Four services were judged as "good," eight were judged as "requires improvement," and one service was judged as inadequate.

Requires improvement



# Summary of findings

## Meeting people's individual needs

- The operating framework for the NHS in England 2012-2013 confirmed that all providers of NHS-funded care were expected to eliminate mixed-sex accommodation, except where it was in the overall best interest of the patient. From 1 December 2010, the collection of monthly mixed-sex accommodation breaches was introduced. NHS organisations submit data on the number of occurrences of unjustified mixed sleeping accommodation. Data on NHS England's website showed that there had been no mixed-sex breaches at the trust. However, we found many examples of mixed-sex breaches on the medical assessment unit and the surgical assessment unit during our inspection. The trust confirmed that these were a regular occurrence. Mixed-sex breaches had been reported through the governance structure and to the trust board. We raised our concerns about the reporting of the breaches to NHS England.
- Between April 2014 and February 2015 there had been 1,102 mixed-sex breaches in the trust. They were at their highest in January 2015 when they were 262.
- Following our inspection, the trust took steps to reduce the breaches. In March 2015 the number of breaches was four.
- Medical staff completed a dementia screening tool for patients over the age of 65 and information was sent back to patients GP on discharge.
- On Fitzwilliam Ward staff told us there were often many patients who were living with dementia. A 'This is me' booklet was available for relatives to complete to provide information about patients' lives and preferences. We asked to see completed copies but none were in use even though patients on the ward were living with dementia.
- Patients living with dementia had a 'forget-me-not' sticker placed on their wristband to alert staff. Staff who were also 'dementia friends' also had a 'forget-me-not' sticker on their name badges to identify them as part of an Alzheimer's Society initiative which promotes understanding and support for people living with dementia.
- The care records for patients living with dementia did not contain care plans which described to staff how best to meet the person's needs. There was a lack of detail about the person and their preferences to evidence that their dementia needs were considered, or met.
- Not all staff had undertaken awareness training on living with dementia but the trust had a plan in place for more training

# Summary of findings

and on-going support for staff. For example, included on the trusts induction, included it in the mandatory training, creating dementia champions and providing bespoke training for ancillary staff such as hospital porters.

- In the Oakwood Community Unit we found that patients were not encouraged to socialise with other patients at meal times. Most patients remained in night clothes and the staff did not make use of the dining room on the ward. There were no activities for patients to provide stimulation or curb boredom.
- We did see there was a reminiscence room on Fitzwilliam Ward. This was a room which had various ornaments and areas set in the 1950s and was used to help support patients who were living with dementia.
- Patients with learning disabilities were assessed using a 'traffic light' assessment tool which included key information about the patient's communication abilities, physical care needs and other factors which needed consideration in arranging appointments of suitable duration. In March 2015, the trust recruited a learning disabilities nurse to further strengthen the safeguarding and vulnerabilities team.
- Theatre staff told us that patients with special needs were identified at preoperative assessment and arrangements were made for carers to accompany the patient to the anaesthetic room or be present in the recovery area shortly after the patient received treatment.
- Within the community dental service, people's learning disabilities were assessed. For example, patients on the autistic spectrum were sent a questionnaire before their appointment so staff could assess their needs. Patients were sent written information and photographs of the clinics to help them prepare for their visit.
- The trust had no arrangements in place to monitor its performance in relation to meeting the needs of patients with either a learning disability or who were living with dementia.
- The trust hosted a photophoresis treatment service which helped patients with conditions where the white blood cells are thought to be the cause of the disease. It is the largest centre outside of London to provide the treatment. It was a service that was highly valued by the patients who used it.

## Access and flow

- The trust was meeting the cancer two-week waiting time target and their performance was 93.8% year to date.
- The trust was performing better than the national target for the number of patients who started treatment as an inpatient within 18 weeks.



# Summary of findings

- The number of outpatients who started treatment within 18 weeks (99%) was also better than the national required target (95%.)
- The trust was in the process of validating their waiting list data. The newly appointed chief operating officer had identified that the waiting list management was not always in line with best practice and they had commissioned a review of all patient pathways. This work was still underway at the time of our inspection. The trust had sought help from NHS England because they recognised they needed additional capacity and support with this task. They had identified ten patients who had been waiting in excess of 52 weeks since they were first referred for treatment. The patients who were waiting well over the required standard were being managed according to their individual needs.

## Learning from complaints and concerns

- The leadership team were very aware that complaints-handling had been a weak area for the trust. There had been work during 2014 to improve performance in this area.
- At our public listening event, we heard from some patients and relatives who were concerned about how their complaints had been dealt with. The overriding issue was that patients didn't always feel they had been listened to or had their concerns addressed in full.
- There had been a back-log in responding to complaints. The trust had worked hard to improve performance but it was recognised that there was still a lot more progress to be made. In January 2015, 33% of complaints were dealt with within 25 days, against a trust target of 95%. A plan was in place to improve performance and it was being monitored by the quality assurance committee and the trust board.
- Learning from complaints was disseminated through directorate governance meetings. We saw that this was variable across the trust, but there were some good examples of learning taking place
- Training on complaints-handling had been delivered, but it was recognised that the training needed improvement and more support for the staff was required.
- The trust offered to have meetings with people who had complained. This is an area of good practice.

## Are services at this trust well-led?

Overall we rated the effectiveness of the leadership of the services as 'requires improvement'. For specific information, please refer to the

**Requires improvement**



# Summary of findings

individual reports for the Rotherham Hospital, community health services for adults, community health services for children and young people, community end of life care, community inpatient services and community dental services.

The inspection team made 13 separate judgements about the leadership of services across the trust. Eight services were judged as 'requires improvement,' two were judged as 'inadequate' and three were judged as 'good.'

## Vision and strategy

- The trust had a set of core values: compassion, together, safe, right first time, responsible and respect. Most of the staff we spoke with knew about the core values of the trust.
- The trust had a two year and five year strategic plan which includes five strategic objectives: Patients; Colleagues; Governance; Finance and Partners. the strategic plan and vision had been shared with staff through sessions called, "Moving Forward Together."
- There was a nursing and midwifery strategy which underpinned the corporate trust vision. We found that some staff could tell us about the vision and the strategy but most staff knew about the trust's core values.
- Staff were generally unclear about the vision for community services. While staff spoke of an 'integrated' trust, they had no understanding of how this was going to be achieved.
- There was a transformation programme in place for community services and road shows had taken place for community staff. We found throughout most of the different community services that staff were disengaged from this process.

## Governance, risk management and quality measurement

- Monitor is the independent regulatory of Foundation Trusts in England and issues licences to operate. The trust is subject to enforcement undertakings because it was in breach of its licence around finance. In January 2015 Monitor lifted a previous breach of licence around governance because they determined sufficient improvements had been made.
- The Board Assurance Framework (BAF) is a mechanism which boards should be using to reinforce strategic focus and better management of risk. The trust had a BAF in place that was aligned to the its strategic priorities. The BAF was examined by the Trust Board on a bi-monthly basis.
- The company secretary was responsible for the BAF and, since their appointment in April 2014, there had been a greater level

# Summary of findings

of challenge about the use of the BAF by the trust's executive team. The company secretary had produced a BAF methodology document to enable all of the executive team to understand its requirements.

- The BAF was audited in quarter four of 2014/15 by the trust's internal audit team but the results of this were not available at the time of the inspection. The trust was aware that, although they had made progress with their BAF, there was more to do to ensure that all of the board of directors 'owned' the framework and used it to ensure that the trust was delivering its objectives and reducing risk. More development was needed to ensure there was strong board to ward oversight.
- A revised risk management strategy, along with reporting arrangements, was due to be completed by the end of March 2015.
- The directorate risk registers and the corporate risk register did not contain all of the known risks in the organisation. Our inspection identified breaches in regulations that were had not been identified by the trust. Again, this was an area the trust knew needed further improvement.
- The trust had a quality assurance committee (QAC) which was a committee of the trust board. In addition, the trust had a management committee which oversaw the implementation of the organisations risk management strategy and processes.
- We saw reports of the various committees within the governance structure went to the trust board to ensure they were sighted on key issues and risks. More work was needed to provide robust ward to board assurance.
- There were governance structures within each of the directorates. These were led by clinical directors. The trust had recently changed its directorate structures and was beginning to see improvements in governance. However, it was too soon to quantify this. The trust had commenced a leadership development programme for its senior leaders. The programme included governance.

## Leadership of the trust

- Throughout our inspection we found the executive team to be very open and honest and well-informed on the challenges they faced. They were not complacent. During our inspection, when we identified areas that needed immediate attention, the executive team responded well and we were satisfied with the responses they took. This demonstrated they had a positive attitude to challenge. We had confidence in their ability to deliver the required improvements in the trust.

# Summary of findings

- The executive directors were all relatively new in post. Staff, particularly in the acute part of the trust, were very positive about the executive team. They told us the chief executive was very visible and approachable. Staff were very positive and felt the chief executive could deliver positive change in the trust.
- There was a lead non-executive director for quality and safety, although the trust chairman told us that quality and safety was everyone's responsibility.
- The foundation trust governors were able to raise concerns with the executive directors. The governors told us they felt able to challenge the directors and gave us examples of how they had influenced improvements and change.
- The non-executive directors had a range of backgrounds, some clinical and some from private industry. They were able to challenge one another, although more development was needed to ensure that the board was fully functioning and could lead the trust through the improvements needed. There was a board development programme in place but it was too early to determine the effectiveness of this at the time of the inspection.

## **Culture within the trust**

- We talked with staff about whether they felt able to raise concerns and speak openly within the trust. They felt able to talk to us and raise concerns.
- Staff valued having the opportunity to contact the chief executive through the dedicated email address that had been set up.
- The trust chairman and chief executive held sessions with staff called 'Moving forward together'. Staff liked this initiative as the meetings gave them the opportunity to share their concerns and ideas with the leaders of the organisation. To maintain this enthusiasm and remain credible it was crucial that staff could see demonstrable improvements as a result of these sessions. It was too early to assess if this was the case.
- Community health services were transferred from the primary care trust to the Rotherham NHS Foundation Trust on 1 April 2011. Despite the efforts of the executive team, there was a sense that some of the community staff did not feel they were part of the trust. While this was not the case for all community staff, the majority of staff raised this issue with us. This disconnect was a barrier for the trust's leadership team and it required further attention. We noted the trust had taken many actions to engage with their community staff, and had more actions planned. They had tried to be visible in the community and improve communication.

# Summary of findings

- The executive and non-executive directors had spent time with community staff and the 'Moving forward together programme had been used within the community.
- The executive team recognised the barrier and during the time of the inspection, presented a paper to the trust board describing how the medical division would be separated into two divisions, one focussed on emergency care and the other on integrated medicine. this was being done to enable more time to be spent on community leadership.
- The sickness absence rate for the trust as a whole was 6.32% in January 2015. It had been increasing during 2014 and at its lowest in June 2014, when it was 4.54%. The trust's target for sickness absence was 3%.
- The trust's staff rolling turnover rate was 0.83% in January 2015. This rate had remained static over 2014.
- There had been a significant increase in the number of disciplinary and 'capability with an underlying health reason' cases during the latter part of 2014. This was due to early intervention and action by the human resources teams to support staff and managers in addressing performance issues.

## Fit and proper persons

- The trust had taken action to meet the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). This regulation ensures that directors of NHS providers are fit and proper to carry out this important role.
- A paper was presented to the board in October 2014 regarding the FPPR which was received and noted. The board agreed to a number of actions.
- We reviewed the personnel files of five directors on the board. One was appointed since the Regulation came into force and four were appointed prior. The files provided most, but not all, the evidence that relevant checks had been done. For example, there were no recorded checks for insolvency, bankruptcy or disqualified directors. The file for the director appointed after the Regulation came in to force had all appropriate checks completed with the exception of checking the disqualified directors register.

## Public and staff engagement

- There were a variety of ways for patients to provide feedback, including via mobile phone apps, online and by tablets. These were advertised in the main outpatients department but staff did not know how patients accessed them. NHS Friends and Family Test data supplied by the trust for January 2015 showed

# Summary of findings

that no people used the tablet and smartphone app and only one person used the online form once they were at home. The trust recognised that further improvement to engage and seek feedback from the public were needed.

- The staff survey results for 2014 showed a very slight improvement in the staff engagement score, however, the score still placed the trust in the bottom 20% when compared with other trusts.
- Scores for staff's ability to contribute to improvements at work, staff recommendation as a place to work or receive treatment and staff motivation at work were also in the bottom 20% of trusts when compared with the England average.
- The top ranking scores were in relation to appraisal. The score for staff being appraised in the last 12 months was significantly higher than the national average and had increased since the 2013 staff survey.
- The percentage of staff witnessing potentially harmful errors, near misses or incidents in the last 12 months was better than the national average,
- The percentage of staff who had experienced discrimination at work was 8% compared with 11% nationally.
- The percentage of staff working extra hours was also better than the national average at 67% compared with 71% in other trusts.

## **Innovation, improvement and sustainability**

- BreathingSpace was an innovative nurse-led unit. The unit had been visited by members of parliament as well as interested parties from across the UK, Japan, China and Belgium. The nurse consultant who led the unit had presented papers at national and international conferences focused on respiratory illnesses.
- The trust hosted a photopheresis treatment service which helped patients with conditions where the white blood cells are thought to be the cause of the disease. It is the largest centre outside of London to provide the treatment. We saw a child who had travelled some distance for the treatment during our visit. It was a service that was highly valued by the patients who used it.
- Cost improvement programmes were reviewed by various committees as well as by the chief nurse and medical director to ensure that they did not compromise clinical quality.
- The trust's executive team were aware of the challenges associated with delivering their plans within a financially challenging environment.

# Summary of findings

- The trust recognised how difficult it could be to release all patient-facing staff for training and therefore uses a 'stop shift' means of delivering important awareness messages to large numbers of staff in a short period of time.
- The trust had implemented a campaign to reduce pressure ulcer harm called "STOP PRESSURE."

# Overview of ratings

## Our ratings for Rotherham Hospital

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

## Our ratings for Community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children, young people and families	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Community health inpatient services	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Community end of life	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement
Community dental services	Good	Good	Good	Good	Good	Good
Community health services for adults	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement



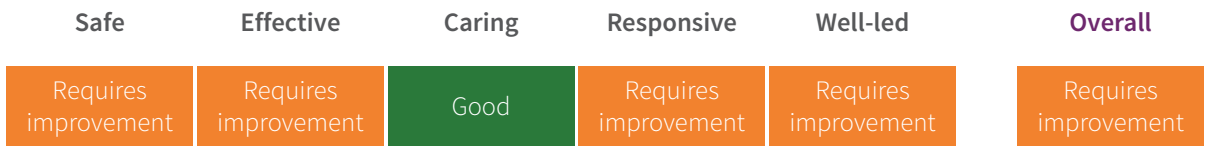
# Overview of ratings

Overall



## Our ratings for The Rotherham NHS Foundation Trust

Overall



Notes

# Outstanding practice and areas for improvement

## Outstanding practice

BreathingSpace was an innovative nurse-led unit. The unit had been visited by members of parliament as well as interested parties from across the UK, Japan, China and Belgium. The nurse consultant who led the unit had presented papers at national and international conferences focused on respiratory illnesses.

BreathingSpace provided exemplary care to the patients it cared for due to the highly skilled and knowledgeable staff working on the unit. Staff were caring and

compassionate and continued their caring role by supporting families after the loss of a loved one. It was an example of an innovative community service that met the needs of the population very well.

The trust hosted a photopheresis treatment service which helped patients with conditions where the white blood cells are thought to be the cause of the disease. It is the largest centre outside of London to provide the treatment. We saw a child who had travelled some distance for the treatment during our visit. It was a service that was highly valued by the patients who used it.

## Areas for improvement

### Action the trust MUST take to improve

- All relevant staff must receive appropriate training and development. This should include, mental capacity, safeguarding adults and children, resuscitation and living with dementia awareness.
- All relevant staff must be able to assess the capacity and best interests of patients in line with the Mental Capacity Act 2005 and its associated deprivation of liberty safeguards.
- All do not attempt cardio-pulmonary resuscitation (DNA CPR) forms must be completed in line with the trust's policy and that patients' capacity is assessed in line with the requirements of the Mental Capacity Act (2005).
- The number of mixed-sex accommodation breaches must be significantly reduced or eliminated.
- There must be sufficient, appropriately skilled and experienced staff on duty to meet the needs of all patients.
- The outpatient appointment validation process must be completed and actions taken to assess clinical risks to patients of having overdue appointments.
- The ward environment must be safe and appropriate for children and young people.
- Incidents must be reported and investigated in a timely manner and that learning is shared with all staff.
- Directorate and corporate risk registers must be reviewed so they reflect the current identified risks, contain appropriate mitigating actions and that the risks are monitored and reviewed at appropriate intervals.
- There must be appropriate arrangements in place in the short break service for the recording, handling, using, safe keeping, safe administration and disposal of medicines.
- Children and young people using the short break service must be protected against identifiable risks of acquiring a health care associated infection.
- The provider must ensure that there is effective liaison between the contraception and sexual health service and the school nursing service about individual young people who may be at risk of abuse.
- Complaints must be dealt with in accordance with the trust policy, national best practice and guidance.
- Patient records must be kept securely.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

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

**The registered person must ensure that children are protected of the risks associated with unsafe or unsuitable premises.**

**The children's ward environment must be safe and appropriate for children and young people.**

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations  
2010 Staffing

**The registered person must ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed to meet the needs of patients.**

#### Regulated activity

Maternity and midwifery services  
Treatment of disease, disorder or injury

#### Regulation

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

**The registered person must ensure there are suitable arrangements in place to ensure all relevant staff receive appropriate training. This must include safeguarding adults and children, resuscitation, mental capacity awareness and living with dementia awareness.**

#### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations  
2010 Records

This section is primarily information for the provider

# Requirement notices

The registered person must ensure that patient records are kept securely.

## Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

## Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

The registered person must ensure there are suitable arrangements in place for establishing and acting in accordance with the best interest of patients without the capacity to give consent and treatment in line with the requirements of the Mental Capacity Act (2005) and its associated Deprivation of Liberty safeguards.

## Regulated activity

Diagnostic and screening procedures  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

## Regulation

Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints

The registered person must ensure complaints are dealt with in accordance with the trusts policy, national best practice and guidance and people receive a timely and complete response to their complaint that is sensitive to their situation.

## Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

## Regulation

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

The registered person must ensure the outpatient appointment validation process is completed and actions taken to assess clinical risks to patients of having overdue appointments.

## Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

## Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

This section is primarily information for the provider

## Requirement notices

The registered person must ensure patients are not cared for in mixed sex wards/departments apart from those areas which are exempt from meeting the national requirements.

### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent  
  
The registered person must ensure all do not attempt cardio-pulmonary resuscitation (DNA CPR) forms are completed in line with the trust's policy and that patients' capacity is assessed in line with the requirements of the Mental Capacity Act (2005).

### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control  
  
Children and young people using the short break service, must be protected against identifiable risks of acquiring a healthcare associated infection.

### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines  
  
Children and young people using the short break service were not protected against the risks associated with the unsafe use and management of medicines.

### Regulated activity

Family planning services

### Regulation

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse

This section is primarily information for the provider

## Requirement notices

The provider must ensure that there is effective liaison between the contraception and sexual health service and the school nursing service about individual young people who may be at risk of abuse.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

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

The registered person must ensure all incidents are reported and investigated in a timely manner and that learning is shared with all relevant staff.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

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

The registered person must ensure all directorate and corporate risk registers are reviewed so they reflect the current identified risks, contain appropriate mitigating actions and that the risks are monitored and reviewed at appropriate intervals.