Bolton NHS Foundation Trust

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Bolton NHS Foundation Trust provides a range of hospital and community health services in the North West sector of Greater Manchester, delivering services from the Royal Bolton Hospital (RBH) site in Farnworth, in the South West of Bolton, close to the boundaries of Salford, Wigan and Bury; as well as providing a wide range of community services from locations within Bolton.

The Royal Bolton hospital site is situated in the town of Farnworth, near Bolton. For services, in particular patients requiring non elective treatment, it is estimated to have a catchment population of 310-320,000, compared with a resident Bolton population of 270,000.

The Royal Bolton hospital provides a full range of acute and a number of specialist services including urgent and emergency care, general and specialist medicine, general and specialist surgery and full consultant led obstetric and paediatric service for women, children and babies, including level three neonatal care and 24-hour paediatric and consultant-led obstetric services.

At Bolton NHS Foundation Trust, the Integrated Community Services Division consists of domiciliary, clinic and bed based services across the Bolton footprint to GP registered population. Most services are commissioned via Bolton Clinical Commissioning Group. The trust worked in partnership with Bolton Council, Greater Manchester West, North West Ambulance Service and with the voluntary sector such as Age Concern and Urban Outreach. The Division had approximately 420 Staff (380.46 whole time equivalent) and had a budget of £16.8 million.

Approximately 110,000 people attend the trust for emergency treatment every year and 72,000 patients are admitted. Approximately 310,000 attend the outpatient departments for consultations. The Royal Bolton Hospital has approximately 740 beds and employs 5200 staff.

We visited the hospital on 21- 24 March 2016. We also carried out an out-of-hours unannounced visit on 6 April 2016. During this inspection, the team inspected the following core services:

- Urgent and emergency services
- Medical care services
- Surgery
- Critical care
- Maternity and gynaecology
- Children and young people
- End of life
- Outpatients and diagnostic services
- Community Adults
- Community adult inpatient services
- Community children and young people
- Child Adolescence mental health services

Overall, we rated Bolton NHS Foundation Trust as good for services it was providing.

We rated Royal Bolton Hospital as good over-all. We have judged the service as 'good' for effective, caring, responsive and well led. We found that services were provided by compassionate, caring staff and patients were treated with dignity and respect. However, improvements were needed to ensure that services were safe.

We rated Bolton One as good for all key questions safe, effective, caring, responsive and well-led.

We rated community inpatients, community adults and children and young people as good in all 5 domains.

We rated the child adolescent mental health service as requires improvement in safe, effective, responsive and well-led domains, and good in the caring domain.

Our key findings were as follows:

Leadership and Management

- There was a positive culture and a sense of pride throughout teams across the trust, and staff were committed to being part of the trusts vision and strategy going forward.
- There was effective teamwork and clear leadership and communication in services at a local level.

Summary of findings

Managers and leaders were visible and approachable. Staff we spoke to felt supported by their managers and supported and encourage to raise concerns and ideas.

- The trust was led and managed by an executive team that were approachable and visible. All staff we spoke to knew the team and felt that they were listened to and concerns were acted upon. All staff spoke with the highest regard for board members, and gave examples of positive interactions and collaborative working between the board and staff in order to improve safe care and treatment and outcomes for patients.

Culture

- There was a very positive culture throughout the trust. Staff of all grades were committed to continually making improvements to the quality of care delivered.
- There was a supportive culture across divisions, and staff worked collectively to identify quality improvements and help deliver services safely on a day-to-day basis.
- Staff were proud of the services they delivered and proud of the trust.
- There was a range of reward and recognition schemes that were valued by staff. Staff were encouraged to be proud of their service and celebrate their achievements.

Equality and Diversity

- The Director of Nursing was executive lead for equality and diversity. There was a strategy in place which was monitored though the equality and diversity inclusion steering group and the patient experience, inclusion and partnership committee.
- We found that the trust had a positive and inclusive approach to equality and diversity. We found that staff were committed and proactive in relation to providing an inclusive workplace.
- There were a range of staff groups and patient groups that contributed to the trust equality, diversity and inclusion agenda, which included learning disability patient groups, people living with dementia and young people accessing adolescent mental health services (CAMHS).
- The trust had key objectives aligned to the public sector equality duty and equality delivery system (EDS2), and had audit and monitoring systems in place against key metrics, for example diversity of patients, complaints and patient feedback in order to understand the quality of care and service being provided. We saw that good progress had been made against the EDS2 standards.
- As part of the new Workforce Race Equality Standard (WRES) programme, we have added a review of the trusts approach to equality and diversity to our well led methodology. The WRES has nine very specific indicators by which organisations are expected to publish and report as well as put action plans into place to improve the experiences of it Black and Minority Ethnic (BME) staff. As part of this inspection, we looked into what the trust was doing to embed the WRES and race equality into the organisation as well as its work to include other staff and patient groups with protected characteristics.
- We analysed data from the NHS Staff survey regarding questions relating to the Workforce Race Equality Standard (WRES). The results for the trust were positive for the trust in most areas.
- However, there had been an increase in all staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. There had been a notable increase in reports from staff from a BME background from 25% in 2014 to 39% in 2015. Similarly, the percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months had shown a small increase for all staff, however BME staff reporting bullying had gone up from 26% to 36%.
- The trust had acted upon findings from the national staff survey as part on ongoing range of actions in place to support staff engagement. Examples included a non-executive director responsible leading whistleblowing concerns and a new appointment of a “speak up guardian” would further support staff in being able to raise concerns.
- All staff we spoke to felt well supported, able to raise concerns and develop professionally.

Governance and risk management

- Governance and risk management structures were embedded in the trust.

Summary of findings

- There was a robust committee structure in place that supported challenge and review of performance, risk and quality. Mechanisms were in place to ensure that committees were led and represented appropriately, to ensure that performance was challenged and understood.
- The trust had a pro-active approach to risk management with clear roles and responsibilities and monitoring arrangements in place. We observed a particular area of good practice, in which all new incidents and risks were reported to board members daily. Within this, a second report was circulated within the day reporting key actions that had been taken. This pro-active approach meant that board members were clear on strategic and operational risks at the earliest opportunity.
- The Board Assurance Framework (BAF) was aligned to strategic objectives and we saw evidence that it was linked appropriately to divisional risk registers that were regularly reviewed. We observed that the trust did not have an over-all trust risk register, however processes were in place to ensure that both operational and strategic risk and performance issues were reported and acted upon though monthly management meetings chaired by the chief executive.
- Board assurance related to the BAF and strategic and operational objectives were tested in practice by board members and governors. This was done though a formal programme of work which was aligned to current themes and risks. Staff said they found this supportive and felt that the board understood operational issues and this approach created a collective approach to decision making.
- There were divisional governance meetings where performance, risks and learning was discussed and shared. Staff had access to robust data to support good performance which included thematic reviews and correlation of data to promote early identification of poor performance. We observed that whilst this was being used well operationally, there may be a missed opportunity to prospectively use data to further to support trust wide initiatives, however the trust's current information technology systems limited real-time information across the trust.

Mortality rates

- Mortality and morbidity reviews were held in accordance with trust policies and were underpinned by robust and well understood procedures. All cases were reviewed and appropriate changes made to help to promote the safety of patients and prevent avoidable deaths. Key learning Information was cascaded to staff appropriately. Monitoring arrangements were in place at board level to ensure that any findings were acted upon.
- The Summary Hospital-level Mortality Indicator (SHMI) is a set of data indicators, which is used to measure mortality outcomes at trust level across the NHS in England using a standard and transparent methodology. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die based on average England figures, given the characteristics of the patients treated at the hospital. The risk score is the ratio between the actual and expected number of adverse outcomes. A score of 100 would mean that the number of adverse outcomes is as expected compared to England. A score of over 100 means more adverse (worse) outcomes than expected and a score of less than 100 means less adverse (better) outcomes than expected. In November 2015, the trust score was 104.

Nursing and midwifery staffing

- The trust undertook biannual nurse staffing establishment reviews using a recognised evidence based tool as part of mandatory requirements. Key objectives were set though this work to support safer staffing and address and mitigate identified shortfalls and support recruitment.
- The trust was in the process of implementing a daily acuity tool to further support safer staffing levels based on patients acuity and needs.
- There were processes in place to ensure ward staffing levels were monitored on a daily basis. Senior nurses and matrons met each week to discuss nurse staffing levels across services to ensure that that there were sufficient numbers of staff.
- Staffing on a day to day basis was reviewed as part of the trust bed management meetings. Shortfalls were subject to management action and risk mitigation.
- However, nurse staffing levels remained a challenge, particularly in emergency, medical and the paediatric department. Nursing staffing was identified on both operational and corporate risk registers. At the time of

Summary of findings

this inspection there were 50 nursing staff vacancies across the trust and additional posts had been made available in order to support the increased requirements across the across the acute hospital.
- Staffing levels were maintained by staff regularly working extra shifts and with the use of bank or agency staff. Inductions were in place for new staff in order to mitigate the risk of using staff that were not familiar with the trust's policies and procedures.

Medical staffing

- Whilst most areas had sufficient numbers of medical staff to meet patients needs, which included the use of agency staff, there were pressures within the emergency department due to increased demand.
- Increased activity in the emergency department had meant that emergency department consultants were regularly working in place of middle grade staff to ensure the department continued to function with appropriate medical staffing levels. We observed that medical staff were committed to maintaining patient safety and worked well together as a team to ensure that rotas were covered.
- A recent review by the Royal College of Emergency Medicine had recommended an increase in establishment of consultants of 6.5 WTE, which was being considered at the time of this inspection. In addition, it had been recommended to increase medical middle grade staffing by five WTE. Whilst the shifts we reviewed showed that staffing levels were sufficient. We were concerned that the current use of consultants to fill middle grade shifts may not be sustainable in the long term.
- The trust board had recently authorised recruitment for two middle grade doctors and relaxed the cap on locum use to assist with staffing. However, managers described difficulties recruiting due to the high volume of patients attending the ED compared with other EDs.

Access and flow

- The trust had established policies and both internal and external escalation procedures in place to support patient flow and movement across the trust. This included established escalation meetings and a designated site manager co-ordinating patient flow.
- Access and flow remained a challenge, and the emergency department did not, at times see, treat, admit or discharge patients within the national target of four hours.
- Plans were in place to expand the emergency department in order to accommodate the increase in patient attendances, including the increase in patients attending from outside of Bolton.
- There were some pressures with access and flow across the medical and surgical wards, including patients who were medically optimised and ready for discharged. Access and flow issues resulted in a number of patients being cared for on a ward outside of their speciality. There were policies and procedures in place outlining the management of these patients to ensure that the appropriate medical teams saw patients regularly and appropriately.
- The overall hospital-wide bed occupancy rate between July 2013 and December 2015 ranged between 80.8% and 88%, which rose to 91% on medical wards between January and March 2016.
- In spite of pressures, we observed that the average length of stay for elective medicine at the hospital was shorter (better) than the England average at 2.9 days.
- NHS England data showed the surgical and gynaecology services consistently performed better than the England average for 18-week referral to treatment standards for admitted (adjusted) patients between November 2014 and January 2016.
- Most patients were admitted to the intensive care unit within four hours of making the decision to admit them and a consultant assessed 100% of patients within 12 hours of admission.
- Diagnostic waiting times had been consistently better than the England average between January 2014 and November 2015.
- The trust had performed consistently better than the England indicators for incomplete pathway referral to treatment times between December 2014 and November 2015.
- Activity measures within the community services indicated that, in Bolton, the team were above the trust target for the number of GP referrals that were received (6,501 against a target of 6,187). The service indicated that these figures had been impacted on in view of the new initiative they had trialled with GPs for keeping patients out of hospital.

Summary of findings

Cleanliness and infection control

- Clinical areas at the point of care were visibly clean, trust had infection prevention, and control policies in place, which were accessible to staff and staff were knowledgeable on preventing infection.
- There was enough personal protective equipment available such as aprons and gloves that were accessible for staff and was used appropriately.
- Staff followed good practice guidance in relation to the control and prevention of infection in line with trust policies and procedures.
- Between April 2015 and December 2015, the trust reported 19 cases of Clostridium difficile, four cases of Methicillin-resistant staphylococcus aureus (MRSA) and 18 cases of Methicillin-susceptible staphylococcus aureus (MSSA) which were in line with local and national trajectories.
- Lessons from all cases were disseminated to staff for learning across directorates.
- There were established audit programmes in place related to the prevention of cross infection, which included hand hygiene, infections within a central line (a long, thin, flexible tube used to give medicines, fluids, nutrients, or blood products) and methicillin-resistant Staphylococcus aureus (MRSA).

We saw several areas of outstanding practice including:

- The emergency department had direct access to electronic information held by community services, including GPs. This meant that hospital staff could access up-to-date information about patients, for example, details of their current medicine.
- The emergency department offered bereavement meetings were offered to those who had lost a loved one, to help them understand what had happened.
- Emergency department Consultants were regularly working in place of middle grade staff to ensure the department continued to function with safe medical staffing levels.
- The radiology department had a managed equipment programme in place. This meant that equipment was serviced, repaired and replaced as part of the contract in a timely way, minimising disruption to services and reducing the need for costly and time consuming business cases when equipment needed replacing. This was an innovative way of managing high cost equipment.
- The trust were early adopters of the newborn behaviour assessment tool (NBAS).
- The neonatal unit were early adopters of volume ventilation.
- The neonatal unit introduced 'Matching Michigan', a two-year programme designed to reduce infections in central lines, before it was rolled out as best practice. As a result ,the service was nominated for an award from the Health Service Journal (HSJ).
- The neonatal unit introduced the 'fresh eyes initiative', which is where nursing staff look at other nurses' patients at 1am and 1pm to promote things not being missed.
- Any incidents with an initial grading of harm were circulated to all trust board members on a daily basis. Initial information was received before 9am and then follow information on what actions had been taken were received by 10.30am.

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

Importantly, the trust must:

- Complete mental health assessment forms in the emergency department as soon as practicable and ensure these are distributed and used where appropriate.
- Improve staffing levels in the emergency department with an aim to reducing agency and locum rates.
- Improve appraisal rates in the emergency department.
- In the emergency department, Improve the focus on audits, ensuring clear action plans are formulated and progress regularly tracked to improve outcomes.
- Ensure that robust information is collected, analysed, and recorded to support clinical and operational practice in medical services.
- Deploy sufficient staff with the appropriate skills on wards.
- Ensure that records are kept secure at all times so that they are only accessed and amended by staff.
- Ensure that staff are up to date with appraisals and mandatory training in medical wards.
- Ensure that paper and electronic records are stored securely and are complete in outpatient's areas.
- Ensure that essential safety checks are completed and records of checks are maintained to provide assurance that all steps are being taken to maintain patient safety in outpatients.

Summary of findings

Professor Sir Mike Richards Chief Inspector of Hospitals

Summary of findings

Background to Bolton NHS Foundation Trust

Bolton NHS Foundation Trust serves a population of approximately 280,000 people in and around unitary authority of Bolton. The Royal Bolton Hospital site is close to the junction of the M60 and M61 motorways and, for non-elective services in particular is estimated to have a catchment population of 310-320,000, compared with a resident Bolton population of 270,000.

Bolton is a major urban region, in which the largest age group is 16-44 (37.9%). The distribution of age groups is similar to the England average. Bolton is ranked the 36th most deprived district out of 326 in England in the 2010 Indices of Multiple Deprivation. Approximately 22.2% of the area's children live in poverty.

Life expectancy for both men and women is worse than the England average.

Rates of statutory homelessness are similar to the England average and the incidence of violent crime is better than the England average.

Long term unemployment, drug misuse and early deaths from cardiovascular diseases are worse than the England average and early deaths from cancer similar than England average

Estimated levels of physically active adults and recorded diabetes are worse than the England average; however, obesity in adults is similar to the England average.

We inspected this trust as part of our scheduled programme of comprehensive Inspections.

Our inspection team

Our inspection team was led by:

Chair: Paula Head

Head of Hospital Inspections : Ann Ford, Care Quality Commission

The team included two inspection managers,10 CQC inspectors, an inspection planner, an assistant planner, a senior analyst and a variety of specialists including : a non-executive board member, a medical director, a director of nursing, a senior manager, a governance lead, a safeguarding nurse, a consultant physician, an accident and emergency nurse, an intensive care consultant, an intensive care advanced nurse, and consultant in palliative care, a palliative care nurse, a consultant obstetrician and gynaecologist, a maternity matron, an outpatients nurse, a consultant paediatrician, a nurse consultant in paediatrics, a consultant surgeon, a junior doctor and a student nurse.

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 visiting the trust, we reviewed a range of information we held about Bolton NHS Foundation Trust and asked other organisations to share what they knew about it. These included the Clinical Commissioning Groups, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges and the local Health watch.

We held a listening event for people who had experienced care at Bolton NHS Foundation Trust on 15 and 17 March 2016 in The Royal Bolton Hospital and

Summary of findings

Bolton One Health Centre. The event was designed to take into account people's views about care and treatment received at the hospital and community services. Some people also shared their experiences by email and telephone. The announced inspection of Bolton NHS Foundation Trust took place on 21 – 24 March 2016.

The inspection team inspected the following core services at Bolton NHS Foundation Trust :

- Urgent and Emergency Services
- Medical care (including older people's care)
- Intensive/critical care
- Maternity and gynaecology
- Children and young people's services
- Outpatients and Diagnostic Imaging
- End of life care
- Community services
- Child and Adolescent mental health services

As part of the inspection, we held focus groups and drop-in sessions with a range of staff in the hospital and community, including nurses, trainee 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 and outpatients services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We undertook an unannounced inspection between 12pm and 5pm on 6 April 2016 at Royal Bolton hospital. As part of the unannounced inspection, we looked at outpatients and radiology, pharmacy, and medical care wards. 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 at Royal Bolton Hospital.

What people who use the trust's services say

- The trust scored in the top 20% for 22 out of the 34 questions in the Cancer Patient survey.
- The trust is higher the England average for the Patient-Led Assessments (PLACE).
- The trust scored about the same as others for all questions in the CQC In-patient survey.
- In Friends and family test results, the trust are consistently higher than the England average for those who would recommend between August 14 to November 2015.

Facts and data about this trust

The trust provides;

- 742 Beds in total
- 599 General and acute
- 94 Maternity
- 18 Critical care

The Trust employs 5240 staff

- 350 Medical
- 1890 Nursing
- 3000 Other

In 2014/15, there were 110,888 emergency department attendances, 72,208 inpatient admissions and 309,726 outpatient attendances. At the time of this inspection, district nursing domiciliary team undertook about 20,000 visits a month. The whole community adults' team undertook approximately 56,000 visits per month and the children's and young people's service had around 22.500 contacts with patients.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? We rated the trust as 'Requires improvement' for safe because; • Most services had sufficient numbers of nurses to ensure patients received the right level of care, however there shortfalls on some medical wards and in the children and adolescent mental health unit (CAHMS). Nurse staffing was on divisional and corporate risk register. • Whilst most areas had sufficient numbers of medical staff to meet patient's needs, which included the use of agency staff, there were pressures within the emergency department due to increased demand and shortfalls in registrar graded staff over a sustained period of time. • However, there was no medical cover for one hour each week day due to a gap between the shifts of medical staff at Darley Court and the opening time of the out of hours service. • The emergency department building did could not accommodate the numbers of patients attending the department whilst staff worked hard to ensure patients were accommodated safely, the environment meant that at times it limited patient dignity and privacy. Building work was in progress to expand the department through 2016/17 as part of the capital programme. • One of two entrances to the paediatric ED was via an unlocked door, which posed a risk of unauthorised access, however the trust acted upon this during this inspection. There was no area designed for adolescents. • At the time of our inspection, there was no assigned room for mental health patients to stay whilst in the department. A room was under construction, which would be ready in April 2016. However, we remained concerned that until the build was completed, mental health patients may be exposed to greater risk. • Some areas of the outpatient department we visited, limited the capacity to see patients, for example the ophthalmology, breast unit and endoscopy units. We saw that as part of the divisional objectives, work was ongoing with estates to develop a plan to reduce the level of overcrowding in both of these areas.	**Requires improvement** 

- In the CAMHS service we did find that where some incidents had been reported, there was limited evidence that learning and positive change had occurred as a consequence. This included a lack of shared learning with other services involved in the care of child or young people.

Duty of Candour

- The trust had systems in place to fulfil its obligations in relation to the Duty of Candour Regulations.
  The incident reporting system identified incidents that had led to serious or moderate harm to patients and prompted staff to apply duty of candour.
- Staff knew about the duty of candour requirements and underpinning principlesStaff knew how to access the policy and could demonstrate incidents that would require a duty of candour response.
- There was evidence that the trust fulfilled its obligations appropriately when incidents occurred. Actions were planned and taken to prevent reoccurrence and there were monitoring and reporting arrangements in place at board level.

Safeguarding

- Staff in all service areas was able to identify and escalate issues of abuse and neglect. Practice was supported by regular and ongoing staff training. However, there were service areas where we found that the numbers of staff attending safeguarding training level 3 was below the trusts set target of 95%. This related specifically to children's and young people's services and child and adolescent mental health services.
- Staff had access to specialist advice and guidance from a dedicated team so that safeguarding issues were escalated and managed appropriately and promptly. Out of hours, staff had support from on-call management teams and on-call services from local social service teams.
- Staff had access to a named doctor and named nurse. Additionally, in some departments, there were safeguarding links nurses available to provide additional support to staff.
- The trust board had over-all responsibility for safeguarding. There were established processes in place to gain assurances that policies and procedures were robust and safeguarded patients and the public.
- In emergency care and children's services, there was a multi-agency approach with links to local authority adults teams and child protection teams.

Summary of findings

Incidents

- There were systems in place for reporting and acting upon incidents. Staff were supported and confident when reporting incidents. Staff understood policies and procedures, and followed them.
- Incidents were managed pro-actively in the trust. Any incidents were cascaded through the organisation to key individuals for action automatically. Any incidents with an initial grading of harm were circulated to all trust board members on a daily basis. Initial information was received before 9am and then follow information on what actions had been taken were received by 10.30am.
- Learning from incidents was captured, shared and applied to support improvement and prevent reoccurrence.
- There was evidence of changes in practice and policy because of incident investigations.
- The executive serious incident panel met on a regular basis and reviewed incident trends and any individual incidents that resulted in harm.
- The trust had a similar level of incident reporting than the England average based on the October 15 data. Most of the incidents reported are low or no harm; this demonstrates a good incident reporting culture.
- There had been four 'never events' between January 2015 and January 2016 (never events are serious, wholly preventable patient safety incidents, which should not occur if the available preventative measures are implemented).
- The 'never events' occurred across a number of surgical specialties and specific trend was not found. The trust had been pro-active in requesting external reviews for each case by the Royal College of Surgeons. Recommendations were made for each case and Remedial actions were taken to learn from these incidents and to minimise the risk of reoccurrence.
- Between January 2015 and January 2016, 96 STEIS incidents were reported – of which 66 were related to pressure ulcers.
- In the CAMHS service we did find that where some incidents had been reported, there was limited evidence that learning and positive change had occurred as a consequence. This included a lack of shared learning with other services involved in the care of child or young people. We raised this at the time of inspection and the trust was pro-active in taking action.

Nursing and midwifery staffing

- The trust had established process in place to assess nurse staffing levels that included the use of evidence based tool.
- The service used an acuity tool (AUKUH) to measure staffing levels twice a year.They were in the process of implementing a new acuity tool, which measured staffing levels on a daily basis.
- There were processes in place to monitor staffing levels on a daily basis in both inpatient and community settings. There were escalation procedures in place and overall there was evidence the process was effective, concerns were escalated promptly and management action taken. However, we observed that staffing shortfall information within the medical division had not been escalated in timely manner.
- Where there were staff vacancies and short-term shortfalls, staffing levels were maintained by staff working additional shifts and the use of bank and agency staff.
- Agency staff were subject to local an induction and checks were made to ensure they had the relevant knowledge and skills to care for patients.
- Most services had sufficient numbers of nurses to ensure patients were received the right level of care, however there shortfalls on some medical wards and in the children and adolescent mental health unit (CAHMS). Nurse staffing was recorded on both the divisional and corporate risk register.
- We reviewed the number of shifts filled as planned for medical wards between September 2015 and December 2015 and found these were not always meeting the levels planned. There were particular concerns regarding wards B1 (frailty unit), C1, C4 and D1. The average number of shifts filled during the day between September 2015 and December 2014 for B1 was 85%, C1 was 80%, C4 was 75% and D1 was 85%.
- Recruitment strategies were in place to improve staffing levels, and the board had committed to over staffing over establishment in both nursing and medical staff to ensure there were sufficient numbers of staff. However, at the time of inspection, there were shortfalls of 50 posts on medical wards and recruitment was ongoing in the CAHMS service.

Medical Staffing

- Whilst most areas had sufficient numbers of medical staff to meet patient's needs, which included the use of agency staff, there were pressures within the emergency department due to increased demand.
- Low levels of middle grade staffing the emergency department had meant that emergency department consultants were regularly working in place of middle grade staff to ensure the

department continued to function with appropriate medical staffing levels. We observed that medical staff were committed to maintaining patient safety and ensuring that rotas were covered.

- The trust were sighted on medical staffing in the emergency department and had commissioned a review by the Royal College of Emergency Medicine which had recommended an increase in establishment of consultants of 6.5 WTE, and middle grade staff of 5 WTE which was being considered at the time of this inspection.
- Medical staffing was on the trust register. There were actions identified to support recruitment including international recruitment, relaxing the cap on agency and recruiting above establishment.
- Regular medical locum staff were used to supplement the establishment. Trust and local inductions were in place for these to staff to ensure they understood trust and local policies, procedure and systems. From April 2014 to March 2015, locum usage in radiology was 16.3%.

Control and prevention of infection

- The trust had infection prevention and control policies and procedures in place, which were accessible to all staff across both hospital sites.
- Staff followed good practice guidance in relation to the control and prevention of infection in line with trust policies and procedures.
- Good practice was supported by a specialist infection prevention and control team.
- Between April 2015 and December 2015, the trust reported 19 cases of Clostridium difficile, four cases of Methicillin-resistant staphylococcus aureus (MRSA) and 18 cases of Methicillin-susceptible staphylococcus aureus (MSSA).

Environment

- The trust estate and infrastructure remained a challenge due to the age of some building. The trust had identified risks within parts of the estate though corporate risk and formed part of the board assurance framework. There was a capital programme in place prioritised by clinical need and priority.
- The emergency department building did could not accommodate the numbers of patients attending the department, whilst staff worked hard to ensure patients were

accommodated safely, the environment meant that at times it limited patients dignity and privacy. Building work was in progress to expand the department through 2016/17 as part of the capital programme.

- At the time of our inspection, there was no assigned room for mental health patients to stay whilst in the department. A room was under construction, which would be ready in April 2016. However, we remained concerned that until the build was completed, mental health patients may be exposed to greater risk.
- Within the community inpatient setting, there were planned upgrades due to take place to improve the environment, which required improvements so that patients could be care for in an appropriate environment.
- Some areas of the outpatient department we visited, limited the capacity to see patients, for example the ophthalmology and breast unit. We saw that as part of the divisional objectives, work was ongoing with estates to develop a plan to reduce the level of overcrowding in both of these areas.
- The CAHMS services' therapy building was not well maintained. The decoration was tired which meant that the environment did not promote the recovery of children and young people.

Assessing and responding to risk

- The trust had implemented the national early warning score system (NEWS) to alert staff if a patient's condition was deteriorating. This was a basic set of observations such as respiratory rate, temperature, blood pressure and pain score used to alert staff to any changes in a patient's condition and secure prompt medical attention.
- NEWS audits were regularly undertaken. Audits highlighted good practice and where improvements were identified action plans were implemented and re-audits carried out to ensure improvements had been made
- There were procedures in place to ensure that staff were supported in assessing and responding to concerns of deterioration from form both medical teams and the critical care outreach team.
- There were systems in place to ensure that patients were assessed and risks were monitored and minimised in community inpatient areas. There were clear admission criteria to ensure patients could be safely cared for outside of an acute hospital environment.

Summary of findings

- There was a single point of access for new referrals to the CAHMS service, new patients were triaged as soon as the referral was received.
- There were processes in place to ensure that all emergency CAHMS referrals were reviewed by senior staff between 9am and 5pm. There was emergency cover provided by the rapid interface and discharge team (RAID) outside of these times, which was provided by another provider.

Are services at this trust effective?

Good

We rated the trust as 'Good' for effective because;

- Care and treatment was underpinned by policies and procedures, which were evidenced, based.
- Assessment tools and pathways followed recognisable and approved guidelines such as the National Institute for Health and Care Excellence (NICE).
- Clinical pathways were used to ensure appropriate and timely care for patients in accordance with nationally recognised standards.
- There was effective use of clinical audit to monitor and improve performance. Where audits highlighted areas for improvement the trust developed, implemented and monitored robust action plans to secure improvement.
- Enhanced recovery pathways were used in a number of surgical specialities, such as colorectal and breast surgery. Enhanced recovery is a modern, evidence-based approach that helps people recover more quickly after having major surgery. The trust's strategic plan 2014-2019 included objectives to implement enhanced recovery pathways across further surgical procedures
- Staff across all disciplines worked well together for the benefit of patients. Services worked in partnership with the local authority and voluntary organisations within the local community. We saw good examples of multidisciplinary working supporting new mums, where local businesses, charities and the trust worked together to ensure that parents had the equipment and furniture that they needed.
- Staff had knowledge and understanding of the procedures relating to the Deprivation of Liberty Safeguards (DOLS). DOLS are part of the Mental Capacity Act (2005). They aim to make sure that people in hospital are looked after in a way that does not inappropriately restrict their freedom and are only done when it is in the best interest of the person and there is no other way to look after them. This includes people who may lack capacity.

However,

- Patient outcomes in the emergency department were measured through audits at both national and local level, however we had concerns that action was not always taken following national audit findings. This was because the trust had no formal action plans in place to address identified areas for improvement. However, we saw evidence of improvements through local clinical audit and trust wide initiatives. A lead had been identified within the department to support the audit programme going forward.
- In the CAMHS service, staff did not receive training in the use of the Mental Health Act. We reviewed records for two young people who had been detained. Detention papers were not stored in line with the Mental Health Code of Practice.

Evidence based care and treatment

- Care and treatment was underpinned by policies and procedures, which were evidenced, based.
- Assessment tools and pathways followed recognisable and approved guidelines such as the National Institute for Health and Care Excellence (NICE).
- Clinical pathways were used to ensure appropriate and timely care for patients in accordance with nationally recognised standards.
- Patient outcomes were, in the main, in line with or better than the England average, however improvements, particularly in recording interventions in the emergency department were required. The trust had recently prioritised a clinical lead to support monitoring patient outcomes and clinical audit.
- There was effective use of clinical audit to monitor and improve performance. Where audits highlighted areas for improvement the trust developed, implemented and monitored robust action plans to secure improvement.
- Enhanced recovery pathways were used in a number of surgical specialities, such as colorectal and breast surgery. Enhanced recovery is a modern, evidence-based approach that helps people recover more quickly after having major surgery. The trust's strategic plan 2014-2019 included objectives to implement enhanced recovery pathways across further surgical procedures

Patient outcomes

- Patient outcomes in the emergency department were measured through audits at both national and local level, however we had concerns that action was not always taken following national audit findings. This was because the trust

had no formal action plans in place to address identified areas for improvement. However, we saw evidence of improvements through local clinical audit and trust wide initiatives. A lead had been identified within the department to support the audit programme going forward.

- The myocardial ischaemia national audit project (MINAP) is a national clinical audit of the management of heart attacks. MINAP audit results for 2013/14 for this trust showed the number of patients diagnosed with a non-ST segment elevation myocardial infarction (N-STEMI-a type of heart attack that does not benefit from immediate PCI) seen by a cardiologist prior to discharge was better than the national average at 100%. 65% of patients with an N-STEMI were admitted to a cardiology ward. This was better than the England average of 55%.
- The sentinel stroke national audit programme (SSNAP) is a programme of work that aims to improve the quality of stroke care by auditing stroke services against evidence-based standards. The latest audit results rated the hospital overall as a grade 'D' which was an improvement from the previous audit results when the hospital was rated as the 'E'. The trust had put in place actions to improve the audit results further. These included a dedicated social worker on the stroke unit and additional training for staff.
- The 2013/2014 heart failure audit showed the hospital performed better than average for all four of the clinical (in hospital) indicators and in six of the eight clinical (discharge) indicators. However, it was noted that the trust submitted less than 70% of the statistics and the results may not therefore be representative of the patient population.
- The national hip fracture audit 2015, reporting on all of 2014, showed that the hospital performed better than the England average for six out of the eight indicators, including the number of patients admitted to orthopaedic care within four hours, the number of patients developing pressure ulcers, the number of patients that were assessed by an orthopaedic geriatrician, bone health and falls assessments and the total the length of patient stay at the hospital.
- The hip fracture report highlighted that the hospital performed slightly worse than the England average for the number of patients having surgery on the day of or after day of admission and for mean length of acute stay.
- The lung cancer audit 2015, reporting on all of 2014, showed the hospital achieved the 80% standard and performed better than the England average for the percentage of patients seen by a nurse specialist (86.1% compared to the England average

of 77.5%). The hospital performed slightly worse than the England average for the percentage of patients receiving surgery in all cases (13.3% compared with the average of 15.4%).

- Performance reported outcomes measures (PROMs) data between April 2014 and March 2015 showed that the percentage of patients with improved outcomes following groin hernia, hip replacement, knee replacement and varicose vein procedures was similar to the England average. The proportion of patients with worsening outcomes was also lower than the England average.
- The number of patients that had elective and non-elective surgery and were readmitted to hospital following discharge was similar to or better than the England average for all specialties except for non-elective ear, nose and throat (ENT).
- The national bowel cancer audit of 2015 showed that the hospital was performing better than the England average for case ascertainment rate and data completeness. The hospital performed slightly worse than the average for the percentage of patients that were seen by a nurse specialist (91% compared with the average of 93%).
- The national emergency laparotomy audit (NELA) 2015 showed that the hospital performed well and achieved five out of the 11 standards. The hospital did not achieve three out of the 11 standards including case ascertainment, timely consultant surgeon review and assessment by a medicine for care of the older person (MCOP) specialist.
- ICNARC audit data up to September 2015 showed the intensive care unit was within the expected range for the ICNARC (2013) and APACHE II (2013) mortality ratio when compared with similar units nationally. The unit was within the expected mortality ratio of 1.0 between April 2015 and September 2015, which meant the actual deaths on the unit were similar to or less than the anticipated number.
- Between January and December 2015, the total number of births at Bolton maternity unit was 5,798. The normal delivery rate was 61.7%, which was higher than the national average of 60.2%.
- The elective lower segment caesarean (LSCS) rate was 9.1%, against the national average of 11.0%, and the emergency LSCS rate was 14.9%, which was lower than the national average of 15.2%. This showed the service achieved better overall outcomes for women in relation to interventions during labour and birth, in comparison with the national average.

Summary of findings

- The results of the National Paediatric Diabetes Audit 2014/15 showed the trust to be performing slightly better than other areas in England. The mean HbA1c result was 69 compared with 70.6 in England.
- Between June 2014 and May 2015 non-elective readmission rates for children and young people following discharge were slightly higher (worse) that the England average. The rate was between 0.8% and 0.9% higher.
- The trust scored reasonably well compared to the England average for the 10 clinical indicators in the 2013/14 National Care of the Dying audit. The trust scored below the England average for key performance indicator (KPI) 1: 'multi-disciplinary recognition that the patient is dying' and KPI 6: 'a review of interventions during the dying phase'. However, the trust scored well-above the England average for a number of KPI's, such as KPI 3: 'communication regarding the patient's plan of care for the dying phase' and KPI 10: 'a review of the care after death'.
- The trust participated in the National Cardiac Arrest Audit (NCAA) and undertook a root cause analysis (RCA) investigation into every cardiac arrest that took place in the hospital and undertook a monthly review of cardiac arrest deaths that had occurred in the hospital. This allowed for good learning to take place and had resulted in a reduction in avoidable deaths.
- The diagnostic imaging service was not participating in the Imaging Services Accreditation Scheme (ISAS) or the Improving Quality in Physiological Services (IQIPS) accreditation scheme. ISAS acts as a mark of quality and takes approximately 18 months to achieve. IQIPS is a process of self-assessment, improvement and accreditation with the aim of improving quality, care and safety for patients. There were plans to participate in this in the future.
- Community inpatient services monitored discharge destination, the need for ongoing support and collected this information 91 days after discharge to monitor patient outcomes. During 2015/2016, 32% of patients required no ongoing support and 67% were being supported to live at home with home care or direct payments at 91 days following discharge. Only 12% of patients had required a permanent nursing or residential placement.
- Community inpatient services completed local audits of care and treatment. Audit results showed that 100% of patients in Darley Court had access to a care coordinator and 100% had an individualised care plan.
- In children's community services, the uptake of Measles, Mumps and Rubella vaccine and the uptake of the vaccine for

diphtheria, tetanus, polio, pertussis and Hib were significantly better than the England average. The uptake of vaccinations for children looked after was significantly better than the England average.
- The therapy department measured outcomes using a number of patient outcomes measures. The physiotherapy department measured patient outcomes using the EQ5D, a measure of health outcomes. Data showed improved functional outcomes, reduced and reduced pain. All departmental targets for improved outcomes were met in 2015.

Multidisciplinary working

- Multidisciplinary teamwork was very well established including work undertaken with local communities and the local authority. Team working focused on the securing good outcomes for patients.
- Staff across all disciplines worked well together for the benefit of patients. Services worked in partnership with the local authority and voluntary organisations within the local community. We saw good examples of multidisciplinary working supporting new mums, where local businesses, charities and the trust worked together to ensure that parents had the equipment and furniture that they needed.
- There was also good evidence of multi-disciplinary working around the discharge of patients involving medical, nursing and allied health professional staff, including staff from local authorities and local charities.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Staff had the appropriate skills and knowledge to seek consent from patients. Staff were able to clearly articulate how they sought informed verbal and written consent before providing care or treatment.
- Staff had knowledge and understanding of the procedures relating to the Deprivation of Liberty Safeguards (DOLS). DOLS are part of the Mental Capacity Act (2005). They aim to make sure that people in hospital are looked after in a way that does not inappropriately restrict their freedom and are only done when it is in the best interest of the person and there is no other way to look after them. This includes people who may lack capacity.
- Staff completed most mental capacity assessments as required, however we have identified this this is an areas for improvement on one ward.

Summary of findings

- Staff gave us examples of when patients lacked the capacity to make their own decisions and how this would be managed. We saw examples of best interest meetings in both hospital and community settings which were multi-disciplinary in approach and included patients and people close to them.
- In the CAMHS service, staff did not receive training in the use of the Mental Health Act. We reviewed records for two young people who had been detained. Detention papers were not stored in line with the Mental Health Code of Practice. They did not show whether the next of kin had been consulted about the detention of the young person, whether the people had been given a copy of their rights and there was no copy of the approved mental health practitioner's recommendation.

Are services at this trust caring?

Good

We rated the trust as 'Good' for caring because;

- Care and treatment was delivered by compassionate staff, who were dedicated in delivering care that was respectful and caring to patients and people close to them.
- There were positive examples across all services, of staff displaying a caring and compassionate approach to patients, with examples of outstanding practice in end of life services.
- Patients and those close to them were informed and involved in making decisions about their treatment. They spoke positively about the information they received verbally, and in the form of written materials, such as information leaflets specific to their treatment.
- There was a visible person-centred culture with caring, compassionate staff who considered the needs of patients nearing their final days or hours and their families. There were systems in place to support this, including the butterfly logo. This was embedded throughout the organisation so that any staff coming into contact with bereaved families could offer care and support where this may be needed.
- We saw examples of good practice related to supporting patients nearing end of life, and for loved ones who were bereaved.

Compassionate care

- Care and treatment was delivered by compassionate staff, who were dedicated in delivering care that was respectful and caring to patients and people close to them.

- There were positive examples across all services, of staff displaying a caring and compassionate approach to patients, with examples of outstanding practice in end of life services.
- Staff at all grades treated patients and their loved ones with dignity and respect.
- Patients were very positive about their interactions with staff and found them to be kind, caring and respectful. Patients told us they felt understood.
- In Friends and family test results, the trust was consistently higher than the England average for those who would recommend services between August 14 to November 2015.

Understanding and involvement of patients and those close to them

- Staff respected and understood the patients' rights to make choices about their care.
- Patients and those close to them received information about care and treatment in a manner they understood.
- Patients felt involved in the planning of their care and treatment and felt valued by the staff.
- Patients had a named nurse and consultant Patients said they had been involved in decisions about their care and were aware of the discharge plans in place.
- Patients and those close to them were informed and involved in making decisions about their treatment. They spoke positively about the information they received verbally, and in the form of written materials, such as information leaflets specific to their treatment.
- Women in maternity services had been involved in decisions regarding their choice of birth and were informed of the risks and benefits of each. All of the women we spoke with told us they felt in control of their labour and birthing, involved in their care and supported by staff.
- In community inpatient areas, processes were in place to ensure that families and people close to patients were involved in care planning by allocating a designated care co-ordinator for individuals and ensuring that they were involved in all decisions.
- Parents in both hospital and community settings told us they felt informed about their child's care and were clear on the care that was being provided and what plan there was for their child going forwards.
- The child and adolescent service had an established parent and carer's participation group. The group had produced short

films for the CAMHS internet blog to help explain to parents of newly referred children what they could expect from the service. The group also participated in a parent and carer transformation project that was part of NHS England's improving access to psychological therapies initiative.

Emotional support

- Staff were compassionate kind when supporting patients and those close to them during difficult and stressful times
- Staff understood the importance of providing patients and their families with emotional support. We observed staff providing reassurance and comfort to patients and their relatives.
- Visiting times were made flexible in inpatient and outpatient day case areas, so that people who knew them best could support patients emotionally. Patients particularly found this supportive within outpatient areas where they were receiving chemotherapy and in breast care services.
- Patients had access to a range of clinical nurse specialists who provided support for patients in both inpatient, and when patients were discharged to the community.
- Multi faith spiritual leaders were available 24 hours a day for patients requiring spiritual support.
- There was a visible person-centred culture with caring, compassionate staff who considered the needs of patients nearing their final days or hours and their families. There were systems in place to support this, including the butterfly logo. This was embedded throughout the organisation so that any staff meeting bereaved families could offer care and support where this may be needed.
- We saw examples of good practice related to supporting patients nearing end of life, and for loved ones who were bereaved.
- The emergency department offered a supportive service were loved ones could meet with consultants when they were ready, following a bereavement.
- Critical care staff had developed their own procedures for supporting patients receiving end of life care. This included supporting patients that expressed a preference to die in their own home. During the past year, the ICU staff facilitated the discharge of three patients from the ICU to allow them to receive end of life care at their preferred place of care.

Are services at this trust responsive?
We rated 'Responsive as 'Good' because;

Good

Summary of findings

- The trust had well developed approach to strategic planning. Services were planned to meet the needs of the local population and included national initiatives and priorities.
- Community services in Bolton had been redesigned in 2015 in response to changing patients' needs. Services worked closely with a range of health, social and educational professionals in order to coordinate and integrate pathways of care that met the needs of the local population.
- The trust had implemented a number of initiatives to respond to patient's individual needs and circumstances that enabled an individualised and sensitive approach to care delivery.
- The trust had an established dementia strategy in place in line with national recommendations, which was action planned and progress was monitored at board level. Progress was monitored though the dementia steering committee which also had board representation.

However,

- Access and flow remained a challenge, and the emergency department did not at times see, treat, admit or discharge patients within the national expectation four hours.
- There were some pressures with access and flow across the medical and surgical wards, including patients who were medically optimised and ready for discharge. Access and flow issues resulted in a number of patients being cared for on a ward outside of their speciality. There were policies and procedures in place outlining the management of these patients to ensure that patients were seen by the appropriate medical teams at the right time

Service planning and delivery to meet the needs of local people

- The trust had well developed approach to strategic planning. Services were planned to meet the needs of the local population and included national initiatives and priorities.
- The hospital was part of the Greater Manchester health and social care devolution programme to provide a partnership approach to care and the healthier together programme.
- Plans were in place to expand the emergency department in order to accommodate the increase in patient attendances, of which notable there had been an increase in patients attending from outside of Bolton.

- Community services in Bolton had been redesigned in 2015 in response to changing patients' needs. Services worked closely with a range of health, social and educational professionals in order to coordinate and integrate pathways of care that met the needs of the local population.
- The trust offered a range of outpatient clinics, which were designed to meet the needs of local people. For example, patients could access one-stop clinics, some specialities offered drop in services and there were a number of satellite units across the trust providing choice for patients on where to have appointments and investigations.

Meeting people's individual needs

- The trust had implemented a number of initiatives to respond to patient's individual needs and circumstances that enabled an individualised and sensitive approach to care delivery.
- There was a flag on the electronic patient record for patients with learning disabilities. This acted as a reminder to staff to make reasonable adjustments to meet the patents individualised needs.
- Staff also had access to a learning disabilities specialist nurse who was able to support staff in providing sensitive and appropriate care for this group of patients.
- Information was available in a range of accessible formats and languages for patients about services and the care they were receiving.
- Staff were also able to make reasonable adjustments for patients who had visual or hearing impairments.
- Staff could access a language interpreter if needed.
- The paediatric ward had a teacher working on the unit during term-time. The teacher provided learning materials for all children of school age who were medically capable to undertake the activities.
- Play specialists were available to provide support for children undergoing procedures and were present at the preadmission clinic to help reduce any anxieties.
- An outreach service was provided by the neonatal unit staff to support parents with breast-feeding and other support.

Dementia

- The trust had an established dementia strategy in place in line with national recommendations, which was action planned and progress was monitored at board level. Progress was monitored though the dementia steering committee which had board representation.

- Training and awareness sessions were in place which included supporting carers, and there was an audit programme underway to measure the effectiveness of the dementia strategy.
- A specialist nurse was the clinical lead for dementia. They provided support for staff and a central point for queries. The trust also had access to a psychiatric liaison team who saw and assessed appropriate patients with a cognitive impairment.
- Staff had access to specialist advice from the trust's dementia specialist nurse, link workers, safeguarding and the Rapid Assessment Interface and Discharge (RAID) team.
- We saw a range of interventions in place to support people living with dementia, including 'This is me' passports with key information to help staff support and provide individualised care.
- Bluebell ward environment had been re-designed to support people living with dementia. We observed staff using a variety of dementia friendly strategies. Staff used aids, for example dolls, computers, karaoke and a piano. Interaction was approached in a caring way, and tailored to support each patients individual needs.
- The hospital had implemented the 'forget-me-not' sticker scheme. This was a discrete flower symbol used as visual reminder to staff that patients were living with dementia. This was to ensure that patients received appropriate, sensitive care, reducing the stress for the patient and increasing their safety.

Access and flow

- The trust had established policies and both internal and external escalation procedures in place to support patient flow and movement across the trust. This included established escalation meetings and a designated site manager co-ordinating flow.
- Access and flow remained a challenge, and the emergency department did not at times see, treat, admit or discharge patients within the national expectation of four hours.
- Plans were in place to expand the emergency department in order to accommodate the increase in patient attendances, of which notable there had been an increase in patients attending from outside of Bolton.
- There were some pressures with access and flow across the medical and surgical wards, including patients who were medically optimised and ready for discharge. Access and flow issues resulted in a number of patients being cared for on a

ward outside of their speciality. There were policies and procedures in place outlining the management of these patients to ensure that patients were seen regularly and by appropriate medical teams at the right time.
- The overall hospital-wide bed occupancy rate between July 2013 and December 2015 ranged between 80.8% and 88%, which rose to 91% on medical wards between January and March 2016.
- In spite of pressures, we observed that the average length of stay for elective medicine at the hospital was shorter (better) than the England average at 2.9 days.
- NHS England data showed the surgical and gynaecology services consistently performed better than the England average for 18-week referral to treatment standards for admitted (adjusted) patients between November 2014 and January 2016.
- Most patients were admitted to the intensive care unit within four hours of making the decision to admit them and 100% of patients were assessed by a consultant within 12 hours of admission.
- Diagnostic waiting times had been consistently better than the England average between January 2014 and November 2015.
- The trust had performed consistently better than the England indicators for incomplete pathway referral to treatment times between December 2014 and November 2015.
- Activity measures within the community services indicated that, in Bolton, the team were above the trust target for the number of GP referrals that were received (6,501 against a target of 6,187). The service indicated that these figures had been impacted on in view of the new initiative they had trialled with GPs for keeping patients out of hospital.

Learning from complaints and concerns

- The trust had a comprehensive policy in place for managing complaints and concerns.
- Staff were aware of the policy and how to access this for guidance. Staff wherever possible, dealt with complaints informally, in order to support complainants and resolve concerns raised. Where this was not possible, staff referred patients to patient advice and liaison service (PALS) and the formal complaints procedure.
- In 2014-15, the trust received 1321 pals concerns and complaints, which was consistent with 2013-14. However, there

Summary of findings

had been a reduction in complaints of 9.4% and an increase in PALS concerns, which was attributable to the work undertaken by the trust to engage and support staff in proactively dealing with concerns.

- In 2014-15, the trust changed its policy to reduce the length of time acceptable to provide a complainant with a response to 35 days. In 2015, the trust responded to 95% of complainants within the reduced agreed timescale.
- All complaints responses were reviewed by the CEO, and any extension to the timeframes for responses set out in the policy were signed off by the CEO on an individual basis.
- Learning from complaints was shared, implemented and evaluated. We saw examples of changes made in response to learning from complaints.
- The trust correlated complaints and incident themes in order to improve learning across the organisation.
- There were processes in place to ensure that complaints were monitored at trust board level.

Are services at this trust well-led?

We rated 'Well-led' as good because;

- The trust had a vision and strategy with clear aims and objectives.
- The trust was part of a number of collaborative partnerships, which were underpinned by the strategy and forward plan. This included being part of the Greater Manchester health and social care devolution programme to provide a partnership approach to care, and the healthier together programme.
- Governance and risk management structures were embedded in the trust.
- There was a robust committee structure in place that supported challenge and review of performance, risk and quality. Mechanisms were in place to ensure that committees were led and represented appropriately, to ensure that performance was challenged and understood.
- The executive and non-executive directors were visible with staff using a variety of communication methods. Staff felt listened too, engaged and able to influence decision-making. The trust had adopted a collective leadership approach to quality improvement which meant that staff delivering the service and leaders work together to drive improvements by using staff engagement.

Summary of findings

- Patient experience and learning from public engagement was used throughout the trust in order to support improvements. There was embedded approach to using patient's stories within both committee arrangements and divisional structures. Patient experience information was also available to the public through the trust website.
- We found that the trust had a positive and inclusive approach to equality and diversity. We found that staff were committed and proactive in relation to providing an inclusive workplace.
- There was a very positive culture throughout the trust. Staff of all grades were committed to continually making improvements to the quality of care delivered.
- All staff spoke with the highest regard for board members, and gave examples of positive interactions and collaborative working between the board and staff in order to improve safe care and treatment and outcomes for patients.

Vision and strategy

- The trust had a vision and strategy with clear aims and objectives. The trusts vision was to deliver excellent healthcare for future generations, working collaboratively towards sustainability for long-term health & social care outcomes for communities.
- The trust was part of a number of collaborative partnerships, which were underpinned by the strategy and forward plan. This included being part of the Greater Manchester health and social care devolution programme to provide a partnership approach to care, and the healthier together programme as part of the vanguard programme.
- Trust values were based upon beliefs and behaviours expected .These were vison, openness, integrity, compassion, and excellence (VOICE).
- Vison and values statements were co - designed with the public and staff following consultation. These were embedded in both the staff recruitment and appraisal processes.
- Staff were aware of the trust vision and strategy going forward, and we found that staff understood organizational values and demonstrated behaviors that underpinned them.
- Strategic plans at a local level were underpinned by key objectives set at a trust level, for example, plans were in place to improve the estate and information technology infrastructure in a number of locations, which were prioritized as part of the trust strategy.

Summary of findings

Governance, risk management and quality measurement

- Governance and risk management structures were embedded in the trust.
- There was a robust committee structure in place that supported challenge and review of performance, risk and quality. Mechanisms were in place to ensure that committees were led and represented appropriately, to ensure that performance was challenged and understood.
- The trust had a pro-active approach to risk management with clear roles and responsibilities and monitoring arrangements in place.
- The Board Assurance Framework (BAF) was aligned to strategic objectives and we saw evidence that it was linked appropriately to divisional risk registers that were regularly reviewed. We observed that the trust did not have an over-all trust risk register, however processes were in place to ensure that both operational and strategic risk and performance issues were reported and acted upon though monthly management meetings chaired by the chief executive.
- Board assurance related to the BAF and strategic and operational objectives were tested in practice by board members and governors. This was done though a formal programme of work which was aligned to current themes and risks. Staff found this supportive and felt that the board understood operational issues and this approach created a collective approach to decision making.
- There were divisional governance meetings were performance, risks and learning was discussed and shared. Staff had access to robust data to support good performance, which included thematic reviews and correlation of data to promote early identification of poor performance. We observed that whilst this was being used well operationally, there might be a missed opportunity to prospectively use data to further to support trust wide initiatives; however, the trusts current information technology systems limited real-time information across the trust.

Leadership of the trust

- There was a positive culture and a sense of pride throughout teams in the hospital, and staff were committed to being part of the trust's vision and strategy going forward.

- There was effective teamwork and clear leadership and communication in services at a local level. Managers and leaders were visible and approachable. Staff felt supported by their managers and there was an open culture of transparency and communication between teams and disciplines
- The hospital was led and managed by an executive team that were approachable and visible. All staff knew the senior team and felt that they were listened to and concerns were acted upon.
- All staff spoke with the highest regard for board members, and gave examples of positive interactions and collaborative working between the board and staff in order to improve safe care, treatment, and outcomes for patients.
- In the 2015 national NHS staff survey, staff scored being supported by their managers out of five. The score was 3.88, which was higher than the national average, which was 3.72.

Culture within the trust

- There was a very positive culture throughout the trust. Staff of all grades were committed to continually making improvements to the quality of care delivered.
- There was a supportive culture across divisions, and staff worked collectively to identify quality improvements and help deliver services safely on a day-to-day basis.
- Staff were proud of the services they delivered and proud of the trust.
- There was a range of reward and recognition schemes that were valued by staff. Staff were encouraged to be proud of their service and their achievements.
- There was a range of social events and access to activities such as sport and leisure, which supported the trust health and wellbeing programme.
- In the 2015 national NHS staff survey the trust scored 3.83 out of five, which is above the national average for staff who would recommend the trust as a place to work or receive treatment. This was an increase on the previous 2014 survey of 3.68 and higher than the national average.

Equalities and Diversity – including Workforce Race Equality Standard

Summary of findings

- The Director of Nursing was executive lead for equality and diversity. There was a strategy in place was monitored though the equality and diversity inclusion steering group and the patient experience and inclusion partnership committee.
- We found that the trust had a positive and inclusive approach to equality and diversity. We found that staff were committed and proactive in relation to providing an inclusive workplace.
- There were a range of staff groups and patient groups that contributed to the trust equality, diversity and inclusion agenda, which included learning disability patient groups, people living with dementia and young people accessing adolescent mental health services (CAMHS).
- The trust had key objectives aligned to the public sector equality duty and equality delivery system (EDS2), and had audit and monitoring systems in place against key metrics, for example diversity of patients, complaints and patient feedback in order to understand the quality of care and service being provided. We saw that good progress had been made against the EDS2 standards.
- As part of the new Workforce Race Equality Standard (WRES) programme, we have added a review of the trusts approach to equality and diversity to our well led methodology. The WRES has nine very specific indicators by which organisations are expected to publish and report as well as put action plans into place to improve the experiences of it Black and Minority Ethnic (BME) staff. As part of this inspection, we looked into what the trust was doing to embed the WRES and race equality into the organisation as well as its work to include other staff and patient groups with protected characteristics.
- We analysed data from the NHS Staff survey regarding questions relating to the Workforce Race Equality Standard (WRES). The results for the trust were positive for the trust in most areas.
- However, there had been an increase in all staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. There had been a notable increase in reports from staff from a BME background from 25% in 2014 to 39% in 2015. Similarly, the percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months had shown a small increase for all staff, however BME staff reporting bullying had gone up from 26% to 36%.

Summary of findings

- The trust had acted upon findings from the national staff survey as part on ongoing range of actions in place to support staff engagement. Examples included a non-executive director responsible leading whistleblowing concerns and a new appointment of a "speak up guardian" would further support staff in being able to raise concerns.
- All staff we spoke to felt well supported, able to raise concerns and develop professionally.

Fit and Proper Persons

- The trust was appropriately prepared to meet the requirements of the Fit and Proper Persons regulation (FPPR). This regulation ensures that directors of NHS providers are fit and proper to carry out this important role.
- We reviewed a number of records relating to senior appointments and found that they were robust and included checks on applicants/appointees criminal record, financial background, identity, employment history, professional registration and qualification checks.
- It was part of the trust's approach to conduct a check with any and all relevant professional bodies and undertake due diligence checks for all senior appointments.

Public engagement

- Patients were encouraged and had access to a range of opportunities to give feedback about their care or experience including the NHS friends and family test, inpatient experience survey and via social media. All feedback mechanisms could be accessed via the trusts website.
- The trust worked with local patient and carers groups, charities and community specialist interest groups. The trust engaged pro-actively with groups to improve services and used information to inform strategic objectives.
- Patient experience and learning from public engagement was used throughout the trust in order to support improvements. There was embedded approach to using patient's stories within both committee arrangements and divisional structures. Patient experience information was also available to the public through the trust website.

- Staff of all grades were involved with patient listening events, which were led by board members, and information collated were used to learn and ensure that the patients voice was heard.
- Regular public engagement with the wider public was undertaken by governors and foundation trust members (FTM), for example attendance at local events including the Bolton Health Mela and the University Fresher's week. There was also representation at local area forums to discuss pertinent issues and respond to questions from members of the public. We found that the role of governor and FTM members was integral to the patient and public engagement strategy and their work was used to inform and influence change.

Staff engagement

- The executive and non-executive directors were visible with staff using a variety of communication methods. Staff felt listened to, engaged and able to influence decision-making. The trust had adopted a collective leadership approach to quality improvement which meant that staff delivering the service and leaders work together to drive improvements by using staff engagement.
- In the 2015, national NHS staff survey showed that over-all staff engagement, staff motivation and staff contribution towards improvement as work was higher than the national average.
- All staff were committed to delivering good, compassionate care and were motivated to work at the hospital.

Innovation, improvement and sustainability

- We observed a particular area of good practice, in which all new incidents and risks were reported to board members daily. Within this, a second report was circulated within the day reporting key actions that had been taken. This pro-active approach meant that board members were clear on strategic and operational risks at the earliest opportunity.
- The trust had been successful in securing funding from both the Department of Health an NHS Technology funds to improve the estate and information technology across the trust, and were working with partners to find innovate solutions to support technology sustainability across the health economy.

Summary of findings

- Bolton NHS Foundation Trust and were shortlisted for a range of awards at this year's Health Service Journal (HSJ) Value in Healthcare Awards including Chief executive of the year, and the care of women who experience intra-uterine death and stillbirth.
- The Finance director had been named as director of the year 2015 by the Healthcare Financial Management association, and the finance team were named large team of the year 2015 in the northwest finance awards.
- The trust had developed working partnerships with external agencies. For example, Victim Support held a monthly drop-in session once a month to offer support and advice to both patients and staff on domestic violence.
- We saw examples were staff worked collaboratively across teams on initiatives. For example, the infection control team and critical care had implemented a number of innovative processes to improve patient care. This included participation in the major infection control transgressions (MICT) audit, the staff safety culture survey, enabling ICU patients to die at home and enhanced skills for nursing staff (e.g. insertion of arterial lines, non-medical prescribing and nurse-led discharge).

Overview of ratings

Our ratings for Bolton NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Services for children and young people	Requires improvement	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Our ratings for Bolton One

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Overview of ratings

Our ratings for Bolton NHS Foundation Trust

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

Our ratings for Community Services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good	Good	Good	Good	Good	Good
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good
Community health inpatient services	Good	Good	Good	Good	Good	Good
Overall Community	Good	Good	Good	Good	Good	Good

Our ratings for Mental Health Services

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

Outstanding practice and areas for improvement

Outstanding practice

- The emergency department had direct access to electronic information held by community services, including GPs. This meant that hospital staff could access up-to-date information about patients, for example, details of their current medicine.
- The emergency department offered bereavement meetings were offered to those who had lost a loved one, to help them understand what had happened.
- Emergency department consultants were regularly working in place of middle grade staff to ensure the department continued to function with safe medical staffing levels.
- The radiology department had a managed equipment programme in place. This meant that equipment was serviced, repaired and replaced as part of the contract in a timely way, minimising disruption to services and reducing the need for costly and time consuming business cases when equipment needed replacing. This was an innovative way of managing high cost equipment.
- The trust were early adopters of the neonatal behaviour evaluation scale (NBES).
- The trust were adopters of early volume ventilators.
- The neonatal unit introduced 'Matching Michigan', a two-year programme designed to reduce infections in central lines, before it was rolled out as best practice. As a result, the service was nominated for an award from the Health Service Journal (HSJ).
- The neonatal unit introduced the 'fresh eyes initiative', which is where nursing staff look at other nurses' patients at 1am and 1pm to promote things not being missed.
- Any incidents with an initial grading of harm were circulated to all trust board members on a daily basis. Initial information was received before 9am and then follow information on what actions had been taken were received by 10.30am.

Areas for improvement

Action the trust MUST take to improve

- Complete mental health assessment forms in the emergency department as soon as practicable and ensure these are distributed and used where appropriate.
- Improve staffing levels in the emergency department with an aim to reducing agency and locum rates.
- Improve appraisal rates in the emergency department.
- In the emergency department, Improve the focus on audits, ensuring clear action plans are formulated and progress regularly tracked to improve outcomes
- Ensure that robust information is collected, analysed, and recorded to support clinical and operational practice in medical services.
- Deploy sufficient staff with the appropriate skills on wards, especially on ward D1 and D3 at night.
- Ensure that records are kept secure at all times so that they are only accessed and amended by staff.
- Ensure that staff are up to date with appraisals and mandatory training in medical wards.
- Ensure that paper and electronic records are stored securely and are complete in outpatient's areas.
- Ensure that essential safety checks are completed and records of checks are maintained to provide assurance that all steps are being taken to maintain patient safety in outpatients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met; The trust did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to deliver the biologic therapy service in rheumatology. There was not procedures in place to follow in an emergency that make sure sufficient and suitable people are deployed to cover both the emergency and the routine work of the service Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met : Outpatient services did not maintain secure, accurate and complete records in respect of each service user. Regulation 17(2c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met; Staff were not adequately trained in some elements of care that were essential to their role as a CAMHS practitioner.

This section is primarily information for the provider

Requirement notices

Eligible staff did not receive level three safeguarding vulnerable children and adults training. NHS England has identified this training as essential for the role of community CAMHS practitioner.

Eligible staff did not receive training in the Mental Health Act (MHA) or revised MHA Code or Practice (MHA CoP) 2015. Staff did not always follow trust policy or the MHA CoP 2015 when using the MHA.

Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How this regulation was not being met; We found that there were not always effective systems and processes in place to assess, monitor and improve the quality and safety of the services provided. We also found that some patient care records did not contain all the necessary information regarding their care and treatment. There was no effective system in place to monitor the services' compliance with the Mental Health Act Code of Practice (2015). In patient care records, there were no copies of detention paper work for children and young people who had been detained under the MHA. This was a breach of regulation 17(2)(a) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How this regulation was not being met; We found that the service was not taking all reasonably practicable steps to mitigate certain risks to provide safe care and treatment. We also found that the service was not always adequately assessing the risk of, and preventing, detecting and controlling the spread of infections. Staff did not always take alarms into clinical areas where clinical contact with a child or young person took place. There had been reported incidents where a child or young person had become distressed and verbally or physically aggressive during an appointment. This put people at risk, as alarms can be used to alert other staff for assistance in an emergency situation. There was no local procedure in place to advise staff how they should keep themselves safe when working as a lone practitioner off-site. The CAMHS clinic room did not have a mixer tap. This had recently been installed and had not been identified as a safety issue. We found a sharps box that had not been disposed of since 2014. This could contribute to the spread of infection. This was a breach of regulation 12(b)(d) and (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The regulation was not being met because

This section is primarily information for the provider

Requirement notices

Outpatient services did not maintain secure, accurate and complete records in respect of each service user.

Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The regulation was not being met because There was limited evidence to demonstrate that laser machines in ophthalmology were safe for use and used in a safe way regulation 12 (1)(2) and (E) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The regulation was not being met because There was limited evidence at the main governance meeting that information had been analysed and the information used to make improvements and recorded that they had been made. Information and actions in relation to decreasing delayed discharges were not recorded and medical handovers were not documented. There were times when there was low attendance by clinicians at the main governance meeting which would have an impact on the sharing and discussion of important information. Records were not securely maintained on a number of wards and consent forms were not dated. Regulation 17(a) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The regulation was not being met because

There were times when there was not always the required numbers of nursing staff available on the wards, especially at night on ward D3.

The number of nursing and medical staff who had completed their appraisal and mandatory training was below the trust target

Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.