

# York Teaching Hospital NHS Foundation Trust

## Inspection report

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Date of inspection visit: 18 June to 20 June and 16  
July to 18 July 2019  
Date of publication: 16/10/2019

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

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

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

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

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

# Summary of findings

## Background to the trust

York Teaching Hospital NHS Foundation Trust provides a comprehensive range of acute hospital and specialist healthcare services for approximately 800,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale - an area covering 3,400 square miles.

The trust's annual turnover is over £0.5bn. The trust manages three acute hospital sites and five community hospitals. There is a workforce of over 9,000 staff working across the hospitals and in the community.

Each year the trust carries out the following activity:

- 127,000 A&E attendances
- 390,000 outpatient appointments
- 119,000 inpatients
- 61,000 operations and procedures
- 5,000 babies delivered

Trust services are commissioned by the following Clinical Commissioning Groups (CCG's), who commission the majority of the trust's services, and also local authorities.

- Vale of York CCG
- Scarborough & Ryedale CCG
- East Riding of Yorkshire CCG
- City of York Council
- North Yorkshire County Council
- East Riding of Yorkshire Council

In total the trust has 46 acute inpatient wards across the three hospital sites at York, Scarborough and Bridlington; 1,006 inpatient beds, 58 day-case beds, 47 maternity beds and 33 children's beds.

The trust also provides outpatient and adult community services providing 1632 outpatient clinics a week from the hospital sites and additional community clinics.

The trust operates community inpatient hospital services from four community sites:

- The New Selby War Memorial Hospital
- St Monica's Hospital Easingwold
- White Cross Rehabilitation Hospital
- St Helens Rehabilitation Hospital

Community services for adults including end of life care services are also provided in people's own homes and a range of community clinics across the geography of the trust.

# Summary of findings

## Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as **Requires improvement**



## What this trust does

York Teaching Hospital NHS Foundation Trust provides a comprehensive range of acute hospital and specialist healthcare services for approximately 800,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale - an area covering 3,400 square miles. The trust operates acute hospital services from three main hospital sites:

- York Hospital

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

- Scarborough Hospital

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

- Bridlington Hospital.

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

In total the trust has 46 acute inpatient wards across the three hospital sites; 1006 inpatient beds, 58 day-case beds, 47 maternity beds and 33 children's beds.

The trust operates community inpatient hospital services from four community sites and each week the trust runs in the region of 1,632 outpatient clinics a week and additional community clinics.

Community services for adults including end of life care services are also provided in people's own homes and clinics across the geography of the trust.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

# Summary of findings

## What we inspected and why

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

Between 18 and 20 June 2019 we carried out unannounced inspections of Urgent and Emergency care, Medicine, Surgery and Outpatients at Scarborough Hospital and Medicine, Surgery and Outpatients at Bridlington Hospital. Between 16 and 18 July 2019 we carried out unannounced inspections of Maternity Scarborough Hospital and community. We carried out an unannounced inspection of the Medical service on 16 July 2019.

This inspection is part of our continual checks on the safety and quality of healthcare services.

At Scarborough hospital we inspected Urgent and Emergency care, Surgery, Medicine, and Maternity because at least three domains, including safe, were rated as requires improvement at the last inspection in February 2018. Outpatients was rated in conjunction with Diagnostics in October 2015 with at least three domains, including safe, rated as requires improvement and was inspected as a separate core service at this 2019 inspection. We had other concerns due to continued failure to meet constitutional standards in emergency and urgent care, referral to treatment times for outpatients which were consistently worse than the England averages and an increase in the proportion of cancelled operations not treated within 28 days. The medical service had two open mortality outliers, some poor audit performance and we had growing concerns regarding the staffing of medical wards and the impact this can have on patient safety.

At Bridlington hospital we inspected Medicine because at least three domains, including safe, were rated as requires improvement at the last inspection in February 2018. We inspected Surgery because safe was rated as required improvement in February 2018. Outpatients was rated in conjunction with Diagnostics in October 2015 with at least three domains, including safe, rated as requires improvement and was inspected as a separate core service at this 2019 inspection.

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

The CQC has carried out a number of inspections of the trust; the last comprehensive inspection of the acute services was in October 2015 with focused inspections carried out in February 2018. In February 2018 we rated effective, caring and responsive as good, and safe and well led as requires improvement. We rated the trust as requires improvement overall and requires improvement for well-led.

## What we found

### Overall trust

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

- We rated, effective, caring and responsive as good, and safe and well led as requires improvement. In rating the trust, we took into account the current ratings of the services not inspected this time.
- York Hospital was not inspected at this time; therefore, its ratings remained the same. In 2017 the hospital was rated as good overall. We rated effective, caring, responsive and well-led as good, and safe as requires improvement.
- Scarborough Hospital was rated as requires improvement overall. We rated safe as inadequate, effective, responsive and well-led as requires improvement and caring as good.

# Summary of findings

- Bridlington Hospital was rated as good overall. We rated safe, effective, caring, and responsive as good, and well-led as requires improvement.
- Community services were not inspected at this time; therefore, ratings remained the same. In 2017 we rated effective, caring, responsive and well-led as good, and safe as requires improvement.
- We rated well-led for the trust overall as requires improvement.

## Are services safe?

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

- Within medicine services at Scarborough Hospital there was a risk that the service did not have sufficient staff with the right qualifications, skills, training and experience. This meant there was a risk the service could not keep patients safe from avoidable harm and provide the right care and treatment in a timely way.
- The urgent and emergency care department did not have any paediatric trained nursing or medical staff and compliance with paediatric life support training was poor. However paediatric pathways were in place to support staff to safely care for children in the department.
- Within medicine services, across a number of wards at Scarborough Hospital we found gaps in records of patients' care and treatment. What was recorded was clear but not always up-to-date. This included food and fluid charts not being completed properly. This was an issue at the last inspection.
- For a number of the core services, we found low levels of mandatory training compliance for medical staff. We were particularly concerned about the low levels of compliance in advanced life support training and safeguarding training for both children and adults in urgent and emergency care.
- In outpatients, the service was not consistently assessing the clinical risk inherent in its waiting lists where patients were waiting beyond their expected appointment date for new and follow up appointments. Although ophthalmology had a system of clinical validation (Clinical Prioritisation) for patients waiting for appointments, this was inconsistent across the trust and some specialities had not clinically validated their waiting lists. This meant there was limited oversight of clinical risk in waiting lists across the specialities. Clinical validation was not consistently documented on the risk registers for outpatients and trust performance regarding overdue appointments was deteriorating.
- We had concerns, in some services, about the systems and processes to safely prescribe, administer, record and store medicines.
- In some services, resuscitation equipment and fridge temperatures were not checked daily.

However:

- The midwife-to-birth ratio at Scarborough hospital was 1:22. (April 2018 to July 2019) which was better than the Royal College of Midwives (RCM) recommendation of an average of one midwife for every 28 births.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service managed patient safety incidents well and staff received feedback from incidents reported.

## Are services effective?

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

- Services provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.

# Summary of findings

- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patient's consent.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- The maternity service had achieved UNICEF Baby Friendly Accreditation' level three. The UNICEF UK Baby Friendly Initiative supports breastfeeding and parent infant relationships by working with public services to improve standards of care.

However:

- Staff appraisals in some services did not meet the trust target rate so there was a risk the service could not make sure staff were competent for their roles.
- While staff monitored the effectiveness of care and treatment, results in some national audits showed poor outcomes.

## Are services caring?

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We found that patients received compassionate care from staff which supported their privacy and dignity.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Most patients we spoke with felt staff were attentive and took time to explain things. Patients had access to chaplaincy services for those with a faith or none.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff understood the needs of their patients and involved carers. For instance, wards supported flexible visiting times for family and carers.

## Are services responsive?

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. However more work was needed to improve flow through the hospital to reduce waiting times in the urgent and emergency care department and reduce delayed transfers of care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

# Summary of findings

- From April 2018 to March 2019 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was better than the England average in every month except for January 2019 when it was similar.
- People could access the maternity service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were mostly in line with national standards.

However:

- Waiting times across some specialities from referral to treatment were not always in line with national standards and there were patients waiting past their appointment dates for follow up. For cancer waiting times, the trust performed worse than the 85% operational standard for patients receiving their first treatment within 62 days of an urgent GP referral.
- There were high numbers of cancelled clinics and increasing numbers of operations cancelled at short- notice.
- The trust did not meet all of the urgent and emergency care standards.
- Only 36% of complainants had received a completed response within the trust standard of 30 days.

## Are services well-led?

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

- Although leaders had the skills and abilities to run the service, there was ongoing instability and change. Some leaders were new in post following the recent operational review, completed in March 2019 and were working to understand and manage the priorities and issues the service faced. Some services were failing to improve national performance targets.
- Although the trust had an overarching vision and strategy the vision for services at Scarborough and Bridlington lacked coherence and details on how to turn existing directorate strategies into action.
- While most staff felt respected and valued, some staff at Scarborough hospital did not feel supported and felt that not all senior managers took seriously the work pressure they were under or the impact of staff shortages on staff and patient safety.
- There was a lack of governance oversight at department level. Staff were not always clear about the governance processes. Leaders operated within new governance processes and not all staff were clear about staff were not clear about their roles and accountabilities.
- Not all the risks we identified risks were included on risk registers. For example, medical staff compliance with mandatory training and low compliance in children's safeguarding and paediatric life support training; and lack of clinical validation (Clinical Prioritisation) and assessment of risk within outpatients waiting lists were not documented on risk registers.
- The services had not addressed all of the issues identified at our last inspection in 2017.
- The records management system within the trust was currently a hybrid system of electronic and paper, this meant that staff could not always find the data they needed, easily, to understand performance, make decisions and plan improvements.

However:



# Summary of findings

- Leaders understood issues the service faced and staff at all levels were focused on the needs of patients receiving care. Staff reported an improving culture and felt that patients, their families and staff could raise concerns without fear.
- Staff identified and escalated relevant risks and issues and identified actions to reduce their impact.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Staff were committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. There were examples of learning, improvement and innovation.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice in urgent and emergency care and surgery at Scarborough Hospital. We also found examples of outstanding practice in surgery at Bridlington Hospital.

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

## Areas for improvement

We found several things that the trust should improve that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

We found areas for improvement including three breaches of legal requirements that the trust must put right. We found 50 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

## Action we have taken

We issued three requirement notices to the trust. Our action related to breaches of three legal requirements at a trust-wide level in two locations.

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

## What happens next

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

## Outstanding practice

**In Scarborough;**

**Urgent and Emergency Care;**



# Summary of findings

- The service had created and opened the same day emergency care centre (SDEC) department in December 2019, we saw this area was well utilised and was helping to manage capacity and flow problems to some degree.
- The introduction of a clinical educator for the department had resulted in there being a positive impact on nursing staff's mandatory training compliance which had improved significantly.
- The department had a box containing products to support relatives of dying patients, this included an information leaflet, a blanket and a pillow, toiletries, a bottle of water and tissues.
- We heard from a member of staff that a senior nurse had been nominated by a patient for a 'star award'. The senior nurse had suggested to the executive team that all the staff in the department deserved the award and therefore the whole team had been awarded the recognition.

## **Surgery;**

- The hospital was selected to be a pilot site for Transanal Total Mesorectal Excision (TATME) surgery, as one of only five hospitals in the country.

## **In Bridlington**

### **Surgery;**

- Bridlington had become one of a few hospitals in the country able to provide hip replacements for selected day case patients.

## Areas for improvement

### **Action the trust MUST take to improve**

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

#### **Trust wide**

- The trust must ensure it has a robust process for identifying learning from deaths and serious incidents and ensure this is systematically shared across the organisation. **(Reg 17)**

#### **In Scarborough**

##### **Urgent and Emergency Care;**

- The service must ensure all medical staff in its urgent and emergency care service at Scarborough hospital are compliant with all aspects of mandatory training. **(Reg 18)**
- The service must ensure all medical and nursing staff in urgent and emergency care services at Scarborough hospital complete the required specialist paediatric life support training to enable them to safely care for children in the department. **(Reg 18)**
- The service must ensure it has enough, suitably qualified, competent and experienced medical and nursing staff in its urgent and emergency care service at Scarborough hospital, to meet the RCEM recommendations, including enough staff who are able to treat children in an emergency care setting. **(Reg 18)**
- The service must ensure medicines are managed safely in its urgent and emergency care service at Scarborough hospital. **(Reg 12)**

# Summary of findings

- The service must ensure that computer screens showing patient identifiable information, are not left unlocked when not in use, in its urgent and emergency care service at Scarborough hospital. **(Reg 17)**
- The service must ensure it takes action to improve its performance in the RCEM standards in its urgent and emergency care service at Scarborough hospital. **(Reg 17)**
- The service must ensure all nursing staff have an up to date appraisal each year in its urgent and emergency care service at Scarborough hospital. **(Reg 17)**
- The service must ensure they continue to work to improve the following performance standards for its urgent and emergency care service at Scarborough hospital. **(Reg 17):**
  - the median time from arrival to treatment.
  - the percentage of patients admitted, transferred or discharged within four hours.
  - the monthly percentage of patients that left before being seen.
- The service must ensure the processes for the management of risks, issues and performance, and the governance and oversight of these processes are fully embedded within its urgent and emergency care service at Scarborough hospital. **(Reg 17)**

## **Surgery;**

- The service must ensure that all medical staff complete mandatory training and safeguarding training modules in accordance with trust policy. **(Reg 18)**
- The service must ensure that the quality of medical record keeping improves and that medical staff maintain accurate and contemporaneous records for all patients, in accordance with professional standards and trust policy. **(Reg 18)**
- The service must ensure that all medical and nursing staff receive annual performance appraisals, in accordance with professional standards and trust policy. **(Reg 18)**
- The service must ensure that all records are secure when unattended. **(Reg 17).**

## **Medicine;**

- The service must ensure that sufficient numbers of suitably qualified, competent, skilled and experienced medical staff are deployed overnight for medicine wards on the Scarborough Hospital site to promote safe care and treatment of patients. **(Reg 18)**
- The service must ensure that sufficient numbers of suitably qualified, competent, skilled and experienced registered nursing staff are deployed across the medicine wards on the Scarborough Hospital site to promote safe care and treatment of patients. **(Reg 18)**
- The service must ensure that all staff on medicine wards at the Scarborough Hospital site are maintaining securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. **(Reg 12)**
- The service must ensure that substances hazardous to health are stored securely and used in a safe way to avoid potential or actual harm to patients. **(Reg 12)**

## **Maternity;**

- The service must ensure that all medical staff complete mandatory training and safeguarding training modules in accordance with trust policy. **(Reg 18)**

# Summary of findings

## Outpatients

- The service must ensure the backlogs and overdue appointments in the trust is addressed and improved. **(Reg 17)**
- The service must ensure improvements are made where the service is not meeting the 18-week referral to treatment time target and cancer waiting times so that patients have access to timely care and treatment. **(Reg 17)**

## In Bridlington

### Surgery;

- The service must ensure that all medical staff complete mandatory training and safeguarding training modules in accordance with trust policy. **(Reg 18)**
- The service must ensure that all medical staff receive annual performance appraisals, in accordance with professional standards and trust policy. **(Reg 18)**
- The service must ensure that electronic records are secure (screens locked) when unattended. **(Reg 17)**

## Outpatients

- The service must ensure the backlogs and overdue appointments in the trust is addressed and improved. **(Reg 17)**
- The service must ensure improvements are made where the service is not meeting the 18-week referral to treatment time target and cancer waiting times so that patients have access to timely care and treatment. **(Reg 17)**

## Action the trust SHOULD take to improve:

### Trust wide

- The trust should formalise written guidance for fulfilment of the requirement of the Fit and Proper Persons Test (FPPT) for Directors.
- The trust should develop a sustainable clinical strategy at pace building on the outcomes of the east coast acute services review and ensure it dovetails with the care group plans.
- The trust should ensure there is a clear accountability framework setting out the governance arrangements for the care group structure.
- The trust should continue its work to improve its reporting of performance information to enable easier oversight and governance and continue its work to improve its digital systems and processes.
- The trust should continue its review of the Board members skills and prioritise its planned board development activities.

## In Scarborough

### Urgent and Emergency Care;

- The service should consider having a designated ligature free room in its urgent and emergency care service at Scarborough hospital for patients suffering from mental health illnesses.
- The service should consider having a designated paediatric area within the first assessment and major's areas of its urgent and emergency care service at Scarborough hospital.
- The service should ensure all equipment is cleaned and labelled to indicate when it was last cleaned in its urgent and emergency care service at Scarborough hospital.

# Summary of findings

- The service should ensure an embedded system of clinical supervision is in place in its urgent and emergency care service at Scarborough hospital.
- The service should ensure it continue to look at new ways of working to improve patient flow from its urgent and emergency care service at Scarborough hospital.
- The service should ensure it improves the availability of written information available in other languages and formats for patients using its urgent and emergency care service at Scarborough hospital.

## **Surgery;**

- The service should ensure there is consistent use of labelling to show when equipment has been cleaned.
- The service should ensure quality dashboard information is displayed in public areas.
- The service should ensure that they can demonstrate nursing staff receive regular, formal clinical supervision, in accordance with professional guidelines and trust policy.
- The service should ensure that they continue their work to improve patient access and flow to reduce referral to treatment times and patient cancellation rates.
- The service should ensure that storage areas temperatures are monitored to demonstrate medicines are always stored in accordance with manufacturer's minimum and maximum temperature guidelines.
- The service should continue to implement and embed the new governance structure and processes.

## **Medicine;**

- The service should ensure that resuscitation trollies are checked in accordance with the trust's policy and action is taken and improvement monitored when this is found not to be so.

## **Outpatients;**

- The service should ensure the resuscitation trolley is checked consistently and as required.
- The service should ensure the services assess risk in patients waiting beyond the recommended appointment dates.
- The service should consider ways to reduce the number of cancelled clinics in outpatients.

## **Maternity;**

- The service should ensure clear cleaning guidance of the cuffs is in place when fabric blood pressure cuffs are used.
- The service should obtain advise from the infection prevention team about the use and storage of non-packaged cotton wool balls.
- The service should ensure that community equipment which requires calibration has this completed as per maintenance schedule.
- The service should ensure that staff responsible for cleaning of the pool are shown the correct cleaning procedure/ guidelines for this piece of equipment.
- The service should ensure single use equipment is within its expiry date.
- The service should ensure that all entries to women's records are legible.
- The service should ensure that patients records trolleys are locked.
- The service should ensure that all staff have their annual appraisals.

# Summary of findings

- The service should audit MEOWS so that they are assured the system is being used effectively.
- The service should ensure that daily checks on the resuscitation trolley are completed as per Trust policy.
- The service should ensure that daily checks on medicine fridges are carried out as per Trust policy.
- The service should ensure that all patient group direction paperwork has authorisation signatures against those staff names who are able to administer patient group direction medicines.

## **In Bridlington**

### **Surgery;**

- The service should ensure labelling is used to show when equipment has been cleaned.
- The service should display quality dashboard information in public areas.
- The service should ensure that they can demonstrate nursing staff receive regular, formal clinical supervision, in accordance with professional guidelines and trust policy.
- The service should ensure that storage areas temperatures are monitored to demonstrate medicines are always stored safely in accordance with manufacturer's minimum and maximum temperature guidelines.
- The service should continue to implement and embed the new governance structure and processes.
- The service should investigate and respond to complaints in accordance with trust policy.

### **Medicine;**

- The service should replace or repair broken equipment in a timely manner and safety equipment is available to meet the needs of the patients.
- The service should make certain that staff adhere to record keeping policies and follow record keeping guidance in line with their registered professional standards.
- The service should complete mental capacity assessments on patients in a timely way where there is any doubt a patient is able to make an informed decision about their care and treatment. Assessments and outcomes should be documented in care records.
- The service should have a range of tools available to assess patients where their communication may be impaired.
- The service should work towards reducing length of stay for non-elective patients.
- The service should take action to improve complaints response times to bring them in line with their complaints policy.
- The service should consider developing documented admission criteria for the ward.
- The service should develop robust governance processes including performance dashboards, that local risks are identified, regularly reviewed and actions developed.

### **Outpatients;**

- The service should ensure the resuscitation trolley is checked consistently and as required.
- The service should ensure the services assess risk in patients waiting beyond the recommended appointment dates.
- The service should consider ways to reduce the number of cancelled clinics in outpatients.

# Summary of findings

## Is this organisation well-led?

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

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

Although leaders had the skills and abilities to run the service, there was ongoing instability and change occurring within the executive team at the time of inspection. Visibility of the executive team, particularly at the Scarborough and Bridlington sites, was a challenge for some services for patients and staff. There was more work to do to support staff to develop their skills and take on more senior roles.

Although the service had a vision for what it wanted to achieve and a strategy to turn it into action, this strategy was high level with a lack of supporting and enabling strategies. The vision and strategy were focused on sustainability of services, although there were some financial challenges associated with this.

The integration of the organisation presented a mixed picture. Overall, most staff felt respected, supported and valued. However, some staff at Scarborough felt that more senior managers did not take seriously the work pressure they were under or the impact of staff shortages.

Due to the changing organisational structure not, all staff were clear about their roles and accountabilities. There was a new governance structure in place but this needed to be more established and embedded. Not all board members, senior managers and staff were clear on the mechanisms for holding the organisation to account and how information and assurances would flow through the committees to the board and back out to frontline staff.

The corporate risk register contained a large number of risks with significant risk scores and while all risks were appropriate risk scores appeared to be unnecessarily high in some instances. Some of the risks such as infection prevention and control and workforce had been significant risks for a long time without any movement or improvement.

The records management system within the trust was currently a hybrid system of electronic and paper, this meant that staff could not, at times, find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.

Although all staff were committed to continually learning and improving services, quality improvement was not yet fully embedded in the organisation. The service did not appear to include patients in the investigation of their complaint. There was missed opportunities of learning from serious incidents and death reviews and sharing of this learning was fragmented.

However:

Leaders understood issues the service faced and staff at all levels were focused on the needs of patients receiving care. Services had an open culture where patients, their families and staff could raise concerns without fear. Staff reported an improving culture and inclusiveness among the board, and across services, and most staff felt able to challenge.

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

## Summary of findings

The trust engaged well with patients, staff, the public and local organisations to plan and manage and improve appropriate services and collaborated with partner organisations effectively. Although, engagement with some local partners had been slow to develop this had improved over recent months.

### Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at: [www.cqc.org.uk/provider/RCB](http://www.cqc.org.uk/provider/RCB)



## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Oct 2019	Good →← Oct 2019	Good →← Oct 2019	Good →← Oct 2019	Requires improvement →← Oct 2019	Requires improvement →← Oct 2019

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

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
York Hospital	Requires improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Scarborough Hospital	Inadequate ↓ Oct 2019	Requires improvement ↔ Oct 2019	Good ↔ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↔ Oct 2019
Bridlington Hospital	Good ↑ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Requires improvement ↔ Oct 2019	Good ↑ Oct 2019
<b>Overall trust</b>	Requires improvement ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↔ Oct 2019

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

### Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↔ Oct 2019
Community	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
<b>Overall trust</b>	Requires improvement ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↔ Oct 2019

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

## Ratings for York Hospital

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

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

## Ratings for Scarborough Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↓ Oct 2019	Requires improvement ↔ Oct 2019	Good ↔ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↓ Oct 2019	Requires improvement ↔ Oct 2019
Medical care (including older people's care)	Inadequate ↓ Oct 2019	Requires improvement ↔ Oct 2019	Good ↔ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↔ Oct 2019
Surgery	Good ↑ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↔ Oct 2019
Critical care	Good Feb 2018	Requires improvement Feb 2018	Good Feb 2018	Requires improvement Feb 2018	Requires improvement Feb 2018	Requires improvement Feb 2018
Maternity	Good ↑ Oct 2019	Good ↑ Oct 2019	Good ↔ Oct 2019	Good ↔ Nov 2019	Good ↔ Oct 2019	Good ↑ Oct 2019
Services for children and young people	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
End of life care	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients	Requires improvement Oct 2019	Not rated	Good Oct 2019	Requires improvement Oct 2019	Requires improvement Oct 2019	Requires improvement Oct 2019
Outpatients and Diagnostic Imaging	Requires improvement Oct 2015	N/A	Good Oct 2015	Requires improvement Oct 2015	Requires improvement Oct 2015	Requires improvement Oct 2015
<b>Overall*</b>	Inadequate ↓ Oct 2019	Requires improvement ↔ Oct 2019	Good ↔ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↔ Oct 2019

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

## Ratings for Bridlington Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good ↑ Oct 2019	Good ↑ Oct 2019	Good ↔ Oct 2019	Good ↑ Oct 2019	Requires improvement ↔ Oct 2019	Good ↑ Oct 2019
Surgery	Good ↑ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019
End of life care	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients	Requires improvement Oct 2019	Not rated	Good Oct 2019	Requires improvement Oct 2019	Requires improvement Oct 2019	Requires improvement Oct 2019
Outpatients and Diagnostic Imaging	Requires improvement Oct 2015	N/A	Good Oct 2015	Good Oct 2015	Requires improvement Oct 2015	Requires improvement Oct 2015
<b>Overall*</b>	Good ↑ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Requires improvement ↔ Oct 2019	Good ↑ Oct 2019

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

# Scarborough Hospital

Woodlands Drive  
Scarborough  
North Yorkshire  
YO12 6QL  
Tel: 01723368111  
[www.yorkhospitals.nhs.uk](http://www.yorkhospitals.nhs.uk)

## Key facts and figures

Scarborough hospital SH is the second largest of three main hospitals forming York Teaching Hospitals NHS Foundation Trust (YTHFT). It was opened in October 1936 by H.R.H the Duke of Kent and was built at a cost of £135,000. In July 2012, Scarborough Hospital, along with Bridlington Hospital and Scarborough and North East Yorkshire Healthcare NHS Trust, became part of York Teaching Hospital NHS Foundation Trust. In April 2007 York Teaching Hospital NHS Foundation Trust was granted its license as a Foundation Trust.

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

The trust also provides a range of other acute services from York and Bridlington hospitals to people in the wider York area, the north eastern part of North Yorkshire and parts of the East Riding of Yorkshire.

The CQC has carried out a number of inspections of the trust; the last comprehensive inspection of the acute services was in October 2015 with focused inspections carried out in February 2018. In February 2018 the overall trust was rated with effective, caring and responsive as good, and safe and well led as requires improvement. We rated the trust as requires improvement overall and requires improvement for well-led.

In February 2018 Scarborough hospital was rated with caring as good and safe, effective, responsive, well led as requires improvement giving an overall rating of requires improvement.

At Scarborough Hospital between 18 and 20 June 2019 we carried out unannounced inspections of urgent and emergency care, medicine, surgery and outpatient services. In addition between 16 and 18 July 2019 we carried out unannounced inspections of maternity services (and community) and revisited medicine services.

At the time of inspection Scarborough hospital had approximately 290 inpatient beds, 15 day case beds; six on Aspen ward, eight on Willow ward and one on critical care unit and 15 children's beds. In addition, the hospital provided critical care services, with eight beds available for intensive care and high dependency.

At this inspection we spoke with around a total number of 78 patients and relatives, 183 staff and reviewed 64 patient records.

The trust services are commissioned by the following Clinical Commissioning Groups (CCG's), who commission the majority of the trust's services, and also local authorities.

- Vale of York CCG

# Summary of findings

- Scarborough & Ryedale CCG
- East Riding of Yorkshire CCG
- City of York Council
- North Yorkshire County Council
- East Riding of Yorkshire Council.

## Summary of services at Scarborough Hospital

**Requires improvement**   

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

- We inspected Urgent and Emergency Care and rated the service as requires improvement which was the same rating as previous. The ratings for safe went down to inadequate. The ratings for effective and responsive stayed the same as requires improvement. The ratings for Well led went down to requires improvement.
- We inspected Medical Care and rated the service as requires improvement which was the same rating as previous. The ratings for safe went down to inadequate. The rating for effective, responsive and well led stayed the same as requires improvement.
- We inspected Surgical services and rated the service as requires improvement which was the same as the previous rating. The ratings for safe improved to good. The ratings for effective and caring stayed the same as good. The ratings for responsive and well led stayed the same as requires improvement.
- We inspected Maternity services and rated the service as good which was an improvement. The ratings for safe and effective improved to good. The ratings for caring, responsive and well led stayed the same as good.
- We inspected Outpatient services and rated the service as requires improvement. We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. The ratings for safe, responsive and well led was requires improvement. The ratings for caring was good. The effective domain is not rated.



# Urgent and emergency services

Requires improvement   

## Key facts and figures

York Teaching Hospitals NHS Foundation Trust has two emergency departments. One at Scarborough hospital and one at York hospital. The departments worked independently and had separate staff.

The trust had recently reconfigured its 15 directorates to six care groups. Therefore, the management arrangements had recently changed for the emergency department at Scarborough hospital.

Scarborough emergency department was a trauma unit, they treated patients with a wide range of illnesses and injuries. It was not a major trauma centre. The department housed a separate minor injuries and illness unit which was run by an external independent health provider. We did not inspect this service as part of this inspection.

The trusts emergency department treated level three (major and resuscitation) patients.

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

The department had a waiting room, triage room, first assessment area with five trolley bays, 15 cubicles and three resuscitation bays. A same day emergency care department had recently opened. This unit was staffed and run jointly by the medical care and emergency care teams.

Information provided by the trust indicated the number of adults seen in the department from February 2018 to January 2019 was 33,289. The number of children seen during the same period was 3,313.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. During our inspection we spoke with 11 patients and seven relatives. We observed staff delivering care and, looked at 14 patient records. We reviewed trust policies and performance information from, and about, the trust. We also spoke with 26 members of staff including all grades of medical and nursing staff, housekeepers, administrators and domestic staff. We also spoke with the newly established care group leadership team.

## Summary of this service

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

- We rated safe as inadequate. We rated effective, responsive and well led as requires improvement. We rated caring as good.
- The service provided mandatory training in key skills including the highest level of life support training to all staff. However, we found low levels of mandatory training compliance for medical staff, including life support and safeguarding adults and children's training. Equipment was not consistently labelled to show it had been cleaned. Resuscitation equipment was not checked daily. The design, of the facilities and premises did not take in to account the needs of children or patients suffering from a mental health illness. The service did not have enough nursing or medical staff with the right qualifications, skills, training and experience. We had concerns about the systems and processes to safely prescribe, administer, record and store medicines.
- Nursing staff appraisal rates were not in line with the trusts expectations and there were no formal supervision meetings. The trust's unplanned re-attendance rate to A&E within seven days was worse than the national standard of 5%, however this was about the same as the England average. The department was still not meeting the Royal College of Paediatrics and Child Health's or the RCEM recommendations for medical or nurse staffing.

# Urgent and emergency services

- The service was planned to meet the needs of local people and the communities served. It worked with others in the wider system and local organisations to plan care. However more work was needed to improve flow through the hospital, reduce waiting times in the department and to prevent unnecessary admissions to the department. The trust did not meet the median time from arrival to treatment standard during the full 12-month period from April 2018 to March 2019. This was consistently worse than both the national standard and England average. The trust failed to meet the standard for the percentage of patients admitted, transferred or discharged within four hours from April 2018 to March 2019. However, performance was similar to the England average. From April 2018 to March 2019 the monthly percentage of patients that left the trust's urgent and emergency care services before being seen for treatment was higher than the England average in 11 of the 12 months and we saw limited written information in other languages or formats at this inspection.
- Staff at all levels were not always clear about the governance processes. Staff did not appear to have regular opportunities to meet face to face, to discuss and learn from the performance of the service. The senior clinician for the department had been appointed as the new care group director. We were concerned this could negatively impact on the clinical leaders presence in the department. There was a perceived lack of effective governance oversight at department level. However, they did use social media to communicate and display boards in staff areas showed shared learning from incidents, deaths and complaints.

However, we also found:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff completed risk assessments for each patient. Staff identified and quickly acted upon patients at risk of deterioration. Records were clear, up-to-date, and easily available to all staff providing care and patient safety incidents were managed well. When things went wrong, staff apologised and gave patients honest information and suitable support. Nursing staff were exceeding the trusts mandatory training compliance level. Staffing vacancies were filled with regular bank and agency staff. Staff from the paediatric wards attended the department quickly when children were in the resuscitation area.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff provided patients with food and drinks whilst they were in the department. Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff monitored the effectiveness of care and treatment. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Most key services were available seven days a week to support timely patient care. Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. The hospital's performance in the 2016 Trauma Audit and Research Network (TARN) audit was positive. Medical staff appraisal rates were 100%.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint. From April 2018 to March 2019 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was better than the England average in every month except for January 2019 when it was similar.

# Urgent and emergency services

- Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. Staff felt respected, supported and valued. All staff were committed to learning and improving services. The leadership team were sighted on the capacity and demand concerns in the wider hospital which were resulting in the department not being able to meet any national performance indicators and were trying to make changes to improve this. At the time of our inspection the senior team were doing all they could to improve the service.

## Is the service safe?

**Inadequate** ● ↓

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

- The service did not have enough nursing or medical staff with the right qualifications, skills, training and experience.
- The department did not have any paediatric trained nursing or medical staff. However paediatric pathways were in place to support staff to safely care for children in the department.
- The service provided mandatory training in key skills including the highest level of life support training to all staff. However, we found low levels of mandatory training compliance for medical staff. We were particularly concerned about the low levels of compliance in advanced life support training and safeguarding training for both children and adults.
- Between April 2018 to March 2019 the median time from arrival to initial assessment (emergency ambulance cases only) was worse than the national average.
- From December 2018 to March 2019 there was an increase in the in the number of ambulance journeys with turnaround times over 30 minutes.
- From April 2018 to March 2019 Scarborough Hospital reported 2,020 “black breaches”, with an upward trend over the six-month period from October 2018. A “black breach” occurs when a patient waits over an hour from ambulance arrival at the emergency department until they are handed over to the emergency department staff.
- We had concerns about the systems and processes to safely prescribe, administer, record and store medicines.
- The design of the facilities and premises did not take in to account the needs of children or patients suffering from a mental health illness.
- Resuscitation equipment and fridge temperatures were not checked daily.
- We found equipment was not consistently labelled to show it had been cleaned.
- Computer screens showing patient information were frequently left unlocked in the department.

However, we also found:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff knew how to recognise and report abuse. Nursing staff compliance with safeguarding training exceeded the trusts compliance level.
- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.

# Urgent and emergency services

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care. Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

**Requires improvement** ● ➡ ➡

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

- Staff did not always monitor the effectiveness of care and treatment.
- We did not see any evidence that the improvements made to achieve good outcomes for patients had been effective.
- Nursing staff appraisal rates were not in line with the trusts expectations and there were no formal supervision meetings with them to provide support and development.
- From April 2018 to March 2019, the trust's unplanned re-attendance rate to A&E within seven days was worse than the national standard of 5%, however this was about the same as the England average.
- The department was still not meeting the Royal College of Paediatrics and Child Health's or the RCEM recommendations for medical or nurse staffing.
- Staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty. However, we did not see this documented in all care records.

However, we also found:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff gave patients food and drink whilst they were in the department.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- The hospital's performance in the 2016 Trauma Audit and Research Network (TARN) audit was positive.
- The service made sure staff were competent for their roles. Medical staff appraisal rates were 100%.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Most key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.

## Is the service caring?

**Good** ● ➡ ➡

# Urgent and emergency services

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Requires improvement**   

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

- The service was planned to meet the needs of local people and the communities served. It worked with others in the wider system and local organisations to plan care. However more work was needed to improve flow through the hospital and reduce waiting times in the department.
- The department coordinated care with other services and providers, but more work was needed to prevent unnecessary admissions to the department.
- The trust did not meet the median time from arrival to treatment standard during the full 12-month period from April 2018 to March 2019. This was consistently worse than both the national standard and England average.
- The trust failed to meet the standard for the percentage of patients admitted, transferred or discharged within four hours from April 2018 to March 2019. However, performance was similar to the England average.
- From April 2018 to March 2019 the monthly percentage of patients that left the trust's urgent and emergency care services before being seen for treatment was higher than the England average in 11 of the 12 months.
- Patient exits from the department were difficult to manage and waits for beds were beyond the control of department. However, this was resulting in delays after initial assessment because patients could not move through the department and also increasing the number of patients on corridors, especially at night.
- We saw limited written information in other languages or formats at this inspection.

However, we also found:

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- From April 2018 to March 2019 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was better than the England average in every month except for January 2019 when it was similar.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

# Urgent and emergency services

## Is the service well-led?

**Requires improvement**  

Our rating of well-led went down. We rated it as requires improvement because:

- Leaders understood the priorities and issues the service faced. However, the department was failing to improve national performance targets.
- We did not see any evidence that the service had undertaken local audits to provide assurance of improved performance in national audits, for example the RCEM standards.
- The service had a vision for what it wanted to achieve but the strategies to turn it into action were not effective.
- There was a lack of governance oversight at department level. Staff were not always clear about the governance processes.
- Not all of the department's risks were included on the risk register. Medical staff were not compliant with most mandatory training topics. There was low compliance in children's safeguarding and paediatric life support training. This was not documented on the risk register despite this being a mitigating factor for the department not having any trained paediatric staff.
- We found some of the concerns raised at our inspection in 2017, which could have been acted on immediately were still ongoing, for example the storage of medical gases, appraisal compliance and checks on resuscitation equipment.
- Staff did not appear to have regular opportunities to meet face to face, to discuss and learn from the performance of the service.
- There was limited evidence of patient engagement.

However, we also found:

- Leaders were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The leadership team were sighted on the capacity and demand concerns at the hospital which were resulting in the department not being able to meet any national performance indicators. They were trying to make changes to improve this.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- The service had an open culture where patients, their families and staff could raise concerns without fear.
- All staff were committed to learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

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

## Areas for improvement

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



# Medical care (including older people's care)

Requires improvement   

## Key facts and figures

At Scarborough Hospital medical care was provided across various wards including: an acute medical unit (AMU), and an ambulatory care unit, and covered different specialities, such as general medicine, stroke rehabilitation, cardiology, respiratory, endoscopy, and elderly care and old age.

We visited the AMU, the ambulatory care unit, and the following wards: stroke rehabilitation, general medicine, cardiology, respiratory, and elderly care and old age, plus the endoscopy unit.

We spoke with 23 patients and conducted three observations of staff/patient interaction using our short observational framework methodology, and 39 staff (including medical and nursing staff) and reviewed 19 records of patients including prescription charts.

## Summary of this service

We previously inspected medicine services at this site in 2017 and overall rated them as requires improvement with good in caring and well-led, with all other domains, being safe, effective, and responsive, as requires improvement.

At this inspection we rated the service as requires improvement overall with all domains noted above as requires improvement apart from caring which we rated as good and safe which was rated as inadequate.

- There was a risk that the service did not have sufficient staff with the right qualifications, skills, training and experience which meant there was a risk they could not keep patients safe from avoidable harm and provide the right care and treatment in a timely way. However, managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction. At the last inspection we said the trust must ensure that there are sufficient staff deployed to meet the needs of patients. On this inspection we found staffing, both registered nursing and medical overnight, was under pressure, such that we had to write to the trust immediately following the inspection about the concerns we had and the possibility of using our urgent enforcement powers. As a result of our intervention, the trust took immediate steps to increase medical staffing overnight and support registered nursing staff with more staff booked on shifts. While there had been some successes with staff recruitment, progress was slow, and in the meantime some staff we spoke with described the service as being unsafe at times owing to staffing shortages.
- We found gaps in records we reviewed of patients' care and treatment. What was recorded was clear but not always up-to-date. Staff found records easily available and agency staff were able to access electronic patient records. We found gaps in some of the records of patients we looked at, across different wards, which included food and fluid charts not being completed properly. This was an issue at the last inspection.
- The service provided mandatory training in key skills to all staff and had systems to ensure everyone completed it but completion by medical staff at the site was poor. Medical staff at the site had not met the trust's target for compliance with mandatory training in any module, including safeguarding.
- The service's own audit committee felt there was limited assurance on incident reporting. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored. The trust's own audit committee in March 2019 noted limited assurance on incident reporting and staff had said they did not always receive feedback about incidents they had reported.



# Medical care (including older people's care)

- On the whole the design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. We found fridge temperatures were not always checked or if they were the fridge was just re-set if it went out of range, but no further action was taken to deal with the medicines in the fridge. We also found gaps in the checking of resuscitation trolleys across two wards. On another two wards we found patients had un-hindered access to substances hazardous to health. The estate needed updating in places with many wards we visited not being designed for their purpose and being challenged with space. The trust did not take part in the safety thermometer programme (to promote harm free care). While it did display information about falls and pressure ulcers, the information was not presented in a user-friendly way and it was not clear how ward leaders were using the information displayed to drive forward improvements.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. Staff appraisals did not meet the trust target rate. Patient outcomes in various audits were poor. For example, in the sentinel stroke national audit programme (SSNAP) the trust scored 'D' with the worst being 'E'. While patients reported good food and hydration, records of fluid and food charts had gaps. We saw no health promotion on wards, such as pyjama paralysis initiatives.
- While leaders had the skills and abilities to run the service, they were new in post. They were working to understand and manage the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. The leadership team were new in post and the new care group structure was still under development. We were not assured the new structures had bedded in properly, with appointments to key posts still awaited and minutes supplied not demonstrating rigour or consistency in approach to topics discussed. While there was a risk register it was not clear how and when this was managed. The leadership team had access to digital information, but it was not necessarily in the most useful form to support them to govern the service. It was not possible to describe the culture as positive amongst staff albeit the trust was sighted on this and trying to address cultural issues.

However:

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. The ward environment was visibly clean with good infection control in all areas visited. Subject to the above, the environment was clutter free, wheelchair accessible and with enough equipment for staff to perform their role.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time. Staff had access to records which, while not locked when not in use, were stored within or near nurses' stations. At this inspection we found medicines, including most intravenous fluids seen and gases, were stored and managed safely. Staff knew how to report incidents.
- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. The service provided care and treatment based on national guidance. The services had processes in place to ensure that guidance used by staff complied with national guidance, such as that issued by National Institute for Health and Care Excellence.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Staff worked effectively as a multi-disciplinary team and had good knowledge about consent and mental capacity, the latter being an area that we said must improve following the last inspection.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

# Medical care (including older people's care)

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The trust planned and provided services in a way that met the needs of local people, having consulted widely as part of an acute service review. The services were responsive, with a process in place at trust level to plan services. Wards had link nurses to champion the needs of patients with additional needs. Wards used various approaches to respond to challenges with access and flow and address bed moves at night which was an improvement from the last inspection.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service was responsive to complaints and had made changes to services, such as changes to the endoscopy services by producing a leaflet for patients using the service.
- The senior leadership team running the specialities were new in post and visible, approachable, responsive and were focussed on creating a positive culture that put patient safety first.

## Is the service safe?

**Inadequate** ● ↓

Our rating of this service went down. We rated it as inadequate because:

- There was a risk that the service did not have sufficient staff with the right qualifications, skills, training and experience which meant there was a risk they could not keep patients safe from avoidable harm and provide the right care and treatment in a timely way. However, managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction. We found staffing, both registered nursing and medical overnight, was under pressure, such that we had to write to the trust immediately following the inspection about the concerns we had and the possibility of using our urgent powers. As a result of our intervention, the trust took immediate steps to increase medical staffing overnight and support registered nursing staff with more staff booked on shifts. At the last inspection we told the trust it must ensure sufficient staff were deployed.
- We found gaps in records we reviewed of patients' care and treatment. What was recorded was clear but not always up-to-date. Staff found records easily available and agency staff were able to access electronic patient records. We found gaps in some of the records we looked at, which went across different wards, which included food and fluid charts not being completed properly. This was an issue at the last inspection.
- The service provided mandatory training in key skills to all staff and had systems to ensure everyone completed it but completion by medical staff at the site was poor. Medical staff at the site had not met the trust's target for compliance with mandatory training in any module, including safeguarding.
- The service's own audit committee felt there was limited assurance on incident reporting. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored. The trust's own audit committee in March 2019 noted limited assurance on incident reporting and staff had said they did not always receive feedback about incidents they had reported.
- On the whole the design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. We found fridges temperatures were not always checked or if they were the fridge was just re-set if it went out of range, but no further action was taken to deal with the medicines in the fridge. None of the rooms used to store medicines had room thermometers. We also found gaps in the checking of resuscitation trollies across two wards. On another two wards we found patients had un-hindered access to substances hazardous to health. The

# Medical care (including older people's care)

estate needed updating in places with many wards we visited not being designed for their purpose and being challenged with space. The trust did not take part in the safety thermometer programme (to promote harm free care). While it did display information about falls and pressure ulcers, the information was not presented in a user-friendly way and it was not clear how ward leaders were using the information displayed to drive forward improvements.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Link nurses on the ward could support staff with safeguarding matters in addition to a resource for staff to use on the trust's intranet, so that safeguarding was everyone's business.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. The service was visibly clean, and subject to above, the environment was clutter free, wheelchair accessible, and with enough equipment, including hoists, for staff to carry out their role. Access to ward areas were controlled using reception areas staffed by nurses or ward clerks.
- Systems and processes were in place for staff to report incidents, review risks or serious incidents, and share any learning flowing from such reviews. To maintain oversight of key performance measures around patient safety, the service used a range of tools including a monthly quality dashboard which included ward metrics.

## Is the service effective?

**Requires improvement**   

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

- Staff appraisals did not meet the trust target rate so there was a risk the service could not make sure staff were competent for their roles. Staff appraisals did not meet the trust target rate.
- While staff monitored the effectiveness of care and treatment, results in national audits showed poor outcomes. Patient outcomes in various audits were poor. For example, in the sentinel stroke national audit programme (SSNAP) the trust scored 'D' with the worst being 'E'. In the lung cancer audit the trust met only one standard. Only one standard was met in the national audit of inpatient falls.
- While patients reported good food and hydration, records of fluid and food charts in some records we saw had gaps. This meant it was not possible to externally verify what food and hydration the patient concerned had received.
- We saw no evidence of patients receiving practical support and advice from staff to lead healthier lives. We saw no health promotion on wards, such as pyjama paralysis initiatives.

However:

- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time. The service provided care and treatment based on national guidance. The service ensured national guidelines were used in its published guidelines and there was an effective system in place to share any updates with staff. The sepsis guideline was in date which was an improvement from the last inspection.

# Medical care (including older people's care)

- Managers monitored the effectiveness of care and treatment and used the findings to improve them. The service had actioned many initiatives to improve patient outcomes including support with complex discharge for patients and their carers.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Staff worked effectively as a multi-disciplinary team, including attending multi-disciplinary ward rounds.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patient's consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Patients were consented for treatment appropriately, and staff were aware of when patients needed to take additional action such as best interest decisions for patients unable to consent. This was a must at the last inspection and represented an improvement. However, on some records of patients we looked at, where indicated, a mental capacity assessment was not always done.

## Is the service caring?

**Good**   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We found that patients received compassionate care from staff which supported their privacy and dignity.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Most patients we spoke with felt staff were attentive and took time to explain things. Patients had access to chaplaincy services for those with a faith or none.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff understood the needs of their patients and involved carers. For instance, wards supported flexible visiting times for family and carers.

## Is the service responsive?

**Requires improvement**   

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

- While the service was inclusive and took account of patients' individual needs and preferences, staff reported patients with dementia could still be moved at night. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. At the last inspection we noted that wards had not made some basic changes to reduce potential environmental conflict for vulnerable patients such as those living with dementia. At this inspection we found, while there were initiatives to reduce noise on the wards at night, staff reported that patients with dementia could be moved at night even though this may conflict with the aspirations of the dementia strategy.

# Medical care (including older people's care)

- People may not have been able to access the service when they needed it because of bed capacity but received the right care promptly once admitted. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were a mixed performance with bed moves at night still being a poor patient experience. The number of bed moves at night, that is, between 10pm and 6am, was still an issue, as it was at the last inspection. From April 2018 to March 2019, there were 3,565 patient moving wards at night within medicine. Scarborough Hospital had 907 ward moves at night, of which beech ward had the highest number at 238. While senior staff we spoke with described attempts to understand the causes of bed moves at night, the persistence of this issue still represented a poor response to a key patient experience.
- As at the last inspection, bed occupancy was in excess of 95%, which meant there was a lack of flexibility in the system to be responsive to the needs of patients. The medicine service, as at June 2019, had 21 cases of delayed transfers of care it was working on. This meant the patients concerned had been in hospital for seven days or over.
- From February 2019 to January 2020, for medical non-elective patients, the average length of stay was 6.9 days, which was higher than England average of 6.2 days. For non-elective care, only respiratory medicine had lower average length of stay than the England average, whereas cardiology and old age medicine were higher.
- As at the last inspection, the referral to treatment data, showing how many patients received treatment within 18 weeks, showed a mixed picture, with four specialities in medicine above the England average whereas four were below it.

However:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The trust was trying to plan and provide services in a way that met the needs of local people having just completed an acute services review and a home first initiative.
- Staff strived to meet patients' individual needs, with link nurses on each ward to champion dementia, mental health or learning disability.
- While the service faced challenges with delayed transfers of care and bed moves at night, it had mechanisms in place to try and manage access and flow using various methods including by using multi-agency discharge events to address patients with a length of stay over seven days.
- Medical outliers were now cohorted as far as bed pressures would allow on one ward and medical staff on the wards looked after medical outliers with input as necessary from specialist teams. This was an improvement since the last inspection.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Systems and processes to respond to complaints were effective with learning and changes to the services being made in response to feedback from patients.

## Is the service well-led?

**Requires improvement**   

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

# Medical care (including older people's care)

- While leaders had the skills and abilities to run the service, they were new in post. They were working to understand and manage the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. The leadership team were new in post and the new care group structure was still under development.
- Leaders operated within new governance processes. Staff had recently been appointed at all senior management levels and clarity about their roles and accountabilities was still developing. The leadership team had regular meetings to discuss and learn from the performance of the service. We were not assured the new structures had bedded in properly, with appointments to key posts still awaited and minutes supplied not demonstrating rigour or consistency in approach to topics discussed or being linked into the trust's wider strategy.
- While leaders and teams used systems to manage performance, risk scores were still to be assigned and it was not clear how risks identified were escalated and issues and identified actions to reduce their impact. While there was a risk register it was not clear how and when this was managed. Scores were still to be assigned.
- The service collected reliable data and analysed it. Staff could find the data they needed, but it was not always in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required. While the leadership team had access to digital information, it was not necessarily in the most useful form to support them to govern the service. For example, it did not show trends.
- On the whole, while staff felt respected, they did not always feel supported and valued. All staff we spoke with were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service was trying to create an open culture where patients, their families and staff could raise concerns without fear. It was not possible to describe the culture as positive amongst staff albeit the trust was sighted on this and trying to address cultural issues.

However:

- The trust engaged with the public and was trying to engage with staff and had an action plan to address issues flowing from the last staff survey.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. There were examples of learning, improvement and innovation.

## Areas for improvement

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



# Surgery

Requires improvement   

## Key facts and figures

At Scarborough hospital, surgery care was provided across various services including trauma and orthopaedics, ophthalmology, general surgery, urology, colorectal, vascular, plastics and breast surgery.

Our inspection was unannounced; staff did not know we were coming. At our previous inspection in 2017, we rated surgery as requires improvement with good in effective and caring, with all other domains, being safe, responsive and well-led, as requires improvement.

At this inspection we inspected and rated all five key questions. To help us make our judgements, we visited the operating theatres and recovery areas, trauma and orthopaedics (Holly ward), short-stay/ general surgery (Ash ward), ophthalmology (Willow ward), gastrointestinal/high observation (Maple ward) and the day-surgery unit (Aspen ward).

We looked at the environment and we spoke with six patients and three visitors.

We spoke with fifty- five staff members including all grades of medical and nursing staff, non-registered nursing staff, housekeepers and administrative staff at the hospital. We also interviewed the senior team for the service. We observed practice, staff interactions with patients and viewed thirteen sets of care records, which included prescription cards.

Before and after our inspection, we reviewed performance information about the trust and information provided to us by the trust.

## Summary of this service

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

- The service provided mandatory training in key skills to all staff and had systems to ensure everyone completed it but completion by medical staff at the site was poor.
- We found gaps in records we reviewed of patients' care and treatment. What was recorded was clear but not always dated and timed with designation and general medical council (GMC) number indicated. Records were mostly stored securely and easily available to all staff providing care.
- The service did not always store medicines safely. Ambient room temperatures were not monitored in rooms where medicines were stored.
- Appraisal completion figures for both nurses and medical staff were low, and clinical supervision was not conducted regularly. Medical staff appraisal rates were worse than the previous year.
- Medical staff did not meet the trust target for completion of training on the Mental Capacity Act and Deprivation of Liberty Safeguards.
- The trust did not follow a two-stage consent process and most consent forms were signed on the day on the procedure.
- The hospital showed continued, variable performance against referral to treatment times (RTT). Some admitted pathways for surgery was consistently worse than the England average.
- Patients were cancelled at short notice due to patient flow issues and lack of available post- operative beds.



# Surgery

- Some leaders were new in post following the recent operational review, completed in March 2019. Leaders, under a new care group structure, were working to understand and manage the priorities and issues the service faced.
- Leaders operated within new governance structures and processes, which needed time to be finalised and embedded.
- Senior management were not always visible for both patients and staff.
- The trust was embedding the values and vision through induction and at appraisal. However, it was noted that appraisal rates, particularly for medical staff were low.
- Staff we spoke with said morale was variable, and some expressed concerns about being moved to backfill other wards.
- Although the papers were titled 'clinical governance minutes', they were very limited and focused mainly on audit, mortality and complaints. The meetings were attended by doctors only.
- It was clear from the minutes that the structure and content of these governance meetings were still under development.

However, we also found that:

- The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank, agency and locum staff a full induction. There were improved nurse and medical staffing levels since our last inspection.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The majority of staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff completed and updated risk assessments for the majority of patients and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service controlled infection risk well. They kept equipment and the premises visibly clean.
- The service followed best practice when prescribing, administering and recording medicines. Patients received the right medication at the right dose at the right time.
- The service provided care and treatment based on national guidance and best practice. Staff protected the rights of patients' subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Key services were available seven days a week to support timely patient care.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We saw emotional support being provided to patients, families and carers to minimise their distress.

# Surgery

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service safe?

**Good**  

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

- The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank, agency and locum staff a full induction. There were improved nurse and medical staffing levels since our last inspection.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The majority of staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff completed and updated risk assessments for the majority of patients and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service followed best practice when prescribing, administering and recording medicines. Patients received the right medication at the right dose at the right time.

However, we also found that:

- The service provided mandatory training in key skills to all staff and had systems to ensure everyone completed it but completion by medical staff at the site was poor. Only one out of fifteen mandatory modules met the trust target and none of the three safeguarding modules met the trust target.
- We found gaps in records we reviewed of patients' care and treatment. What was recorded was clear but not always dated and timed with designation and general medical council (GMC) number indicated. Records were mostly stored securely and easily available to all staff providing care.
- The service did not always store medicines safely. Ambient room temperatures were not monitored in rooms where medicines were stored. This meant we found it difficult to assess how the trust satisfied itself that medicines were always stored safely in accordance with manufacturer's minimum and maximum temperature guidelines.
- There was an inconsistent approach to the use of 'I am clean' labels to show when it was last cleaned.

# Surgery

- At the last inspection we said the trust should consider displaying safety thermometer and other performance/quality indicators in a consistent and user-friendly manner for patient and family reference.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients' subject to the Mental Health Act 1983. Staff followed up to date policies to plan and deliver high quality care according to best practice and national guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- We looked at twelve consent forms. These were completed comprehensively with risks and benefits of surgery documented. All forms were seen and signed and all, but one was dated by the patient.

However, we also found that:

- Appraisal completion figures for both nurses and medical staff were low, and clinical supervision was not conducted regularly. This meant we were unclear how the service made sure staff were competent for their roles and supported to develop. Medical staff appraisal rates were worse than the previous year.
- Medical staff did not meet the trust target for completion of training on the Mental Capacity Act and Deprivation of Liberty Safeguards.
- The trust did not follow a two-stage consent process and most consent forms were signed on the day on the procedure.

## Is the service caring?

Good   

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

# Surgery

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** ● ➡ ➡

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

- People could not always access the service when they needed it and they did not always receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, as well as to treat and discharge patients, were not always in line with national standards.
- The hospital showed continued, variable performance against referral to treatment times (RTT). Some admitted pathways for surgery was consistently worse than the England average.
- Patients were cancelled at short notice due to patient flow issues and lack of available post-operative beds. Although when patients had their operations cancelled at the last minute, managers tried to ensure they were rearranged as soon as possible and within national targets and guidance.
- The percentage of cancelled operations with the patient not treated within 28 days increased from 0% in Q3 2017/18 out of 227 cancellations to 8% in Q3 2018/19, when the trust cancelled 209 surgeries.

However, we also found that:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service well-led?

**Requires improvement** ● ➡ ➡

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

- Some leaders were new in post following the recent operational review, completed in March 2019. Leaders, under a new care group structure, were working to understand and manage the priorities and issues the service faced.
- Leaders operated within new governance structures and processes, which needed time to be finalised and embedded. The leadership team met regularly to discuss the performance of the service.

# Surgery

- Senior management were not always visible for both patients and staff. Staff told us they had never seen members of the executive team or non-executive teams visit the surgical wards and would struggle to recognise them.
- The trust was embedding the values and vision through induction and at appraisal. However, it was noted that appraisal rates, particularly for medical staff were low.
- Staff we spoke with said morale was variable, and some expressed concerns about being moved to backfill other wards. They told us matrons supported them and were visible on the wards.
- We requested the previous three months clinical governance meeting minutes. Although the papers were titled 'clinical governance minutes', they were very limited and focused mainly on audit, mortality and complaints. The meetings were attended by doctors only.
- Not all minutes indicated the roles of named attendees, so it was difficult to ascertain whether the appropriate people were present. It was clear from the minutes that the structure and content of these governance meetings were still under development.

However, we also found that;

- The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. A strategy had been developed with all relevant stakeholders.
- The service worked in partnership with clinical commissioning groups (CCGs) and other providers across clinical networks to deliver both elective and non-elective surgical treatments, in a way that met the needs of local people.
- The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Managers were thinking creatively to address referral to treatment times and cancellations including transferring patients to other providers to reduce the wait.
- There were plans in place to deal with unexpected events.

## Outstanding practice

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

## Areas for improvement

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

# Maternity

Good  

## Key facts and figures

The maternity service is part of the Humber, Coast and Vale Local Maternity System commissioned by the Vale of York Clinical Commissioning Group (CCG), Scarborough and Ryedale CCG, East Riding CCG and Hambleton, Richmondshire and Whitby CCG.

We visited the Scarborough hospital site and inspected acute and community maternity services. The inspection took place from the 16 to 18 July 2019. The community aspect of our inspection was announced on the 15 July 2019 to York Hospitals NHS Foundation Trust, (staff knew we were coming) to ensure that everyone we needed to talk to was available. Before visiting we reviewed a range of information about Scarborough hospital maternity service and confirmed community midwife availability with the provider on the 15 July 2019.

The maternity service at Scarborough was previously inspected in 2015. The outcome of the 2015 inspection identified the overall service rating as requires improvement; safe and effective were rated as requires improvement.

The maternity service had undertaken 5450 bookings and 4527 births in the year 2018 across community and two main hospital sites in York and Scarborough.

Scarborough Hospital had 1,439 births in 2017/18 and 1,387 in 2018/19. The figures for York Hospital were 3,137 and 3,138, and for home births 30 and 55.

Community services were provided in children's centres, GP surgeries, in the home and from peripheral units at Malton, Bridlington, Whitby and Selby.

Scarborough hospital maternity service provided consultant and midwifery led care 24 hours a day, seven days a week. The service included care from the start of pregnancy to when the baby was delivered. A home birth service was available. The service has seen a decrease in births over the last two years.

We inspected the following areas:

- The early pregnancy assessment unit.
- The four-bed antenatal day assessment unit which provided support and access to the service during pregnancy.
- The labour ward which had five delivery rooms, one with a birthing pool, a four-bedded assessment area and maternity theatre. It was located adjacent to special care baby unit.
- Hawthorn ward (14 beds) the antenatal/post-natal ward.

During our inspection visit, the inspection team:

- spoke with three women using the service and two of their partners
- spoke with one manager and one deputy ward manager
- spoke with 40 other staff members; including midwives, doctors and members of the multidisciplinary team
- observed two handover meetings
- reviewed 10 women's records for admission processes, risk assessments and evidence of multidisciplinary team involvement.

# Maternity

## Summary of this service

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

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

- We spoke with three women and two partners about their experiences. They said they were involved in their care and decision-making and happy with the care and treatment received.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The trusts skill mix information confirmed shortfalls in middle grade doctors which was mitigated through the appointment of locum doctors. We were told that this shortfall would be resolved with the next intake of middle grade doctors as all positions were filled.
- Community midwife caseloads met the antenatal and postnatal care provided to all resident women irrespective of place of birth: ratio of 98 cases per w.t.e midwife. (National Institute for Clinical Excellence guidance).
- To provide a safe maternity service, the Royal College of Midwives (RCM) said there should be an average midwife to birth ratio of one midwife for every 28 births. The midwife-to-birth ratio at Scarborough hospital was 1:22. (April 2018 to July 2019).
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse, and they knew how to apply it. The trust target of 90% attendance for level 2 safeguarding adults training (which includes MCA and DOLS) was achieved for midwifery staff, but not for medical all staff.
- The service managed patient safety incidents well and staff received feedback from incidents reported. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Joint policies, guidelines and procedures were now in use across the service.
- Staff completed detailed records of patients' care and treatment and updated risk assessments for each patient to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration. Records were up to-date and easily available to all staff providing care.
- All staff had completed yearly practical obstetric multidisciplinary training (PROMPT) sessions. PROMPT training included deterioration of mothers and babies. Training compliance increased from 94% in June 2018 to 100% in March 2019.
- The trust used a systematic approach to continually improve the quality of its services with effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.

However:

- The service did not make sure all staff completed mandatory training in key skills. The number of staff who completed it did not meet trust targets and managers had not appraised all staff's work performance during 2018/19 to provide support and development.



# Maternity

- The service did not always store medicines safely and we saw different practices between labour ward and hawthorn ward. Gaps in authorisation signatures against staff names were found in patient group direction paperwork. This was escalated to the senior service managers.
- Entonox gas levels were high following a spot check on 4 December 2018 which indicated inadequate exposure control despite the use of the gas scavenging systems present. Information was given to staff regarding mitigating risks with increasing window ventilation, taking frequent breaks and ensuring women used the scavenger system to inhale and expire. Retesting was also undertaken, and background plans being made for remedial works to address air changes if the retest came back at high levels.
- Monitoring of medicines fridges and resuscitation equipment had not taken place daily and we found out of date equipment being used in the community midwifery service. This was escalated to senior managers. Before the end of our visit the community equipment was replaced.
- Community staff did not clean blood pressure cuffs between uses and non-packaged cotton wool balls were being used.
- Staff were not aware of the correct procedure and products to use when cleaning the birthing pool; potentially putting women and babies at risk if not cleaned properly between use.
- Written information was not always legible on four women's records we reviewed.

## Is the service safe?

Good  

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

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The trusts skill mix information confirmed shortfalls in middle grade doctors which was mitigated through the appointment of locum doctors. We were told that this shortfall would be resolved with the next intake of middle grade doctors as all positions were filled.
- Community midwife caseloads met the antenatal and postnatal care provided to all resident women irrespective of place of birth: ratio of 98 cases per w.t.e midwife. (National Institute for Clinical Excellence guidance).
- To provide a safe maternity service, the Royal College of Midwives (RCM) said there should be an average midwife to birth ratio of one midwife for every 28 births. The midwife-to-birth ratio at Scarborough hospital was 1:22. (April 2018 to July 2019).
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service managed patient safety incidents well and staff received feedback from incidents reported. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- The service did not make sure all staff completed mandatory training in key skills. The numbers of staff who completed it did not meet trust targets.
- The service did not always store medicines safely and we saw different practices between labour ward and hawthorn ward. Gaps in authorisation signatures against staff names were found in patient group direction paperwork. This was escalated to the senior service managers.



# Maternity

- Entonox gas levels were high following a spot check on 4 December 2018 which indicated inadequate exposure control despite the use of the gas scavenging systems present. The trust had identified this as a risk on the risk register, however, risks remained to midwives' health. We found no further action had been taken to resolve this issue.
- Monitoring of medicines fridges and resuscitation equipment had not taken place daily.
- Checks against single use community equipment showed it had expired. We escalated this to senior managers and the equipment was replaced before the inspection had ended.

## Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Joint policies, guidelines and procedures were now in use across the service.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service adjustments were made for patients' religious, cultural and other needs. Staff gave patients practical support and advice to lead healthier lives.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- The service had achieved UNICEF Baby Friendly Accreditation' level three. The Unicef UK Baby Friendly Initiative supports breastfeeding and parent infant relationships by working with public services to improve standards of care.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

However:

- Managers had not appraised all staff's work performance during 2018/19 to provide support and development.

## Is the service caring?

Good   

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

- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved women, families and carers to understand their condition and make decisions about their care and treatment.

# Maternity

## Is the service responsive?

Good  → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were mostly in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint. The service encouraged patients to raise concerns and encouraged staff to report all concerns and near misses.

However:

- Bookings at 13 weeks seen within two weeks in 2019 were rated below 75% (red concern). Rates were between 62% - 79% from January to June 2019. March 2019 was when 79% compliance was achieved.

## Is the service well-led?

Good  → ←

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. Most leaders were visible and approachable in the service for women and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Leaders operated effective risk, governance and performance effectively throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. They had plans to cope with unexpected events.

However:

- Staff said that IT was often very slow, and we observed this during our visit when staff tried to access information.

## Areas for improvement

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

# Outpatients

**Requires improvement**



## Key facts and figures

Scarborough hospital is the second largest hospital in the York Teaching Hospital NHS Foundation Trust. The hospital provides a range of outpatient services and is based in Scarborough.

The trust had 976,357 first and follow up outpatient appointments from February 2018 to January 2019. From February 2018 to January 2019 there were 246,658 outpatient appointments at Scarborough Hospital.

During the inspection we visited the main outpatients' departments. During the inspection we visited the ophthalmology, general medicine clinics, general surgery clinics, ear, nose and throat and phlebotomy.

We spoke with 21 staff, 23 patients and relatives and reviewed eight records during the inspection.

## Summary of this service

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

We rated it as requires improvement because:

- The service was not consistently assessing the clinical risk inherent in its waiting lists where patients were waiting beyond their expected appointment date for new and follow up appointments.
- Although ophthalmology could describe the type of clinical validation (Clinical Prioritisation) for patients waiting for appointments, this was inconsistent across the trust and some specialities had not clinically validated their waiting lists. This meant there was limited oversight of clinical risk in waiting lists across the specialities. Clinical validation was not consistently documented on the risk registers for outpatients.
- The information provided by the trust regarding overdue appointments showed this performance had deteriorated between April 2019 and June 2019. Although the trust provided information stating recovery plans and trajectories were being developed, these were not in place at the time of the inspection.
- There had been two serious incidents relating to patient appointment delays in the ophthalmology department. The trust provided the root cause analysis for one of the incidents and this highlighted the backlog of follow up patients. This had an action plan attached.
- People could not always access the services when they needed to receive the right care promptly. Waiting times from referral to treatment were not in line with national standards across all specialities and there were a high number of cancelled clinics for non-clinical reasons.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Staff kept detailed records of patients' care and treatment.

# Outpatients

- The service provided care and treatment based on national guidance and evidence-based practice. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service safe?

### Requires improvement



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

We rated it as requires improvement because:

- The service was not consistently assessing the clinical risk inherent in its waiting lists where patients were waiting beyond their expected appointment date for new and follow up appointments.
- Although ophthalmology could describe the type of clinical validation (Clinical Prioritisation) for patients waiting for appointments, this was inconsistent across the trust and some specialities had not clinically validated their waiting lists. This meant there was limited oversight of clinical risk in waiting lists across the specialities. Clinical validation was not consistently documented on the risk registers for outpatients.
- The information provided by the trust regarding overdue appointments showed this performance had deteriorated between April 2019 and June 2019. Although the trust provided information stating recovery plans and trajectories were being developed, these were not in place at the time of the inspection.
- There had been two serious incidents relating to patient appointment delays in the ophthalmology department. The trust provided the root cause analysis for one of the incidents and this highlighted the backlog of follow up patients. This had an action plan attached.
- People could not always access the services when they needed to receive the right care promptly. There were a high number of cancelled clinics for non-clinical reasons.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Staff kept detailed records of patients' care and treatment.
- The service provided care and treatment based on national guidance and evidence-based practice. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

# Outpatients

## Is the service effective?

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

We do not rate effective in outpatients, however during the inspection we found:

- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff monitored the effectiveness of care and treatment.
- The service made sure staff were competent for their roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

## Is the service caring?

**Good** 

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

We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** 

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

We rated it as requires improvement because:

- People could not always access the services when they needed to receive the right care promptly. Waiting times from referral to treatment were not always in line with national standards.
- There were patients waiting past their appointment dates for follow up patients. For example, the trust provided information on the follow up waiting list stating as at April 2019 there were 10,972 patients who were overdue their appointment.

# Outpatients

- Referral to treatment indicators were not always met across all the specialties. For example, in thoracic medicine and ophthalmology for incomplete pathways. For cancer waiting times, the trust performed worse than the 85% operational standard for patients receiving their first treatment within 62 days of an urgent GP referral.
- At the time of the inspection, there were no recovery plans or trajectories for improvement for the various specialties. However, the trust provided information highlighting the recovery plans and trajectories were being developed and that this work would be complete by the middle of July 2019.
- The service had cancelled 209 clinics within fourteen days in March 2019 and 180 clinics were cancelled within fourteen days in April 2019. The target was less than 180 clinics cancelled within fourteen days.
- The lack of clinical validation of waiting lists meant that there was the risk of patients being re-appointed unnecessarily and patients not being seen on time or in line with their clinical need.

However:

- The service was inclusive and took account of patients' individual needs and preferences.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service well-led?

### Requires improvement



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

We rated it as requires improvement because:

- Clinical Validation (Clinical Prioritisation) and assessment of risk within outpatients waiting lists had not been implemented across all specialties. The trust had started to clinical validate some waiting lists, for example ophthalmology, however this was inconsistent and not complete across all specialties.
- Although leaders and teams used systems to manage performance, they did not always identify relevant risks and issues. Clinical validation (Clinical Prioritisation) was not consistently documented on the risk registers for outpatients.
- The information provided by the trust regarding overdue appointments showed this performance had deteriorated between April 2019 and June 2019. Although the trust provided information stating recovery plans were being developed, these were not in place at the time of the inspection.

However:

- Leaders were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

## Areas for improvement

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

# Bridlington Hospital

Bessingby Road  
Bridlington  
North Humberside  
YO16 4QP  
Tel: 01262606666

## Key facts and figures

Bridlington Hospital is one of three main hospitals forming York Teaching Hospitals NHS Foundation Trust. The hospital received its first patients in March 1988 and was officially opened by the Duchess of Gloucester in May 1989. In July 2012 Bridlington Hospital, along with Scarborough and North East Healthcare NHS Trust became part of York Teaching Hospital NHS Trust. In April 2007 York Teaching Hospital NHS Foundation Trust was granted its licence as a Foundation Trust.

It offers a range of medical, surgical, end of life and outpatients and diagnostic services for people across the Bridlington and East Driffield area of East Yorkshire. The hospital has one rehabilitation wards, one surgical ward and two day units. The Community Midwife Team is based at Bridlington Hospital. This is one of four community Midwifery teams for the East coast, only the Bridlington team is based here, the other three are based respectively in Malton, Whitby and Scarborough. The hospital also has a minor injuries and GP access centre, a GP MacMillan wolds unit, a ward and a renal dialysis unit that are run by other providers.

The trust also provides a range of other acute services from York and Scarborough hospitals to people in the wider York area, the north eastern part of North Yorkshire and parts of the East Riding of Yorkshire.

The CQC has carried out a number of inspections of the trust; the last comprehensive inspection of the acute services was in October 2015 with focused inspections carried out in February 2018. In February 2018 the overall trust was rated with effective, caring and responsive as good, and safe and well led as requires improvement. We rated the trust as requires improvement overall and requires improvement for well-led.

In February 2018 Bridlington hospital was rated with effective, caring and response as good and safe and well led as requires improvement giving an overall rating of requires improvement.

At Bridlington Between 18 and 20 June 2019 we carried out unannounced inspections of Medicine, Surgery and Outpatients at Bridlington Hospital.

At the time of inspection Bridlington hospital had approximately 51 inpatient beds, 22 day case beds and zero children's beds.

At this inspection we spoke with around a total number of 27 patients and relatives, 34 staff and reviewed 18 patient records.

The trust services are commissioned by the following Clinical Commissioning Groups (CCG's), who commission the majority of the trust's services, and also local authorities.

- Vale of York CCG
- Scarborough & Ryedale CCG

# Summary of findings

- East Riding of Yorkshire CCG
- City of York Council
- North Yorkshire County Council
- East Riding of Yorkshire Council

## Summary of services at Bridlington Hospital

**Good**  

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

- We inspected medical care and rated the service as good which was an improvement from previous ratings. The rating for safe, effective and responsive improved to good. The rating for good stayed the same. The rating for well led stayed the same as requires improvement.
- We inspected surgical services and rated the service as good which was the same as previous ratings. The ratings for safe improved to good. The ratings for effective, caring, responsive and well led stayed the same as good.
- We inspected outpatient services and rated the service as requires improvement. We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. The ratings for caring was good. The ratings for safe, responsive and well led were requires improvement. The effective domain is not rated.



# Medical care (including older people's care)

Good  

## Key facts and figures

The medical care service at the trust provides care and treatment across services including: cardiology, respiratory, gastroenterology, hepatology, renal, diabetes, endocrinology and acute medicine. There are approximately 561 medical inpatient beds located across 25 wards.

A site breakdown can be found below:

- York Hospital: 341 beds are located within 13 wards
- Scarborough Hospital: 187 beds are located within 10 wards
- Bridlington Hospital: 33 beds are located within two wards

*(Source: Routine Provider Information Request AC1 - Acute context)*

The trust had 72,569 medical admissions from February 2018 to January 2019. Emergency admissions accounted for 40,017 (55.1%), 1,271 (1.8%) were elective and the remaining 31,281 (43.1%) were day case.

Admissions for the top three medical specialties were:

- Respiratory medicine – 12,963
- Geriatric medicine – 10,148
- Medical oncology – 8,957

*(Source: Hospital Episode Statistics)*

At this inspection we spoke with around a total number of eight patients and relatives, eight staff and reviewed seven patient records.

## Summary of this service

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used infection control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank staff a full induction.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service could make adjustments for patients' religious, cultural and other needs. Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

# Medical care (including older people's care)

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held meetings with them to provide support and development. Staff had a good understanding of consent, mental capacity and deprivation of liberty safeguards.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Staff were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work. The service had an open culture where patients, their families and staff could raise concerns without fear.

However:

- Patients' records of their care and treatment were not always completed in line with professional record keeping standards or trust policy.
- Staff reported delays in the delivery of some equipment and safety equipment was not always replaced when broken.
- The ward did not have a tool for assessing patients' pain where their communication may be impaired, for example for patients who were confused or suffering with dementia. This was an action in the dementia strategy but had not been carried out yet.
- Staff did not always assess patients' mental capacity to make informed decisions about their care and treatment in a timely way and these assessments were not always documented in the patients' notes.
- Leaders and teams used systems to manage performance however the new care group performance dashboards were still under development. Senior managers were aware of service risks, but we were not assured local risks were recorded or acted upon. The trust had plans to cope with unexpected events.
- Leaders operated within new governance processes. Staff had recently been appointed at all senior management levels and clarity about their roles and accountabilities was still developing.

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used infection control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.

# Medical care (including older people's care)

- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank staff a full induction.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- Patients' records of their care and treatment were not always completed in line with professional record keeping standards or trust policy.
- Staff reported delays in the delivery of some equipment and safety equipment was not always replaced when broken.

## Is the service effective?

**Good**  

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

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service could make adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held meetings with them to provide support and development.
- Staff had a good understanding of consent, mental capacity and deprivation of liberty safeguards.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

However:

- Staff did not always assess patients' mental capacity to make informed decisions about their care and treatment in a timely way and these assessments were not always documented in the patients' notes.
- The ward did not have a tool for assessing patients' pain where their communication may be impaired, for example for patients who were confused or suffering with dementia. This was an action in the dementia strategy but had not been carried out yet.
- Therapy services were available six days a week.

## Is the service caring?

**Good**   

# Medical care (including older people's care)

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good**  

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. The service had robust measures in place to reduce delayed discharges.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- The service lacked any formal documented admission criteria detailing who was eligible for transfer to the ward.
- Complaints were not being dealt with in a timely way, in line with trust policy. The service took an average of 60.2 days to respond to complaints, this was longer than the trust standard of 30 days.

## Is the service well-led?

**Requires improvement**   

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

- The service had been without local leadership for four months due to the retirement of the previous post holder. Site leaders had recently been reintroduced and were still learning about their services. Changes to management structures had also resulted in a new senior leadership team. The managers we spoke with understood the priorities and issues the service faced. Clinical managers were visible and approachable for patients and staff.
- The vision for medical services at Bridlington lacked coherence with the new care group structure and lacked details on how to turn existing directorate strategies into action. It was not clear the strategies had been developed with all relevant stakeholders.
- Leaders operated within new governance processes. Staff had recently been appointed at all senior management levels and clarity about their roles and accountabilities was still developing.

# Medical care (including older people's care)

- Leaders and teams used systems to manage performance, however the new care group performance dashboards were still under development. Senior managers were aware of service risks, but we were not assured local risks were recorded or acted upon. The trust had plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could find the data they needed, but it was not always in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

However:

- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Staff were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work. The service had an open culture where patients, their families and staff could raise concerns without fear.
- All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

## Areas for improvement

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

# Surgery

Good   

## Key facts and figures

At Bridlington hospital, surgery care was provided across services including elective orthopaedics, and day case general surgery.

Our inspection was unannounced; staff did not know we were coming. At our previous inspection in 2017, we rated surgery as good, with good in effective, caring, responsive and well-led with safe domain as requires improvement.

At this inspection we inspected and rated all five key questions. To help us make our judgements, we visited the operating theatres and recovery areas, orthopaedics (Kent ward) and the day-surgery unit (Lloyd ward).

We looked at the environment and we spoke with six patients.

We spoke with fifteen staff members including all grades of medical and nursing staff, non-registered nursing staff, housekeepers and administrative staff at the hospital. We also interviewed the senior team for the service. We observed practice, staff interactions with patients and viewed four sets of care records, which included prescription cards.

Before and after our inspection, we reviewed performance information about the trust and information provided to us by the trust.

## Summary of this service

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

- The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank, agency and locum staff a full induction. There were improved nurse and medical staffing levels since our last inspection.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The majority of staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff completed and updated risk assessments for the majority of patients and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service followed best practice when prescribing, administering and recording medicines. Patients received the right medication at the right dose at the right time.
- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.

# Surgery

- Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service worked in partnership with clinical commissioning groups (CCGs) and other providers across clinical networks to deliver both elective and non-elective surgical treatments, in a way that met the needs of local people.
- The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- The trauma and orthopaedic specialty were referral to treatment (RTT) rates were above the England average (percentage within 18 weeks) for admitted pathways within surgery from March 2018 to February 2019.
- At our previous inspection we had concerns about the arrangements for when the resident medical officer (RMO) was off-site. At this inspection, the trust had completed a risk assessment and a documented procedure was available as a draft, awaiting ratification.
- Bridlington had become one of a few hospitals in the country able to provide hip replacements for selected day case patients.
- Ward sisters and matrons were visible on the ward, which provided patients and visitors with opportunity to express their views and opinions.

However, we also found that:

- Leaders operated within new governance structures and processes, which needed time to be finalised and embedded. The leadership team met regularly to discuss the performance of the service.
- The service provided mandatory training in key skills to all staff and had systems to ensure everyone completed it but completion by medical staff at the site was poor.
- We found gaps in records we reviewed of patients' care and treatment. What was recorded was clear but not always dated and timed with designation and general medical council (GMC) number indicated.
- The service did not always store medicines safely. Ambient room temperatures were not monitored in rooms where medicines were stored.
- Managers appraised nursing staff's work performance. However, they did not hold regular supervision meetings with them to provide support and development.
- Appraisal rates for medical staff were included in compliance rates for Scarborough hospital, which were below trust targets and worse than the previous year.
- Medical staff did not meet the trust target for completion of training on the mental capacity act and deprivation of liberty safeguards.
- The trust did not follow a two-stage consent process and most consent forms were signed on the day on the procedure.
- The service treated concerns and complaints seriously, however, they were not always investigated promptly.

# Surgery

## Is the service safe?

**Good**  

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

- The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank, agency and locum staff a full induction. There were improved nurse and medical staffing levels since our last inspection.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The majority of staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff completed and updated risk assessments for the majority of patients and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration
- In the event that the surgical RMO was off-site, the RMO for the medical ward covered surgery on-call and the site co-ordinator who was an advanced life support trained nurse carried the emergency site bleep.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service followed best practice when prescribing, administering and recording medicines. Patients received the right medication at the right dose at the right time.

However, we also found that:

- The service provided mandatory training in key skills to all staff and had systems to ensure everyone completed it but completion by medical staff at the site was poor. Only one out of fifteen mandatory modules met the trust target and none of the three safeguarding modules met the trust target.
- We found gaps in records we reviewed of patients' care and treatment. What was recorded was clear but not always dated and timed with designation and general medical council (GMC) number indicated. Records were mostly stored securely and easily available to all staff providing care.
- The service did not always store medicines safely. Ambient room temperatures were not monitored in rooms where medicines were stored. This meant we found it difficult to assess how the trust satisfied itself that medicines were always stored safely in accordance with manufacturer's minimum and maximum temperature guidelines.
- There was an inconsistent approach to the use of 'I am clean' labels to show when it was last cleaned.
- At the last inspection we said the trust should consider displaying safety thermometer and other performance/quality indicators in a consistent and user-friendly manner for patient and family reference.



# Surgery

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients' subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- We looked at three consent forms and found they were completed comprehensively with risks and benefits of surgery documented. All forms were seen and signed and dated by the patient. Six patients we spoke with said they had received enough information at pre-assessment to enable them to give informed consent.

However, we also found that:

- The service made sure the majority of staff were competent for their roles. Managers appraised nursing staff's work performance. However, they did not hold regular supervision meetings with them to provide support and development.
- Appraisal rates for medical staff were included in compliance rates for Scarborough hospital, which were below trust targets. Medical staff appraisal rates were worse than the previous year.
- Medical staff did not meet the trust target for completion of training on the mental capacity act and deprivation of liberty safeguards.
- The trust did not follow a two-stage consent process and most consent forms were signed on the day on the procedure.

## Is the service caring?

Good   

# Surgery

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good** ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The service provided elective orthopaedic surgery only and were above the England average for RTT rates for admitted orthopaedic pathways. People could access the service when they needed it and they always received the right care promptly.

However, we also found that:

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, however, they were not always investigated promptly. The trust took an average of 52.7 days to investigate and close complaints, this is not in line with their complaints policy, which states complaints should be completed within 30 days.

## Is the service well-led?

**Good** ● → ←

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

- The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. The trust's vision and strategy were displayed publicly on the wards and was underpinned by a mission statement and three strategic goals, supported by four strategic themes.
- The service worked in partnership with clinical commissioning groups (CCGs) and other providers across clinical networks to deliver both elective and non-elective surgical treatments, in a way that met the needs of local people.
- The Trauma and Orthopaedic Team come within the newly established Surgical Care Group. They are not managed under a specialist commissioning group.
- The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

# Surgery

- The local leadership team was stable. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Managers were thinking creatively to address referral to treatment times and cancellations including transferring patients to other providers to reduce the wait.
- The trauma and orthopaedic specialty RTT rates were above the England average (percentage within 18 weeks) for admitted pathways within surgery from March 2018 to February 2019.
- At our previous inspection we had concerns about the arrangements for when the resident medical officer (RMO) was off-site. At this inspection, the trust had completed a risk assessment and a documented procedure was available as a draft, awaiting ratification.
- Bridlington had become one of a few hospitals in the country able to provide hip replacements for selected day case patients.
- Ward sisters and matrons were visible on the ward, which provided patients and visitors with opportunity to express their views and opinions.

However, we also found that;

- Leaders operated within new governance structures and processes, which needed time to be finalised and embedded. The leadership team met regularly to discuss the performance of the service.

## Outstanding practice

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

## Areas for improvement

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

# Outpatients

**Requires improvement** 

## Key facts and figures

Bridlington hospital is the third largest hospital in the York Teaching Hospital NHS Foundation Trust. The hospital provides a range of outpatient services and is based in Bridlington.

The trust had 976,357 first and follow up outpatient appointments from February 2018 to January 2019. From February 2018 to January 2019 there were 64,612 outpatient appointments at Bridlington Hospital.

During the inspection we visited main outpatients which during the inspection included ophthalmology, general medicine clinics and phlebotomy.

We spoke with eleven staff, 13 patients and relatives and reviewed seven records during the inspection.

## Summary of this service

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

We rated it as requires improvement because:

- The service was not consistently assessing the clinical risk inherent in its waiting lists where patients were waiting beyond their expected appointment date for new and follow up appointments.
- Although ophthalmology could describe the type of clinical validation (Clinical Prioritisation) for patients waiting for appointments, this was inconsistent across the trust and some specialities had not clinically validated their waiting lists. This meant there was limited oversight of clinical risk in waiting lists across the specialities. Clinical validation was not consistently documented on the risk registers for outpatients.
- The information provided by the trust regarding overdue appointments showed this performance had deteriorated between April 2019 and June 2019. Although the trust provided information stating recovery plans and trajectories were being developed, these were not in place at the time of the inspection.
- There had been two serious incidents relating to patient appointment delays in the ophthalmology department. The trust provided the root cause analysis for one of the incidents and this highlighted the backlog of follow up patients. This had an action plan attached.
- People could not always access the services when they needed to receive the right care promptly. Waiting times from referral to treatment were not in line with national standards across all specialities and there were a high number of cancelled clinics for non-clinical reasons.
- Although the resuscitation trolley was checked regularly as required in the outpatient department area A and area B, there were two dates that did not have recorded daily checks and there were checks not documented in outpatient area C.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The design, maintenance and use of facilities, premises and equipment kept people safe.

# Outpatients

- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Staff kept detailed records of patients' care and treatment.
- The service provided care and treatment based on national guidance and evidence-based practice. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service safe?

### Requires improvement



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

We rated it as requires improvement because:

- The service was not consistently assessing the clinical risk inherent in its waiting lists where patients were waiting beyond their expected appointment date for new and follow up appointments.
- Although ophthalmology could describe the type of clinical validation (Clinical Prioritisation) for patients waiting for appointments, this was inconsistent across the trust and some specialities had not clinically validated their waiting lists. This meant there was limited oversight of clinical risk in waiting lists across the specialities.
- There had been two serious incidents relating to patient appointment delays in the ophthalmology department. The trust provided the root cause analysis for one of the incidents and this highlighted the backlog of follow up patients. This had an action plan attached.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

## Is the service effective?

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

We do not rate effective in outpatients, however during the inspection we found:

- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff monitored the effectiveness of care and treatment.

# Outpatients

- The service made sure staff were competent for their roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

## Is the service caring?

**Good** 

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

We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** 

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

We rated it as requires improvement because:

- People could not always access the services when they needed to receive the right care promptly. Waiting times from referral to treatment were not always in line with national standards.
- There were patients waiting past their appointment dates for follow up patients. For example, the trust provided information on the follow up waiting list stating as at April 2019 there were 10,972 patients who were overdue their appointment.
- Referral to treatment indicators were not always met across all the specialties. For example, in thoracic medicine and ophthalmology for incomplete pathways. For cancer waiting times, the trust performed worse than the 85% operational standard for patients receiving their first treatment within 62 days of an urgent GP referral.
- At the time of the inspection, there were no recovery plans or trajectories for improvement for the various specialties. However, the trust provided information highlighting the recovery plans and trajectories were being developed and that this work would be complete by the middle of July 2019.
- The service had cancelled 209 clinics within fourteen days in March 2019 and 180 clinics were cancelled within fourteen days in April 2019. The target was less than 180 clinics cancelled within fourteen days.
- The lack of clinical validation of waiting lists meant that there was the risk of patients being re-appointed unnecessarily and patients not being seen on time or in line with their clinical need.

# Outpatients

However:

- The service was inclusive and took account of patients' individual needs and preferences.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service well-led?

**Requires improvement** 

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

We rated it as requires improvement because:

- Clinical validation (Clinical Prioritisation) and assessment of risk within outpatients waiting lists had not been implemented across all specialties. The trust had started to clinically validate some waiting lists, for example ophthalmology, however this was inconsistent and not complete across all specialties.
- Clinical validation (Clinical Prioritisation) was not consistently documented on the risk registers for outpatients.
- The information provided by the trust regarding overdue appointments showed this performance had deteriorated between April 2019 and June 2019. Although the trust provided information stating recovery plans and trajectories were being developed, these were not in place at the time of the inspection.

However:

- Leaders were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

## Areas for improvement

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

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

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

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing



# Our inspection team

Sarah Dronsfield, Head of Hospitals Inspection led this inspection. An executive reviewer, Deborah Lee, supported our inspection of well-led for the trust overall.

The team included 17 inspectors, an executive reviewer, 15 specialist advisers, 1 NHSI adviser and 1 experts by experience.

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