Northern Devon Healthcare NHS Trust

Inspection report

Trust Headquarters, North Devon District Hospital
Raleigh Park
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Devon
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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

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

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

Ratings

Overall rating for this trust	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Requires improvement**
Are services well-led?	**Requires improvement**
Are resources used productively?	**Good**

Summary of findings

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

Background to the trust

Northern Devon Healthcare NHS Trust primarily provides acute and community services for the populations of Torridge, North and Mid Devon. They also provide some services in East Devon and Somerset.

The trust has 294 inpatient beds, holds around 300 outpatient clinics and about 360 community clinics per week.

There are five community hospitals, of which only South Molton has inpatient beds (16 beds).

Around 3,100 staff are employed by the trust.

(Source: Provider Information Request 2017)

The population served is approximately 165,000; however, during the summer holiday period this can increase significantly.

In 2016/17 the trust treated 28,122 inpatients, 21,804 day cases, 353,650 outpatients and delivered 1,548 babies. The emergency department had 45,050 attendances and a further 25,413 attendances at minor injuries units.

The integrated health and social care in the community service supports about 2,500 people at any given time.

For the financial year 2016/17, the trust's income was £217,580,000. The trust had a surplus of £2,232,000 at the end of the year. The forecast for 2017/18 is for an income of £200,323,000 and to achieve a surplus of £3,922,000 at the end of the year.

(Source: Provider Information Request 2017)

Overall summary

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

What this trust does

The main hospital site, North Devon District Hospital, is located in Barnstaple and provides a full range of acute services, including an emergency department, critical care, end of life care, general medicine, maternity, cancer services, outpatients, and children and young people.

Ear, nose and throat services are delivered in partnership with the Royal Devon and Exeter Hospital, as are cancer services as part of the cancer network. The trust also works with Musgrove Park Hospital for vascular networking, and Derriford Hospital for neonatal networking.

Additionally, the trust provides two walk-in services in Exeter, a DVT service at the Royal Devon and Exeter, and they are the main provider of specialist community healthcare services across North, East, Mid and South Devon – these services include podiatry, sexual health and the Sexual Assault Referral Centre.

The trust provides a full range of acute clinical services, as well as community hospital, therapy and integrated health and social care services.

Summary of findings

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

For this inspection we inspected four core services: urgent and emergency care, maternity, end of life care, and outpatients. At our last inspection in 2015 we found two services required improvement (urgent and emergency care, and end of life care) so re-inspected these to check improvements had been made. We had concerns about waiting times in outpatients and a number of incidents in maternity, so decided to inspect both these services at this 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 trust leadership. Findings from this element of the inspection are reported under the heading 'Is this organisation well-led?'

What we found

Overall trust

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

- Safe, effective, responsive and well-led were rated as requires improvement. Caring was rated as good.
- Urgent and emergency care services remained as requires improvement overall. Safe stayed the same since our last inspection and was rated requires improvement. Effective went down and was rated as requires improvement. Caring stayed the same since our last inspection and was rated good. Responsive and well-led both got better since our last inspection and were rated good.
- Maternity services had got worse since our last inspection and were rated as requires improvement, having previously been rated good. Safe and effective were found to have got worse and were rated as requires improvement. Well-led stayed the same and was rated requires improvement. Caring and responsive stayed the same and were rated good.
- End of life care stayed the same following our last inspection and was rated requires improvement. Safe and well-led stayed the same and were rated requires improvement. Effective got better and was rated requires improvement. Caring stayed the same and was rated good. Responsive got better and was rated good.
- Outpatients got worse since our last inspection and were rated inadequate. Safe and well-led got worse and were rated inadequate. Responsive got worse and was rated requires improvement. Caring stayed the same and was rated good. Effective was not rated.

Are services safe?

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

Summary of findings

- In urgent and emergency services we found the emergency department was visibly dirty in some areas. Triage performance was not being audited to identify opportunities to improve. We were not assured regular servicing of equipment was taking place. However, there were positive incident reporting and safeguarding cultures.
- In maternity there had been a number of serious incidents. Medical staff were not up-to-date with mandatory training and did not always respond promptly when requested by the midwifery team. Processes for transferring deteriorating mothers and/or babies were not clear or agreed. Processes were labelling equipment to identify it as being clean and ready for use were poor. However, care records were clear and up-to-date and there were sufficient numbers of midwives on duty.
- In end of life care there were inconsistencies in treatment escalation plan records. At the time of our inspection a palliative care consultant was in post but there was confusion over their role and whether it involved practising clinically at the hospital. However, medicines were prescribed as required and suitable equipment was available and maintained.
- In outpatients it was not clear who had oversight of incidents across the whole service. Incidents were not always recorded and although staff could request feedback when reporting incidents, staff told us they did not always receive feedback. Duty of candour was not always applied. Staff were not always given time to complete mandatory training and not all medical staff were up-to-date with safeguarding training. Records were not always secured and some clinics did not have an appropriate staff skill mix. However, medicines were stored securely and managed appropriately. Safeguarding processes were understood and there were clear business continuity plans.

Are services effective?

Our rating of effective went down. We rated it as requires improvement because:

- In urgent and emergency services there were no competency frameworks and a large number of staff were not up-to-date with training in the Mental Capacity Act 2005 or the Deprivation of Liberty Safeguards. However, pain levels were recorded and pain relief was offered when required. There was also good multidisciplinary working.
- In maternity we found there was poor multidisciplinary working between the consultant obstetricians and midwifes. Staff were not always following national guidelines and there were no clear processes to support bereavement. There was no regular audit programme and variable understanding of consent. However, the trust did participate in national benchmarking audits and pain was well-managed.
- In end of life care we found the trust had not participated in some of the latest national audits. The specialist palliative care team did not provide a seven-day service. However, staff were able to obtain advice by telephone out of hours and at weekends from the local hospice. Advanced planning for patients in the last 12 months of their life was not in place, although guidance had been introduced for staff. However, there was good multidisciplinary teamwork and more patients were being referred to the specialist palliative care team.
- Policies and procedures in outpatients reflected current evidence-based guidance. Local and national audits were extensively used to identify learning and improvements. There was good multidisciplinary working and patients were empowered to manage their own health. However, staff did not always have regular supervision or complete annual appraisals.

Are services caring?

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

- In urgent and emergency services staff understood personal, cultural and religious needs of people attending the department. Patients felt their care was unaffected by the department being busy and told us they were kept informed of, and involved with, their care.

Summary of findings

- In maternity we found staff provided compassionate and kind care. Women were listened to and treated as partners in their care, and mental well-being was continually assessed and supported.
- In end of life care staff were compassionate and kind. Patients and those close to them were involved in their care.
- In outpatients we found patients were treated with dignity, compassion and respect. Staff took the time to interact with patients and their relatives or carers and they actively supported patients' emotional wellbeing.

Are services responsive?

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

- In urgent and emergency services performance against the emergency department four-hour target was consistently above the national average. Advice and after-care leaflets were readily available, and patients knew how to raise concerns. A mental health lead had been appointed in the emergency department. However, the waiting area was small and crowded and the reception desk remained unsuitable for wheelchair users.
- The maternity service was planned and provided in a way that met the needs of local people. The mental health needs of women were considered and support was provided as required. Concerns and complaints were treated seriously and lessons learned were shared with staff. However, there were no communication aids to assist communication with patients who had a sensory loss or disability.
- The end of life care service took account of patients' needs. Patients who referred to the palliative care service were seen the same day. Fast-track discharges had improved and information leaflets were available in different formats.
- Facilities in outpatients did not always meet the needs of people with a disability, and children did not always have access to age-appropriate toys. In some areas children and adults shared the same waiting room. Performance against the 18-week referral to treatment target was not being formally reported, but data suggested this target was not being met. Patients on some follow-up lists were not being monitored for deterioration. However, the service took into account individual needs and translation services were available. Performance in cancer referrals was above the England average.

Are services well-led?

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

- The new governance frameworks had not been established long enough to assess their effectiveness and at times it felt the trust was reactive to situations rather than proactive in tackling emerging issues early. However, the trust-wide leadership team were a committed and cohesive group who supported each other through constructive challenge and kept a clear focus on quality. The trust's community strategy was ensuring an excellent service was being delivered, with close inter-agency working.
- In urgent and emergency services the leadership team were appropriately knowledgeable and experienced. Staff development was a priority and morale was high. Regular clinical governance meetings took place and actions were taken to improve patient safety and quality as needed. However, the majority of staff were unaware of the trust's vision and values.
- A long-standing poor working culture in maternity meant the delivery of safe and good quality care was at risk. Governance arrangements were not well-embedded and not aligned with the trust structure. The risk management process was unclear and there was not a designated obstetrician and midwife who were jointly responsible for championing maternity safety in the trust. However, the midwifery team felt supported by their leaders.

Summary of findings

- The end of life care and specialist palliative care teams were managed separately and their visions and strategies were not integrated. The end of life care lead role was as an educator and they did not hold a clinical caseload. They also only worked part-time. Not all risks associated with end of life care provision were identified or recorded. However, there was a positive culture promoted by managers.
- Not all managers in outpatients had the right skills and experience to lead. Staff in some teams felt unsupported and unable to raise concerns about managers. Not all risks were captured on the risk register and risks were not always reviewed and updated. The governance system did not support the delivery of good quality care and we could not identify who had overall responsibility for outpatients. However, there was generally an open and honest culture and most staff felt able to raise concerns. There was evidence of improvements being made following surveys, audits and external reviews.

See guidance note 7 then replace this text with your report content. (if required)…

Ratings tables

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

Outstanding practice

We found examples of outstanding practice in end of life care and outpatients. We also found outstanding practice in the trust-wide inspection of well-led. For more information, see the 'Outstanding practice' section of this report.

Areas for improvement

We found areas for improvement, including breaches of four regulations which the trust must put right. For more information, see the 'Areas for improvement' section of this report.

Action we have taken

We served the trust with a section 29A warning notice on 18 December 2017. The notice required the trust to make significant improvements regarding the quality of healthcare by 29 January 2018. We also issued requirement notices to the trust. That meant the trust had to send us a report saying what action they would take to meet these requirements.

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

What happens next

We will make sure 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

- The specialist palliative care team had worked very hard at raising their profile and improving liaison between themselves, staff in the hospital and external stakeholders, for example the local hospice. They attended a number of multi-disciplinary meetings where decisions were made about patients' treatment.

Summary of findings

- The rheumatology department was part of a patient reported outcome project in which patients suffering from inflammatory arthritis used a computer system from home to record how their treatment was working for them. Patients received an email with a link and login details for the system that then prompted different questionnaires. These recorded things such as flare ups of symptoms in the arthritis. The clinicians then collated this, reviewed it and used the system to monitor stable patients from their own home.
- In the physiotherapy and pain management teams, staff had access to a newly formed depression and anxiety outpatient service where they could refer patients they felt needed additional mental health support.
- The trust's community strategy and partnership working, including 'One North Devon', was innovative and provided a strong model for providing the most effective care to patients away from the acute hospital site.

Areas for improvement

Action the trust MUST take to improve:

We told the trust it must take action to bring services into line with legal requirements.

For the overall trust:

- Ensure compliance with duty of candour is evidenced within incident investigation files.

In urgent and emergency services:

- Infection prevention and control of the environment must be improved within the emergency department.
- The emergency department must improve its performance for administering antibiotics to septic patients within one hour of admission.
- Triage performance times must be routinely monitored and used to improve the time taken for patients to be triaged.

In maternity services:

- Ensure all staff are providing safe care and treatment by following nationally recognised guidance and pathways. The trust had four serious incidents in maternity in a five month period which identified failings in the assessment and prompt response by healthcare professionals which caused death or significant harm.
- Ensure all staff are up to date with mandatory training necessary to enable them to carry out their duties.
- Ensure systems and processes are in place and operated effectively to assess, monitor and improve the quality and safety of the service being provided.
- Implement a robust and regular audit programme to ensure compliance against guidelines is routinely monitored and derogation from guidelines is identified. This must be managed proactively and not just reactive to incidents or poor outcomes.
- Ensure senior management in the maternity unit have a clear oversight of the maternity risk register and are able to actively manage this.
- Ensure all surgical procedures in theatre are supported by a World Health Organisation surgical safety checklist and five steps to safer surgery. This must be audited through observational audits and review of completed checklists.

In end of life care:

- The trust must look at the provision of advance care planning for patients in the last 12 months of their life and in the final few weeks. Trust documentation for the last few days of life was not always completed or sections were omitted.

Summary of findings

- The trust must monitor the end of life care provided to all patients. Action plans were not in place where shortfalls were identified. The trust strategy was not being monitored and the action plan had no time scales to address the actions.
- The trust must meet the shortfalls identified in the 2015 National Care of the Dying Audit for Hospitals to make sure patients receive the correct end of life care.

In outpatients:

- Ensure all serious incidents are captured and reported to all relevant external regulatory bodies promptly and contain sufficient levels of detail to aid in any subsequent investigations. The trust reported 10 incidents to NRLS covering harm caused to individual patients and groups of patients following delayed follow up appointments.
- Take robust and sustainable action to reduce the numbers of patients waiting on pending and follow up lists to ensure patients do not experience temporary or permanent harm as a result of waiting too long for their follow up appointments.
- Ensure patients waiting on pending and follow up lists are monitored to reduce the risk of temporary or permanent harm.
- Take immediate and ongoing measures to identify and reduce patients being lost to follow up by identifying inaccurate or incomplete outcome data.
- Ensure oncology outpatient departments have the correct skill mix of staff appropriate to the clinics held to ensure the safety of both patients and staff.
- Ensure all staff have access to an annual appraisal to help identify development and training needs.
- Ensure all risks to services are captured on local and trust-wide risk registers, ensuring all risks are regularly updated and reviewed by all relevant staff.
- Ensure senior management across all outpatient specialities have a clear oversight of the outpatient risk register and are able to actively manage this.
- Ensure all medical staff working in outpatients have completed safeguarding training relevant to their role and monitor training compliance on an on-going basis.

Action the trust SHOULD take to improve:

We told the trust it should action to either comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in the future, or to improve services.

For the overall trust:

- Continue to develop the new governance systems and ensure these are reviewed and strengthened at core service level.
- Ensure risks held on the corporate risk register still have some local oversight.

In urgent and emergency services:

- Improve the number of staff having Mental Capacity Act and Deprivation of Liberty Safeguards training.
- Improve the number of staff meeting the trust mandatory training safeguarding target.
- Ensure all medical devices and equipment is serviced as required and evidence is available to demonstrate this is taking place.

Summary of findings

- Ensure the warning light on the controlled drugs locker in the majors' department works.
- Not remove expiry dates from any medicines stored in the medicines locker in the emergency department.
- Continue efforts to recruit an additional registered children's nurse.
- Ensure a checklist is maintained on the majors' area resuscitation trolley and the trolley always has a tag to demonstrate in has not been tampered with since last checked.
- Record all allergy information on patient records.
- Develop a process to ensure patients have an accurate record of receiving nutrition and hydration.
- Develop emergency department competency frameworks for staff.
- Promote the trust's vision and strategy within the emergency department.

In maternity services:

- Review the arrangements for offering sensitive and specialist bereavement support. There was no dedicated bereavement suite and there was not a specialist bereavement midwife. The guideline for bereavement and pregnancy loss did not provide clear guidance or signposting.
- Consider the safer maternity care recommendations. For example, appointing a designated obstetrician and midwife to jointly champion maternity safety and provide a link from ward to board.
- Trend and theme incidents on an on-going basis to ensure regular thematic analysis.
- Review ligature risks within the maternity unit and ensure the unit is ligature safe and ligature cutters are readily available should they be needed.
- Consider how data on maternal infection, psychological well-being of the mother, and baby's health scores are captured.
- Consider capturing workforce metrics (staffing and attendance at mandatory education and training days) and risk within the maternity quality dashboard.
- Ensure equipment is clearly identified as clean and ready for use. To include a regime for cleaning the birthing pools and indicating when the pool is ready for use.
- Ensure all community midwives have security alarms to promote safety when lone working.
- Review medicine storage. Ensure expiry dates are clearly recorded for emergency medicines and lidocaine remains stored locked away.
- Review the processes for adding safeguarding flags to electronic systems used within the trust.
- Consider evidencing the completion of safeguarding supervision for staff.
- Review the local arrangements with the ambulance trusts to ensure a woman or baby who requires emergency transfer is prioritised appropriately. Consider the risk and implications this has for the safety of patients.
- Review the competency frameworks for all staff working in the maternity unit and ensure evidence can be provided of assessment against competencies.
- Review the process for inducting staff in the maternity unit and ensure this provides evidence of competency to work.
- Review the daily escalation meetings on the delivery suite and consider whether medical staff should attend to ensure a multidisciplinary approach to risks.

Summary of findings

- Consider the use of specialist physiotherapists with women's health specialities.
- Ensure staff have a clear understanding of consent and decision making requirements in line with legislation and guidance.
- Ensure consultants complete twice daily ward rounds and respond promptly when called. These requirements should be reflected in agreed job plans. Job plans should be appropriate to deliver a safe and effective service within the maternity unit.

In end of life care:

- The trust's end of life care service should notify all staff when they are trialling new paper work on the wards.
- The trust's audit undertaken by the end of life care lead should include all patients receiving end of life care and not just 10 cases each month.
- The trust should consider having one management structure for end of life care and the specialist palliative care services to improve care for patients so it is all integrated.
- The trust should inform all qualified staff of the training requirements and competency assessments for the use of syringe drivers as per their policy.
- The trust should ensure that all sections of the TEP form are completed to include the section on the back when patients are assessed as not having capacity.
- The trust end of life strategy should be rewritten to include all staff now involved with end of life care.
- The trust's lead for end of life care should be given more hours each week to complete the shortfall identified at this inspection.
- To trust should continue with their plans to address the shortfalls with spiritual care not being addressed with end of life care patients.

In outpatients:

- Ensure all staff are aware of their responsibilities to report all incidents and near misses and reinforce the importance of this as a measure of quality and safety.
- Ensure all staff have undertaken resuscitation training appropriate to their role, in line with trust policy.
- Ensure staff are given sufficient time to access and complete mandatory training which is essential to their role and ensure there are sufficient training resources available to meet the needs of staff.
- Monitor the numbers of patients seen in outpatients without complete medical records to understand the frequency and impact of this on the quality of care provided to patients.
- Make sure staff have adequate clinical supervision essential to their role.
- Avoid cancelling outpatient clinics unless essential and monitor the frequency and impact of this.
- Ensure complaints are dealt with effectively in line with trust policies and targets.
- Ensure staff administering chemotherapy complete all relevant assessments and are signed off as competent in line with trust policy to ensure they can safely administer treatments to patients.

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.

We rated well-led at the trust as requires improvement because:

- We were not assured leaders were always proactive in their oversight of safety in all services. A number of incidents in ophthalmology outpatients and maternity had led to actions being taken, but these seemed to be reactive and at times lacked pace.
- Evidence of compliance with duty of candour was poor in incident investigations. Although compliance with the duty of candour was often recorded, records of conversations and letters were not included to evidence this.
- Governance at core service level varied and staff told us they felt it was inconsistent across the trust. New governance systems were too new to assess if they were more effective, although early indications suggested they would be.
- Local understanding and oversight of risks was sometimes unclear, particularly if the risks had been escalated to the corporate risk register.
- Some issues with information had arisen following the implementation of a new patient administration system. As a result the trust had suspended reporting on referral to treatment times for a number of months and we were therefore not confident of trust's performance. However, the trust were monitoring their performance on a daily basis and told us they were confident these figures were correct.

However:

- The trust had leaders with the right skills and abilities to run a service providing high-quality sustainable care. The board was a cohesive group who worked supportively together to give constructive challenge and ensure focus on quality was maintained. They had a good understanding of the challenges the trust faced and what actions were needed to mitigate these.
- The trust had a clear vision and strategy for the future. This was closely aligned with the sustainability and transformation plan. The trust's values were understood by all staff and were reflected across the organisation.
- Information was provided so the organisation could understand and respond to its performance. Performance measures were clear and well understood. Data was regularly reviewed for accuracy and challenged where issues were identified.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

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 2017	Requires improvement ↓ Oct 2017	Good ➔➔ Oct 2017	Requires improvement ➔➔ Oct 2017	Requires improvement ➔➔ Oct 2017	Requires improvement ➔➔ Oct 2017

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.

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ➔➔ Oct 2017	Requires improvement ➔➔ Oct 2017	Good ➔➔ Oct 2017	Requires improvement ➔➔ Oct 2017	Requires improvement ➔➔ Oct 2017	Requires improvement ➔➔ Oct 2017
Community	Requires improvement Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
Overall trust	Requires improvement ➔➔ Oct 2017	Requires improvement ➔➔ Oct 2017	Good ➔➔ Oct 2017	Requires improvement ➔➔ Oct 2017	Requires improvement ➔➔ Oct 2017	Requires improvement ➔➔ Oct 2017

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 North Devon District Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ➔➔ Oct 2017	Requires improvement ↓ Oct 2017	Good ➔➔ Oct 2017	Good ↑ Oct 2017	Good ↑ Oct 2017	Requires improvement ➔➔ Oct 2017
Medical care (including older people's care)	Good Jul 2014	Good Jul 2014	Outstanding Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
Surgery	Good Jul 2014	Good Jul 2014	Good Jul 2014	Requires improvement Jul 2014	Good Jul 2014	Good Jul 2014
Critical care	Good Jul 2014	Good Jul 2014	Good Jul 2014	Requires improvement Jul 2014	Good Jul 2014	Good Jul 2014
Maternity	Requires improvement Oct 2017	Requires improvement Oct 2017	Good Oct 2017	Good Oct 2017	Requires improvement Oct 2017	Requires improvement Oct 2017
Services for children and young people	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
End of life care	Requires improvement ➔➔ Oct 2017	Requires improvement ↑ Oct 2017	Good ➔➔ Oct 2017	Good ↑ Oct 2017	Requires improvement ➔➔ Oct 2017	Requires improvement ➔➔ Oct 2017
Outpatients	Inadequate Oct 2017	N/A	Good Oct 2017	Requires improvement Oct 2017	Inadequate Oct 2017	Inadequate Oct 2017
Overall*	Requires improvement ➔➔ Oct 2017	Requires improvement ↓ Oct 2017	Good ➔➔ Oct 2017	Requires improvement ➔➔ Oct 2017	Requires improvement ➔➔ Oct 2017	Requires improvement ➔➔ Oct 2017

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

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
Community health inpatient services	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
Community end of life care	Requires improvement Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
Overall*	Requires improvement Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014

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

North Devon District Hospital

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Key facts and figures

The main hospital site, North Devon District Hospital, is located in Barnstaple and provides a full range of acute services, including an emergency department, critical care, end of life care, general medicine, maternity, cancer services, outpatients, and children and young people.

Summary of services at North Devon District Hospital

Requires improvement 

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

- Urgent and emergency care services remained as requires improvement overall. Safe stayed the same since our last inspection and was rated requires improvement. Effective went down and was rated as requires improvement. Caring stayed the same since our last inspection and was rated good. Responsive and well-led both got better since our last inspection and were rated good.
- Maternity services had got worse since our last inspection and were rated as requires improvement, having previously been rated good. Safe and effective were found to have got worse and were rated as requires improvement. Well-led stayed the same and was rated requires improvement. Caring and responsive stayed the same and were rated good.
- End of life care stayed the same following our last inspection and was rated requires improvement. Safe and well-led stayed the same and were rated requires improvement. Effective got better and was rated requires improvement. Caring stayed the same and was rated good. Responsive got better and was rated good.
- Outpatients got worse since our last inspection and were rated inadequate. Safe and well-led got worse and were rated inadequate. Responsive got worse and was rated requires improvement. Caring stayed the same and was rated good. Effective was not rated.

Urgent and emergency services

Key facts and figures

Northern Devon Hospital Emergency Department (ED) provides a 24-hour service, seven days a week to the people and visitors of Northern Devon.

Facilities included 10 treatment cubicles for major illness and three for minor injuries. The resuscitation bay had four beds, one of which was equipped for paediatric emergencies. The hospital did not have a separate children's ED; a second waiting area was used for paediatric patients within the adult ED.

The ED had seen over 49,000 patients visiting the department between August 2016 and August 2017, this included 8,363 under 16 year olds and 1,030 16-17 year olds. The average daily attendance was 120 persons. The summer months saw the greatest influx of patients due to its location in a popular tourist destination for the region.

Patients attend the department either by walking into the reception area or arriving by ambulance at a dedicated entrance. Patients who did not come by ambulance reported to reception. Once booked in by reception a triage nurse would then assess and direct them to the most appropriate clinical area.

This inspection was conducted on 3 and 4 October 2017 and was unannounced. We inspected the whole core service and looked at all five key questions. During this inspection, we spoke with nine patients. We talked with 21 staff, which included consultants, managers, nurses and ambulance staff. We reviewed 15 care records (10 adults and five children).

Performance data provided by the trust was also reviewed.

Summary of this service

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

- The cleanliness of the majors department was of concern. This was matched with low rates for mandatory training in non-clinical infection prevention and control.
- While information on triage times was collected there was no evidence the emergency department used these to improve poor performance.
- Mandatory training for emergency department support staff consisted of a package of eleven courses. Between March 2016 and March 2017, only three courses had met the trust target of 85%.
- We could not be assured all equipment and devices had been serviced regularly.
- The trust had not sufficiently improved the reception area for wheelchair users after this was identified as an issue in our 2015 inspection report. However, we recognised this should be resolved in a major rebuild of the department due to start imminently.
- Some medicines had no clear expiry dates. We found two plastic cups holding strips of various tablet medicines. Some of these had been trimmed with scissors and we were unable to see on the strip when these medicines were due to expire.
- The management of patients with sepsis was poor. The department was only managing to administer antibiotics to 23% of patients within an hour of sepsis being identified.
- Staff training in Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training had been completed by only 65% of staff.

Urgent and emergency services

- On our inspection the reception waiting area was small and overcrowded. At the end of each day of our inspection, people were standing as all chairs were being used. However, we recognised this would be addressed imminently, as the department was due to be rebuilt and more space would be available.

However:

- Between September 2016 and August 2017, the trust was better than the England average for meeting the four-hour target to assess, admit, transfer or discharge patients. However, in that period the trust met the target in just three months of the 12.
- A healthy culture existed where incidents were recorded, investigated and learning from them was shared with all staff in the department. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses. These were reported internally and externally where appropriate.
- There was a positive culture within the department. Staff showed an enthusiasm to change and make improvements to support patient care.
- Safeguarding procedures and a proactive safeguarding team ensured patients were protected from harm or abuse.
- There were good examples of multidisciplinary working between specialties to improve patient care and outcomes.
- Patients spoke of being fully informed of treatment, expectations and potential diagnosis throughout their care.
- We observed caring interactions at all times. We saw staff asking patients, for example, if they were comfortable or warm enough.
- The senior leadership within the emergency department had the knowledge and experience to provide a well led service for the department.

Is the service safe?

Requires improvement 

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

- During the inspection we found that not all areas were visibly clean. The major injury department in particular was dusty in some areas. There was a thick accumulation of dust across the top of the resuscitation trolley and along storage drawers at the nurses' station.
- Senior staff were unable to show us evidence of cleaning audits within the emergency department that would have identified current performance and actions to improve cleanliness. The trust provided evidence that cleaning audits were completed, however action taken to address identified issues was not clear.
- While information on triage times was collected there was no evidence the emergency department used these to improve poor performance.
- The department had not been able to recruit an additional registered children's nurse. However, staff in the department had received additional training to manage children and a formal support process was in place with the paediatric high dependency unit and admissions team.
- It was not clear if all medical devices were regularly serviced. Some of the service date stickers were dated 2014. When we asked senior staff if they knew if or when the equipment was serviced they could not tell us. Evidence was not provided that demonstrated all equipment was up-to-date with servicing, and some items were recorded as not being seen for several years.

- Some medicines had no clear expiry dates. We found two plastic cups holding strips of various tablet medicines. Some of these had been trimmed with scissors and we were unable to see on the strip when these medicines were due to expire.

However:

- Controlled drugs within the emergency department were stored appropriately. The storage cupboards were locked and the keys stored securely.
- A healthy culture existed where incidents were recorded, investigated and learning from them shared with all staff in the department.
- Hand hygiene audits consistently showed monthly compliance above 90%. Staff dressing bare below the elbow as required was 95% or higher throughout the year.
- The safeguarding team promoted a positive safeguarding culture. There were processes and practices developed that when implemented kept people safe from harm, neglect and abuse.

Is the service effective?

Requires improvement 

Our rating of effective went down. We rated it as requires improvement because:

- The management of patients with sepsis was poor. Only 23% of patients requiring antibiotics had these administered within an hour of arrival.
- There was no documented evidence of patients being asked if they needed anything to keep them hydrated while they waited, particularly when the department was busy. However, of the patients we spoke with in the majors area of the emergency department, all said they had been offered food and drink.
- There were no competency frameworks for emergency department staff. We found that this was currently being addressed and packs were being developed.
- Staff training in Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had been completed by only 65% of staff.

However:

- There were policies based on national guidelines to achieve effective outcomes for patients.
- All the patients we spoke with had been asked about their level of pain and offered pain relief if they required it.
- Information about patient outcomes was collected and used to improve services. The trust participated in Royal College of Emergency Medicine audits so it could benchmark its practice and performance against other emergency departments.
- There was evidence of good multidisciplinary working. Throughout the department we saw involvement of doctors, nurses, occupational therapists and physiotherapists working together.
- The department had access to X-ray and computerised tomography services at all hours of the day and night. This meant there was no delay for patients who required imaging.
- Staff were able to articulate how they sought informed verbal and written consent before providing care or treatment. Staff were able to explain the procedure if the patient didn't have the capacity to give consent.

Urgent and emergency services

Is the service caring?

Good 

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

- All staff we observed were polite and respectful to patients at all times.
- Staff understood and respected the personal, cultural, social and religious needs of people attending the department.
- We spoke with nine patients. All were happy with the standard of care they had received. For some patients who had to wait during busy times, they told us they did not feel their care had been rushed or affected by the pressure on the emergency department when it was busy. Staff took the time to interact with patients keeping them informed why.
- We observed caring interactions at all times. We saw staff asking patients, for example, if they were comfortable or warm enough.
- We saw all grades of staff being aware of patients' privacy and dignity at all times. Staff were conscientious, drew cubicle curtains, and used blankets to maintain the dignity of patients.
- Patients spoke of being fully informed of treatment, expectations and potential diagnosis throughout their care.
- Nursing staff we spoke with explained the support they would offer to bereaved relatives. They showed us the information they had available to provide them with in relation to further support and helplines.

Is the service responsive?

Good

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

- Between September 2016 and August 2017, the trust was better than the England average for meeting the four-hour target to assess, admit, transfer or discharge patients. However, in that period the trust met the target in just three months of the 12.
- Staff showed a good knowledge of equality and diversity. Staff were able to give examples of how they had adapted their care to take into account, for example, a patient's religious practices and beliefs.
- The emergency department had a separate room where patients who had mental health conditions could wait to be seen.
- Advice and aftercare leaflets were available. We found lots of information for patients that gave advice for support, care, and other services the patients could access.
- The emergency department had a nominated lead for mental health. This staff member was not a registered mental nurse, but had shown an interest in the needs of patients with mental health issues.
- Emergency department staff, led by one of the consultants, had devised a system whereby patients who frequently attended the department had a plan of care which staff could follow.
- An emergency department escalation plan was available. This enabled staff to alert senior hospital staff when the department was crowded.

- Patients knew how to make a complaint. We found information boards and leaflets in the department informing people how to complain. A Patient Advice and Liaison Service was also available for patients to visit and complain in person.
- Complaints were formally discussed at the divisional governance board meetings on a monthly basis. When learning was identified this was shared across the emergency department.

However:

- On our inspection the reception waiting area was small and overcrowded. At the end of each day of our inspection, people were standing as all chairs were being used. However, we recognised this would be addressed imminently, as the department was due to be rebuilt and more space would be available.

Is the service well-led?

Good  

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

- The senior leadership within the emergency department had the knowledge and experience to provide a well led service for the department.
- Senior leaders felt it was important to develop staff. We were shown examples of where staff had been trained to progress to more responsible roles.
- Teamwork was a key element to ensuring the staff and department worked as efficiently as possible. This was reflected when talking with staff at all levels.
- Both nursing and medical staff told us the department was a great place to work Staff told us the morale, even at busy times, was good and that they all supported each other and worked as a team.
- The department had a zero tolerance approach to violence and intimidation.
- The trust had a clinical governance group that met monthly. The purpose of the group was to provide a forum to review performance in all areas of patient safety and quality of care, so that appropriate actions could be developed and implemented to address any deficiencies.
- Leaders explained that the emergency department's four-hour target was not just the departments' responsibility. The whole hospital had a part ensuring patients had high quality, timely care within the department.

However:

- With the exception of senior staff, the trust's vision and values were not known by the majority of staff we spoke with.

Areas for improvement

Action the trust MUST take to improve

- Infection prevention and control of the environment must be improved within the emergency department.
- The emergency department must improve its performance for administering antibiotics to septic patients within one hour of admission.
- Triage performance times must be routinely monitored and used to improve the time taken for patients to be triaged.

Urgent and emergency services

Action the trust SHOULD take to improve

- Improve the number of staff having Mental Capacity Act and Deprivation of Liberty Safeguards training.
- Improve the number of staff meeting the trust mandatory training safeguarding target.
- Ensure all medical devices and equipment is serviced as required and evidence is available to demonstrate this is taking place.
- Ensure the warning light on the controlled drugs locker in the majors' department works.
- Not remove expiry dates from any medicines stored in the medicines locker in the emergency department.
- Continue efforts to recruit an additional registered children's nurse.
- Ensure a checklist is maintained on the majors' area resuscitation trolley and the trolley always has a tag to demonstrate in has not been tampered with since last checked.
- Record all allergy information on patient records.
- Develop a process to ensure patients have an accurate record of receiving nutrition and hydration.
- Develop emergency department competency frameworks for staff.
- Promote the trust's vision and strategy within the emergency department.

Maternity

Requires improvement

Key facts and figures

We inspected the maternity service for Northern Devon Healthcare NHS Trust during an unannounced visit as part of the new phase of our inspection methodology. Our first visit took place on the 3 and 4 October 2017, with a further unannounced visit on the 13 October 2017.

The maternity service provided midwifery led care for low risk women and consultant led care for high risk women.

Maternity care was provided by midwives and medical staff at North Devon District Hospital, Barnstaple, within the Ladywell unit. The maternity facilities included:

- A delivery suite with six ensuite delivery rooms, to include two birthing pools.
- A dedicated obstetric theatre alongside a second gynaecology theatre.
- Bassett ward, an antenatal and postnatal ward with 18 beds, to include one side room.
- A day assessment unit in the entrance of Bassett ward with two beds.
- An antenatal clinic with two clinical rooms, one additional room and two ultrasound rooms.
- A level one special care baby unit was also on site, however not included as part of this inspection.

In the most recent four quarters, between April 2016 and March 2017 there were 1,438 deliveries at the trust.

A community midwifery team covered an area of 930 square miles throughout north, east and west Devon, and north Cornwall. In 2016/17 there were 49 deliveries at home. We did not inspect the community teams, however spoke with community midwives.

During this inspection we spoke with 54 staff to include; the head of midwifery, group manager, lad clinician, divisional director, lead midwife for normal birth and inpatient services, lead midwife for public health, community and outpatient services (and named midwife for safeguarding), risk midwife, delivery suite coordinators, antenatal and postnatal ward manager, antenatal and new born screening coordinator, midwives from the hospital and the community, maternity care assistants, sonographers, administrative staff, cleaning staff, physiotherapists, consultants, specialist trained doctors and senior house officers. We spoke with 10 women and their families to obtain feedback on the care they had received. We reviewed 17 women's records and four baby records.

Summary of this service

The Care Quality Commission last inspected the maternity service as part of a maternity and gynaecology inspection in July 2014, with a follow-up in August 2015. The rating for maternity and gynaecology service was good overall with well-led rated as requires improvement. We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated this service as requires improvement because:

- Four serious incidents identified concerning practice within the maternity service where healthcare professionals did not assess and respond promptly to the presenting risk. There was evidence policies and procedures had not been adhered to.

Maternity

- There was poor multidisciplinary working and collaboration between the consultant obstetricians and the midwifery team. The challenging relationships did not promote safe care and effective working within the maternity unit.
- Medical staff were consistently below trust targets for the completion of mandatory training related to care being delivered within the maternity unit. This included practical obstetric multi professional training, maternal and neonatal resuscitation, and fetal growth and monitoring.
- Governance was not well embedded or aligned with the trust. There was not a robust programme for monitoring quality and safety on an on-going basis to identify trends, themes or gaps in the delivery of a safe and effective service.
- The pace of change within the department was slow. Improvements had not been made in a timely manner to move the delivery of high quality care forward.
- The risk management process and ownership of the risk register was not clear. We were not confident the senior maternity team had an oversight and were actively managing the risks on the risk register.
- The maternity service was in disarray and the consultant workforce was unstable at the time of our inspection. A number of consultants had been restricted from their labour ward obstetric practice and in the meantime these posts were being filled by locum consultants.
- The quality dashboard identified seven patient outcomes which were worse than the trust target and therefore were classed as red flags. This included caesarean sections, inductions of labours, blood loss 1500mls and over, retained placenta and third and fourth degree tears.

However:

- The trust were responding to the safety concerns within the maternity unit. There was a line of sight up to the board. The executives and relevant stakeholders were having regular oversight of the department. External reviews had been requested and completed separately by a head of midwifery and the Royal College of Obstetricians and Gynaecologists. The trust were learning from incidents and making changes to improve safety and governance.
- Care and treatment provided by all healthcare professionals was observed to be delivered with compassion and kindness. People were respected and their preferences considered. Women and their families were kept involved in their care and treatment.
- Safeguarding processes were clearly understood by staff. Staff were aware of their responsibilities and were confident in making referrals and providing support to women and their families.
- Mental health was well considered. A woman's mental health was checked continually through their pregnancy. Women could be referred to the perinatal mental health team who assessed women promptly and ensured their safety was paramount.

Is the service safe?

Requires improvement

We rated safe as requires improvement because:

- There had been four serious incidents in a five month period. These incidents identified poor practice when caring for women and babies. Healthcare professionals did not always assess and respond promptly to the presenting risk.

Maternity

- The service did not control infection risk. There was no process for clearly labelling when equipment had been cleaned. There was no system to indicate when birthing pools were clean and ready for use. Cleaning standards had also been raised as a concern within the trust's infection control audit.
- There was not a regular documentation audit for the service to be assured patient care records were well completed and guidelines and best practice were being followed.
- The processes for safeguarding flags being added to electronic systems was not robust. The trust systems did not effectively link to ensure healthcare professionals were instantly made aware of safeguarding concerns when in contact with a patient.
- We identified ligature risks within the maternity unit. A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. There were no ligature cutters within the maternity unit.
- Consultants did not always respond promptly when called by the midwifery team. There was a risk that medical support was not available in an emergency.
- Medical staff did not meet trust targets to complete mandatory training.
- There were not clear processes and agreements in place with the local ambulance service to ensure a deteriorating woman or baby was transferred promptly.
- Consultants did not complete twice-daily ward rounds. During our inspection there was a limited visibility of the medical team.
- The trust had identified problems with some of the consultants and had stopped them providing obstetric services, although they were still working in maternity clinics and the gynaecology service. To make sure there was adequate staffing the trust was using locum consultants. The use of locum consultants posed its own risks, however the trust executive team and senior maternity team were reviewing and managing this on-going risk.

However:

- During the time of our inspection the trust were responding to safety concerns and making changes to lessen the risk to women and babies.
- There was an embedded culture of incident reporting. Midwives recognised incidents and reported them appropriately. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service had suitable premises and equipment and looked after them well. Emergency equipment was readily available within the maternity unit.
- Staff kept appropriate records of patients' care and treatment. Records reviewed were clear, up-to-date and available to all staff providing care.
- 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 mental health of women was well considered and appropriate referrals were made to an on-site perinatal mental health team. This ensured a treatment and birthing plan could be developed to ensure the safety of both the mother and the baby.
- The midwife to birth ratio was better than the national average. Midwifery staffing was reviewed in line with activity and acuity to ensure there were enough midwifery staff to provider care and treatment to women and their babies.

Maternity

Is the service effective?

Requires improvement

We rated effective as requires improvement because:

- There was poor multidisciplinary working and collaboration between the consultant obstetricians and the midwifery team. This did not promote safe care and effective working within the maternity unit.
- Although policies and procedures had been based on national guidance and evidence of its effectiveness, staff were not always following these guidelines and there was evidence these had not been adhered to.
- There was not clear guidance processes around bereavement. The bereavement policy did not reference key best practice documents and there was not clear signposting information. The maternity service was not achieving best practice based on the stillbirth and neonatal death charity five ways to improve care for parents whose baby dies before, during or short after birth.
- There was not a robust and regular audit programme to ensure compliance against guidance was being routinely audited.
- The quality dashboard identified seven patient outcomes which were worse than the trust target and therefore were classed as red flags. This included caesarean sections, inductions of labours, blood loss 1500mls and over, retained placenta and third and fourth degree tears.
- There was no evidence of a local induction when staff started work in the maternity service. There was not a competency framework for staff in the maternity service to evidence their competency being assessed.
- There was a variable understanding of consent and decision making requirements of legislation and guidance.
- There were no specialist physiotherapists with women's health specialities.

However:

- There were arrangements in place for training of the multidisciplinary team to deliver competence in routine situations and emergencies.
- The trust participated in national benchmarking audits for the maternity service.
- The trust captured outcome data and benchmarked their maternity service against other services in the region.
- Pain was well managed for women who were giving birth. Pain relief was discussed and women's preferences were considered.
- Women were supported to breast feed their baby and were provided with information to make informed choices.
- A seven day service was available; out of hours there were on-call arrangements to ensure relevant healthcare professionals were accessible.

Is the service caring?

Good

We rated caring as good because:

Maternity

- Staff provided women and their families with compassionate and kind care.
- Women spoke very highly of the respectful and attentive care they received.
- Women were listened to and treated as an active partner in their maternity care. This was evident by involving women in staff handovers. Women told us their views and preferences were actively sought throughout their pregnancy.
- Staff were able to support women with particular needs such as language, mental health, and religious beliefs.
- Staff provided women with emotional support to minimise their distress. Women's mental well-being was continually assessed and findings acted upon.

However:

- The service did not offer a dedicated bereavement suite or specialist bereavement services during pregnancy and baby loss. This reduced the ability to care for people sensitively in these circumstances.

Is the service responsive?

Good

We rated responsive as good because:

- The maternity service was planned and provided in a way that met the needs of local people. Women were supported in the community and care was individualised to meet people's needs.
- People could access the service when they needed it.
- Mental health needs of women were well considered within the maternity service and support was provided as required to meet their individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- There were no tools to aid communication with people who had a disability or sensory loss.

Is the service well-led?

Requires improvement

We rated well-led as requires improvement because:

- There was a long standing negative culture within the maternity service which did not promote good collaboration within the multidisciplinary team and had the risk to impact on the delivery of safe and good quality care.
- The governance arrangements were not well embedded and were not aligned with the trust governance structure. It was not clear how different meetings interacted with each other. Some meetings were not minuted so there was not a clear trail of decision making, actions generated and monitoring of actions.
- The pace of change within the department was slow. Improvements had not been made in a timely manner to move the delivery of high quality care forward.

- Medical staff attendance at meetings and round table reviews was variable. This did not enable a multidisciplinary approach to governance.
- There was not a regular audit programme. A more robust programme was required to ensure trends and themes are identified to improve the delivery of the service and prevent poor practice and negative patient outcomes.
- The risk management process was not clear and senior staff within the maternity service did not have a clear oversight of their risks to actively manage them.
- There was not a designated obstetrician and midwife to champion maternity safety and link from ward to board

However:

- The executive team and relevant stakeholders had regular oversight of the department since the trend of serious incidents. This enabled a line of sight up to board level. External reviews had been requested and completed to provide scrutiny of the service and recommendations on how the service could be improved.
- The midwifery team felt supported by their leaders who were said to be approachable and visible.

Areas for improvement

Action the trust MUST take to improve

- Ensure all staff are providing safe care and treatment by following nationally recognised guidance and pathways. The trust had four serious incidents in maternity in a five month period which identified failings in the assessment and prompt response by healthcare professionals which caused death or significant harm.
- Ensure all staff are up to date with mandatory training necessary to enable them to carry out their duties.
- Ensure systems and processes are in place and operated effectively to assess, monitor and improve the quality and safety of the service being provided.
- Implement a robust and regular audit programme to ensure compliance against guidelines is routinely monitored and derogation from guidelines is identified. This must be managed proactively and not just reactive to incidents or poor outcomes.
- Ensure senior management in the maternity unit have a clear oversight of the maternity risk register and are able to actively manage this.
- Ensure all surgical procedures in theatre are supported by a world health organisation surgical safety checklist and five steps to safer surgery. This must be audited through observational audits and review of completed checklists.

Action the trust SHOULD take to improve

- Review the arrangements for offering sensitive and specialist bereavement support. There was no dedicated bereavement suite and there was not a specialist bereavement midwife. The guideline for bereavement and pregnancy loss did not provide clear guidance or signposting.
- Consider the safer maternity care recommendations. For example, appointing a designated obstetrician and midwife to jointly champion maternity safety and provide a link from ward to board.
- Trend and theme incidents on an on-going basis to ensure regular thematic analysis.
- Review ligature risks within the maternity unit and ensure the unit is ligature safe and ligature cutters are readily available should they be needed.

Maternity

- Consider how data on maternal infection, psychological well-being of the mother, and baby's health scores are captured.
- Consider capturing workforce metrics (staffing and attendance at mandatory education and training days) and risk within the maternity quality dashboard.
- Ensure equipment is clearly identified as clean and ready for use. To include a regime for cleaning the birthing pools and indicating when the pool is ready for use.
- Ensure all community midwives have security alarms to promote safety when lone working.
- Review medicine storage. Ensure expiry dates are clearly recorded for emergency medicines and lidocaine remains stored locked away.
- Review the processes for adding safeguarding flags to electronic systems used within the trust.
- Consider evidencing the completion of safeguarding supervision for staff.
- Review the local arrangements with the ambulance trusts to ensure a woman or baby who requires emergency transfer is prioritised appropriately. Consider the risk and implications this has for the safety of patients.
- Review the competency frameworks for all staff working in the maternity unit and ensure evidence can be provided of assessment against competencies.
- Review the process for inducting staff in the maternity unit and ensure this provides evidence of competency to work.
- Review the daily escalation meetings on the delivery suite and consider whether medical staff should attend to ensure a multidisciplinary approach to risks.
- Consider the use of specialist physiotherapists with women's health specialities.
- Ensure staff have a clear understanding of consent and decision making requirements in line with legislation and guidance.
- Ensure consultants complete twice daily ward rounds and respond promptly when called. These requirements should be reflected in agreed job plans. Job plans should be appropriate to deliver a safe and effective service within the maternity unit.

End of life care

Requires improvement 

Key facts and figures

End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services. The trust had 709 deaths between June 2016 and May 2017.

Summary of this service

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

- The end of life care and the specialist palliative care services had different leadership. This meant there was limited joined up working as they were leading on separate services and projects associated with these.
- The end of life care lead role was as an educator and they did not hold a caseload of patients. They also only worked part-time.
- The governance arrangements in place were not effective in monitoring the service provision for all patients. There was lack of action plans to address the shortfalls.
- We found records relating to patients care especially those in the last few days of their life were not always completed or sections were omitted.
- There was a lack of clinical consultant support in place to provide clinical expertise for end of life care and palliative care. This was despite the interim arrangements made as not all staff were aware of this. However, at the time of our inspection a palliative care consultant was in post but there was confusion over their role and whether it involved practising clinically at the hospital.
- The trust had not participated in some of the latest national audits and there was limited evidence that the trust was meeting national guidance in relation to end of life care.
- Not all qualified staff were aware of the trust's policy on the safe use of syringe drivers in relation to training and competencies.

However:

- All disciplines of staff worked together to benefit patient care. Since our last inspection the specialist palliative care service had made vast improvements in liaising with all staff involved in patient care to include external stakeholders.
- Patients at the end of their life who wished to be cared for at home were being discharged much quicker than at our last inspection.
- Staff cared for patients with compassion and kindness and their dignity was respected and maintained.
- The end of life care and specialist palliative care services were passionate about their visions and the improvements they wanted to make to benefit patients and improve their care and support.

End of life care

Is the service safe?

Requires improvement ● →←

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

- We found inconsistencies in the recording of patients' capacity on some of the Treatment Escalation Plans.
- Records relating to patients in the last few days of their life were not always completed or sections were omitted. This meant patients may not be receiving the right care or their wishes were not being met.
- At the time of our inspection a palliative care consultant was in post but there was confusion over their role and whether it involved practising clinically at the hospital (reviewing patients on the wards).

However:

- Patients who were at the end of their life were mostly prescribed anticipatory medicines. These were medicines that were used to treat any symptoms associated with end of life.
- The service had suitable equipment to meet patients' needs and these were maintained.

Is the service effective?

Requires improvement ● ↑

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

- The trust had not participated in some of the latest national audits for end of life care and no action plans had been devised where they were not meeting these standards previously.
- There was limited evidence that the trust was meeting national guidance in relation to end of life care.
- The specialist palliative care team did not provide a seven day-service and there were currently no plans for this to be delivered. However, staff were able to obtain advice by telephone out of hours and at weekends from the local hospice.
- There were confusion amongst qualified staff about training and competencies required for the use of syringe drivers and the trust's policy on this.
- No advance planning was in place or individualised care plans detailing patient's wishes in the last 12 months or few weeks of their life. A trust wide care planning document was in place for the last few days but we observed the medical plans were not completed and the nursing plan had sections which were not completed.

However:

- Staff from different services worked together as a team to benefit patients. Since our last inspection the specialist palliative care service had worked hard at improving multidisciplinary liaison both inside the hospital and with external stakeholders.
- Patients at the end of their life who wished to be cared for at home were being discharged much quicker than at our last inspection.
- Referrals to the specialist palliative care service had increased since our last inspection with staff knowing when to refer patients.

End of life care

Is the service caring?

Good ➔➔

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

- Staff cared for patients with compassion. Feedback from patients and their carers confirmed that staff treated them well and with kindness. We received only positive comments about how staff from the wards and specialist palliative care team treated patients.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and their carers told us they were actively involved in decision making and were given all the facts to be able to their decision.

Is the service responsive?

Good ➔

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

- The service took account of patients' individual needs and staff from different disciplines worked together to meet them.
- Patients referred to the specialist palliative care service were seen on the same day during week days to address their care needs quickly.
- The management of fast track patients who required faster discharge had improved.
- Patients and their relatives/carers were provided with good written information that could be provided in different formats to meet their needs.

However:

- There was low recording of patients' preferred place of death and performance for patients dying in their preferred place was inconsistent as a result.

Is the service well-led?

Requires improvement ➔➔

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

- There were different management and leadership teams for the end of life care and the specialist palliative care services. This meant while they may have been aware of each other's visions or plans they were not integrated to improve services for patients.
- The end of life care lead role was as an educator and they did not hold a clinical caseload. They also only worked part-time. This meant improvements to the service would take longer to embed.
- The trust had a system for monitoring the quality of its services where information was gained from auditing but improvement action plans were not in place.

End of life care

- Whilst the trust had a system for identifying some risks and ongoing monitoring, we found not all risks associated with end of life care or specialist palliative care services were identified or included.
- There was no ongoing monitoring of the trusts strategy for end of life care which was devised following our last inspection in 2015.

However:

- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Both the end of life care and specialist palliative care services were passionate about their visions and the improvements they wanted to make.

Outstanding practice

- Since our last inspection in 2015 the specialist palliative care team had worked very hard at raising their profile and improving liaison between themselves, staff in the hospital and external stakeholders, for example the local hospice. They attended a number of multi-disciplinary meetings where decisions were made about patients' treatment. We spoke with senior member of staff who had links with the local hospice and this trust who confirmed how integrated working had greatly improved the services they offered.

Areas for improvement

Actions the trust must take to improve

- Ensure the provision of advanced care planning for patients in the last 12 months of their life, and in the final few weeks, meets patients' needs. Trust documentation for the last few days of life was not always completed or sections were omitted.
- Monitor the end of life care provided to all patients. Action plans were not in place where shortfalls were identified. The trust strategy was not being monitored and the action plan had no time scales to address the actions.
- Meet the shortfalls identified in the 2015 National Care of the Dying Audit for Hospitals to make sure patients receive the correct end of life care.

Actions the trust should take to improve

- Notify all staff when they are trialling new end of life care paperwork on the wards.
- Include all patients receiving end of life care in the trust end of life care audit, and not just 10 cases each month.
- Consider having one management structure for end of life care and the specialist palliative care services to improve integrated care for patients.
- Inform all qualified staff of the training requirements and competency assessments for the use of syringe drivers as per their policy.
- Ensure all sections of the treatment escalation plan form are completed, including the section on the back when patients are assessed as not having capacity.
- Make sure patients who died in their preferred place of death are accurately recorded.
- Rewrite the end of life strategy to include all staff now involved with end of life care.
- Increase the hours worked by the lead for end of life care to address the shortfalls identified during this inspection.

End of life care

- Continue with their plans to address the shortfalls with spiritual care for end of life care patients.

Outpatients

Inadequate

Key facts and figures

The main outpatient department at North Devon District hospital provides new and follow up outpatient appointments for patients Monday to Saturday across the North Devon region.

Between 1 June 2016 and 31 May 2017, North Devon District Hospital provided 291,387 outpatient appointments out of 465,627 across all outpatient locations in the trust. Out of all 30 types of appointments reported to Hospital Episode statistics (HES), 330,442 were first or follow-up appointments.

A small number of outpatient appointments are also held at a number of smaller outpatient departments across the region, including:

- Bideford Hospital - 30,754 appointments
- Barnstaple Health Centre - 28,205 appointments
- Newcourt House - 26,391 appointments
- Franklyn Hospital - 14,516 appointments

The main outpatient department at North Devon District Hospital is divided into three main outpatient areas near the hospital main entrance, and clinics were also located throughout the hospital. There were several different waiting areas. Individual clinics were run with their own reception desks, with some locations running clinics simultaneously. The administrative staff were located throughout the individual clinics. A manager for administrative staff and an outpatient nurse manager, supported by a deputy outpatient nurse manager, managed the department on a daily basis.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

During the inspection visit, the inspection team:

- spoke with 12 patients and two relatives.
- visited clinics and departments including ophthalmology, urology, fracture clinic, pain management, oncology, gynaecology, neurology, rheumatology, cardiology and physiotherapy.
- observed staff giving care to patients.
- reviewed six patient records.
- looked at trust policies and performance information from, and about the trust.
- spoke with 52 members of staff at a variety of grades including doctors, department managers, lead nurses, nurses, assistant practitioners, health care assistants and administrative staff.
- met with consultants, directorate managers and service improvement team members.

Outpatients

Summary of this service

The Care Quality Commission last inspected the outpatients service as part of an outpatients and diagnostic imaging inspection in July 2014, with a follow-up in August 2015. The rating for outpatients and diagnostic imaging was good overall. We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated the service as inadequate because:

- Incidents were not always recorded and staff were unsure of what should and should not be reported.
- Incidents were not being reported within national time scales as set out by the serious incident reporting framework.
- Incidents of patient harm were not being accurately captured or investigated.
- The duty of candour was not being applied in all instances of patient harm.
- Not all staff followed trust infection prevention and control policy to be bare below the elbows.
- The department had not reached the trust training target for staff resuscitation training, dementia awareness or information governance, and staff were completing e-learning in their own time.
- There was not always an appropriate skill mix of staff to support the needs of patients in some specialist clinics.
- Missing records and clinic letters were not always recorded as incidents so the actual numbers of missing or incomplete records was not known or monitored, and records were left unattended and unsecure in open corridors.
- We saw patients being weighed in view of one waiting area.
- There were a significant number of patients waiting on the pending lists who had gone past their follow up dates and come to harm as a result.
- Patients on some follow-up lists were not being monitored to ensure they did not deteriorate whilst waiting for an appointment.
- Some outpatient appointments were cancelled when doctors were required to support the medical assessment unit. Non urgent clinics were not replaced so the service was losing outpatient appointment capacity.
- Not all complaints were responded to within the trust target of 50 days.
- Not all managers had the right skills and experience to lead and staff in some teams felt unsupported.
- Some governance and risk management process were complicated and it was not clear who had overall responsibility for quality and performance for all outpatient locations.

However:

- Nursing staff had completed safeguarding training and there was a reliable system to monitor this.
- Policies and procedures reflected current evidence-based guidance.
- Staff in physiotherapy worked well as a team to deliver effective care to patients and had good links with mental health teams in the pain management service.
- Patients attending outpatients were nutritionally risk assessed in line with the NICE guidance and had specialist support in oncology.

Outpatients

- Staff had good awareness of the mental health act and their responsibilities under it and made best interest decisions in line with legislation.
- Staff took the time to interact with patients and their relatives or carers. Patients said staff were kind and helpful and often went the extra mile.
- Staff were able to signpost patients to relevant services that may be able to offer support during and after the patient had received their diagnosis or treatment.
- Staff communicated with patients so they understood the treatment they received and what was going to happen next.
- The service took into account individual needs. Staff were able to support people with additional needs for example patients living with dementia, learning disabilities and visual or hearing impairments.
- The outpatient department was performing better than the England average for all cancer referrals, including two week wait, 31 day and 62 day referrals.
- There was a positive culture within the main outpatients department. Staff showed a willingness to change and make improvements to support a better patient experience.
- Staff spoke highly of the senior management team telling us they were visible and approachable.

Is the service safe?

Inadequate

We rated safe as inadequate because:

- It was not clear if anyone had complete oversight of incidents occurring in specific outpatient locations, and multiple managers oversaw incident investigations in ophthalmology.
- Incidents were not always recorded. There was a clear incident reporting process, however staff seemed unsure of what should be reported. Although the incident reporting system enabled staff to request feedback following an incident being investigated, some staff told us the feedback was not always received.
- Incidents were not being reported within national time scales as set out by the serious incident reporting framework.
- Incidents of patient harm were not being accurately captured or investigated.
- The duty of candour was not being applied in a timely manner in all instances of patient harm.
- Staff did not always follow trust infection prevention and control policy to be bare below the elbows.
- Resuscitation trolleys and resuscitation equipment was available but was not always checked according to trust policies and procedures.
- Staff were not always given sufficient time to complete mandatory.
- The department had not reached the trust target for staff resuscitation training, dementia awareness or information governance.
- Not all medical staff were up to date with safeguarding training requirements.
- At North Devon District Hospital some outpatient clinics did not have the right skill mix of staff to deliver safe and effective patient care.

Outpatients

- Missing records and clinic letters were not always recorded as incidents so the actual numbers of missing or incomplete records was not known or monitored.
- Records were left unattended and unsecure in open corridors in a number of outpatient clinics.
- There was not always an appropriate skill mix of staff to support the needs of patients in some specialist clinics.

However:

- Hand hygiene audits showed good compliance with trust targets.
- Medicines and associated paperwork such as prescription pads were appropriately stored and were managed safely.
- Nursing staff were aware of local safeguarding procedures and could name the link nurse they would contact for advice, and there was overall good training compliance.
- The trust had business continuity plans in the case of an emergency or major incident.

Is the service effective?

We do not currently rate effective in outpatients services.

- Policies and procedures reflected current evidence-based guidance, and managers were reviewing current standard operating procedures.
- There was extensive involvement in local and national audits with evidence of learning and improvements.
- Pain was discussed as part of care and treatment and escalated to clinicians if necessary.
- Patient's food and drink needs were monitored and managed well.
- Patients attending outpatients were nutritionally risk assessed in line with the National Institute for Health and Care Excellence (NICE) guidance and had specialist dietician support in oncology.
- Staff worked well as a team to deliver effective care to patients.
- Staff in physiotherapy worked well as a team to deliver effective care to patients and had good links with mental health teams in the pain management service.
- Patients were empowered to manage their own health, care and wellbeing and the pain management team used a psychological model of care to do this.
- Informed consent was sought prior to commencement of treatment/procedures and clearly evidenced in patient records.
- Staff had good awareness of the Mental Health Act and their responsibilities under it and made best interest decisions in line with legislation.

However:

- Staff administering chemotherapy, although trained, were not signed off as competent in line with trust policy. Staff received a verbal sign off following observation. Formal written assessments were not completed or were completed retrospectively.
- Staff did not get adequate clinical supervision and support to carry out their role.
- Staff did not always get an annual appraisal.

Outpatients

- Not all staff had access to the information they needed to deliver safe care and treatment.

Is the service caring?

Good

We rated caring as good because:

- Patients were treated with dignity, compassion and respect at both referral stage and during their treatment.
- Privacy and dignity was respected in all aspects of care throughout the outpatient department.
- Staff took the time to interact with patients and their relatives or carers. Patients said staff were kind and helpful and often went the extra mile.
- Staff understood the impact of the treatment/diagnosis on patients' emotional wellbeing and actively supported patients.
- Staff were able to signpost patients to relevant services that may be able to offer support during and after patient had received their diagnosis or treatment.
- Staff communicated with patients so they understood the treatment they received and what was going to happen next.

However:

- We saw a patient being weighed in view of one waiting area.

Is the service responsive?

Requires improvement

We rated responsive as requires improvement because:

- One disabled toilet was arranged so it was difficult for a person with limited mobility to reach dispensers on the wall behind the toilet.
- Children and young people did not have access to age appropriate toys in all outpatient areas. In many waiting areas, children waited in the same areas as adults.
- The outpatient department was not meeting the 18 week referral to treatment target for incomplete referrals in any specialities, although formal data reporting was not underway due to some inaccuracies with data.
- There were a significant number of patients waiting on the pending lists who had gone past their follow up appointment dates.
- Patients on some follow up lists were not being monitored to ensure they did not deteriorate whilst waiting for an appointment.
- Some outpatient appointments were cancelled when doctors were required to support the medical assessment unit. Non urgent clinics were not replaced so the service was losing outpatient appointment capacity.
- The implementation of a new bookings system had temporarily increased work pressures on administrative teams.
- The number of missing clinic letters was not formally captured in all outpatient clinics.

- Not all complaints were responded to within the trust target and patients were not always informed of how to make a complaint.

However:

- The service took into account individual needs. Staff were able to support people with additional needs, for example patients living with dementia, learning disabilities and visual or hearing impairments.
- Translation services were available for people whose first language was not English and there was a document translation service.
- Rheumatology was using a patient led computer programme to assess effectiveness of treatments which helped reduce unnecessary appointments.
- Outpatients helped support specialist mental health clinics and held blood appointments for them so specific patients did not have to wait.
- The outpatient department was performing better than the England average for all cancer referrals, including two week wait, 31 day and 62 day referrals.

Is the service well-led?

Inadequate

We rated well-led as inadequate because:

- Not all managers had the right skills and experience to lead and staff in some teams felt unsupported.
- Some staff did not feel able to raise concerns about managers.
- Staff in oncology felt they were exhausted due to a lack of appropriately trained staff.
- Teams did not always work to resolve conflict quickly and in some teams communication had broken down between the nursing team and the managers in some areas.
- Managers did not receive feedback about themes and trends from incident data which was escalated to the clinical governance lead.
- Multiple managers investigated incidents in the same speciality but were not aware of outcomes or themes from each other's investigations.
- Not all current and relevant risks were captured on the outpatient risk register.
- Risks were not always reviewed and updated and there were no risks recorded on local risk registers in the main outpatient department.
- The governance system in place did not support the delivery of good quality care and we could not identify who had overall responsibility for all outpatient areas at both clinic and board level.
- Not all managers were aware of what audit was currently being carried out.

However:

- Staff spoke highly of the senior management team telling us they were visible and approachable.
- There was a good emphasis on staff well-being and support in most outpatient areas.

Outpatients

- There was a positive culture within the department. Staff showed a willingness to change and make improvements to support a better patient experience.
- Progress against issues with the new bookings system were being reported externally and monitored.
- There were many annual patient satisfaction surveys and evidence of action as a result.
- There was evidence of improvements made following external reviews.

Outstanding practice

- The rheumatology department was part of a patient reported outcome project in which patients suffering from inflammatory arthritis used a computer system from home to record how their treatment was working for them. Patients received an email with a link and login details for the system that then prompted different questionnaires. These recorded things such as flare ups of symptoms in the arthritis. The clinicians then collated this, reviewed it and used the system to monitor stable patients from their own home.
- In the physiotherapy and pain management teams, staff had access to a newly formed depression and anxiety outpatient service where they could refer patients they felt needed additional mental health support.

Areas for improvement

Action the trust MUST take to improve

- Ensure all serious incidents are captured and reported to all relevant external regulatory bodies promptly and contain sufficient levels of detail to aid in any subsequent investigations. The trust reported 10 incidents to NRLS covering harm caused to individual patients and groups of patients following delayed follow up appointments.
- Take robust and sustainable action to reduce the numbers of patients waiting on pending and follow up lists to ensure patients do not experience temporary or permeant harm as a result of waiting too long for their follow up appointments.
- Ensure patients waiting on pending and follow up lists are monitored to reduce the risk of temporary or permanent harm.
- Take immediate and ongoing measures to identify and reduce patients being lost to follow up by identifying inaccurate or incomplete outcome data.
- Ensure oncology outpatient departments have the correct skill mix of staff appropriate to the clinics held to ensure the safety of both patients and staff.
- Ensure all staff have access to an annual appraisal to help identify development and training needs.
- Ensure all risks to services are captured at local and trust wide risk registers, ensuring all risks are regularly updated and reviewed by all relevant staff.
- Ensure senior management across all outpatient specialities have a clear oversight of the outpatient risk register and are able to actively manage this.
- Ensure all medical staff working in outpatients have completed safeguarding training relevant to their role and monitor training compliance on an on-going basis.

Action the trust SHOULD take to improve

Outpatients

- Ensure all staff are aware of their responsibilities to report all incidents and near misses and reinforce the importance of this as a measure of quality and safety.
- Ensure all staff have undertaken resuscitation training appropriate to their role, in line with trust policy.
- Ensure staff are given sufficient time to access and complete mandatory training which is essential to their role and ensure there are sufficient training resources available to meet the needs of staff.
- Monitor the numbers of patients seen in outpatients without complete medical records to understand the frequency and impact of this on the quality of care provided to patients.
- Make sure staff have adequate clinical supervision essential to their role.
- Avoid cancelling outpatient clinics unless essential and monitor the frequency and impact of this.
- Ensure complaints are dealt with effectively in line with trust policies and targets.
- Ensure staff administering chemotherapy complete all relevant assessments and are signed off as competent in line with trust policy to ensure they can safely administer treatments to patients.

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)

This guidance (see 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	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour

This section is primarily information for the provider

Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

Our inspection team

Daniel Thorogood, Inspection Manager, led this inspection and Mary Cridge, Head of Hospital Inspections, oversaw it. An executive reviewer, Jonathan Warren, Deputy Chief Executive and Chief Nurse, supported our inspection of well-led for the trust overall.

The team included one additional inspection manager, five inspectors, one mental health inspector, one assistant inspector, one inspection planner and eight specialist advisers.

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.