

# The Mid Yorkshire Hospitals NHS Trust

## Inspection report

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## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Requires improvement 
Are resources used productively?	Requires improvement 
<b>Combined quality and resource rating</b>	<b>Requires improvement</b> 

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

# Summary of findings

## Background to the trust

The Mid Yorkshire Hospitals NHS Trust was established as an NHS trust in April 2002. In 2010 the trust started providing community therapy and intermediate care services. New hospitals were also opened at Pinderfields and Pontefract. In April 2011 further expansion provided integrated care services for the Wakefield district, including adult community nursing and childrens' and families' health services.

In August 2015 the acute hospital reconfiguration began, the final stage was completed in September 2017. Key changes in the reconfiguration involved the centralisation of services at Pinderfields hospital, including coronary and critical care, paediatrics, acute medicine and acute and complex elective surgery. Midwife- led maternity units were opened at Pinderfields and Dewsbury hospital, and most recently in April 2018 an urgent treatment centre was opened at Pontefract hospital.

The trust provides a range of hospital-based and community services to a population of 550,000 people across Wakefield and North Kirklees.

The trust has 933 inpatient and critical care beds across the three hospital sites and operates 1040 outpatient clinics and 219 community clinics per week. The trust employs around 8000 members of staff. In 2017-2018, there were 240,000 attendances in the emergency department. The outpatient department saw around 511,000 patients, 274,000 home visits were undertaken and 6,200 babies were delivered.

The trust operates from three hospital sites:

- Dewsbury and District Hospital
- Pinderfields Hospital
- Pontefract Hospital

Services are commissioned by North Kirklees Clinical Commissioning Group (CCG) and Wakefield CCG. The trust works in partnership with the local authority and the local mental health trust.

The CQC has carried out a number of inspections of the trust; the last comprehensive inspection of the acute services was in May 2017. We rated safe, effective, responsive and well led as requires improvement, caring was rated as good. We rated the trust as requires improvement overall.

In June 2017 we issued a Section 29A warning notice as a result of significant concerns relating to medical services at Pinderfields Hospital and Dewsbury and District Hospital. These related to staffing shortages and the lack of escalation of deteriorating patients. The use of extra capacity beds was also compromising the privacy and dignity of patients and we had concerns that the nutritional and hydration needs of patients were not always met.

Following the May 2017 inspection, we also issued requirement notices regarding compliance with the following Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 10, Dignity and Respect, Regulation 11, Needs for Consent, Regulation 12, Safe Care and Treatment, Regulation 14, Meeting Nutritional and Hydration Needs, Regulation 17, Good Governance and Regulation 18, Staffing. The trust put an action plan in place, which has been monitored by CQC through regular engagement with the trust.

A follow up inspection of medical services in October 2017 saw some improvements and the warning notice was lifted.

# Summary of findings

## Overall summary

Our rating of this trust stayed the same . We rated it as **Requires improvement** ● → ←

# Summary of findings

## What this trust does

The Mid Yorkshire Hospitals NHS Trust provides a range of acute hospital-based and community services to a population of 550,000 people across Wakefield and North Kirklees.

The trust has 933 inpatient and critical care beds across the three hospital sites and operates 1040 outpatient clinics and 219 community clinics per week. The trust employs around 8000 members of staff.

The trust operates from three hospital sites:

- Dewsbury and District Hospital
- Pinderfields Hospital
- Pontefract Hospital

We inspected medical care, urgent and emergency care, maternity services, critical care and outpatient services.

## 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.

We inspected medical services as some domains had previously been rated as inadequate and the data and information that we reviewed prior to the inspection indicated that there were still some areas of concern in this service.

We inspected urgent and emergency care, maternity, critical care and outpatient services as they were previously rated as requires improvement at either all, or some of the hospital sites and the data and information that we reviewed prior to the inspection indicated that there were still some areas of concern in these services.

We also inspected well-led at trust level in a separate inspection between 31 July and 2 August 2018. Our comprehensive inspections of NHS trusts have shown a strong link between the overall management of a trust and the quality of its services. For that reason, all trust inspections now include an inspection of the well-led key question at the trust level. Our findings are in the section headed: 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:

- We rated safe, responsive and well-led as requires improvement, effective and caring were rated as good. Our rating for effective improved since the last inspection from requires improvement to good.

# Summary of findings

- At this inspection, we inspected five core services. Urgent and emergency care and outpatient services were rated requires improvement across the three sites. Medical services were rated requires improvement at Pontefract hospital and the ratings improved from requires improvement to good at the other two sites. Maternity services were rated requires improvement at Pinderfields hospital and good at the other two sites. The rating for critical care services improved from requires improvement to good.
- In rating the trust, we took in to account the current ratings of the services that we did not inspect during this inspection but that we had rated in our previous inspection.
- We rated well-led for the trust overall as requires improvement. This was not an aggregation of the core service ratings for well-led.

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website – [www.cqc.org.uk/provider/RXF/reports](http://www.cqc.org.uk/provider/RXF/reports).

## Are services safe?

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

- The trust did not always have the appropriate numbers of nursing staff and junior doctors to ensure patients received safe care and treatment within some services. The trust was mitigating this risk with use of additional staff roles and bank and agency staff.
- We were concerned about patient risk assessment and patient records on the Pontefract Medical Stroke Rehabilitation Unit at Pontefract Hospital. We did not see evidence that patient risk assessments for falls, pressure damage and nutrition were updated weekly or following transfer to the unit. We found that staff kept poor records of patients' care and treatment. Records were not completed to a good standard and we found incomplete and misfiled notes
- We found some services were not managing the storage of medicines in line with trust guidance. We also found paper copies of patient group directions (PGDs) which allow nurses to administer certain medicines without a prescription from a doctor, had not always been signed or updated
- We found that mandatory training compliance had improved since our last inspection, but still did not meet the trust's target in some services.
- There remained a significant backlog of patients waiting for follow up appointments.

However:

- We found a significant improvement, particularly in medical services, in the management of deteriorating patients.
- In most services we found an improvement in the sharing of learning following incidents.
- We found clinical areas to be clean and tidy and free from clutter.
- Procedures were in place to refer and safeguard adults and children from abuse. Staff felt confident in identifying and escalating any potential safeguarding concerns.

## Are services effective?

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

- Care and treatment provided was based on national guidance such as the National Institute for Health and Care Excellence (NICE) guidelines and the Royal College's guidance.

# Summary of findings

- The trust participated in local and national audits to improve patient outcomes. Audit results were used to benchmark and compare with other trusts locally and nationally.
- Appraisal rates had improved and met or exceeded trust targets in all services inspected.
- Patient outcomes across the services were in line with regional and national averages. Improvements had also been made in some areas, for example, the trust rating had improved to B in the Sentinel Stroke National Audit.

However:

- Although we found that understanding around mental capacity was generally much improved, the documentation to support decision making was not always completed.
- Within maternity services there were significant delays in local audit activity.
- Within urgent and emergency care services there was mixed performance in relation to RCEM audits and we found the management of sepsis did not always follow best practice guidance.

## Are services caring?

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

- Feedback from the patients and relatives we spoke with was positive. We observed staff providing care which was kind and compassionate. The privacy and dignity of patients in the majority of services was maintained.
- Staff involved patients and those close to them in decisions about their care and treatment.
- There was consideration and thought given to the emotional needs of patients. Spiritual and pastoral support was available to patients from the hospital chaplaincy service.
- There were some examples of outstanding care being given to patients and their relatives in the critical care service.

However:

- Recent local survey data in maternity services highlighted some concerns about the quality of postnatal (hospital) care and support provided.
- We found that nurse staffing was impacting the ability of staff to provide compassionate care on the Pontefract Medical Stroke Rehabilitation Unit, for example, we observed call bells ringing for more than five minutes and patients calling out for help.

## Are services responsive?

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

- At our previous inspection we had concerns about the number of patients overdue their outpatient appointment. During this inspection we found there was still a significant backlog of patients waiting for follow-up appointments.
- The previous inspection found issues with referral to treatment indicators. During this inspection we found that referral to treatment indicators were not met across all specialities.
- Patient flow through the hospitals remained an issue in some areas. We had concerns about initial assessment times and non-clinical patient streaming.
- The number of out of hours bed moves within medical services remained high.
- We found delays in care in maternity for women requiring induction of labour or planned artificial rupture of membranes.

# Summary of findings

However:

- There were no additional capacity beds open within medical services and a very small number of medical outliers across the three sites. A discharge hub and dedicated discharge team supported timely discharges.
- We found that care was planned to meet the individual needs of patients. We found strong links with mental health teams and there were systems in place to support patients with mental health needs, patients with learning disabilities or living with dementia.
- We found complaints were managed well and in a timely way.

## Are services well-led?

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

- At this inspection we saw improvements in some of the trust's services but urgent and emergency care and medical services at Pontefract hospital had deteriorated since our previous inspection.
- We found some examples of where the board and leaders were not fully sighted on some of the risks in the organisation. This did not give us assurance about the flow of information and escalation of risk from 'ward to board.'
- Whilst we did see evidence of board development activities taking place, further work was needed to put more focus on strategic overview and to further formalise the board development programme and to establish effective clinical leadership and accountability throughout the divisional structures.

However:

- There was strong, visible and effective leadership across the services we inspected.
- We found significant improvements in the culture of the organisation. Staff reported an open and supportive culture where concerns could be escalated.
- There were divisional performance reports produced which contained performance measures and information about the quality of patient care. The report enabled the senior management team to have oversight of each service.

## 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 the trust and within medical services at Dewsbury and District Hospital and in Critical Care at Pinderfields hospital.

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

## Areas for improvement

We found areas for improvement including 26 breaches of legal requirements that the trust must put right. We found 36 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

# Summary of findings

## Action we have taken

We issued 26 requirement notices to the trust. Our action related to breaches of legal requirements in five services.

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

## What happens next

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

## Outstanding practice

We found the following examples of outstanding practice during our inspection.

- The Rapid Elderly Acute Care Team (REACT) based at Dewsbury and District Hospital facilitated the timely and safe discharge of patients over 80 years of age; those aged over 65 years living in care homes and fast-tracked discharge for patients at their end of life. Members of the team had also been involved in developing health promotion information for patients and carers and had undertaken work to improve patient pathways. A Healthcare Assistant (HCA) in this team had won an award for the HCA of the year for her contribution to the work of the team and her role in developing and implementing audits to monitor service outcomes and improve the way in which the service was developed.
- The critical care unit at Pinderfields hospital had shown a dedication to listening to and involving patients and families. This was reflected in changes to the physical environment, the draft service strategy, and support for families experiencing bereavement.
- The trust had developed a School of Nursing at Dewsbury which was currently the only one in West Yorkshire.
- The trust was part of Project SEARCH which worked in partnership with specialist education providers, supported employment charity and local authority children's services. The trust offered young people with a disability an internship within the trust, to support the transition from school to employment.
- The Trust has been shortlisted in the 'learning disability and mental health' category of the National Patient Safety Awards 2018 for the "Winterbourne View Protocol".
- The Trust's Freedom to Speak Up Guardian (F2SUG) won the National Freedom to Speak Up Guardian award for 'Leading the Change in Making Freedom to Speak Up Business as Usual' in 2017.

## Areas for improvement

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

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

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



# Summary of findings

## Trust wide

- The trust must ensure that at all times and across all services there are sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patient's dependency levels. Regulation 18(1).
- Across all relevant services the trust must ensure that patient group directions are in date and are compliant with the relevant trust policy. Regulation 12(2).
- The trust must continue to improve staff compliance with core mandatory and statutory training and role specific mandatory training. Regulation 18(2).
- The trust must ensure potassium containing intravenous fluids are stored separately from other intravenous fluids and ensure the new process of medicines stock checks including expiry date checking is sustained. Regulation 12(2).
- The trust must ensure they comply with the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014).
- The trust must ensure that effective and robust systems are in place to support and drive performance and the identification and management of risk. Regulation 17(2).
- The trust must establish accountability and effective clinical leadership throughout the organisation. Regulation 17(2).

## Urgent and emergency services

- The trust must ensure that patient information is managed appropriately and that confidentiality is maintained. Regulation 17(2).
- The trust must ensure that, where clinical streaming is undertaken by a receptionist, all patients are then triaged by a registered practitioner in line with best practice guidance. Regulation 12(2).
- The trust must ensure that staff consistently apply the principles of the Mental Capacity Act and where patients lack capacity, staff record that the decision was in the patient's best interests. Regulation 12(2).

## Medical care (including older people's care)

- The trust must ensure that staff consistently apply the principles of the Mental Capacity Act and where patients lack capacity, staff record that the decision was in the patient's best interests. Regulation 12(2).

## Maternity

- The service must improve governance processes to ensure robust action planning and oversight of action plans. Regulation 17(2).
- The trust must continue to prioritise and monitor the maternity audit programme; and increase local audit activity to encourage continuous improvement, in line with their revised audit agenda. Regulation 17(2).

## Outpatients

- The trust must ensure that a robust system is put in place to ensure that clinical validation has taken place for every patient on a waiting list backlog. Regulation 12(2).
- The trust must take action to reduce the backlog of patients waiting for an appointment. Regulation 12(2).

# Summary of findings

## Pontefract Hospital

### Urgent and emergency services

- The trust must ensure that risks within the department are clearly identified and escalated. Regulation 17(2).
- The trust must ensure that environments used for patients with mental health conditions are ligature free and have access to equipment to summon for help if required. Regulation 12(2).
- The trust must review the quality of patient care delivered on the unit, by participation in clinical audits to measure patient outcomes. Regulation 17(2).

### Medical care (including older people's care)

- The trust must ensure that there is adequate medical cover including a junior doctor on site from Monday to Friday at the PMSRU. This includes cover when doctors are on annual leave. Regulation 18(1).
- The trust must ensure that patient risk assessments for falls, pressure damage and nutrition are updated weekly and following transfer to the PMSRU. Regulation 12(2).
- The trust must ensure that all staff on the PMSRU receive an annual appraisal in line with trust policy. Regulation 12(2).
- The trust must ensure the environment at the PMSRU is suitable to meet the needs of patients with dementia and that reasonable adjustments are made. Regulation 15 (1).

## Dewsbury and District Hospital

### Urgent and emergency services

- The trust must review the designated mental health room and complete regular risk assessments of the room. Regulation 12(2).

### Medical care (including older people's care)

- The trust must ensure patients using the discharge lounge receive their medicines on time. Regulation 12(2).
- The trust must ensure that there is consistent use of risk assessments for patients self-administering their medication. Regulation 12(2).

## Pinderfields Hospital

### Critical care

- The service must ensure oxygen for patients is prescribed, in line with national guidance. Regulation 12(2).

## Action the trust SHOULD take to improve:

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

## Trust-wide

### Medical care (including older people's care)

- The trust should review record keeping, including notes storage. Notes should be appropriately stored, without loose sheets, clearly labelled, up to date and legible.

# Summary of findings

## Maternity

- The trust should ensure that attendance at perinatal mortality and morbidity meetings and review of previous meeting minutes (to monitor agreement and follow up) are formally recorded, and changes to practice are recorded in, and monitored through, action plans.
- The trust should continue to work to improve access and flow in antenatal, triage and induction of labour services as a priority; to reduce delays and improve women's experiences of care. This should include ensuring staff are sufficiently allocated across the service to meet service need. Where not already implemented, they should consider measuring delays against NICE red flag staffing guidance, for comparability and consistency.

## Outpatients

- The trust should continue to work towards increasing performance in relation to referral to treatment times for non-admitted and incomplete pathways.

## Pontefract Hospital

### Urgent and emergency services

- The trust should review its systems for checking resuscitation equipment and make sure that all staff are clear who is responsible for these.
- The trust should review governance procedures in relation to monitoring of the private GP contract, especially in relation to DBS compliance and training compliance for the GP's working on the unit.

### Medical care (including older people's care)

- The trust should ensure that doors to wards and equipment stores on the PMSRU are not propped open as this may compromise patient safety.
- The trust should ensure that staff decontaminate their hands when entering and leaving wards.
- The trust should ensure that there are regular team meetings for nursing staff at the PMSRU to provide a forum where shared learning from incidents and complaints can be discussed.
- The trust should ensure that patients receive adequate therapy at weekends so that their rehabilitation does not stall or deteriorate due to a lack of input.

## Dewsbury and District Hospital

### Urgent and emergency services

- The trust should continue to review consultant presence in the department, in line with RCEM guidance.
- The trust should ensure that patient records are completed consistently, particularly in relation to pain scores, NEWS, nutrition and hydration of patients.
- The trust should ensure consistency in the care of patients with sepsis.
- The trust should review security within the department.

### Medical care (including older people's care)

- The trust should ensure storeroom doors are not left open or unlocked and accessible to patients or members of the public.

# Summary of findings

- The trust should improve staff compliance/ competence regarding aseptic non-touch technique.
- The trust should ensure staff are clear who is accountable for the oversight of the discharge lounge and ambulatory care environment and governance of practice and processes at Dewsbury and District Hospitals and ensure relevant staff are consulted about the development of these services.
- The trust should consider the benefits of developing specific suitability criteria and or a triage system for the ambulatory care service at Dewsbury and District Hospital.
- The trust should monitor transfer waiting times for patients who need to go from Dewsbury and District Hospital to Pinderfields Hospital for admission or treatment and work with transport providers to make improvements where necessary.

## **Outpatients**

- The trust should take steps to remove the old outpatient department signs.

## **Pinderfields Hospital**

### **Urgent and emergency services**

- The trust should continue to review consultant presence in the department, in line with RCEM guidance.
- The trust should ensure that patients are assessed in a timely manner, both in the department and when referred to other specialities within the hospital, in line with trust policy.
- The trust should ensure that patient records are completed consistently, particularly in relation to pain scores, NEWS, nutrition and hydration of patients.
- The trust should continue to improve care of patients with sepsis.
- The trust should ensure that risks within the department are reflected in the risk register.
- The trust should improve RCEM audits and action plans to achieve the required standard.
- The trust should ensure that dates of all curtains changes are clearly recorded, and that the staff who make the changes are aware of the need to keep a record.

### **Medical care (including older people's care)**

- The trust should ensure that staff are encouraged to decontaminate their hands when entering and leaving wards.
- The trust should ensure that there is consistent use of the assessment tool to identify and assess patients with possible mental health conditions.
- The trust should ensure that all confidential patient records are stored safely at all times and are not left unattended in ward areas.
- The trust should continue to improve the consistent completion of 24-hour fluid balance charts where appropriate to the patient.
- The trust should ensure that there is consistent use of risk assessments for patients self-administering their medication.
- The trust should monitor and make efforts to reduce the number of patients moved out of hours.

# Summary of findings

## Critical care

- The service should finalise and implement the draft critical care strategy and action plan and continue to work towards compliance with Guidelines for the Provision of Intensive Care Services (GPICS) standards.
- The service should strengthen and embed governance arrangements in relation to;
  - management meetings,
  - mortality and morbidity reviews,
  - oversight of audit activity,
  - formal review of risk register,
  - induction checklist for bank and agency staff.

## Outpatients

- The trust should ensure that correct recording of prescription pads is taking place.

## 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 as requires improvement because:

- Whilst we did see evidence of board development activities taking place, further work was needed to put more focus on strategic overview and to further formalise the board development programme. The trust recognised there was a need to establish effective clinical leadership and accountability throughout the divisional structures.
- Although there was a governance framework in place we found examples of where the board was not fully sighted on some of the risks. This did not give us assurance about the flow of information from services to board. We were also concerned that some issues had not been identified or appropriately addressed by the trust until highlighted during our inspection. For example, the oversight of PGDs, the management of stock medications and nurse staff within the medical ward at Pontefract Hospital.
- Some issues we found at this inspection were ongoing issues from previous inspections and we spoke with the executive team about the pace of change to address these. For example, in outpatient services, the backlog of patients waiting for follow up appointments.
- We were not assured that the trust was compliant with the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014).

However:

- The trust board had the appropriate range of skills, knowledge and experience to perform its role. Staff talked positively about the board and felt the chief executive was committed to, and leading a change, in culture.
- There was a focus on staff development and leadership at all levels and there were a number of leadership programmes in place.

# Summary of findings

- The trust had successfully completed a two-year acute hospital reconfiguration process. The trust's strategic objectives were incorporated into the five-year strategy and there were a number of frameworks in place to support the delivery of this.
- Throughout the core service and well led inspection there was a notable shift in culture within the trust. We found most staff were motivated and proud of their work their teams did.
- There had been a significant focus on staff recruitment and retention and in recognition the trust had been shortlisted for some national awards.

## Use of resources

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

## 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 ↔ Dec 2018	Good ↑ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018	Requires improvement ↔ Dec 2018	Requires improvement ↔ Dec 2018

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

## Rating for acute services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Pinderfields Hospital	Requires improvement ↔ Dec 2018	Good ↑ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018	Good ↑ Dec 2018	Requires improvement ↔ Dec 2018
Pontefract Hospital	Requires improvement ↔ Dec 2018	Requires improvement ↓ Dec 2018	Good ↔ Dec 2018	Good ↑ Dec 2018	Requires improvement ↓ Dec 2018	Requires improvement ↔ Dec 2018
Dewsbury & District Hospital	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018	Good ↑ Dec 2018	Requires improvement ↔ Dec 2018
<b>Overall</b>	Requires improvement ↔ Dec 2018	Good ↑ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018	Requires improvement ↔ Dec 2018	Requires improvement ↔ Dec 2018

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

## Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔ Dec 2018	Good ↑ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018	Requires improvement ↔ Dec 2018	Requires improvement ↔ Dec 2018
Community	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017
<b>Overall trust</b>	Requires improvement ↔ Dec 2018	Good ↑ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018	Requires improvement ↔ Dec 2018	Requires improvement ↔ Dec 2018

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



## Ratings for Pinderfields Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018
Medical care (including older people's care)	Requires improvement ↑ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018	Good ↑↑ Dec 2018	Good ↑ Dec 2018	Good ↑↑ Dec 2018
Surgery	Requires improvement ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017
Critical care	Good ↑ Dec 2018	Good ↔ Dec 2018	Outstanding ↑ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018
Maternity	Good Dec 2018	Good Dec 2018	Good Dec 2018	Requires improvement Dec 2018	Requires improvement Dec 2018	Requires improvement Dec 2018
Services for children and young people	Requires improvement ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017
End of life care	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Requires improvement ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017
Outpatients	Requires improvement Dec 2018	Not rated	Good Dec 2018	Requires improvement Dec 2018	Good Dec 2018	Requires improvement Dec 2018
<b>Overall*</b>	Requires improvement ↔ Dec 2018	Good ↑ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018	Good ↑ Dec 2018	Requires improvement ↔ Dec 2018

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

## Ratings for Pontefract Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Dec 2018	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Good ↑ Dec 2018	Requires improvement ↓ Dec 2018	Requires improvement ↔ Dec 2018
Medical care (including older people's care)	Inadequate ↓ Dec 2018	Requires improvement ↔ Dec 2018	Requires improvement ↓ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018	Requires improvement ↔ Dec 2018
Surgery	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017
Maternity	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Requires improvement Dec 2018	Good Dec 2018
Outpatients	Requires improvement Dec 2018	Not rated	Good Dec 2018	Requires improvement Dec 2018	Good Dec 2018	Requires improvement Dec 2018
<b>Overall*</b>	Requires improvement ↔ Dec 2018	Requires improvement ↓ Dec 2018	Good ↔ Dec 2018	Good ↑ Dec 2018	Requires improvement ↓ Dec 2018	Requires improvement ↔ Dec 2018

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

## Ratings for Dewsbury & District Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018
Medical care (including older people's care)	Requires improvement ↑ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018
Surgery	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017
Maternity	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Requires improvement Dec 2018	Good Dec 2018
Services for children and young people	Requires improvement ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017
End of life care	Good ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017	Requires improvement ↔ Oct 2017	Good ↔ Oct 2017	Good ↔ Oct 2017
Outpatients	Requires improvement Dec 2018	Not rated	Good Dec 2018	Requires improvement Dec 2018	Good Dec 2018	Requires improvement Dec 2018
<b>Overall*</b>	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018	Good ↑ Dec 2018	Requires improvement ↔ Dec 2018

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

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017
Community health inpatient services	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017
Community dental services	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017
<b>Overall*</b>	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017

\*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.

# Pontefract Hospital

Friarwood Lane  
Pontefract  
West Yorkshire  
WF8 1PL  
Tel: 08448118110  
[www.midyorks.nhs.uk](http://www.midyorks.nhs.uk)

## Key facts and figures

Pontefract Hospital is the smallest of The Mid Yorkshire Hospital NHS Trust's (the trust) three hospitals.

Following the reconfiguration of clinical services at the trust, which completed in September 2017, the following services are provided at Pontefract Hospital:

- Urgent and emergency services - Pontefract urgent treatment centre was established in April 2018. Prior to this, urgent and emergency care was provided at Pontefract Hospital. The urgent treatment centre provides treatment for urgent, non-life-threatening illness or injury 24 hours a day, seven days a week.
- Medical care – a 42 bedded Pontefract Medical Stroke Rehabilitation Unit (PMSRU) had been established at Pontefract Hospital. This was new since our last inspection in May 2017.
- Maternity services - at Pontefract Hospital included antenatal clinics, an antenatal day unit, and a midwifery-led (standalone) birth centre.
- Outpatient services.

We inspected all of the above services at this hospital during this inspection.

Pontefract Hospital also provides surgery, gynaecology and diagnostic services, which were not inspected during this inspection.

During the inspection of this hospital we spoke with 32 patients and relatives and 40 members of staff. We reviewed 42 sets of patient records.

## Summary of services at Pontefract Hospital

**Requires improvement**   

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

- We found that the Pontefract Medical Stroke Rehabilitation Unit (PMSRU) and the Urgent Treatment Centre (UTC) did not always have enough staff with the right qualifications, skills, experience and training to keep patients safe from avoidable harm and abuse, and to provide them with the care and treatment they needed. Managers could not always match staffing levels to patient need and could not increase staffing when care demands rose.

# Summary of findings

- We were concerned about patient risk assessment and patient records on the PMSRU. We did not see evidence that patient risk assessments for falls, pressure damage and nutrition were updated weekly or following transfer to the unit. We found that staff kept poor records of patients' care and treatment. Records were not completed to a good standard and we found incomplete and misfiled notes.
- We saw that staff on the PMSRU did not have always time to give compassionate care to patients because nurse staff levels were low. We noted call bells ringing for more than five minutes and patients were calling out for help. There were not always enough staff to ensure those patients who needed assistance with their meals received it. Some of the housekeeping staff worked additional hours to help with meals when nurse staffing levels were low.
- We had some concerns about clinical audit at the hospital. There was limited evidence of clinical audits taking place in the UTC, so we were unable to gain assurance of positive patient outcomes in the service. In maternity services, we noted significant delays with the local maternity audit programme overall.
- Across the hospital we found that paper copies of patient group directions used for various medicines including ibuprofen and paracetamol and co-codamol had not been reviewed since 2014 and had not been signed by relevant staff.
- In the outpatients service there was a backlog of 18,374 patients waiting for follow up appointments. Although the backlog of patients waiting for follow up appointments had improved slightly since our last inspection we were concerned about the slow pace of clearing the backlog and it was not clear what the trajectories were for clearing the backlog. In addition, the trust could not provide evidence that clinical validation had taken place on all patients in the backlog.

However:

- All the areas we visited in the hospital appeared clean and well organised. Equipment was in good working order and safety tested.
- Staff were aware of the processes to follow to report incidents and safeguarding concerns. Learning from incidents was shared between teams.
- We saw good overall core mandatory training and role specific training completion rates compared to trust targets. Staff could clearly describe safeguarding reporting procedures and felt confident making referrals.
- Care and treatment was based on national guidance.
- Staff were caring, compassionate and treated patients with dignity and respect.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

Pontefract urgent treatment centre (UTC) is located in the Pontefract Hospital. The UTC was established in April 2018; prior to this the location provided emergency care services. The service now provides treatment for urgent, non-life-threatening illness or injury 24 hours a day, seven days a week.

The UTC is run by GPs and specialist nurses. It offers emergency treatment with and without appointments. Appointments can be booked through the NHS 111 service.

The UTC had a range of illness and injuries it could treat including strains and sprains, cuts and grazes and ear and throat infections amongst others.

The unit would not treat life-threatening injuries and patients attending with these conditions would be transferred to another hospital.

Full urgent and emergency care services are provided at the other two hospital sites.

At the last inspection in May 2017, the service at Pontefract included urgent and emergency care provision. This changed in April 2018 and the UTC now provides urgent care for non-life-threatening illness, therefore this service has not been rated previously.

The main areas of concern from the last inspection and the areas the trust were told to take action on to improve service were to:

- Ensure that mandatory training levels are meeting the trust standard.
- Ensure that there are suitably skilled staff available taking into account best practice, national guidelines and patients' dependency levels.

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

Before the inspection, we reviewed the information about this service and information requested from the trust.

During this inspection we visited the UTC on two separate occasions.

During this inspection we spoke with three patients, one relative and six members of staff. We observed staff delivering care and reviewed 23 sets of patient records. We reviewed trust policies and performance information from, and about the trust.

## Summary of this service

Our overall rating of the service was requires improvement because:

- The unit did not always have enough staff with the right qualifications, skills, experience and training to keep patients safe from avoidable harm. The unit manager was not able to match staffing levels to patient need and was not able to increase staffing when care demands rose.
- Risks within the unit were not clearly identified and we did not see evidence of these being escalated where appropriate.

# Urgent and emergency services

- We did not receive assurance of performance in clinical audits. There was limited patient outcome data and audits conducted in the department.
- Although there was a streaming and triage process in place in the unit; a clinical review of patients by clinical staff was not always undertaken in a timely way.
- Rooms used for assessment of patients with mental health conditions were not ligature free and did not have access to equipment to summon for help if required.
- Resuscitation equipment was not safely managed. Some equipment was out of date.
- Paper copies of patient group directions (PGD) used in the department for various medicines including ibuprofen, paracetamol, cocodamol etc. had not been reviewed since 2014 and had not been signed by all staff working in the unit. As such medicines were being administered to patients without prescriptions.
- Information we reviewed from the trust showed that the service did not have robust governance procedures in relation to monitoring of the private GP contract, the service did not hold the information on the current level of DBS compliance or training compliance for the GP.
- The division had moved with pace to implement the UTC. However, we did not receive assurance regarding patient outcomes.

However:

- The unit was visibly clean and well organised. Equipment was in good working order and safety tested.
- Staff were caring, compassionate and treated patients with dignity and respect. We spoke with three patients and one relative who were satisfied with the care and treatment they received.
- We were supplied with performance reports for the unit. The reports showed that the UTC performed well against the overall emergency care standard.
- There was good leadership at unit level. Staff we spoke to were aware of the changes in the unit and had been involved in the consultation and planning process.

## Is the service safe?

**Requires improvement** ● → ←

We rated safe as requires improvement because:

- The unit manager was not able to match staffing levels to patient need and was not able to increase staffing when care demands rose, especially overnight.
- Although there was a streaming and triage process in place in the unit; a clinical review of patients by clinical staff was not always undertaken in a timely way.
- Rooms used for assessment of patients with mental health conditions were not ligature free and did not have access to equipment to summon for help if required. The trust had convened a multi-disciplinary task and finish group to review high risk services departments, including the urgent care departments to ensure the risks were assessed and management plans were in place to meet them.
- Resuscitation equipment was not safely managed. Some equipment was out of date.



# Urgent and emergency services

- Patient group directions (PGD) used in the department for various medicines including ibuprofen, paracetamol, co-codamol etc. had not been reviewed since 2014 and had not been signed by all staff working in the unit. As such medicines were being administered to patients without prescriptions.

However:

- Staff had a good knowledge and understanding of the trust's safeguarding policies and their role and responsibilities in relation to protecting patients from abuse.
- Personal protective equipment such as gloves and aprons were available for staff and used appropriately. The unit appeared visibly clean.
- Equipment was in good working order and had been safety tested and checked according to manufacturer's recommendations.

## Is the service effective?

**Requires improvement** ● → ←

We rated effective as requires improvement because:

- We did not receive assurance of patient outcomes, including clinical audit information. During the inspection, we asked staff what clinical audit activity they participated in, this information was very limited, for example pain audits, health and safety audits and mattresses audits. Information received following the inspection confirmed that limited audits were conducted in the department. Following the inspection the service confirmed that the matron's assurance audits were not being completed, although an adapted matron's audit was being developed for the UTC. Because of this the service did not have assurance that patients who attended the UTC were receiving care and treatment in line with best practice guidelines and pathways.
- A number of policies we checked on the trust intranet were out of date. We saw at Pinderfields ED that staff had access to policies and procedures through clinical emergency medicine (CEM) books, but saw no evidence of this being used at Pontefract.
- At the last inspection, we had concerns over the lack of participation in sepsis audits. At this inspection we were supplied with sepsis audit data for the period April 2017 to March 2018 that covered all three emergency departments at the trust. The audit data showed mixed performance. Ninety-three percent of patients were screened for sepsis. Sixty-six percent of patients received anti-biotics within one hour.
- The assistant clinical director spoke with us about quality improving projects being undertaken in the departments; however these projects were not occurring in the UTC.

However:

- Patients had access to drinks on the unit and food was available within the hospital if required.
- There was evidence of effective multi-disciplinary team working, including seeking advice and joint decision making about patients across the emergency departments.
- Staff we spoke with understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

# Urgent and emergency services

## Is the service caring?

**Good** ● → ←

We rated caring as good because:

- Feedback from patients confirmed that staff were caring and compassionate.
- We observed privacy and dignity being maintained for patients receiving care.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and relatives we spoke with told us they felt well informed by doctors and nursing staff about their condition, treatment options and plan of care.

## Is the service responsive?

**Good** ● ↑

We rated responsive as requires improvement because:

- Across the six weeks prior to the inspection, average performance against the overall emergency care standard at Pontefract urgent treatment centre was 98.3%.
- The trust had decided following consultation to open the urgent treatment centre.
- The unit had a very low level of patient complaints.
- Translation services were available for patients whose first language was not English. Staff we spoke with knew how to access these services.

## Is the service well-led?

**Requires improvement** ● → ←

We rated well-led as requires improvement because:

- Although governance arrangements were clear and we were supplied with minutes of meetings, these provided limited assurance that governance within the departments was strong, effective and robust.
- Risks within the unit were not clearly identified and we did not see evidence of these being escalated where appropriate.
- The directorate had moved with pace to implement the urgent treatment centre, however data we reviewed did not provide assurance that effective and consistent procedures were used within the department.
- We did not receive consistent assurance regarding patient outcomes. There was limited evidence of clinical audits conducted in the department.
- The senior management team were aware of the rooms used for assessment of patients with mental health conditions not meeting the requirements of patients and that they contained ligature risks. Prior to the inspection a

# Urgent and emergency services

multi-disciplinary task and finish group was convened to review high risk services departments including the urgent care departments to ensure the risks were assessed and management plans were in place to meet them. However, they had not moved with pace to identify and improve these areas to provide safe areas for assessment and treatment.

- The senior management team were aware of staff concerns over staffing levels on the unit; however staffing levels had not altered as a result of staff raising concerns.
- Information we reviewed from the trust showed that the service did not have robust governance procedures in relation to monitoring of the private GP contract. The service did not hold the information on the current level of DBS compliance or training compliance for the GP.
- The unit manager did not have any managerial time allocated to deliver, audit or measure the quality of service delivered.

However:

- We found effective unit level leadership. All staff spoke very highly of the unit manager.
- All staff we spoke with were complementary about the recent board changes and how this had improved the culture and communication in the trust.

## Areas for improvement

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

# Medical care (including older people's care)

Requires improvement   

## Key facts and figures

Medical care services at Pontefract Hospital are delivered through the Pontefract Medical Stroke Rehabilitation Unit (PMSRU). The hospital has a total of 42 medical inpatient beds located in this ward. Patients are transferred from acute medical wards at Pinderfields Hospital.

The PMSRU is a 42-bedded unit; however, as there are two distinct sections separated by corridors and locked doors, it functions as two units. One section has 30 beds (five bays with four beds and 10 side rooms) which provides 18 stroke rehabilitation beds and 12 beds for people recovering from a fractured neck of femur. The second section has 12 beds (two bays of five beds and two side rooms) and provides step down care for medical patients.

The trust had 71,024 medical admissions from February 2017 to January 2018. Emergency admissions accounted for 33,778 (47.6%), 786 (1.1%) were elective, and the remaining 36,460 (51.3%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 17,571
- Gastroenterology: 10,966
- Geriatric medicine: 9,183

(Source: Hospital Episode Statistics)

At the last inspection in May 2017, medical care was not being provided at Pontefract Hospital, so this service was not rated. Following an inspection in June 2015 we rated the service as requires improvement overall. Safe, effective and well led were rated as requires improvement, and caring and responsive as good. We inspected all five domains at this inspection.

During this inspection we visited PMSRU on four separate occasions.

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

Before the inspection, we reviewed the information about this service and information requested from the trust.

During the inspection visit, we spoke with 15 patients and relatives, and 14 staff including doctors, nurses, therapists, health care assistants, lead nurses and administrative assistants. We looked at 13 patient records.

## Summary of this service

We rated it as requires improvement because:

- The unit did not always have enough staff with the right qualifications, skills, experience and training to keep patients safe from avoidable harm and abuse, and to provide them with the care and treatment they needed. Ward managers could not always match staffing levels to patient need and could not increase staffing when care demands arose.
- Staff kept poor records of patients' care and treatment. Records were not completed to a good standard and we found incomplete and misfiled notes. We did not see evidence that patient risk assessments for falls, pressure damage and nutrition were updated weekly or following transfer to the unit.

# Medical care (including older people's care)

- The service did not manage medicines well. We found some medicines were not in date and there was an excessive amount of stock.
- Staff did not always have time to give compassionate care to patients because nurse staff levels were so low. We noted call bells ringing for more than five minutes and patients were calling out for help.
- Although mealtimes were protected and we saw consistent use of the red jug and tray to identify patients who needed assistance with their food and drink; there were not always enough staff to ensure those patients who needed assistance with their meals received it. Some of the housekeeping staff worked additional hours to help with meals when nurse staffing levels were low.
- The service did not always take account of patients' individual needs. There were a high number of patients on the ward with dementia, yet the environment was not dementia friendly and there were no specific adjustments made for these patients.
- There were no team meetings on the unit which did not give staff the opportunity to discuss issues and concerns which needed escalating. There was no forum where shared learning from incidents and complaints could be discussed. With the exception of the email bulletins sent to staff by the ward manager, there was no mechanism to pass information down to staff.
- Although staff understood the basic principles of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS), we saw limited examples of mental capacity assessments or decisions made in line with the principles of the MCA. Where patients lacked capacity, recording that the decision was in the patient's best interests was not consistent.

However:

- All ward areas we visited appeared visibly clean and well organised. Equipment was in good working order and safety tested.
- Staff with specialist skills and knowledge worked well together to benefit patients. We saw good multidisciplinary working on the unit between nursing, therapy and social care staff.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. There was an agreed procedure in place to ensure the service complied with national guidance.
- The unit had a dedicated discharge liaison nurse and discharge co-ordinator who worked with social care providers and voluntary organisations to ensure the safe and timely discharge of patients from the unit.
- The Division of Medicine had a clear strategy. They had recently implemented a new model of care with the acute hospital reconfiguration. Staff we spoke with were aware of this and had been involved in the consultation and planning process.

## Is the service safe?

**Inadequate** ● ↓

We rated safe as inadequate because:

- The ward was consistently short of nursing staff. We saw only two registered nurses on duty to cover two separate units of 30 and 12 beds. This presented difficulties if nursing staff needed to leave their area to get countersignatures for certain medicines or needed to leave the ward to respond to emergencies elsewhere in the hospital. Staff told us that they had raised their concerns but that understaffing remained an issue.

# Medical care (including older people's care)

- There was a lack of medical staff when we visited. Junior doctors should cover the ward during the week, however we found that due to gaps in the rota this was not always the case.
- The service provided mandatory training in key skills to all staff but the 95% target was not met for three of the four mandatory training modules for which medical staff were eligible.
- Staff were not routinely decontaminating their hands when entering or leaving clinical areas.
- Measures were in place to ensure that staff assessed and responded to patient risk, but a lack of staff meant that patients were not protected from risk and staff were not able to respond to patients in a timely way. We did not see evidence that patient risk assessments for falls, pressure damage and nutrition were updated weekly or following transfer to the unit.
- Staff kept poor records of patients' care and treatment. Records were not completed to a good standard and we found incomplete and misfiled notes.
- The service did not manage medicines well. We found some medicines were not in date and there was an excessive amount of stock.

However:

- Staff had a good knowledge and understanding of the trust's safeguarding policies and their role and responsibilities in relation to protecting patients from abuse.
- Personal protective equipment such as gloves and aprons were available for staff and used appropriately. Surfaces and floors appeared visibly clean.
- Equipment was in good working order and had been safety tested and checked according to manufacturer's recommendations. Staff had checked resuscitation equipment daily on all areas we visited.
- The service managed patient incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

## Is the service effective?

**Requires improvement** ● → ←

We rated effective as requires improvement because:

- The appraisal rate for staff on the unit was 69% for June 2018 which did not meet the trust target of 85%.
- Therapy staff on the unit provided services on weekdays only. Staff told us that weekend therapy cover was occasionally provided but this was only if staff volunteered to work an extra shift. Therapy team leaders told us that seven-day working was gradually being rolled out in therapy teams, including the stroke team.
- Mealtimes were protected and we saw consistent use of the red jug and tray to identify patients who needed assistance with their food and drink. However, there were not always enough staff to ensure those patients who needed assistance with their meals received it. Some of the housekeeping staff worked additional hours to help with meals when nurse staffing levels were low.
- Although staff understood the basic principles of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS), we saw limited examples of mental capacity assessments or decisions made in line with the principles of the MCA. Where patients lacked capacity, recording that the decision was in the patient's best interests was not consistent.

# Medical care (including older people's care)

- The endoscopy service had not met the requirements of the Joint Advisory Group on Endoscopy (JAG) and had lost accreditation. Staff told us there was an action plan to work towards regaining accreditation and the division had commissioned a senior consultant to move the action plan forward.

However:

- Staff with specialist skills and knowledge worked well together to benefit patients. We saw good multidisciplinary working on the unit between nursing, therapy and social care staff.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. There was an agreed procedure in place to ensure the service complied with national guidance.

## Is the service caring?

**Requires improvement** ● ↓

We rated caring as requires improvement because:

- Staff did not always have time to give compassionate care to patients because nurse staff levels were so low. We observed instances of compassionate care, but this was despite the circumstances rather than because of them. We noted call bells ringing for more than five minutes. Patients were also calling out for help. We observed some staff being abrupt with patients because they were unable to manage a difficult situation and were unsupported.
- We observed that staff were kind, however, they had little time to offer patients emotional support with the staffing levels we observed on inspection.

However:

- Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and relatives we spoke with told us they felt well informed by doctors and nursing staff about their condition, treatment options and plan of care.

## Is the service responsive?

**Good** ● → ←

We rated responsive as good because:

- The unit had a dedicated discharge liaison nurse and discharge co-ordinator who worked with social care providers and voluntary organisations to ensure the safe and timely discharge of patients from the unit.
- From February 2017 to January 2018 the average length of stay for medical elective and non-elective patients at Pontefract Hospital was lower than the England average.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff. Complaints were responded to in a timely manner.
- There was evidence of provision of information in a range of community languages. Staff knew how to arrange and use interpreter services if required.

However:

# Medical care (including older people's care)

- The service did not always take account of patients' individual needs. There were a high number of patients on the ward with dementia, yet the environment was not dementia friendly and there were no specific adjustments made for these patients.

## Is the service well-led?

**Requires improvement** ● → ←

We rated well-led as requires improvement because:

- We found that although there were some systems for identifying risks in medical care services, escalated risks were not always dealt with. The risk of low nurse staffing levels had been escalated but there was no evidence that this had been taken seriously or addressed. The deputy head of nursing was present on the unit during our inspection and did not appear to recognise that staffing levels were at times inadequate.
- Poor staffing levels were affecting morale on the unit. Staff often did not have time for regular breaks and worked longer than their contracted hours. Both medical and nursing staff told us that morale was severely affected by staffing issues and being moved to different wards at short notice. Staff said they were proud of the work they did but they did not feel supported by Pinderfields.
- There were no team meetings on the unit which did not give staff the opportunity to discuss issues and concerns which needed escalating. There was no forum where shared learning from incidents and complaints could be discussed. With the exception of the email bulletins sent to staff by the ward manager, there was no mechanism to pass information down to staff.
- There was a lack of oversight of some issues relating to medicines and who was accountable for this. For example, staff were unclear whose responsibility it was to check expiry dates of medicines and to rotate the stock.

However:

- The Division of Medicine had a clear strategy. They had recently implemented a new model of care with the acute hospital reconfiguration. Staff we spoke with were aware of this and had been involved in the consultation and planning process.
- The ward manager told us that communication had improved and the executive team were more visible and approachable. Both the chief executive officer and the director of nursing and quality had visited the unit and they sent weekly updates to staff.

## Areas for improvement

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



# Maternity

Good 

## Key facts and figures

Maternity services at Pontefract Hospital (Friarwood Birth Centre) include antenatal clinics, an antenatal day unit, and a midwifery-led birth centre.

The Friarwood Birth Centre has four rooms, one of which has a large birthing pool that mothers can use for labour and delivery. The birth centre is within the grounds of the hospital, with no other inpatient obstetric or neonatal services onsite. The unit therefore supports low risk women who want a birth in a 'home away from home' setting. Those considered high risk or who require additional care are transferred to Pinderfields Hospital.

From July 2017 to June 2018, there were 6,365 deliveries at the trust. Of these, 198 deliveries were at the Friarwood Birth Centre.

At our last inspection in May 2017, an overall rating of good was given. We rated safe as requires improvement, and effective, caring, responsive and well led as good. We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

During our inspection, we visited the maternity unit and spoke with six patients and their partners, and 10 members of staff. These included matrons, department managers, midwives, care staff, medical staff and administration staff. We observed care and treatment, looked at six patient records and medicines charts. We also interviewed key members of staff, medical staff and the senior management team who were responsible for the leadership and oversight of the service.

## Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated the service as good because:

- We saw good overall core mandatory training and role specific training completion rates compared to trust targets. Safeguarding training completion rates surpassed trust targets. Staff could clearly describe safeguarding reporting procedures and felt confident making referrals.
- Emergency equipment service checks were in date. Since our last inspection, the service had implemented a comprehensive programme of skills and drills training in all clinical areas.
- There had been no serious incidents reported at maternity services at this location in the 12 months prior to our inspection. We found lessons learned following incident investigations were shared in different formats, and staff were able to describe learning from these incidents.
- Outcomes for women were typically good and outcomes for babies were better than trust targets and regional averages.
- Over a one-year period, maternity services at the location received a comparatively low number of formal complaints (three) and a relatively high number of formal compliments (32). We saw evidence of learning from complaints, which were investigated in a timely manner.
- All staff received an appraisal. Midwifery advisors were on call 24-hours for independent advice and support. Across the trust, there were midwives available for support and guidance and with special interests as part of their role.

# Maternity

However:

- Except for community midwife caseloads, we saw there was sufficient maternity staff within the trust when measured against national guidelines and minimum recommendations. The trust was aware of staffing shortfalls, and there were plans to look at areas of concern. However, we were not assured that staff were allocated properly across the service to meet service need.
- Across the trust, antenatal services experienced difficulty offering women follow-on clinic and day unit review appointments.
- The storage, ordering and disposal of medicines was in line with current guidance and regulations. However, we saw some paper copies of patient group directions, that allowed nurses to administer medicines without a prescription, were out of date.
- At our previous inspection, we found a lack of local audit activity to encourage continuous improvement. At our recent inspection, we saw good progress with prioritisation of activities for completion. However, we noted significant delays with the local maternity audit programme overall.

## Is the service safe?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated safe as good because:

- With few exceptions, maternity staff at the location were up to date with mandatory training. This included infection prevention and control, adult and children's safeguarding, and emergency skills and drills training.
- Emergency equipment was in date and checked regularly. The service had escalation policies, guidance and care pathways for deteriorating women or babies. Since our last inspection, the service had implemented a programme of skills and drills training in all clinical areas.
- The midwife to birth ratio has improved since the last inspection and was in line with the national minimum recommendation of 1:28. Women received 1:1 care in established labour. Where patients needed consultant led care there was an appropriate transfer procedure in place.
- There were effective systems in place to monitor infection control. All areas we visited were clutter free and visibly clean.
- Staff were encouraged to report incidents and systems were in place following investigation to help disseminate learning.

However:

- From April 2017 to March 2018, the community caseload staffing levels was 132 women per WTE midwife. This was not in line with the recommended ratio of 96 cases per WTE midwife.
- We saw some paper copies of patient group directions, that allowed midwives to administer certain medicines without a prescription, were out of date. Individual midwives who could administer had not signed the individual authorisation form, as required by trust policy.

# Maternity

## Is the service effective?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated effective as good because:

- There was good multidisciplinary staff working, and women had enough information to help in making decisions and choices about their care and the delivery of their babies. Women received detailed information and support in the options of pain relief available to them, which included the use of the birthing pool, Entonox, and pethidine.
- Women had good clinical outcomes at the location. We saw 3rd and 4th degree tear and postpartum haemorrhage rates were better than or in line with regional averages.
- Clinical outcomes for babies were good. The proportion of babies with low birth weight at term was better than the regional average. There had been no stillbirths at the location in the 12 months prior to our inspection. There was a multidisciplinary still birth group at the trust, and we saw evidence of significant work against national recommendations.
- There was a public health lead midwife, and we saw good evidence of health promotion. There was an infant feeding coordinator, and the service worked with community services to provide continuity of support. Women's nutrition and hydration needs were being met.
- Information provided by the trust showed all staff had an appraisal and staff confirmed this. Midwifery advisors were on call 24-hours for independent advice and support. There was a two-year preceptorship programme for newly qualified midwives. Ward and community midwives rotated into the birthing unit to maintain their skills and competencies.

However:

- We saw a quality data and audit midwife had been appointed in April 2018, and had made good progress with prioritisation of activities for completion since their appointment. However, we noted significant delays with the local maternity audit programme overall. The service was up to date with national audit activity.
- The service met the training completion target for MCA and DoLS Level 1 training (100%), but did not meet training completion targets for Level 2 (74%) and Level 3 (59%) training.

## Is the service caring?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated caring as good because:

- From March 2017 to March 2018, maternity friends and family test performance results were similar to the national average.
- In the CQC survey 2017, the trust was one of the best performing for involving women in decisions about their care, and speaking to them in a way they could understand.
- During our inspection, we observed staff interacting with women in a friendly and respectful manner. Women told us staff looked after them, and they would recommend the hospital to their family and friends.

# Maternity

- There were guidelines and care pathways to support mothers and their family in the event of bereavement. The trust had a named maternity bereavement midwife. In June 2018, maternity bereavement training was included in midwives mandatory training.
- A consultant obstetrician specialised in providing holistic care for women at the service who had previously suffered pregnancy loss. A multi-faith chaplaincy service offered bereavement support.

## Is the service responsive?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated responsive as good because:

- The proportion of antenatal bookings undertaken before 13 weeks was above the trust target of 90%.
- A teenage pregnancy midwife supported pregnant women under 20 years of age. There was a perinatal lead midwife in the service, who had been appointed to improve services for vulnerable women and those with mental health concerns.
- A chaplaincy team offered a point of contact with the appropriate faith community, and there was a multi-faith centre, hospital chapel and prayer rooms on site. The chaplaincy service was available during the day and an out of hours service was also available.
- Face-to-face and telephone foreign language interpretation services were available. The services provided included, translations of written documents into either audio or written format. British Sign Language (BSL) services were also available.
- Staff were clear about the complaints process and action they should take if someone wished to complain. There was evidence of learning from complaints and concerns. Complaints were investigated and closed in a timely manner, in line with trust policy.

However:

- Across the trust, antenatal services experienced difficulty offering women follow-on clinic and day unit review appointments.

## Is the service well-led?

**Requires improvement** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated well-led as requires improvement because:

- The senior management team had changed since our previous inspection, and was relatively new. We saw evidence the team had made progress with evaluating the changes necessary to improve quality of care. However, we were not always assured of robust action planning, or that work was being delivered at a sufficient pace; for example, in relation to recognised access and flow issues, and patient experience improvements.
- During our inspection, we found that there were significant delays in audit activity to encourage continuous improvement; and saw this had been an ongoing issue since our last inspection of the service.

# Maternity

- At our last inspection of the service, we found no recommendation of changes to practice in the perinatal mortality and morbidity meeting minutes and actions plans were not completed. Following our recent inspection, we found changes to practice were discussed and recorded; however, we did not see evidence of action plan completion.
- We were not assured that staff were allocated properly across the service to meet service need; for example, to address recognised access and flow issues. Except for community midwife caseloads, we saw there was sufficient staff within the service when measured against national guidelines and minimum recommendations.
- During our inspection, some staff raised concerns about capacity and workload, which impacted on their perceptions of culture within the service. Concerns predominately related to antenatal service capacity and induction of labour service areas.

However:

- At our previous inspection, we saw that the maternity risk register contained a large number of risks, and many had a review date in the past. At our recent inspection, we saw good monitoring and oversight of the risk register. Staff we spoke with at all levels felt comfortable escalating issues.
- Most managers said the senior management team were visible and engaged. Ward staff and team leads reported they were supported by their managers. Many managers undertook clinical shifts, to support teams and keep their competencies up to date.
- The interim Head of Midwifery (IHOM) had implemented a programme of work to address concerns around culture in the service and improve morale. We also note the significant work undertaken in reducing agency staff use in favour of bank staff, and offering staff overtime.

## Areas for improvement

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

# Outpatients

**Requires improvement** ●

## Key facts and figures

Pontefract Hospital provides outpatient appointments for a variety of specialities. The main outpatient departments were situated on the first and second floors of the hospital.

The outpatient department was part of the access, booking and choice directorate, which was part of the surgery directorate.

We inspected outpatients because it had been rated as requires improvement at our last inspection. Safe and responsive were rated as requires improvement. Caring and well led were rated as good.

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

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

During our inspection, we visited the main outpatient department, ophthalmology outpatients and ear, nose and throat outpatients.

We spoke with ten members of staff and seven patients.

## Summary of this service

We rated this service as requires improvement because:

- Although the backlog of patients waiting for follow up appointments had improved slightly since our last inspection, there was still a backlog of 18,374 at 22 July 2018.
- There was a process in place for administrative and clinical validation of waiting lists. However, the trust could not provide evidence that clinical validation had taken place on all patients in the backlog.
- Despite specialities having agreed response plans, it was not clear what the trajectories were for clearing the backlogs.
- Referral to treatment times (RTT) were worse than the England overall performance; however there had been a steady increase in performance and there had been an improvement since the last inspection.

However:

- Staff were aware of the processes to follow to report incidents and safeguarding concerns. Learning was shared between teams.
- Staffing levels were flexed to cover clinics and the outpatient departments were staffed by multidisciplinary teams that worked effectively together.
- Patients attending the department received care and treatment that was evidence based and followed national guidance. Staff had access to policies and guidance.
- Staff provided compassionate care to patients and patients were kept informed and given choices in their care.
- The service was well led with leaders who were visible and approachable.

# Outpatients

- Staff spoke positively about working for the service, they felt well supported and spoke about good teamwork.
- Leaders were aware of the issues within the service and there were good governance processes in place.

## Is the service safe?

### Requires improvement

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

- At our last inspection, clinical validation was not taking place on all waiting lists. At this inspection, we found there was now a process in place for administrative validation and clinical validation to take place. However, the trust could not be certain that clinical validation had taken place on every patient. From the backlog of 18,374 there were around 50% of patients that were in the process of validation, which was managed by the speciality teams. Until the process was completed it was not possible to identify which stage of the process the patients were at. There was therefore a risk of patients suffering harm whilst on the waiting list backlog.
- There had been five serious incidents, reported in 2017, related to long waiting times for an appointment. These had been investigated and action taken with regards to the glaucoma follow up backlog.

However:

- There were safeguarding procedures and policies in place. Staff were aware of their responsibilities and knew how to escalate any safeguarding concerns.
- Staffing levels were flexed depending on the clinics that were booked. Staff worked cross site to cover for any absences.
- There were procedures in place for staff to deal with any deterioration in a patient's condition whilst in the department.
- Staff understood their responsibility to report incidents. Learning from incidents was shared across the teams.
- At our last inspection, we saw that action taken when there were deviations in fridge temperatures was not always recorded. At this inspection, central monitoring of fridge temperatures took place and the service was informed about any deviations in temperature.
- At our last inspection, duty of candour was not well understood by all staff groups. At this inspection, we found that staff's understanding had improved.

## Is the service effective?

### Not sufficient evidence to rate

We do not rate the effective domain for outpatients, however we found the following:

- Patients' care and treatment was planned and delivered in line with current evidence-based guidance. Staff had access to up to date policies and guidance.
- Vending machines were available in main outpatients. All areas we visited had water available for patients, although in the main outpatient department they were waiting for the instillation of water fountains.

# Outpatients

- Staff received annual appraisals. Staff completed competency documents when developing their professional skills.
- The outpatient departments were staffed by a range of professionals working effectively as a multidisciplinary team to meet patients' needs.
- Additional clinics were held on an evening and weekend for some specialities.
- Staff understood their responsibilities when obtaining consent and understood the Mental Capacity Act.

## Is the service caring?

**Good** ●

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

- Feedback from people who used the service was positive about the way staff treated people.
- We saw staff treating patients with kindness and compassion; they introduced themselves to the patient's.
- Patients were kept informed about their treatment and were offered choices.
- Friends and family test results (FFT) were consistently positive.

## Is the service responsive?

**Requires improvement** ●

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

- At our last inspection there was a trust backlog of 19,647 patients waiting for an appointment. At this inspection, this backlog had reduced to 17,516 at the time of our inspection. However, following the inspection, figures produced by the trust showed that there was a backlog of 18,374 at 22 July 2018. Some specialities, such as ophthalmology and trauma and orthopaedics had reduced their backlog, whilst others had increased their backlog.
- From May 2017 to March 2018 the trust's referral to treatment times (RTT) for non- admitted pathways had been worse than the England overall performance. However, there was an increasing performance and at March 2018 the trust was performing better than the England average. Three specialities were above the England average.
- From March 2017 to February 2018 the trust's RTT for incomplete pathways had been worse than the England overall performance. However, there had been a steady increase in performance. Five specialities were above the England average.
- There had been a slight decline in performance for the percentage of people waiting less than 62 days from receiving an urgent referral from their GP and they had not met the standard for quarter four of 2017/2018 but they were still in line with the England average.

However:

- The trust had performed better than the operational standard for cancer waiting times for people seen within two weeks of an urgent GP referral and for people waiting less than 31 days from diagnosis to definitive treatment.
- The did not attend rate was lower than the England average.



# Outpatients

- The trust had undertaken several initiatives to try to balance capacity and demand and had worked closely with the clinical commissioning group (CCG) to reduce waiting times.
- People's needs and preferences were considered. Appointments in most specialities were available at all three hospital sites and a shuttle bus enabled patients to travel across the three sites.
- The service was meeting the Accessible Information Standard; leaflets were available in every area for patients to complete with any communication needs they had.
- Leaflets were available in different languages and interpreters were used when necessary. Staff were aware of the support available when they had patients living with dementia or learning disabilities attending the department.
- The amount of complaints related specifically to the outpatient's department were minimal. Complaints were responded to within timescales in line with the trust policy.

## Is the service well-led?

**Good** ●

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

- Leaders at every level were visible and approachable. Leaders were knowledgeable about issues for the service.
- All staff we spoke with told us there was a supportive environment with effective teamwork. Morale was good.
- There were effective governance structures in place which ensured appropriate escalation of concerns up to board level.
- Risk registers were in place and were reviewed regularly. However, the clinic room doors had not been escalated as a risk to appear on the risk register. An outpatient efficiency dashboard helped specialities view and manage their performance against four key outpatient improvement schemes.
- There was good engagement with staff and patients.

## Areas for improvement

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

# Dewsbury and District Hospital

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## Key facts and figures

Dewsbury and District Hospital is one of three hospitals within The Mid Yorkshire Hospitals NHS Trust. Following the reconfiguration of clinical services at the trust, which completed in September 2017, the hospital services are now focussed on elective and non-complex care. Critical care services are no longer provided in this hospital. Surgical services at the hospital now focus on planned surgery and a Frailty Assessment Unit has been established.

There is an emergency department at the hospital which operates under strict criteria for patients arriving at the emergency department by ambulance; all acutely unwell patients or those with complex needs are now transported to Pinderfields Hospital. There is a walk-in centre situated within the department, run by a local community services provider, and a separate children's ED which operates 24 hours a day, seven days a week.

Dewsbury and District Hospital has 193 beds location within 9 wards, ED, Ambulatory Care and the Birth Centre. The medical services offered at the hospital include: an ambulatory care service for people who need rapid assessment, tests and treatment but don't need to stay in hospital; rehabilitation for people with neurological conditions and stroke; a frailty unit which is a dedicated service for elderly care focusing on rapid assessment, treatment and helping people get back home if they are well enough and 'step down' care / rehabilitation for people who are recovering after a period in hospital, step down care is also provided for elderly patients recovering from orthopaedic surgery.

Maternity services at Dewsbury District Hospital include antenatal clinics, an antenatal day unit, and a midwife-led (standalone) birth centre. 307 deliveries were at the birth centre between July 2017 and June 2018.

Dewsbury and District Hospital provides outpatient appointments for a variety of specialities.

We inspected all of the above services during inspection.

Dewsbury and District Hospital also provides elective surgery services, end of life care, diagnostic services and services for children and young people. These services were not inspected during this inspection.

During the inspection of this hospital we spoke with 45 patients and relatives and 76 members of staff. We reviewed 29 patient records.

## Summary of services at Dewsbury and District Hospital

**Requires improvement**   

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

# Summary of findings

- Staffing levels in the adults' and children's emergency departments and the medicine core service did not always meet planned or recommended levels. In medicine there were a high number of registered nurse vacancies and fill rates were low on some wards. There was a shortage of junior doctors in the division and a heavy reliance on bank and locum staff. From April 2017 to March 2018 there were 4,537 shifts filled by bank staff and 16,353 filled by locum staff.
- Compliance with mandatory training levels did not meet the trust target in medicine and urgent and emergency services
- We found some issues with medicines management; storerooms were unlocked on some of the wards and intravenous fluids containing potassium were not stored separately from other intravenous fluids. There was a lack of monitoring of medicine stocks prior to our inspection and we found out of date and excess stock in some areas. We found the inconsistent use of risk assessments for patients self-administering their medication and we found patients in the discharge lounge had missed medicines or received these late.
- We had concerns about the responsiveness of the emergency department, in relation to initial assessment times and non-clinical patient streaming. Patients also had long waits for admission, transfer and discharge.
- Some staff in the medicine core service did not have a good understanding of mental capacity and best interest decisions and were unclear what constituted deprivation of liberty, when this would apply and how this should be documented or whether a formal application should be made.
- In the outpatients service there was a backlog of 18,374 patients waiting for follow up appointments. Although the backlog of patients waiting for follow up appointments had improved slightly since our last inspection we were concerned about the slow pace of clearing the backlog and it was not clear what the trajectories were for clearing the backlog. In addition, the trust could not provide evidence that clinical validation had taken place on all patients in the backlog.

However:

- We found significant improvements in medicine, where the overall rating improved from requires improvement to good. We found that improvements had been made to clear the backlog of unresolved incidents from the previous inspection; to improve record-keeping and the frequency of risk assessments and to improve the escalation of deteriorating patients.
- The trust had undertaken a lot of work to reduce the risk of patient falls. Initiatives included; having a corporate falls work stream with a dedicated falls lead for the trust. Patients were risk assessed for falls and the trust had worked hard to improve communication regarding patient risk. They were also trialling a number of other initiatives such as 'tagging' and use of coloured identity bands to reduce the incidence of falls.
- Learning from incidents had improved. Staff understood their responsibilities to raise concerns and report incidents. There were good mechanisms to feedback and share learning from incidents with staff.
- Leadership, governance and risk management was generally effective, embedded and robust across the services that we inspected
- Staff culture had improved since the last inspection in that we found that staff were more open and engaged.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

Since our last inspection the trust has reconfigured its acute hospital services and Dewsbury and District Hospital now has a focus on elective and non-complex care. There are strict criteria for patients arriving at the emergency department (ED) by ambulance; all acutely unwell patients or those with complex needs are now transported to Pinderfields Hospital. Patients can still self-present to Dewsbury ED, but those requiring admission after assessment/initial treatment are transferred to Pinderfields Hospital unless they fit the criteria for admission to the medical wards at Dewsbury Hospital. There is a walk-in centre situated within the department, run by a local community services provider, and a separate children's ED which operates 24 hours a day, seven days a week. The children's ED is part of the division of families and clinical support services; the adult ED is part of the division of medicine.

The department is split into several areas. The reception area leads into a waiting room, from which there is secure access into the children's ED with a separate waiting room and treatment areas. The main corridor is also accessed from the waiting room, and leads to the ambulance entrance, resuscitation room, decontamination room, and initial assessment cubicles. The nurses' station is positioned along the corridor in the major illnesses and injuries area, which then leads onto the X-ray department, walk-in centre and minor injuries unit.

From January to June 2018, there were 43,176 patient attendances at Dewsbury and District Hospital ED. This resulted in 4147 patient admissions; 929 to wards at Dewsbury Hospital and 3218 to Pinderfields Hospital.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. At the last inspection the safe and responsive domains were rated requires improvement. The domains of effective, caring and well led were rated good. We re-inspected all five key questions during this inspection.

We inspected all areas of the adults' and children's departments and spoke with 17 members of staff and 14 patients and relatives. We observed practice in all areas of the department and viewed information in ten sets of patient records. We also reviewed trust policies and performance information.

## Summary of this service

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

- Staffing levels in the adults' and children's EDs did not always meet planned or recommended levels.
- Mandatory training compliance did not meet the trust target.
- We had concerns about initial assessment times and non-clinical patient streaming.
- Patients had long waits for admission, transfer and discharge.
- Sepsis management was not consistent.
- We found out of date equipment, medicines and policies, and senior staff did not have oversight of these.
- The mental health assessment room was not ligature free.
- We had concerns about major incident plans and training.
- Staff had concerns about department security.
- We had concerns about unauthorised access to patients' information.

# Urgent and emergency services

- Families at risk were not flagged.
- Patient documentation was not completed consistently.
- Local people were not aware of the change in ED services.

However:

- The clinical educator was focused on improving staff training.
- Triage training and supervision had improved.
- The main department was clean and tidy.
- The trust had plans in place to update patient group directions (PGDs), which allow certain medicines to be administered without a prescription from a doctor.
- Staff reported incidents and incident outcomes influenced learning.
- The children's ED was separate and secure.
- Patient safety checklists were in use.
- All levels of staff worked well together using evidence based practice.
- Staff were caring, compassionate and respectful.
- We saw good examples of care for patients living with mental health problems and dementia.
- We saw good examples of leadership and support in the department.

## Is the service safe?

**Requires improvement** ● → ←

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

- Nurse staffing did not always meet planned levels, particularly when staff were redeployed to work in other areas or were required to escort patients during ambulance transfer.
- The children's ED was not always staffed by two registered children's nurses.
- Consultant cover in the department was not in line with the recommendation of 16 hours a day.
- We found that mandatory training compliance had improved since our last inspection, but still did not meet the trust's target. This included safeguarding adults (level two) and children (levels two and three) training.
- We were concerned about the safety of patients using the designated mental health room, as it was not ligature free.
- We were concerned that initial patient streaming was done by a non-clinical member of staff.
- We found out of date medicines and equipment in the resuscitation room, some of which was dirty and dusty. The procedure for checking equipment was not always robust.
- The time from arrival to initial assessment was worse than the England average.
- Management of patients with sepsis was inconsistent.

# Urgent and emergency services

- We found that printed copies of patient group directions (PGDs), which allow nurses to administer certain medicines without a prescription from a doctor, had not been signed or updated, and could not be assured they were not being used

However:

- There was a clinical educator in post who had developed an education strategy for the department and had a focus on improving mandatory training compliance.
- The main department was visibly clean and tidy.
- We found that triage training and supervision had improved since our last inspection.
- Following inspection, the trust provided assurance that an immediate PGD review had taken place and a rapid improvement plan had been initiated.
- Staff were encouraged to report incidents, and incident outcomes influenced learning and staff education.
- The children's ED was separated from the adults' ED and had a secure entry system.
- Patient safety checklists were being used routinely.
- The trust informed us that staffing issues in the children's ED were short-term and due to sickness; there had been a risk assessment completed, times of peak demand were covered, and support was available from the ED and children's assessment unit.

## Is the service effective?

**Good** ● → ←

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

- Regular study days were held in the department to keep staff updated and informed, and staff rotated to work in the ED at Pinderfields hospital to gain experience and maintain skills.
- The department had clear processes in place for the induction and education of staff and appraisal rates were above the compliance standard set by the trust.
- Local audits were regularly undertaken with good rates of compliance and results were shared within the team.
- We saw evidence based assessments being undertaken effectively.
- The department had good links with the psychiatric liaison team, who provided a responsive service to assess patients.
- We saw good examples of multidisciplinary working.

However:

- We identified at the previous inspection in May 2017 that sepsis pathways were not always followed. At this inspection we also found instances where the sepsis pathway was not followed.
- Some staff we spoke with were not able to explain the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Patient documentation was not completed consistently, particularly in relation to mental capacity and pain scores.

# Urgent and emergency services

## Is the service caring?

**Good** ● → ←

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

- The trust's urgent and emergency care Friends and Family Test (FFT) performance was better than the England average from April 2017 to March 2018 and we saw FFT information readily available in the department.
- We found staff of all grades to be polite, respectful, professional and non-judgmental in their approach.
- We observed staff responding to patients' needs in a compassionate and timely manner, being mindful of privacy and dignity, and involving relatives and carers.
- Patients told us they were happy with their care, and they thought staff were caring and friendly.
- We observed staff providing effective emotional support to distressed and agitated patients.

## Is the service responsive?

**Requires improvement** ● → ←

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

- We were concerned that patients being transferred to Pinderfields Hospital had long waits for bed availability and ambulance transport.
- The trust failed to meet the standard for patients being admitted, transferred or discharged within four hours of arrival, from April 2017 to March 2018.
- The percentage of patients waiting more than four hours from the decision to admit until being admitted was consistently higher than the England average.
- People we spoke with were not all fully aware of the change in provision at Dewsbury Hospital and some thought the ED had been permanently closed.

However:

- The department had good links with the psychiatric liaison team, who aimed to respond to patient referrals within one hour
- We saw good examples of dementia care and support in the department.
- Interpretation services were available and there was access to information in other languages and formats.
- The department made services accessible to people with complex needs, and reasonable adjustments were in place so that patients with a disability had equal access to services.

## Is the service well-led?

**Good** ● → ←

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

# Urgent and emergency services

- We saw good examples of leadership in the department, from professional and experienced senior staff.
- Managers and staff spoke highly of each other. Staff said managers were supportive and visible in the department.
- We saw evidence of regular governance meetings and senior staff maintained oversight of department pressures.
- The clinical educator was focused on improving access to training and training standards; there was a comprehensive induction plan and education strategy in place.
- We saw good examples of training being initiated at a local level, to mitigate for lack of funding for staff to access recognised national training qualifications.

However:

- Staff told us that they worried about security in the department.
- We were concerned about unauthorised access to patient information on computers that had not been locked following use.
- We were not assured that senior staff had oversight of the systems and processes used to check equipment and medicines.

## Areas for improvement

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



# Medical care (including older people's care)

Good  

## Key facts and figures

The Mid Yorkshire Hospitals NHS Trust delivers medical care including older people's care at three hospital sites. Medical care across all three sites is managed within the Division of Medicine. There are 693 medical inpatient beds located across three sites and 26 wards/units.

The trust had 71,024 medical admissions from February 2017 to January 2018. Emergency admissions accounted for 33,778 (47.6%), 786 (1.1%) were elective, and the remaining 36,460 (51.3%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 17,571
- Gastroenterology: 10,966
- Geriatric medicine: 9,183

Dewsbury and District Hospital had 157 inpatient beds located within six wards/units

As part of the acute hospitals reconfiguration programme, medical services have been reconfigured with the centralisation of acute in-patient services at Pinderfields General Hospital. Patients suitable for step down are transferred to Dewsbury and District Hospital (DDH) or Pontefract General Infirmary once patients are deemed medically stable. The reconfiguration was completed September 2017.

The medical services offered at DDH include: an ambulatory care service for people who need rapid assessment, tests and treatment but don't need to stay in hospital. Patients can be referred by their GP or from the emergency department; rehabilitation for people with neurological conditions and stroke; a frailty unit which is a dedicated service for elderly care focusing on rapid assessment, treatment and helping people get back home if they are well enough and 'step down' care / rehabilitation for people who are recovering after a period in hospital, step down care is also provided for elderly patients recovering from orthopaedic surgery.

During this inspection we visited wards 6 (acute care elderly (ACE)), 6b (formerly ward 8) (elderly step-down), 10 (stroke and neuro-rehabilitation) and 15 (medical step-down and orthopaedic). We also visited the discharge lounge and the ambulatory care unit.

At the last inspection in May 2017, medical care at DDH was rated overall as requires improvement. Safe was rated as inadequate, effective, caring, responsive and well-led were rated as requires improvement.

Following the inspection in May 2017 we issued the trust with two warning notices. We carried out an unannounced inspection on 30 October 2017 to check if progress had been made against our warning notice. Improvements were found in some areas and the warning notices were removed.

Our inspection between the 3 and 6 July 2018 was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Before the inspection, we reviewed the information about this service and information requested from the trust. During the inspection visit, the inspection team spoke with 15 patients and relatives, and 28 staff including consultants, junior doctors, nurses, therapists, health care assistants, pharmacists, house keepers, administrative assistants and student nurses. We looked at 14 patient records including prescription charts.

# Medical care (including older people's care)

## Summary of this service

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

- Improvements had been made to clear the backlog of unresolved incidents from the previous inspection; to share learning and ensure staff received feedback; to improve record-keeping and frequency of risk assessments and to improve the escalation of deteriorating patients.
- The trust had undertaken a lot of work to reduce the risk of patient falls. Initiatives included; having a corporate falls work stream with a dedicated falls lead for the trust. All patients were risk assessed for falls and the trust had worked hard to improve communication regarding patient risk. They were also trialling a number of other initiatives such as 'tagging' and use of coloured identity bands, to reduce the incidence of falls.
- Provision of food and drink had improved and patients' pain was managed well. The service regularly reviewed the effectiveness of care and treatment through local and national audit and used their findings to improve them.
- Appraisal rates for staff working in medical care services on 30 June 2018 were 85% which met the trust target. Staff received additional training to ensure they were competent in their roles. Multi-disciplinary staff with specialist skills and knowledge worked well together to provide effective patient care.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff involved patients and those close to them in decisions about their care and treatment and staff provided emotional support to patients to minimise their distress.
- Medical services had been reconfigured since our last inspection and the leadership team were confident that this had led to improvements in patient flow through the hospitals.
- The service took account of patients' individual needs and cultural beliefs. They treated complaints seriously and learned from them to make improvements to services.
- We found effective leadership throughout medical care services and there was a clear vision and strategy. Staff and public were engaged in the service and had been involved in the reconfiguration of services.
- Staff said the culture had improved and was more open. Governance arrangements were in place and we found effective systems for identifying and managing risks.

However;

- The division still had a high number of registered nurse vacancies and fill rates were low on some wards. There was a shortage of junior doctors in the division and a heavy reliance on bank and locum staff. From April 2017 to March 2018 there were 4,537 shifts filled by bank staff and 16,353 filled by locum staff. Medical and nursing staff said there were a high proportion of unfilled shifts which often resulted in delayed discharges as the junior doctors needed to prioritise more urgent work.
- Compliance with mandatory training levels did not meet the trust target for core mandatory and role specific training. Monthly audits, from April 2018 to June 2018, on the medical wards 6, 6b (8), 10, 15 and 20 (CDU) showed that aseptic non-touch technique (ANTT) compliance was regularly below the expected standard of 95%.
- We found some issues with medicines management; storerooms were unlocked on some of the wards and intravenous fluids containing potassium were not stored separately from other intravenous fluids. There was a lack of monitoring of medicine stocks prior to our inspection and we found out of date and excess stock in some areas. We found the inconsistent use of risk assessments for patients self-administering their medication and we found patients in the discharge lounge had missed medicines received these late.

# Medical care (including older people's care)

- Not all staff had a good understanding of mental capacity and best interest decisions and were unclear what constituted deprivation of liberty, when this would apply and how this should be documented or whether a formal application made.
- The ambulatory care unit did not have specific suitability criteria or a triage system in place so could not be assured that patients were always suitable for assessment and treatment at this site. It was sometimes difficult for staff in ambulatory care and on the wards to arrange timely transfer to Pinderfields hospital.
- We found a lack of leadership and ownership regarding the ambulatory care service and the discharge lounge at DDH.

## Is the service safe?

**Requires improvement** ● ↑

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

- Nurse staffing levels were still an issue. The division had a high number of registered nurse vacancies and fill rates were low on some wards. To minimise the risk to patient care, the division had over recruited to health care assistants had developed new roles within the unqualified nursing staff to bridge gaps in staffing.
- There was a shortage of junior doctors in the division and a heavy reliance on bank and locum staff. From April 2017 to March 2018 there were 4,537 shifts filled by bank staff and 16,353 filled by locum staff. Medical and nursing staff said there were a high proportion of unfilled shifts which often resulted in delayed discharges as the junior doctors needed to prioritise more urgent work.
- The service provided mandatory training in key skills to all staff, but compliance with mandatory training levels did not meet the trust target for core and role specific training.
- Monthly audits on the medical wards showed that aseptic non-touch technique (ANTT) compliance was regularly below expected standards on wards 6, 6b (8), 10, 15 and 20 from January 2018 to June 2018. The division of medicine had identified an increase in the number of cases of *Clostridium difficile*. From April 2018 to July 2018 there had been nine trust attributable cases in the division. Three of these cases were at Dewsbury, two cases had occurred on ward 15, and one on ward 6b (8).
- We found storerooms unlocked on some of the wards and intravenous fluids containing potassium were not stored separately from other intravenous fluids. There was a lack of monitoring of medicine stocks prior to our inspection and we found out of date and excess stock in some areas. We found the inconsistent use of risk assessments for patients self-administering their medication. We found patients in the discharge lounge had missed medicines or had them late

However:

- The backlog of incidents had been resolved and learning from incidents had improved. There were good mechanisms to feedback and share learning from incidents with staff across the division. This included one to one feedback, safety huddles and briefings, staff meetings and a monthly safety bulletin circulated to all staff. The division had resolved their backlog of unresolved incidents.
- The trust had undertaken a lot of work around falls reduction and staff updated risk assessments for falls, pressure damage and nutrition weekly. Staff were sighted on continuing to reduce patient harms and there was an accreditation scheme in place to acknowledge wards successes.
- For staff in medical care services the compliance target for safeguarding training was very close to the target in four out the five training modules.

# Medical care (including older people's care)

- Record keeping had improved. Timeliness of patient observations and processes had improved to escalate deteriorating patients with elevated national early warning scores (NEWS).

## Is the service effective?

Good  

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

- Since our last inspection the provision of food and drink for patients had improved. Mealtimes were protected and we saw consistent use of the red jug and tray to identify patients who needed assistance with their food and drink. All patients had drinks within reach. Provision was made for patients requiring a specialised diet or for those who had cultural and other preferences.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. There was an agreed procedure in place to ensure the service complied with national guidance.
- The service regularly reviewed the effectiveness of care and treatment through local and national audit and used their findings to improve them. The trust achieved grade B in the latest Sentinel Stroke National Audit which was an improvement from the previous audit. There were mixed results in the Heart Failure Audit and the National Diabetes Inpatient Audit. Although the results of the National Audit of Inpatient Falls were poor the trust had undertaken a lot of work to improve.
- Appraisal rates for staff working in medical care services on 30 June 2018 were 85% which met the trust target. Staff received additional training to ensure they were competent in their roles.
- Staff with specialist skills and knowledge worked well together to provide effective patient care. Staff spoke positively about multidisciplinary team working and said they had good working relationships between professions.
- The service managed pain relief well. Patients we spoke with had no concerns about how their pain was managed and staff checked with patients that pain relief administered had been effective.
- Ward staff could access specialised support from the psychiatric liaison team, which included registered mental health nurses and psychiatrists. The psychiatric liaison service worked 24 hours a day, 7 days a week with all adult patients. Staff had access to other specialist staff, such as psychologists.

However;

- Although staff understood the basic principles of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS), we saw limited examples of mental capacity assessments or decisions made in line with the principles of the MCA. Where patients lacked capacity, recording that the decision was in the patient's best interests was not consistent. Some staff had a good understanding of mental capacity and best interest decisions but were unclear what constituted deprivation of liberty, when this would apply and how this should be documented or whether a formal application made.

## Is the service caring?

Good  

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

# Medical care (including older people's care)

- We saw that patients were treated with respect and their privacy and dignity was maintained. The trust was encouraging staff to undertake the nursing handover at the bedside in order to improve engagement and communication with patients.
- Call bells were answered in reasonable times which had improved compared from our last inspection.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and relatives, we spoke with told us they felt well informed by doctors and nursing staff about their condition, treatment options and plan of care.
- Staff provided emotional support to patients to minimise their distress. Spiritual and pastoral support was available to patients from the hospital chaplaincy service.

## Is the service responsive?

Good  

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

- Medical services had been reconfigured since our last inspection and the leadership team were confident that this had led to improvements in patient flow through the hospitals. Acute in-patient services had been centralised at Pinderfields General Hospital and there were two new acute frailty assessment units (one at Pinderfields and one at DDH). Patients deemed to be medically fit were transferred to the hospitals at Pontefract or Dewsbury for step down care and rehabilitation prior to discharge.
- At the May 2017 inspection we found flow through the divisional services was constrained leading to capacity and demand issues. Extra capacity beds were impacting on all clinical areas. At this inspection we found no extra capacity beds on wards. The leadership team told us that all extra capacity beds had been closed at the end of April 2018.
- The trust had worked with the wider system to improve admission and discharge planning. This included working with local authorities and clinical commissioning groups. There was a dedicated discharge team of discharge liaison nurses and discharge co-ordinators had been appointed on all wards. There was a discharge lounge 10am to 6pm to facilitate discharge and free up beds on the wards to improve access.
- The Rapid Elderly Acute Care Team (REACT) was based on ward 6 (the acute care elderly ward) at DDH. The team's role was to facilitate the timely and safe discharge of patients over 80 years of age and those aged over 65 years living in care homes. The team also fast-tracked discharge for patients at their end of life
- The service took account of patients' individual needs and cultural beliefs. Translation services were in place and there was a lead nurse for dementia and a learning disability liaison specialist nurse. We saw that staff made reasonable adjustments such as allowing open visiting and overnight stay for relatives/carers.
- The psychiatric liaison service was available seven days a week.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Complaints were responded to in a timely manner.

However;

- It was sometimes difficult for staff in ambulatory care and on the wards to arrange timely transfer to Pinderfields hospital.

# Medical care (including older people's care)

- The ambulatory care unit did not have specific suitability criteria or a triage system in place so could not be assured that patients were always suitable for assessment and treatment at this site.

## Is the service well-led?

**Good** ● ↑

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

- We found effective leadership throughout medical care services at ward level and above. Staff spoke positively about their local and divisional leadership and said they were well supported.
- The Division of Medicine had a clear vision and strategy which was linked to those of the trust. They had recently implemented a new model of care with the acute hospital reconfiguration. Staff we spoke with were aware of this and had been involved in the consultation and planning process.
- Staff said the culture had improved and was more open. We found staff were open, honest, and willing to share information with us on inspection. There were good relationships between staff and they worked well together as a team.
- Governance arrangements were in place with clear routes for concerns to be escalated from staff to the senior management team and a clear line of escalation from the divisional team to the trust board via the board committees.
- We found effective systems for identifying and managing risks in medical care services. Risks were clearly described on the divisional risk register with clear actions taken to reduce or manage the risk. The risk register was regularly reviewed and updated. Ward managers were aware of specific risks for their area and were acting to mitigate those risks.
- There was a comprehensive monthly performance report for the division of medicine, which included robust performance measures and information about the quality of patient care. Heatmaps had been designed and made available to ward managers and matrons to help them performance manage their own wards and staff.
- We found evidence of good engagement with staff through forums and engagement meetings. There was a patient engagement strategy and we heard of several examples of patients' views being used to shape services.
- The division was committed to continuous improvement and service development. Staff were supported to develop and improve services for patients and were recognised for innovative work through the staff awards scheme.

However:

- However, we found a lack of leadership and ownership regarding the ambulatory care service and the discharge lounge at DDH. This appeared to be compounded by these services being centralised at Pinderfields hospital and staff being assigned to work in these areas on a rota basis. There did not seem to be clear oversight of the physical environment and development of these services on the Dewsbury site.

## Outstanding practice

We found areas for outstanding practice in this service. See outstanding practice section above.

# Medical care (including older people's care)

## Areas for improvement

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

# Maternity

Good 

## Key facts and figures

Maternity services at Dewsbury and District Hospital include antenatal clinics, an antenatal day unit, and a midwifery-led (standalone) birth centre. The birth centre was opened in September 2016 as part of the reconfiguration of maternity services at the trust.

The Bronte birth centre has four rooms, one of which has a large birthing pool that mothers can use for labour and delivery. The birth centre is in within the grounds of the hospital, with no other inpatient obstetric or neonatal services onsite. The unit therefore supports low risk women who want a birth in a 'home away from home' setting. Those considered high risk or who require additional care are transferred to Pinderfields General Hospital.

From July 2017 to June 2018, there were 6,365 deliveries at the trust. Of these, 307 deliveries were at the Bronte birth centre, Dewsbury and District Hospital.

At our last inspection, we rated safe as requires improvement. Effective, caring, responsive and well led were rated as good; good overall.

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

During our inspection, we visited the antenatal clinics, an antenatal day unit, and the midwifery-led (standalone) birth centre. We spoke with two patients and 12 members of staff. These included matrons, managers, midwives, care staff, medical staff and administration staff. We observed care and treatment, and looked at five patient records. We interviewed key members of staff, medical staff and the senior management team who were responsible for the leadership and oversight of the service at Dewsbury District Hospital.

## Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated the service as good because:

- We saw good overall core mandatory training completion rates (93%), and role specific training completion rates (87%) compared to trust targets (95% and 85% respectively). Safeguarding training completion rates surpassed trust target and were 93%, against a trust target of 85%. Staff could clearly describe safeguarding reporting procedures and felt confident making referrals.
- Emergency equipment service checks were in date. Since our last inspection, the service had implemented a comprehensive programme of skills and drills training in all clinical areas.
- There had been no serious incidents reported in maternity services at this location in the 12 months prior to our inspection. We found lessons learned following incident investigations were shared in different formats, and staff were able to describe learning from these incidents.
- Outcomes for women were typically good and outcomes for babies were better than trust targets and regional averages.
- Over a one-year period, maternity services at the location received a comparatively low number of formal complaints (11) and a relatively high number of formal compliments (52). We saw evidence of learning from complaints, which were investigated in a timely manner.



# Maternity

- All staff received an appraisal. Midwifery advisors were on call 24-hours for independent advice and support. Across the trust, there were midwives available for support and guidance and with special interests as part of their role.

However:

- Except for community midwife caseloads, we saw there was sufficient maternity staff within the trust when measured against national guidelines and minimum recommendations. The trust was aware of staffing shortfalls, and there were plans to look at areas of concern. However, we were not assured that staff were allocated properly across the service to meet service need.
- Across the trust, antenatal services experienced difficulty offering women follow-on clinic and day unit review appointments.
- The storage, ordering and disposal of medicines was in line with current guidance and regulations. However, we saw some printed copies of patient group directions, that allowed midwives to administer medicines without a prescription, were out of date
- At our previous inspection, we found a lack of local audit activity to encourage continuous improvement. At our recent inspection, we saw good progress with prioritisation of activities for completion. However, we noted significant delays with the local maternity audit programme overall.

## Is the service safe?

**Good** 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated safe as good because:

- With few exceptions, maternity staff at the location were up to date with mandatory training. This included infection prevention and control, adult and children's safeguarding, and emergency skills and drills training.
- Emergency equipment was in date and checked regularly. The service had escalation policies, guidance and care pathways for deteriorating women or babies. Since our last inspection, the service had implemented a programme of skills and drills training in all clinical areas.
- The midwife to birth ratio has improved since the last inspection and was in line with the national minimum recommendation of 1:28. Women received 1:1 care in established labour. Where patients needed consultant led care there was an appropriate transfer procedure in place.
- There were effective systems in place to monitor infection control. All areas we visited were clutter free and visibly clean.
- Staff were encouraged to report incidents and systems were in place following investigation to help disseminate learning.

However:

- From April 2017 to March 2018, the community caseload staffing levels was 123 women per WTE midwife. This was not in line with the recommended ratio of 96 cases per WTE midwife.
- Some printed copies of patient group directions, that allowed midwives to administer certain medicines without a prescription, were out of date. Individual midwives who could administer had not signed the individual authorisation form, as required by trust policy

# Maternity

## Is the service effective?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated effective as good because:

- There was good multidisciplinary staff working, and women had enough information to help in making decisions and choices about their care and the delivery of their babies. Women received detailed information and support in the options of pain relief available to them, which included the use of the birthing pool, Entonox, and pethidine.
- Women had good clinical outcomes at the location. We saw 3rd and 4th degree tear and postpartum haemorrhage rates were better than or in line with regional averages.
- Clinical outcomes for babies were good. The proportion of babies with low birth weight at term was better than the regional average. There had been no stillbirths at the location in the 12 months prior to our inspection. There was a multidisciplinary still birth group at the trust, and we saw evidence of significant work against national recommendations.
- There was a public health lead midwife, and we saw good evidence of health promotion. There was an infant feeding coordinator, and the service worked with community services to provide continuity of support. Women's nutrition and hydration needs were being met.
- Information provided by the trust showed all staff had an appraisal and staff confirmed this. Midwifery advisors were on call 24-hours for independent advice and support. There was a two-year preceptorship programme for newly qualified midwives. Ward and community midwives rotated into the birthing unit to maintain their skills and competencies.

However:

- We saw a quality data and audit midwife had been appointed in April 2018, and had made good progress with prioritisation of activities for completion since their appointment. However, we noted significant delays with the local maternity audit programme overall. The service was up to date with national audit activity.
- The service met the training completion target for MCA and DoLS Level 1 training (100%), but did not meet training completion targets for Level 2 (74%) and Level 3 (59%) training.

## Is the service caring?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated caring as good because:

- From March 2017 to March 2018, maternity friends and family test performance results were similar to the national average.
- In the CQC survey 2017, the trust was one of the best performing for involving women in decisions about their care, and speaking to them in a way they could understand.
- During our inspection, we observed staff interacting with women in a friendly and respectful manner. Women told us staff looked after them, and they would recommend the hospital to their family and friends.

# Maternity

- When in labour, women were encouraged to bring their birthing partners with them, and they were made to feel welcome.
- There were guidelines and care pathways to support mothers and their family in the event of bereavement. The trust had a named maternity bereavement midwife. In June 2018, maternity bereavement training was included in midwives mandatory training.

## Is the service responsive?

**Good** 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated responsive as good because:

- The proportion of antenatal bookings undertaken before 13 weeks was above the trust target of 90%.
- A teenage pregnancy midwife supported pregnant women under 20 years of age. There was a perinatal lead midwife in the service, who had been appointed to improve services for vulnerable women and those with mental health concerns.
- The population served by the hospital was culturally and ethnically diverse, and women attending clinics and the birthing centre during our inspection were from a variety of backgrounds. None of the women we spoke with expressed any concern about staff understanding of their personal, cultural, social, or religious needs.
- Face-to-face and telephone foreign language interpretation services were available. The services provided included, translations of written documents into either audio or written format. Patient information leaflets were available in a variety of languages on the trust's internet pages. British Sign Language (BSL) services were also available.
- The trust access group met quarterly with stakeholders with disabilities to identify and improve services. Specialist learning disabilities nurses were available at the trust, who led a learning disability patient experience group.
- A chaplaincy team offered a point of contact with the appropriate faith community, and there was a multi-faith centre, hospital chapel and prayer rooms on site. The chaplaincy service was available during the day and an out of hours service was also available.
- Funeral options and protocols were in place within maternity services following a pregnancy loss. They offered joint cremation or burial for babies/foetuses lost up to 24 weeks gestation. The protocols included the arrangements for Islamic communities or any other individual who choose to have individual burial, if they so wished.
- Staff were clear about the complaints process and action they should take if someone wished to complain. There was evidence of learning from complaints and concerns. Complaints were investigated and closed in a timely manner, in line with trust policy.

However:

- Across the trust, antenatal services experienced difficulty offering women follow-on clinic and day unit review appointments.

## Is the service well-led?

**Requires improvement** 

# Maternity

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. We rated well-led as requires improvement because:

- The senior management team had changed since our previous inspection, and was relatively new. We saw evidence the team had made progress with evaluating the changes necessary to improve quality of care. However, we were not always assured of robust action planning, or that work was being delivered at a sufficient pace; for example, in relation to recognised access and flow issues, and patient experience improvements.
- During our inspection, we found that there were significant delays in local audit activity to encourage continuous improvement; and saw this had been an ongoing issue since our last inspection of the service.
- At our last inspection of the service, we found no recommendation of changes to practice in the perinatal mortality and morbidity meeting minutes and actions plans were not completed. Following our recent inspection, we found changes to practice were discussed and recorded; however, we did not see evidence of action plan completion.
- We were not assured that staff were allocated properly across the service to meet service need; for example, to address recognised access and flow issues. Except for community midwife caseloads, we saw there was sufficient staff within the service when measured against national guidelines and minimum recommendations.
- During our inspection, some staff raised concerns about capacity and workload, which impacted on their perceptions of culture within the service. Concerns predominately related to antenatal service capacity and induction of labour service areas.

However:

- At our previous inspection, we saw that the maternity risk register contained a large number of risks, and many had a review date in the past. At our recent inspection, we saw good monitoring and oversight of the risk register. Staff we spoke with at all levels felt comfortable escalating issues.
- Most managers said the senior management team were visible and engaged. Ward staff and team leads reported they were supported by their managers. Many managers undertook clinical shifts, to support teams and keep their competencies up to date.
- The interim Head of Midwifery (IHOM) had implemented a programme of work to address concerns around culture in the service and improve morale. We also note the significant work undertaken in reducing agency staff use in favour of bank staff, and offering staff overtime.

## Areas for improvement

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

# Outpatients

**Requires improvement** ●

## Key facts and figures

Dewsbury and District Hospital provides outpatient appointments for a variety of specialities. The main outpatients, ophthalmology outpatients and phlebotomy were all situated in the same area of the hospital.

The outpatient department was part of the access, booking and choice directorate, which was part of the surgery directorate.

We inspected outpatients because it had been rated as requires improvement at our last inspection. Safe and responsive were rated as requires improvement. Caring and well led were rated as good.

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

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

During our inspection, we visited main outpatients, ophthalmology outpatients, phlebotomy and physiotherapy.

We spoke with 19 members of staff and 14 patients.

## Summary of this service

We rated this service as requires improvement because:

- Although the backlog of patients waiting for follow up appointments had improved slightly since our last inspection, there was still a backlog of 18,374 at 22 July 2018.
- There was a process in place for administrative and clinical validation of waiting lists. However, the trust could not provide evidence that clinical validation had taken place on all patients in the backlog.
- Despite specialities having agreed response plans, it was not clear what the trajectories were for clearing the backlogs.
- Referral to treatment times (RTT) were worse than the England overall performance, however there had been a steady increase in performance and there had been an improvement since the last inspection.

However:

- Staff were aware of the processes to follow to report incidents and safeguarding concerns. Learning was shared between teams.
- Staffing levels were flexed to cover clinics and the outpatient departments were staffed by multidisciplinary teams that worked effectively together.
- Patients attending the department received care and treatment that was evidence based and followed national guidance. Staff had access to policies and guidance.
- Staff provided compassionate care to patients and patients were kept informed and given choices in their care.
- The service was well led with leaders who were visible and approachable.
- Staff spoke positively about working for the service, they felt well supported and spoke about good teamwork.

# Outpatients

- Leaders were aware of the issues within the service and there were good governance processes in place.

## Is the service safe?

### Requires improvement

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

- At our last inspection, clinical validation was not taking place on all waiting lists. At this inspection, we found there was now a process in place for administrative validation and clinical validation to take place. However, the trust could not be certain that clinical validation had taken place on every patient. From the backlog of 18,374 there were around 50% of patients that were in the process of validation, which was managed by the speciality teams. Until the process was completed it was not possible to identify which stage of the process the patients were at. There was therefore a risk of patients suffering harm whilst on the waiting list backlog.
- There had been five serious incidents, reported in 2017, related to long waiting times for an appointment. These had been investigated and action taken with regards to the glaucoma follow up backlog.
- Staff compliance with safeguarding training was low, this had been identified on the risk register.

However:

- There were safeguarding procedures and policies in place. Staff were aware of their responsibilities and knew how to escalate any safeguarding concerns.
- Staffing levels were flexed depending on the clinics that were booked. Staff worked cross site to cover for any absences.
- There were procedures in place for staff to deal with any deterioration in a patient's condition whilst in the department.
- Staff understood their responsibility to report incidents. Learning from incidents was shared across the teams.
- At our last inspection, duty of candour was not well understood by all staff groups. At this inspection, we found that staff's understanding had improved.

## Is the service effective?

### Not sufficient evidence to rate

We do not rate the effective domain for outpatients, however we found the following:

- Patients' care and treatment was planned and delivered in line with current evidence-based guidance. Staff had access to up to date policies and guidance.
- Staff received annual appraisals. Staff completed competency documents when developing their professional skills.
- The outpatient departments were staffed by a range of professionals working effectively as a multidisciplinary team to meet patients' needs.
- Additional clinics were held on an evening and weekend for some specialities.
- Staff understood their responsibilities when obtaining consent and understood the Mental Capacity Act.

# Outpatients

## Is the service caring?

**Good** ●

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

- Feedback from people who used the service was positive about the way staff treated people.
- We saw staff treating patients with kindness and compassion, they introduced themselves to the patients.
- Patients were kept informed about their treatment and were offered choices.
- Friends and family test results (FFT) were consistently positive.

## Is the service responsive?

**Requires improvement** ●

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

- At our last inspection there was a trust backlog of 19,647 patients waiting for an appointment. At this inspection, this backlog had reduced to 17,516 at the time of our inspection. However, following the inspection, figures produced by the trust showed that there was a backlog of 18,374 at 22 July 2018. Some specialities, such as ophthalmology and trauma and orthopaedics had reduced their backlog, whilst others had increased their backlog.
- From May 2017 to March 2018 the trust's referral to treatment times (RTT) for non- admitted pathways had been worse than the England overall performance. However, there was an increasing performance and at March 2018 the trust was performing better than the England average. Three specialities were above the England average.
- From March 2017 to February 2018 the trust's RTT for incomplete pathways had been worse than the England overall performance. However, there had been a steady increase in performance. Five specialities were above the England average.
- There had been a slight decline in performance for the percentage of people waiting less than 62 days from receiving an urgent referral from their GP and they had not met the standard for quarter four of 2017/18 but they were still in line with the England average.

However:

- The trust had performed better than the operational standard for cancer waiting times for people seen within two weeks of an urgent GP referral and for people waiting less than 31 days from diagnosis to definitive treatment.
- The did not attend rate was lower than the England average.
- The trust had undertaken several initiatives to try to balance capacity and demand and had worked closely with the clinical commissioning group (CCG) to reduce waiting times.
- People's needs and preferences were considered. Appointments in most specialities were available at all three hospital sites and a shuttle bus enabled patients to travel across the three sites.

# Outpatients

- The service was meeting the Accessible Information Standard, leaflets were available in every area for patients to complete with any communication needs they had.
- Leaflets were available in different languages and interpreters were used when necessary. Staff were aware of the support available when they had patients living with dementia or learning disabilities attending the department, although no changes had been made to the department to make it dementia friendly.
- The amount of complaints related specifically to the outpatient's department were minimal. Complaints were responded to within timescales in line with the trust policy.

## Is the service well-led?

**Good** ●

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

- Leaders at every level were visible and approachable. Leaders were knowledgeable about issues for the service.
- All staff we spoke with told us there was a supportive environment with effective teamwork. Morale was good.
- There were effective governance structures in place which ensured appropriate escalation of concerns up to board level.
- Risk registers were in place and were reviewed regularly. An outpatient efficiency dashboard helped specialities view and manage their performance against four key outpatient improvement schemes.
- There was good engagement with staff and patients.

## Areas for improvement

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



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[www.midyorks.nhs.uk](http://www.midyorks.nhs.uk)

## Key facts and figures

Pinderfields Hospital is the largest of Mid Yorkshire Hospitals NHS Trust's (the trust) three hospitals. Following the reconfiguration of clinical services at the trust, which completed in September 2017, critical care services were centralised at Pinderfields Hospital, which resulted in an enlarged intensive care unit. Speciality specific medical admissions were also centralised at the hospital and a Frailty Assessment Unit was established.

Pinderfields Hospital emergency department is the main site for urgent and emergency care provision in Wakefield and the surrounding area, and is a recognised trauma unit. It provides a 24-hour, seven-day a week service to the local population and has a separate children's emergency department. Previously there had been emergency departments at all three of the trust's hospital sites, but following the reconfiguration of clinical services within the trust, Pinderfields Hospital is now the focus for acute and complex care and receives the majority of emergency ambulance admissions in the region.

Pinderfields Hospital has a total of 494 medical inpatient beds located across 19 wards. The services offered at Pinderfields Hospital include: acute and emergency medicine, a dedicated frailty unit, general and specialist care in gastroenterology, cardiology, respiratory medicine, diabetes and endocrinology. There is a specialist stroke unit including a hyper-acute stroke unit and dedicated oncology and haematology services. The regional spinal injury rehabilitation services are based at Pinderfields Hospital.

The critical care service is a combined intensive care unit and high dependency unit. It provides level two (patients who require pre-operative optimisation, extended post-operative care or single organ support) and level three (patients who require advanced respiratory support or a minimum of two organ support) care to adult patients. The service is also a regional burns unit and has two dedicated critical care burns beds. Overall, the unit has a total of 20 beds, with capacity to care for a maximum of twelve level three patients, two level three burns patients and six level two patients.

The Maternity Services at Pinderfields Hospital has 71 beds located across four wards and four units. Maternity services at the location include early pregnancy assessments, an antenatal day unit, and antenatal and postnatal outpatient clinics. There is a separate maternity triage unit available to provide assessment and reassurance for women with antenatal concerns. The 13-bed delivery suite provides care for both high risk women and low risk women who choose to deliver there. Antenatal and postnatal inpatient care is offered at the site. There is also an enhanced recovery area, where women who are booked for an elective caesarean section are admitted to. Pinderfields Hospital also has a six-bedded alongside midwifery-led unit, which provides care for lower risk women.

Pinderfields Hospital provided a range of outpatient services for different specialities. The access, booking and choice centre was based at Pinderfields Hospital and was responsible for booking new and review appointments.

All of the above services were inspected during this inspection.

# Summary of findings

Pinderfields Hospital also provides services for children and young people, surgery, gynaecology, diagnostic and end of life care services, which were not inspected during this inspection.

During the inspection of this hospital we spoke with 64 patients and relatives, 193 members of staff and reviewed 104 patient records.

## Summary of services at Pinderfields Hospital

**Requires improvement** ● → ←

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

- Staffing did not always meet planned or recommended levels in urgent and emergency services and medical services. In medicine we found that there were a high number of registered nurse vacancies and fill rates were low on some wards. There was a shortage of junior doctors in the medicine division and a heavy reliance on bank and locum staff.
- In urgent and emergency services we found that recording of national early warning scores was inconsistent. There had been improvements in the recording of scores for adults; however we found gaps in the recording of observations for children.
- The layout of the emergency department meant that patients could not always be observed adequately by staff.
- We were concerned about the responsiveness of the urgent and emergency services at the hospital. From April 2017 to March 2018 the service had not met the standard for patients being admitted, transferred or discharged within four hours of arrival and the percentage of patients waiting more than four hours from the decision to admit until being admitted was consistently higher than the England average.
- The number of out of hours bed moves within medical services remained high.
- Across the hospital we found that paper copies of Patient Group Directions (PGD) were out of date and were not signed by individual members of staff, as required by the relevant trust policy.
- In maternity services we saw there were generally sufficient maternity staff within the trust when measured against national guidelines and minimum recommendations. However, we were not assured that staff were allocated properly across the service to meet service need. We saw that high proportions of women booked for planned inductions of labour experienced significant delays.
- In the outpatients service there was a backlog of 18,374 patients waiting for follow up appointments. Although the backlog of patients waiting for follow up appointments had improved slightly since our last inspection we were concerned about the slow pace of clearing the backlog and it was not clear what the trajectories were for clearing the backlog. In addition, the trust could not provide evidence that clinical validation had taken place on all patients in the backlog.
- Referral to treatment times were worse than the England overall performance, however there had been a steady increase in performance and there had been an improvement since the last inspection.

However:

- We found significant improvements in medicine and critical care, where overall ratings improved for both services. In medicine, improvements had been made to clear the backlog of unresolved incidents from the previous inspection; to share learning and ensure staff received feedback; to improve record-keeping and the frequency of risk assessments and to improve the escalation of deteriorating patients.

# Summary of findings

- The trust had undertaken a lot of work to reduce the risk of patient falls. Initiatives included; having a corporate falls work stream with a dedicated falls lead for the trust. Patients were risk assessed for falls and the trust had worked hard to improve communication regarding patient risk. They were also trialling a number of other initiatives such as 'tagging' and use of coloured identity bands to reduce the incidence of falls.
- Staff cared for patients with kindness and compassion. We saw some examples of staff providing outstanding care for patients and their relatives in critical care services.
- Leadership, governance and risk management was generally effective, embedded and robust across the services that we inspected
- We generally saw good overall core mandatory training and role specific training completion rates compared to trust targets.
- Learning from incidents had improved. Staff understood their responsibilities to raise concerns and report incidents. There were good mechanisms to feedback and share learning from incidents with staff.
- Staff culture had improved since the last inspection in that we found that staff were more open and engaged.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

Pinderfields Hospital emergency department (ED) is the main site for urgent and emergency care provision in Wakefield and the surrounding area, and is a recognised trauma unit. It provides a 24-hour, seven-day a week service to the local population and has a separate children's emergency department. Previously there had been emergency departments at all three of the trust's hospital sites, but following a reconfiguration of acute hospital services within the trust, which was completed in September 2017, Pinderfields Hospital is now the focus for acute and complex care and receives the majority of emergency ambulance admissions in the region. Urgent and emergency care in the trust is part of the directorate of medicine.

The department is split into several areas. From the reception area there is secure access into the children's ED, which has a separate waiting room and treatment areas. The waiting room is adjacent to the reception area and leads into initial assessment and treatment cubicles. The main corridor is accessed from the waiting room, and leads to the ambulance entrance and main department. The main department consists of the ambulance handover area, initial assessment area, nurses' station, major illnesses and injuries area, and resuscitation room.

From January to June 2018, there were 58,494 patient attendances Pinderfields Hospital ED, resulting in 18,166 patient admissions.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. At the last inspection the safe and responsive domains were rated requires improvement. The domains of effective, caring and well led were rated good. We re-inspected all five key questions during this inspection.

We inspected all areas of the adults' and children's departments and spoke with 21 members of staff and 16 patients and relatives. We observed practice and viewed information in 43 sets of patient records. We also reviewed trust policies and performance information.

## Summary of this service

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

- Staffing did not always meet planned or recommended levels.
- The department often became overcrowded and its layout made patient observation difficult.
- Mandatory training compliance did not meet the trust target.
- We had concerns about initial assessment times and non-clinical patient streaming.
- Patients had long waits for treatment and admission.
- We found out of date paper copies of patient group directions and equipment.
- We had concerns about patient confidentiality.
- Patients' privacy and dignity was not always maintained.
- Patient documentation was not completed consistently.
- Performance in Royal College of Emergency Medicine (RCEM) audits was mixed.

# Urgent and emergency services

- Response from other specialities was not always timely.
- Staff perception of risk was not consistent with the risk register
- We were not assured that cubicle curtains were changed regularly.

However:

- The clinical educator was focused on improving staff training.
- There was a designated nurse focused on patient flow in the department.
- Triage training and supervision had improved.
- Staff appraisal rates were above the trust standard.
- The department was clean and tidy.
- The trust had plans in place to update patient group directions (PGDs), which allow certain medicines to be administered without a prescription from a doctor.
- Staff reported incidents and incident outcomes influenced learning.
- The children's ED was separate and secure.
- Sepsis management had improved.
- Patient safety checklists were in use.
- All levels of staff worked well together, sharing information and using evidence based practice.
- Staff were caring, compassionate and respectful.
- We saw good examples of leadership, support and culture in the department.
- Work was ongoing to address issues with speciality referral.

## Is the service safe?

**Requires improvement** ● → ←

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

- Nurse staffing in the adults' ED did not always meet planned levels and consultant cover was not in line with the recommendation of 16 hours a day.
- Patients could not always be observed adequately due to the layout of the department.
- We found that mandatory training compliance had improved since our last inspection, but still did not meet the trust's target. This included Mental Capacity Act/Deprivation of Liberty Safeguards training and safeguarding adults (level two) and children (levels two and three) training.
- We were concerned that initial patient streaming was done by a non-clinical member of staff and this was not in line with best practice guidance.
- The time from arrival to initial assessment was worse than the England average.

# Urgent and emergency services

- At our last inspection we found that recording of national early warning scores (NEWS) was inconsistent. There had been improvements in the recording of scores for adults; however we found gaps in the recording of observations for children.
- We found that paper copies of patient group directions (PGDs), which allow nurses to administer certain medicines without a prescription from a doctor, had not been signed or updated, and we could not be assured they were not being used.
- Fabric curtains were being used in the department and we did not find evidence that these were being changed according to recommendations.

However:

- There was a clinical educator in post who had developed an education strategy for the department and had a focus on improving mandatory training.
- The department had introduced a designated nurse to assess patient flow and improve ambulance handover times.
- The department was visibly clean and tidy.
- We saw that improvements had been made in the management of patients with sepsis, though there was still more work to be done.
- Staff were encouraged to report incidents, and incident outcomes influenced learning and staff education.
- The children's ED was separated from the adults' ED and had a secure entry system

## Is the service effective?

Good   

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

- We saw good examples of information sharing within the department, particularly the use of Clinical Emergency Medicine (CEM) Books.
- Junior doctors were encouraged and supported to participate in audit activity.
- We saw evidence based assessments being undertaken effectively.
- The department had good links with the psychiatric liaison team, who provided a responsive service to assess patients.
- We saw good examples of staff attending to the nutrition and hydration needs of patients.
- Staff appraisal rates were above the trust's compliance standard.
- We saw good examples of multidisciplinary working.
- The department had clear processes in place for the induction and ongoing education of staff.

However:

- The department's performance in relation to RCEM audits was mixed.
- We were not assured that patient documentation in relation to nutrition and hydration was always completed accurately.

# Urgent and emergency services

- From reviewing records we found that not all patients had a pain score recorded.
- When patients were referred to other specialities for further assessment, response was often not consistent or timely, which was not in line with trust policy.
- Recording of patients' mental capacity was inconsistent although staff demonstrated good knowledge and understanding of mental capacity and deprivation of liberty safeguards (DOLS).

## Is the service caring?

**Good** ● → ←

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

- The trust's urgent and emergency care Friends and Family Test (FFT) performance was better than the England average from April 2017 to March 2018 and we saw FFT information readily available in the department.
- We found staff of all grades to be polite, respectful, professional and non-judgmental in their approach.
- We observed staff responding to patients' needs in a compassionate and timely manner, whilst involving relatives and carers.
- Patients told us they were happy with their care, and they thought staff were caring and friendly.
- We observed staff providing effective emotional support to distressed and agitated patients and relatives.

However:

- Patients' privacy and dignity was not always maintained due to the layout of the department and particularly in the ambulance assessment area. However, this was only during peak times of activity and mitigation was in place.

## Is the service responsive?

**Requires improvement** ● → ←

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

- The trust had not met the standard for patients being admitted, transferred or discharged within four hours of arrival, from April 2017 to March 2018.
- The percentage of patients waiting more than four hours from the decision to admit until being admitted was consistently higher than the England average.
- We were told the department often became overcrowded, and was much busier following reconfiguration, with no additional space or resources.
- The ten principles for effective emergency care, highlighted in the trust's operational pressures escalation procedure, were not always followed, particularly in relation to speciality referral.
- Of the patients' records we reviewed, half waited more than two hours from arrival to time of treatment.

However:

- The department had good links with the psychiatric liaison team, who aimed to respond to patient referrals within one hour.

# Urgent and emergency services

- Work was ongoing to develop an agreement between the department and other specialities.
- The department made services accessible to people with complex needs, and reasonable adjustments were in place so that patients with a disability had equal access to services.
- Learning from complaints and incidents was embedded in the department.
- Interpretation services and information in other languages were available.

## Is the service well-led?

Good ● → ←

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

- We saw good examples of leadership in the department, from professional and experienced senior staff.
- We saw evidence of regular governance meetings and senior staff maintained oversight of department pressures.
- Managers and staff spoke highly of each other. Staff said managers were supportive and visible in the department.
- The clinical educator was focused on improving access to training and training standards; there was a comprehensive education strategy in place.
- We saw good examples of training being initiated at a local level, to mitigate for lack of funding for staff to access recognised national training qualifications.
- Despite changes in the department following service reconfiguration, we witnessed good staff relationships and a positive culture.

However:

- We were not assured that senior staff had detailed oversight of the systems and processes used to manage risks.
- Staff told us that unsafe nurse staffing was one of the main risks in the department, but this was not reflected in the risk register.
- Patient records were not always managed securely during patient transfers and we found several computers in the department which had not been locked after use.

## Areas for improvement

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



# Medical care (including older people's care)

Good   

## Key facts and figures

The Mid Yorkshire Hospitals NHS Trust delivers medical care including older people's care at three hospital sites. Medical care across all three sites is managed within the Division of Medicine. There are 693 medical inpatient beds located across three sites and 26 wards/units.

The trust had 71,024 medical admissions from February 2017 to January 2018. Emergency admissions accounted for 33,778 (47.6%), 786 (1.1%) were elective, and the remaining 36,460 (51.3%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 17,571
- Gastroenterology: 10,966
- Geriatric medicine: 9,183

Pinderfields hospital is the larger site and has a total of 494 medical inpatient beds located across 19 wards (referred to as 'Gates').

The services offered at Pinderfields Hospital include: acute and emergency medicine, a dedicated frailty unit, general and specialist care in gastroenterology, cardiology, respiratory medicine, diabetes and endocrinology. There is a specialist stroke unit including a hyper-acute stroke unit (HASU) and dedicated oncology and haematology services. The regional spinal injury rehabilitation services are based at Pinderfields Hospital.

As part of the acute hospitals reconfiguration programme, medical services have been reconfigured with the centralisation of acute in-patient services at Pinderfields Hospital and the opening of two frailty assessment units. Patients suitable for step down are transferred to Dewsbury and District Hospital or Pontefract Hospital once patients are deemed medically stable. The reconfiguration was completed September 2017.

During this inspection we visited the all 19 medical wards. We also visited the discharge hub, the endoscopy unit, the cardiac catheterization lab and the ambulatory care unit.

At the last inspection in May 2017, medical care at Pinderfields Hospital was rated overall as inadequate. Safe and responsive were rated as inadequate, effective, caring and well-led were rated as requires improvement.

Following the inspection in May 2017 we issued the trust with two warning notices. We carried out an unannounced inspection on 30 October 2017 to check if progress had been made against our warning notice. Improvements were found in some areas and following this visit the warning notices were removed.

At this inspection we inspected all five domains.

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

Before the inspection, we reviewed the information about this service and information requested from the trust.

During the inspection visit, the inspection team spoke with 17 patients and relatives, and 65 staff including consultants, junior doctors, nurses, therapists, health care assistants, pharmacists, house keepers, administrative assistants and student nurses. We looked at 34 patient records including prescription charts.

## Summary of this service

# Medical care (including older people's care)

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

- We found effective leadership throughout medical care services at ward level and above. Staff spoke positively about their local and divisional leadership and said they were well supported. Staff said the culture had improved and was more open.
- The Division of Medicine had a clear vision and strategy which was linked to those of the trust. They had recently implemented a new model of care with the acute hospital reconfiguration which centralised acute in-patient services at Pinderfields Hospital. This had led to improvements in patient flow through the hospital.
- At the inspection in May 2017 we found the environment cluttered with extra capacity beds above the ward base beds. There were no extra capacity beds found at this inspection and the environment was well organised and clutter free.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. At the previous inspection we were concerned that caring for patients in extra capacity beds led to their privacy and dignity being compromised. At this inspection we saw that patients were treated with respect and their privacy and dignity was maintained.
- Learning from incidents had improved. There were good mechanisms to feedback and share learning from incidents with staff across the division. This included one to one feedback, safety huddles and briefings, staff meetings and a two weekly safety bulletin circulated to all staff. The division had resolved their backlog of unresolved incidents.
- The trust had undertaken a lot of work to reduce the risk of patient falls. Initiatives included; having a corporate falls work stream with a dedicated falls lead for the trust. Patients were risk assessed for falls and the trust had worked hard to improve communication regarding patient risk. They were also trialling a number of other initiatives such as 'tagging' and use of coloured identity bands, to reduce the incidence of falls.
- The standard of nursing documentation and record keeping had improved and equipment was in good working order and had been safety tested and checked according to manufacturer's recommendations.
- Since our last inspection the provision of food and drink for patients had improved. Mealtimes were protected and we saw consistent use of the red jug and tray to identify patients who needed assistance with their food and drink. All patients had drinks within reach. Provision was made for patients requiring a specialised diet or for those who had cultural and other preferences.
- There was good multidisciplinary team working and we saw positive working relationships between professions. There was good access to psychiatric liaison services and access to other specialist staff, such as psychologists.
- The service took account of patients' individual needs. There was a lead nurse for dementia and a learning disability liaison specialist nurse. We saw that reasonable adjustments were made, such as open visiting and overnight stay for relatives/carers.

However:

- Nurse staffing levels were still an issue. The division had a high number of registered nurse vacancies and fill rates were low on some wards. To minimise the risk to patient care, the division had over recruited to health care assistants had developed new roles within the unqualified nursing staff to bridge gaps in staffing.
- There was a shortage of junior doctors in the division and a heavy reliance on bank and locum staff. From April 2017 to March 2018 there were 4,537 shifts filled by bank staff and 16,353 filled by locum staff. Medical and nursing staff said there were a high proportion of unfilled shifts which often resulted in delayed discharges as the junior doctors needed to prioritise more urgent work.

# Medical care (including older people's care)

- We found that paper copies of Patient Group Directions (PGD) on the oncology ward, which allowed nurses to administer certain medicines without a prescription, were out of date and the individual authorisation form attached to the PGDs was not signed by staff. We also found the inconsistent use of risk assessments for patients self-administering their medication.
- Staff understood the basic principles of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS); however, we saw limited examples of mental capacity assessments or decisions made in line with the principles of the MCA. Where patients lacked capacity, recording that the decision was in the patient's best interests was not consistent.
- The number of out of hours bed moves between the hours of 10pm and 7am were high. Data provided by the trust indicated there were 960 bed moves at night across 24 wards between October 2017 and March 2018, with 867 ward moves at night at Pinderfields Hospital. The average number of moves per ward ranged from none to 34. Although there was a cut off time of 10pm for bed moves, staff told us that moves after 10pm often occurred.

## Is the service safe?

**Requires improvement** ● ↑

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

- Nurse staffing levels were still an issue. The division had a high number of registered nurse vacancies and fill rates were low on some wards. To minimise the risk to patient care, the division had over recruited to health care assistants had developed new roles within the unqualified nursing staff to bridge gaps in staffing.
- There was a shortage of junior doctors in the division and a heavy reliance on bank and locum staff. From April 2017 to March 2018 there were 4,537 shifts filled by bank staff and 16,353 filled by locum staff. Medical and nursing staff said there were a high proportion of unfilled shifts which often resulted in delayed discharges as the junior doctors needed to prioritise more urgent work.
- We found that paper copies of Patient Group Directions (PGD) on the oncology ward, which allowed nurses to administer certain medicines without a prescription, were out of date and the individual authorisation form attached to the PGDs was not signed by staff. We also found the inconsistent use of risk assessments for patients self-administering their medication.
- There was an assessment tool that staff could use to identify and assess patients with possible mental health conditions. We found that the tool was not used consistently and in one record staff had recorded that the individual was not at risk when the completed assessment tool indicated otherwise.
- The service provided mandatory training in key skills to all staff, but not all staff achieved it. Compliance with mandatory training levels did not meet the trust target for core and role specific training in some areas.

However:

- At the inspection in May 2017 we found the environment cluttered with extra capacity beds above the ward base beds. There were no extra capacity beds found at this inspection and the environment was well organised and clutter free.
- Learning from incidents had improved. There were good mechanisms to feedback and share learning from incidents with staff across the division. This included one to one feedback, safety huddles and briefings, staff meetings and a two weekly safety bulletin circulated to all staff. The division had resolved their backlog of unresolved incidents.

# Medical care (including older people's care)

- The trust had undertaken a lot of work to reduce the risk of patient falls. There was a corporate falls work stream with a dedicated falls lead for the trust. A number of initiatives such as 'bay tagging' and the use of coloured identity bands were in place to reduce the incidence of falls.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. However, we noticed that not all staff decontaminated their hands when entering and leaving a ward.
- The standard of nursing documentation and record keeping had improved. Patient records were stored safely with the exception of three records we found unattended in ward areas.

## Is the service effective?

**Good** ● ↑

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

- Since our last inspection the provision of food and drink for patients had improved. Mealtimes were protected and we saw consistent use of the red jug and tray to identify patients who needed assistance with their food and drink. All patients had drinks within reach. Provision was made for patients requiring a specialised diet or for those who had cultural and other preferences.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. There was an agreed procedure in place to ensure the service complied with national guidance.
- The service regularly reviewed the effectiveness of care and treatment through local and national audit and used their findings to improve them. The trust achieved grade B in the latest Sentinel Stroke National Audit which was an improvement from the previous audit. There were mixed results in the Heart Failure Audit and the National Diabetes Inpatient Audit. Although the results of the National Audit of Inpatient Falls were poor the trust had undertaken a lot of work to improve this.
- Appraisal rates for staff working in medical care services on 30 June 2018 were 85% which met the trust target. Staff received additional training to ensure they were competent in their roles.
- Staff with specialist skills and knowledge worked well together to provide effective patient care. Staff spoke positively about multidisciplinary team working and said they had good working relationships between professions.
- The service managed pain relief well. Patients we spoke with had no concerns about how their pain was managed and staff checked with patients that pain relief administered had been effective.
- Ward staff could access specialised support from the psychiatric liaison team, which included registered mental health nurses and psychiatrists. The psychiatric liaison service worked 24 hours a day, 7 days a week with all adult patients. Staff had access to other specialist staff, such as psychologists.

However:

- Although staff understood the basic principles of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS), we saw limited examples of mental capacity assessments or decisions made in line with the principles of the MCA. Where patients lacked capacity, recording that the decision was in the patient's best interests was not consistent.

# Medical care (including older people's care)

- The endoscopy service had not met the requirements of the Joint Advisory Group on Endoscopy (JAG) and had lost accreditation. Staff told us there was an action plan to work towards regaining accreditation and the division had commissioned a senior consultant to move the action plan forward.

## Is the service caring?

Good ● ↑

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

- At the previous inspection we were concerned that caring for patients in extra capacity beds led to their privacy and dignity being compromised. At this inspection we saw that patients were treated with respect and their privacy and dignity was maintained.
- Call bells were answered in reasonable times which had improved compared to our last inspection.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and relatives, we spoke with told us they felt well informed by doctors and nursing staff about their condition, treatment options and plan of care.
- Staff provided emotional support to patients to minimise their distress. Spiritual and pastoral support was available to patients from the hospital chaplaincy service.

## Is the service responsive?

Good ● ↑↑

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

- Medical services had been reconfigured since our last inspection and the leadership team were confident that this had led to improvements in patient flow through the hospital. Acute in-patient services had been centralised at Pinderfields Hospital and there were two new acute frailty assessment units (one at Pinderfields and one at Dewsbury and District Hospital) which accepted direct referrals. Patients deemed to be medically fit were transferred to the hospitals at Pontefract or Dewsbury for step down care and rehabilitation prior to discharge.
- At the May 2017 inspection we found flow through the divisional services was constrained leading to capacity and demand issues. Extra capacity beds were impacting on all clinical areas. At this inspection we found no extra capacity beds on wards. The leadership team told us that all extra capacity beds had been closed at the end of April 2018.
- The trust had worked with the wider system to improve admission and discharge planning. This included working with local authorities and clinical commissioning groups. A discharge hub had been set up which offered a lounge area with 14 chairs and a ward area with 11 beds. The ward area was open 24 hours a day and the lounge was open Monday to Friday 8am to 8pm. There was a dedicated discharge team of discharge liaison nurses and co-ordinators who supported the safe discharge or transfer of patients.
- The service took account of patients' individual needs. There was a lead nurse for dementia and a learning disability liaison specialist nurse. We saw that reasonable adjustments were made, such as open visiting and overnight stay for relatives/carers.

# Medical care (including older people's care)

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. Complaints were responded to in a timely manner.

However:

- The number of out of hours bed moves between the hours of 10pm and 7am were high. Data provided by the trust indicated there were 960 bed moves at night across 24 wards between October 2017 and March 2018, with 867 ward moves at night at Pinderfields Hospital. The average number of moves per ward ranged from none to 34. Although there was a cut off time of 10pm for bed moves, staff told us that moves after 10pm often occurred.

## Is the service well-led?

Good  

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

- We found effective leadership throughout medical care services at ward level and above. Staff spoke positively about their local and divisional leadership and said they were well supported.
- The Division of Medicine had a clear vision and strategy which was linked to those of the trust. They had recently implemented a new model of care with the acute hospital reconfiguration. Staff we spoke with were aware of this and had been involved in the consultation and planning process.
- Staff said the culture had improved and was more open. We found staff were open, honest, and willing to share information with us on inspection. There were good relationships between staff and they worked well together as a team.
- Governance arrangements were in place with clear routes for concerns to be escalated from staff to the senior management team and a clear line of escalation from the divisional team to the trust board via the board committees.
- We found effective systems for identifying and managing risks in medical care services. Risks were clearly described on the divisional risk register with clear actions taken to reduce or manage the risk. The risk register was regularly reviewed and updated.
- There was a comprehensive monthly performance report for the division of medicine, which included robust performance measures and information about the quality of patient care. The report enabled the senior management team to have oversight of any areas where performance was lacking and required improvement and areas in which improvements had been made.
- We found evidence of good engagement with staff through forums and engagement meetings. There was a patient engagement strategy and we heard of several examples of patients' views being used to shape services.
- The division was committed to continuous improvement and service development. Staff were supported to develop and improve services for patients and were recognised for innovative work through the staff awards scheme.

## Areas for improvement

We identified areas for improvement in this service. Please see Areas for Improvement section above.

# Critical care

Good  

## Key facts and figures

The Mid Yorkshire NHS Foundation Trust has one critical care unit based at Pinderfields Hospital in Wakefield. Following reconfiguration within the trust (completed in September 2017), all patients requiring admission to critical care are transferred to Pinderfields Hospital. This facility admits critically ill patients from Dewsbury, Pontefract and regional referrals via the West Yorkshire Operational Delivery Critical Care Network.

The critical care service is a combined intensive care unit (ICU) and high dependency unit (HDU). It provides level two (patients who require pre-operative optimisation, extended post-operative care or single organ support) and level three (patients who require advanced respiratory support or a minimum of two organ support) care to adult patients. The service is also a regional burns unit and has two dedicated critical care burns beds. Overall, the unit has a total of 20 beds, with capacity to care for a maximum of twelve level three patients, two level three burns patients and six level two patients.

The unit has one large bay which is split into two sides; there are six beds on each side with three isolation side room cubicles on either end of the main area. The two beds for burns patients are located across the corridor from the critical care unit on the regional burns unit.

Intensive Care National Audit and Research Centre (ICNARC) data showed that between 1 April 2017 and 31 March 2018 at this site, there were 854 admissions with an average age of 59 years. Of these, 73% percent of admissions were non-surgical, 6% were planned surgical admissions and 21% were emergency surgical admissions. The average (mean) length of stay on the unit was 3 days.

The critical care outreach team (CCOT) provide a supportive role to medical and nursing staff on the wards when they are caring for deteriorating patients or supporting patients discharged from critical care. The outreach team is available seven days a week from 7.30am to 8pm.

The critical care service is part of the West Yorkshire Critical Care Network.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. At the last inspection two key questions were rated requires improvement, these were safe and well led. We re-inspected all five key questions during this inspection.

During this inspection we visited the critical care unit. We spoke with four patients, five relatives and 39 members of staff. We observed staff delivering care, looked at eight patient records and prescription charts. We also visited Dewsbury hospital to review arrangements for transferring deteriorating patients to the critical care unit. We reviewed trust policies and performance information from, and about, the trust. We received comments from patients and members of the public who contacted us directly to tell us about their experiences.

## Summary of this service

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

- The service showed a good track record in safety. There had been no never events, one serious incident and the incidents reported had mainly resulted in low or no harm and themes had been responded to. Staff understood their responsibilities to raise concerns and report incidents and to be open and honest when things went wrong. Managers investigated incidents and shared lessons learned.

# Critical care

- Systems and processes in infection control, medicines management, patient records and the monitoring, assessing and responding to risk were reliable and appropriate to keep patients safe.
- Consultant cover had increased and changed to block working, to promote continuity of care, multidisciplinary staffing levels were in line with the Guidelines for the Provision of Intensive Care Services (GPICS) standards. Nurse staffing levels and skill mix were planned and reviewed to keep people safe.
- The service provided mandatory training in key skills and role-specific skills and the number of critical care staff who completed this, met the trust targets of 95% and 85%, respectively.
- There was a system in place to ensure all nursing and medical staff had an up to date appraisal and 99% of staff had received an appraisal compared to the trust target of 85%.
- Staff of different kinds worked together as a team to benefit patients. Multidisciplinary staffing, including physiotherapy and pharmacy were appropriate for the size of the unit, in line with GPICS recommendations.
- Patient outcomes were in line with similar units. The service compared local results with those of other services to learn from them.
- The unit's non clinical transfers and delayed discharge rates were in line with or better than similar units. The out of hours discharge to the ward rate was in line with or better than similar units.
- The outreach team provided a follow-up clinic to support critical care patients following discharge from hospital, in line with the Guidelines for the Provision of Intensive Care Services (GPICS) standard.
- Staff cared for patients with compassion at all times. Feedback from patients and families was consistently positive. Patients and relatives told us staff treated them well and with kindness, that they felt well-informed and staff communicated with them in a way they could understand.
- Staff provided emotional support to patients to minimise their distress; they encouraged families to complete patient diaries, which were used for reflection in follow-up clinics and staff co-ordinated a monthly patient and family-led support group to help people come to terms with their experience of critical care.
- We observed a strong, visible person-centred culture inspired by the nursing and clinical leadership.
- The service engaged patients and families to plan and improve services. The unit had shown a dedication to listening to and involving patients and families. This was reflected in changes to the physical environment, the draft service strategy, the introduction of 'care packs' for relatives unexpectedly staying overnight, memory boxes and ongoing support for patients and families after discharge and in trying times.

However:

- The service did not prescribe oxygen for patients in line with national guidance.
- The service was not yet fully compliant with all the Guidelines for the Provision of Intensive Care Services (GPICS) standards.
- The number of staff in the service with a post registration qualification in critical care was 39%, which was not in line with the GPICS minimum of 50%. This had reduced since the last inspection. Managers acknowledged this was due to staff turnover resulting from the service reconfiguration in September 2017 and had a plan in place to mitigate and improve this over two years.
- Patients were not always discharged to a general ward within four hours of the decision to do so. This was not in line with GPICS standards, however there had not been any mixed sex breaches.



# Critical care

- There was a need to strengthen governance arrangements and ensure outcomes and learning from management meetings are shared with staff, including the MDT, to promote service improvement.

## Is the service safe?

**Good** ● ↑

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

- The service showed a good track record in safety. There had been no never events, one serious incident and the incidents reported had mainly resulted in low or no harm and themes had been responded to. Staff understood their responsibilities to raise concerns and report incidents and to be open and honest when things went wrong. Managers investigated incidents and shared lessons learned with division.
- Systems and processes in infection control, medicines management, patient records and the monitoring, assessing and responding to risk were reliable and appropriate to keep patients safe.
- Consultant cover had increased and changed to block working, to promote continuity of care, multidisciplinary staffing levels were in line with the Guidelines for the Provision of Intensive Care Services (GPICS) standards. Nurse staffing levels and skill mix were planned and reviewed to keep people safe.
- The service provided mandatory training in key skills and role-specific skills and the number of critical care staff who completed this, met the trust targets of 95% and 85%, respectively.
- Staff understood how to recognise and report abuse to protect people from harm. The service had achieved the trust target for the number of staff who had completed safeguarding training.
- Staff had access to suitable equipment and were trained to use it. The service had provided refresher training on key equipment such as ventilators.
- Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve some aspects of the service, for example address pressure areas.
- We saw evidence of screening for delirium in the eight patient records we reviewed in line with NICE guidance. There was a trust policy for the treatment of agitated patients and the unit used regional critical care network guidance where sedation was used in treatment.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. The service had undertaken successful unit recruitment open days and were engaged in a programme of international recruitment.

However:

- We found staff did not prescribe oxygen for patients when it was given, in line with trust policy.
- We found equipment used to transfer patients from the Dewsbury site to critical care was not regularly checked and the system for safely transferring sharps from the unit did not always promote safe working.
- Although weekly MDT mortality and morbidity meetings were held, it was unclear how learning points were identified and used for service improvement; this was not in line with GPICS standards.
- Although there was a recruitment plan in place, the unit had a number of nurse staffing vacancies resulting from the reconfiguration of services in September 2017.

# Critical care

- Although there was a process in place to support the induction of agency staff, this was not routinely fully documented.
- Microbiology support was not in line with GPICS standards for daily input, although the trust had taken steps to mitigate this, with antimicrobial pharmacist support.
- The process for the multidisciplinary team and critical care outreach team to receive feedback from incidents on the unit was unclear.
- The service acknowledged that the main ward ventilation system was below the GPICS standard; mitigations were in place and there was a plan for significant remedial building work in the long term.

## Is the service effective?

Good   

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

- Patient outcomes were in line with similar units. The service compared local results with those of other services to learn from them.
- Care and treatment was planned and delivered in line with current evidence based guidance. Staff had access to up to date information on patients care and treatment and could access policies and guidelines.
- Staff assessed patients' pain, nutritional and hydration needs and met these in a timely way.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff of different kinds worked together as a team to benefit patients. Multidisciplinary staffing, including physiotherapy and pharmacy were appropriate for the size of the unit, in line with GPICS recommendations; doctors, nurses and other healthcare professionals supported each other to provide patient-centred care.
- There was a system in place to ensure all nursing and medical staff had an up to date appraisal and 99% of staff had received an appraisal compared to the trust target of 85%.
- The service made sure staff were competent for their roles. The service had increased education team input to support staff new to the unit.
- There was a system in place to track staff training and competence on key equipment used on the unit and the education team led this process.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to access support for patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- The number of staff in the service with a post registration qualification in critical care was 39%, which was not in line with the GPICS minimum of 50%. This had reduced since the last inspection. Managers acknowledged this was due to staff turnover resulting from the service reconfiguration in September 2017 and had a plan in place to mitigate and improve this over two years.
- There was limited evidence to show how benchmarking, performance and local and national audits (such as ICNARC and a peer review report) was shared with frontline staff.

# Critical care

## Is the service caring?

**Outstanding**  

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

- We observed a strong, visible, person-centred culture inspired by the nursing and clinical leadership.
- The service engaged patients and families to plan and improve services. For example, the service had relocated the consulting room to offer more privacy to families for confidential and difficult conversations, in response to feedback.
- The service had worked with a family to develop 'care packs' for relatives unexpectedly staying overnight and had engaged with bereaved relatives to support a mortuary improvement project.
- Staff cared for patients with compassion at all times. Feedback from patients and families was consistently positive. Patients and relatives told us staff treated them well and with kindness. One staff member had been nominated by a family for a trust award, for their compassionate person-centred care.
- Staff worked to support families in bereavement and in trying times; staff used memory boxes and held an annual memorial for families to remember people involved in organ donation and had supported a patient to return home at the end of their life.
- Staff involved patients and those close to them in decisions about their care and treatment. Relatives and patients told us they felt well-informed and staff communicated with them in a way they could understand.
- Staff provided emotional support to patients to minimise their distress; they encouraged families to complete patient diaries, which were used for reflection in follow-up clinics and staff co-ordinated a monthly patient and family-led support group to help people come to terms with their experience of critical care.

## Is the service responsive?

**Good**   

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

- People could access the service when they needed it. Arrangements to admit, treat and discharge patients were in line with good practice.
- The unit's non clinical transfers and delayed discharge rates were in line with or better than similar units. There were no mixed sex breaches as a result of delayed discharges over 12 hours, which is better than other trusts in the regional network. The out of hours discharge to the ward rate was in line with or better than similar units.
- The outreach team provided a follow-up clinic to support critical care patients following discharge from hospital, in line with the Guidelines for the Provision of Intensive Care Services (GPICS) standard.
- The service took account of and were able to meet, people's individual needs. For example, staff knew how to contact interpreters and how to access support from specialist staff as needed.
- The service had few complaints and treated concerns and complaints seriously. Managers worked with other services to respond and identify learning to improve practice.
- The service planned and provided services in a way that met the needs of local people and in response to patient feedback and a business case for psychology was in progress to respond to identified need.

# Critical care

- The service was actively involved in the regional critical care operational delivery network.

However:

- The service was not yet collecting sufficient data to demonstrate that patients were admitted to critical care within four hours of referral, and patients were not always discharged to a general ward within four hours of the decision to do so. This was not in line with GPICS standards, however there had not been any mixed sex breaches.
- Learning from complaints was not yet routinely discussed with frontline staff, although the service had begun to log informal complaints and comments.

## Is the service well-led?

**Good** ● ↑

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

- There was clear nursing and medical leadership of the service, in line with GPICS standards and with the integrity, capacity and capability to lead the service effectively.
- It was clear that staff had confidence in the leadership; staff described a positive learning culture and were proud of patient care delivered on the unit. We observed a supportive and open culture, where nursing, multi-disciplinary and medical staff were approachable and valued each other's opinions.
- Senior clinical managers met regularly to discuss clinical and operational issues.
- The service had identified its risks, including areas of non-compliance with the Guidelines for the Provision of Intensive Care Services (GPICS).
- The service had developed a draft strategy and action plan towards achieving full compliance with GPICS compliance, using the latest peer review report and was engaged in local and national audits.
- The service had responded to feedback from patients and families to improve the service. For example, relocation of the consulting room; the introduction of care packs, involvement of relatives in an end of life improvement project.
- The service had engaged with staff to seek views on the draft strategy and on welcoming international nurses. Staff spoke positively about their experience of service reconfiguration. There were high levels of staff engagement and satisfaction.
- The service benchmarked itself with other services and against best practice in the West Yorkshire network and actions from the peer review were linked to the draft critical care strategy and action plan.

However:

- The management team had taken action to address many of the issues highlighted at the previous inspection but recognised some governance work was not yet fully complete or embedded e.g. the draft strategy, new format business meetings, audit plan.
- Formal review of service risks and their controls was not yet embedded as a part of routine management meetings.
- There was limited evidence that outcome and audit data, for example from the Intensive Care National Audit and Research Centre (ICNARC) or outreach team was routinely shared with staff. Similarly, it was unclear how activity and outcome data for the outreach team were reported or monitored. The service recognised they were not yet fully effective in connecting management / business meetings with the wider staff team.

# Critical care

## Outstanding practice

We identified areas for outstanding practice for this service. Please see the outstanding practice section above.

## Areas for improvement

We identified areas for improvement in this service. Please see Areas for Improvement section above.

# Maternity

Requires improvement ●

## Key facts and figures

The Mid Yorkshire Hospitals NHS Trust provides maternity services over three hospital sites. Following a service re-design in September 2016, all inpatient and obstetric led maternity services were amalgamated on the Pinderfields Hospital site.

The maternity service at Pinderfields Hospital has 71 beds located across four wards and four units.

Maternity services at the location include early pregnancy assessments, an antenatal day unit, and antenatal and postnatal outpatient clinics. There is a separate maternity triage unit available to provide assessment and reassurance for women with antenatal concerns.

The 13-bed delivery suite provides care for both high risk women and low risk women who choose to deliver there. Antenatal and postnatal inpatient care are offered at the site; and includes specialist care for women who need closer monitoring and high dependency care. There is also an enhanced recovery area, where women who are booked for an elective caesarean section are admitted to; and in many cases, receive their full care from admission to discharge.

Pinderfields birth centre is an alongside midwifery-led unit, opened in September 2016. The birth centre provides care for lower risk women wanting to deliver there. The birth centre includes six birthing rooms; of which two include a birthing pool. All six rooms are appropriate for antenatal, intrapartum and postnatal care.

From July 2017 to June 2018, there were 6,365 deliveries at the trust. Of these, 5,748 deliveries were at Pinderfields Hospital. There were 4,856 deliveries at Pinderfields hospital labour suite, and 892 deliveries at Pinderfields birth centre.

At our last inspection in May 2017, an overall rating of requires improvement was given. We rated safe and effective as requires improvement, and caring, responsive and well led were rated as good. We previously inspected maternity jointly with gynaecology so we cannot directly compare our new ratings with previous ratings.

During our inspection, we visited the maternity unit and spoke with 11 women and their companions, and 42 members of staff. These included matrons, ward managers, midwives, care staff, medical staff and administration staff. We observed care and treatment, looked at 12 patient records and seven medicines charts. We also interviewed key members of staff, medical staff and the senior management team who were responsible for leadership and oversight of the service at Pinderfields Hospital.

## Summary of this service

We rated the service as requires improvement because:

- The senior management team had changed since our previous inspection, and was relatively new. We saw evidence the team had made progress with evaluating the changes necessary to improve quality of care. However, we were not always assured of robust action planning, or that changes were being implemented at a sufficient pace.
- Except for community midwife caseloads, we saw there was sufficient maternity staff within the trust when measured against national guidelines and minimum recommendations. However, we were not assured that staff were allocated properly across the service to meet service need.
- We saw high proportions of women booked for planned inductions of labour experienced significant delays.

# Maternity

- The storing, ordering and disposal of medicines was in line with current guidance and regulations. However, we identified that some printed copies of patient group directions, that allowed midwives to administer certain medicines without a prescription, were out of date
- At our previous inspection, we found a lack of local audit activity to encourage continuous improvement. At our recent inspection, we saw good progress with prioritisation of activities for completion. However, we noted significant delays with the local maternity audit programme overall.
- We saw performance in antenatal service, triage, and induction of labour service areas appeared to negatively affect some women's experiences of care. Similarly, some staff raised concerns about capacity and workload in these areas. We also had concerns about the quality of (hospital) postnatal care and support provided to some women.

However:

- We saw good overall core mandatory training and role specific training completion rates compared to trust targets. Safeguarding training completion rates surpassed trust targets. Staff could clearly describe safeguarding reporting procedures and felt confident making referrals. We saw all eligible maternity staff at the trust had received an appraisal.
- There were high emergency training completion rates. Emergency equipment was in date and checked regularly. Since our last inspection, the service had implemented a comprehensive programme of skills and drills training in all clinical areas.
- Outcomes for women and babies were typically good, and in line with trust targets or regional averages.
- At our previous inspection, we found the service was learning from incidents, but not informing staff why practice had changed. During our recent inspection, staff were able to describe learning from incidents and we saw learning shared across the service. There was evidence of learning from complaints, which were investigated and closed in a timely manner.

## Is the service safe?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot directly compare our new ratings with previous ratings. We rated safe as good because:

- We saw good overall core mandatory training completion rates (93%) and role specific training completion rates (87%) compared to trust targets (95% and 85% respectively). Improvements in information governance, fire safety, and health and safety completion rates were required.
- The service had escalation policies, guidance and care pathways for deteriorating women or babies. There were high completion rates for emergency, resuscitation, and fetal monitoring training. Emergency equipment was in date and checked regularly. Since our last inspection, the service had implemented a programme of skills and drills training in all clinical areas.
- Safeguarding training completion rates surpassed trust targets. The service had a dedicated midwife responsible for safeguarding children. Staff could clearly describe safeguarding reporting procedures, felt confident making referrals, and there were high referral rates.
- The midwife to birth ratio had improved since our last inspection, and was in line with the national minimum recommendation of 1:28; and 98% of women experienced 1:1 care in labour.

# Maternity

- At our previous inspection, we identified that the service was learning from incidents, but were not informing staff why practice had changed. During our recent inspection, staff were able to tell us about learning from incidents. Lessons learned were shared in monthly governance reports, newsletters and weekly safety briefs, at the labour ward forum, and in team meetings.

However:

- From April 2017 to March 2018, the community caseloading staffing levels were 116 women per WTE midwife. This was not in line with the recommended ratio of 96 cases per WTE midwife.
- We identified that some paper copies of patient group directions, that allowed midwives to administer certain medicines without a prescription, were out of date. Individual midwives who could administer these medicines had not signed the individual authorisation form, as required by trust policy.

## Is the service effective?

**Good** 

We previously inspected maternity jointly with gynaecology so we cannot directly compare our new ratings with previous ratings. We rated effective as good because:

- All policies and guidance reviewed were found to be current and reflected quality standards and national guidance.
- Women received detailed information of pain relief options available to them, and a 24-hour anaesthetic and epidural service was available. Women typically experienced good outcomes. Since our last inspection, 3rd and 4th degree tear rates had fallen, and were in line with trust targets or regional averages. Post-partum haemorrhage rates were often in line with regional averages; although some minor variance was observed.
- Babies typically experienced good outcomes. The proportion of babies born pre-term, and with low birth weight at term, were better than regional averages. Stillbirth rates were similar to or better than regional averages. There was a multidisciplinary still birth group, and we saw evidence of significant work against national recommendations.
- All eligible maternity services staff at the trust had received an appraisal. Midwifery advisors were on call 24-hours for independent advice and support. Ward and community midwives rotated into the labour suite to maintain their skills and competencies.
- There was a public health lead midwife, and we saw good evidence of health promotion. There was an infant feeding coordinator, and the service worked with community services to provide continuity of support. Women's nutrition and hydration needs were being met.

However:

- The service met the training completion target for MCA and DoLS Level 1 training (100%), but did not meet training completion targets for Level 2 (74%) and Level 3 (59%) training.
- National Neonatal Audit Programme results showed the proportion of mother given magnesium sulphate in the 24 hours prior to delivery was in the bottom 25% of all units. Data was based on 23 eligible cases.
- We saw a quality data and audit midwife had been appointed in April 2018, and had made good progress with prioritisation of activities for completion since their appointment. However, we noted significant delays with the local maternity audit programme overall. The service was up to date with national audit activity.



# Maternity

## Is the service caring?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot directly compare our new ratings with previous ratings. We rated caring as good because:

- From March 2017 to March 2018, maternity Friends and Family Test performance results were similar to national averages; with some variance in hospital postnatal ward performance.
- Recent local survey data showed women using antenatal and birth services experienced good standards of compassionate care; and high proportions said they were always treated with dignity and respect.
- In the CQC survey 2017, the trust was one of the best performing for involving women in decisions about their care, and speaking to them in a way they could understand. Recent local survey data showed high proportions of women using antenatal and birth services agreed they were always spoken to in an understandable way, involved in decisions about their care, and had their concerns taken seriously.
- During our inspection, we observed staff interacting with women, their partners, and other relatives in a polite, friendly, and respectful manner. Despite the pressures, staff told us they were positive about providing good quality and compassionate care to women. During our inspection, all women we talked with spoke positively about the care they had received.
- The trust had a named maternity bereavement midwife, pregnancy loss clinic, and there were guidelines and care pathways to support mothers and their family in the event of bereavement. A multi-faith chaplaincy service offered bereavement support.

However:

- We had some concerns about the quality of postnatal (hospital) care and support provided. For example, recent local survey data (February to April 2018) showed some women receiving postnatal (hospital) care did not agree they were always treated with kindness and understanding (13% to 17%), given the information or explanations needed (19% to 27%), and felt listened to by midwives seen (16% to 20%).
- There was evidence to suggest some women had experienced poor quality care in other areas of the service; this often appeared related to recognised pressures in triage, induction of labour, and (to a lesser extent) outpatient antenatal service areas. We could not always identify if this feedback related to recent experiences. Nevertheless, we saw issues around waiting times and delays in these areas reflected in recent complaints and concerns made to the trust.

## Is the service responsive?

**Requires improvement** ●

We previously inspected maternity jointly with gynaecology so we cannot directly compare our new ratings with previous ratings. We rated responsive as requires improvement because:

- We saw relatively high numbers of artificial rupture of membranes (ARM) delays of 24 hours or more.
- We also saw relatively high numbers of induction of labour (IoL) delays of 24 hours or more. In addition, NICE red flag guidance recommends recording where there is a delay of 2 hours or more.

# Maternity

- Across the trust, antenatal services experienced difficulty offering women follow-on clinic and day unit review appointments.
- Senior management and ward staff reported that waiting times and patient flow in triage was a common challenge. Mitigating actions had resulted in a reduction in triage waiting times and delays. However, demand for the service remained high. On average, 7.6% of women who attended triage experienced a delay in initial midwife review of more than 30 minutes.

However:

- The proportion of antenatal bookings undertaken before 13 weeks was above the trust target of 90%.
- The service had commissioned task and finish groups to explore antenatal service capacity, triage, and induction of labour delays. Mitigating actions had been implemented to try and improve access and flow within these areas. For example, since our last inspection, a triage assessment room, discharge lounge and a NIPE clinic had been introduced to improve patient flow. However, demand remained high and capacity limited. Rapid improvement workshops and clinical summits were planned to try and address these issues.
- Across the trust, there were midwives available for support and guidance and with special interests as part of their role; for example, for safeguarding, perinatal mental health, bereavement, diabetes, multiple pregnancy, teenage pregnancy, and infant feeding.
- Staff were clear about the complaints process and action they should take if someone wished to complain. There was evidence of learning from complaints and concerns. Complaints were investigated and closed in a timely manner, in line with trust policy.

## Is the service well-led?

**Requires improvement** ●

We previously inspected maternity jointly with gynaecology so we cannot directly compare our new ratings with previous ratings. We rated well-led as requires improvement because:

- The senior management team had changed since our previous inspection, and was relatively new. We saw evidence the team had made progress with evaluating the changes necessary to improve quality of care. However, we were not always assured of robust action planning, or that work was being delivered at a sufficient pace; for example, in relation to recognised access and flow issues, and patient experience improvements.
- During our inspection, we found that there were significant delays in local audit activity to encourage continuous improvement; and saw this had been an ongoing issue since our last inspection of the service.
- At our last inspection of the service, we found no recommendation of changes to practice in the perinatal mortality and morbidity meeting minutes and actions plans were not completed. Following our recent inspection, we found changes to practice were discussed and recorded; however, we did not see evidence of action plan completion.
- We were not assured that staff were allocated properly across the service to meet service need; for example, to address recognised access and flow issues. Except for community midwife caseloads, we saw there was sufficient staff within the service when measured against national guidelines and minimum recommendations.
- During our inspection, some staff raised concerns about capacity and workload, which impacted on their perceptions of culture within the service. Concerns predominately related to antenatal service capacity and induction of labour service areas.

# Maternity

However:

- At our previous inspection, we saw that the maternity risk register contained a large number of risks, and many had a review date in the past. At our recent inspection, we saw good monitoring and oversight of the risk register. Staff we spoke with at all levels felt comfortable escalating issues.
- Most managers said the senior management team were visible and engaged. Ward staff and team leads reported they were supported by their managers. Many managers undertook clinical shifts, to support teams and keep their competencies up to date.
- The interim Head of Midwifery (IHOM) had implemented a programme of work to address concerns around culture in the service and improve morale. We also note the significant work undertaken in reducing agency staff use in favour of bank staff, and offering staff overtime.

## Areas for improvement

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

# Outpatients

**Requires improvement** ●

## Key facts and figures

Pinderfields Hospital provided a range of outpatient services for different specialities. The main outpatient department was located on the ground floor at the main entrance, whilst some individual outpatient clinics were run in speciality areas. Some speciality clinics were held in their own separate buildings, such as ophthalmology at the eye centre, dermatology at the Ashton Centre and diabetes and endocrinology at the Edna Coates diabetes and endocrine unit. The phlebotomy department is situated next to the main outpatient department.

The access, booking and choice centre was based at Pinderfields Hospital and was responsible for booking new and review appointments.

The outpatient department was part of the access, booking and choice directorate, which was part of the surgery directorate.

We inspected outpatients because it had been rated as requires improvement at our last inspection. Safe and responsive were rated as requires improvement. Caring and well led were rated as good.

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

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

During the inspection, we visited the main outpatient department, the phlebotomy department, the eye centre, the diabetes and endocrinology centre and the access, booking and choice centre.

We spoke with 26 staff and 11 patients.

## Summary of this service

We rated this service as requires improvement because:

- Although the backlog of patients waiting for follow up appointments had improved slightly since our last inspection, there was still a backlog of 18,374 at 22 July 2018.
- There was a process in place for administrative and clinical validation of waiting lists. However, the trust could not provide evidence that clinical validation had taken place on all patients in the backlog.
- Despite specialities having agreed response plans, it was not clear what the trajectories were for clearing the backlogs.
- Referral to treatment times (RTT) were worse than the England overall performance; however there had been a steady increase in performance and there had been an improvement since the last inspection.

However:

- Staff were aware of the processes to follow to report incidents and safeguarding concerns. Learning was shared between teams.
- Staffing levels were flexed to cover clinics and the outpatient departments were staffed by multidisciplinary teams that worked effectively together.

# Outpatients

- Patients attending the department received care and treatment that was evidence based and followed national guidance. Staff had access to policies and guidance.
- Staff provided compassionate care to patients and patients were kept informed and given choices in their care.
- The service was responsive to patients with additional needs and made efforts to ensure they were catered for.
- The service was well led with leaders who were visible and approachable.
- Staff spoke positively about working for the service, they felt well supported and spoke about good teamwork.
- Leaders were aware of the issues within the service and there were good governance processes in place.

## Is the service safe?

### Requires improvement

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

- At our last inspection, clinical validation was not taking place on all waiting lists. At this inspection, we found there was now a process in place for administrative validation and clinical validation to take place. However, the trust could not be certain that clinical validation had taken place on every patient. From the backlog of 18,374 there were around 50% of patients that were in the process of validation, which was managed by the speciality teams. Until the process was completed it was not possible to identify which stage of the process the patients were at. There was therefore a risk of patients suffering harm whilst on the waiting list backlog.
- There had been five serious incidents, reported in 2017, related to long waiting times for an appointment. These had been investigated and action taken with regards to the glaucoma follow up backlog.
- There was inconsistent recording of when prescription pads were taken from and placed back in to secure storage.

However:

- There were safeguarding procedures and policies in place. Staff were aware of their responsibilities and knew how to escalate any safeguarding concerns.
- Staffing levels were flexed depending on the clinics that were booked. Staff worked cross site to cover for any absences.
- There were procedures in place for staff to deal with any deterioration in a patient's condition whilst in the department.
- Staff understood their responsibility to report incidents. Learning from incidents was shared across the teams.
- At our last inspection, we saw that action taken when there were deviations in fridge temperatures was not always recorded. At this inspection, central monitoring of fridge temperatures took place and the service was informed about any deviations in temperature.
- At our last inspection, duty of candour was not well understood by all staff groups. At this inspection, we found that staff's understanding had improved.

# Outpatients

## Is the service effective?

**Not sufficient evidence to rate** ●

We do not rate the effective domain for outpatients, however we found the following:

- Patients' care and treatment was planned and delivered in line with current evidence-based guidance. Staff had access to up to date policies and guidance.
- Vending machines were available in main outpatients. All areas we visited had water available for patients.
- Staff received annual appraisals. Staff completed competency documents when developing their professional skills.
- The outpatient departments were staffed by a range of professionals working effectively as a multidisciplinary team to meet patients' needs.
- Additional clinics were held on an evening and weekend for some specialities.
- Staff understood their responsibilities when obtaining consent and understood the Mental Capacity Act.

## Is the service caring?

**Good** ●

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

- Feedback from people who used the service was positive about the way staff treated people.
- We saw staff treating patients with kindness and compassion; they introduced themselves to the patients.
- Patients were kept informed about their treatment and were offered choices.
- Friends and family test results (FFT) were consistently positive.

## Is the service responsive?

**Requires improvement** ●

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

- At our last inspection there was a trust backlog of 19,647 patients waiting for an appointment. At this inspection, this backlog had reduced to 17,516 at the time of our inspection. However, following the inspection, figures produced by the trust showed that there was a backlog of 18,374 at 22 July 2018. Some specialities, such as ophthalmology and trauma and orthopaedics had reduced their backlog, whilst others had increased their backlog.
- From May 2017 to March 2018 the trust's referral to treatment times (RTT) for non- admitted pathways had been worse than the England overall performance. However, there was an increasing performance and at March 2018 the trust was performing better than the England average. Three specialities were above the England average.

# Outpatients

- From March 2017 to February 2018 the trust's RTT for incomplete pathways had been worse than the England overall performance. However, there had been a steady increase in performance. Five specialities were above the England average.
- There had been a slight decline in performance for the percentage of people waiting less than 62 days from receiving an urgent referral from their GP and they had not met the standard for quarter four of 2017/2018, but they were still in line with the England average.
- Signage to the diabetic and endocrinology clinics were not clear.

However:

- The trust had performed better than the operational standard for cancer waiting times for people seen within two weeks of an urgent GP referral and for people waiting less than 31 days from diagnosis to definitive treatment.
- The did not attend rate was lower than the England average.
- The trust had undertaken several initiatives to try to balance capacity and demand and had worked closely with the clinical commissioning group (CCG) to reduce waiting times.
- People's needs and preferences were considered. Appointments in most specialities were available at all three hospital sites and a shuttle bus enabled patients to travel across the three sites.
- The service was meeting the Accessible Information Standard; leaflets were available in every area for patients to complete with any communication needs they had.
- Staff supported patients with individual needs. Leaflets were available in different languages and interpreters were used when necessary. Staff were aware of the support available when they had patients living with dementia or learning disabilities attending the department.
- The access, booking and choice team had formed close links with the prison service to streamline referrals and appointments.
- The amount of complaints related specifically to the outpatient's department were minimal. Complaints were responded to within timescales in line with the trust policy.

## Is the service well-led?

**Good** 

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

- Leaders at every level were visible and approachable. Leaders were knowledgeable about issues for the service.
- All staff we spoke with told us there was a supportive environment with effective teamwork. Morale was good.
- There were effective governance structures in place which ensured appropriate escalation of concerns up to board level.
- Risk registers were in place and were reviewed regularly. An outpatient efficiency dashboard helped specialities view and manage their performance against four key outpatient improvement schemes.
- There was good engagement with staff and patients.
- The access, booking and choice team had won an award for their work with the prison service.

# Outpatients

## Areas for improvement

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



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

#### Regulated activity

#### Regulation

This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

# Our inspection team

Sarah Dronsfield, Head of Hospital Inspections led this inspection. An executive reviewer, Anne-Marie Ingle, Chief Nurse, supported our inspection of well-led for the trust overall.

The team included 15 inspectors, one executive reviewers and 16 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.