Bolton NHS Foundation Trust

Inspection report

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

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

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

Ratings

Overall rating for this trust	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Outstanding
Are resources used productively?	Good
Combined quality and resource rating	Good

Summary of findings

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

Background to the trust

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

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

For services, in particular patients requiring non elective treatment, it is estimated to have a catchment population of 310-320,000, compared with a resident Bolton population of 270,000.

The Integrated Community Services Division consists of domiciliary, clinic and bed based services across the Bolton footprint to a GP registered population. Most services are commissioned via Bolton Clinical Commissioning Group. The trust works in partnership with Bolton Council, Greater Manchester West, North West Ambulance Service and with the voluntary sector such as Age Concern and Urban Outreach.

The trust is also registered to provide maternity and midwifery services at Fairfield General Hospital, Salford Royal Hospital and Ingleside Birth and Community Centre.

In 2017/18 there were 115,929 A&E attendances of which 32,535 arrived by ambulance. There were 86,229 inpatient admissions and 32,5117 outpatient attendances. There were 5,831 babies delivered, 16,354 patients had an operation and there were 74,9214 community contacts.

Bolton NHS Foundation Trust was last inspected in March 2016 (report published August 2016) where it received an overall trust rating of good.

Overall summary

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

What this trust does

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

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?

Summary of findings

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 urgent and emergency care, medicine and maternity services of the acute services provided by this trust as part of our continual checks on the safety and quality of healthcare services.

We also inspected the well-led key question for the trust overall. We summarise what we found 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 good because:

- We rated safe, effective, caring and responsive as good.
- We rated all of the trust's eight acute services as good. In rating the trust, we took into account the current ratings of the five acute, Bolton One and community services not inspected this time.
- We rated well-led for the trust as outstanding.
- The trust had taken the appropriate actions relating to the requirements of the previous inspection.
- The trust was inspected for its use of resources and rated good which gives a combined rating of good.

At the Royal Bolton Hospital;

- We inspected urgent and emergency care services during this inspection to check if improvement had been made since our last inspection in 2016. The ratings for safe, effective and responsive improved from requires improvement to good. This improved the overall rating for this service to good.
- We inspected medical care (including older people's care) and found that there had been improvement since our last inspection in 2016. The rating for safe improved from requires improvement to good and caring improved to outstanding.
- We inspected maternity services and rated the service as good across all domains.

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/RMC/reports.

Are services safe?

Our rating of safe improved. We took into account the current ratings of services not inspected this time. We rated it as good because:

- All core services we inspected were rated as good for safe.

Summary of findings

- The rating for safe in the urgent and emergency care services at Royal Bolton Hospital improved from requires improvement to good. They had addressed all the concerns raised from the previous inspection. Environmentally the service was much improved and there were sufficient staff.
- The rating for safe in the medicine services at Royal Bolton Hospital improved from requires improvement to good. They had addressed the concerns raised from the previous inspection particularly in the areas of patient moves at night and timely discharges which had improved.
- The overall rating for safe at Royal Bolton Hospital improved from requires improvement to good.

Are services effective?

Our rating of effective stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- The rating for the effective domain in the urgent and emergency care service improved from requires improvement to good. National audit results were acted upon and training compliance had improved, and uptake of appraisal rates met the trust target.
- The other two core services were rated as good in effective which was unchanged from the previous inspection.

Are services caring?

Our rating of caring stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- All core services we inspected were rated as good for the caring domain.
- Caring in the medical care service were rated as outstanding.
- There were examples of outstanding practice, patients were at the heart of decision making and family and carers were fully involved.
- Trust wide there was a culture of improving patient experience.

Are services responsive?

Our rating of responsive stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- The rating for the responsive domain in the urgent and emergency care service improved from requires improvement to good. Facilities and the premises had been refurbished to better meet people's needs, with more spacious facilities to allow for streamlined services and a more positive environment generally. There was an improving picture on waiting times and flow was being managed proactively.
- The other two core services we inspected were rated as good for the responsive domain.

Are services well-led?

Our rating of well-led stayed the same. We took into account the current ratings of services not inspected this time. We rated it as good because:

- All three core services we inspected maintained their well-led rating of good.
- The services had leaders at all levels with the right skills and abilities.
- Staff were positive about the leadership of the services.

Summary of findings

- Leaders promoted a positive culture that supported and valued staff and created a sense of common purpose based on shared values.
- The services were committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- The services had effective systems for identifying risks, planning to eliminate or reduce them, and coping with the expected and unexpected.
- There was widespread engagement with people who used the services and their families.

Ratings tables

The ratings tables in our full report 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 urgent and emergency care, medicine and maternity services at Royal Bolton Hospital.

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

Areas for improvement

We found areas for improvement however there were no breaches of legal requirements that the trust must put right. We found 23 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.

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 examples of outstanding practice in all the areas we inspected at Royal Bolton Hospital.

Trust-wide

- The inspired shared purpose and drive to deliver and motivate staff was consistently displayed resulting in a strong and unified quality and safety culture.
- Public and patient experience had a high focus at the trust and there were multiple examples of how patient involvement had improved services.

Urgent and emergency care

- By introducing the ‘fit to sit’ section into the majors’ area, staff could increase capacity without using additional bays.

Summary of findings

Medicine

- The enhanced care team provided daily activities for patients with complex needs which provided distraction therapy for patients. We observed patients engaging in craft activities and socialising with other patients and relatives.
- The service had introduced an I-care initiative which meant that patients relatives or carers could be an active partner in their care during their hospital stay. The service provided accommodation to carers in pleasantly decorated relatives rooms.

Maternity

- The Ingleside midwife-led birth centre participated in a wide range of engagement with key partners and local communities to develop its services, celebrating international midwife day with an event attended by the head of the Royal College of Midwives.
- The service achieved compliance with the ten safety criteria for the NHS maternity safety strategy clinical negligence scheme and was allocated a rebate on this basis.
- Five advanced midwifery practitioners were available across the service to support staff in different areas of specialism. These staff also provided teaching for student midwives in local universities.
- The safeguarding named midwife had organised a multi-agency study day on female genital mutilation, attended by professionals from different organisations
- Maternity services provided by Bolton Foundation Trust contributed to the North West Sector Maternity Pioneer, being only one of seven sites identified for this.

Areas for improvement

Action a trust SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

We told the trust that it should take action either because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

Trust-wide

- The trust should ensure that the process for learning from deaths is developed to meet national expected standards as per the trust plans. (Regulation 17)
- The trust should complete the workforce race equality standards action plan.
- The trust should improve reporting timescales for incidents to the National Reporting and Learning System (NRLS).
-

Urgent and emergency care

- The service should improve compliance with checks of items stored in equipment trays for expiry dates and that staff are aware of the importance of checking expiry dates when recording that checks are complete.
- The service should continue to work to improve patient waiting times, reduce delays and meet national targets.
- The service should review how records are made when no safeguarding concerns are identified.

Summary of findings

- The service should improve consistency of staff checks of ambient room temperatures and fridge temperature monitoring.
- The service should improve compliance of staff closing lids on bins containing used needles and other sharp instruments, in between each use.
- The service should review the storage of intravenous fluid storage in the paediatric emergency department.
- The service should review the decoration in the relatives' room.
- The service should consider alternative solutions to the glass screens for both visitors and reception staff to enhance communication and reduce the issues associated with staff leaning forwards to communicate.
- The service should review toilet facilities used by mental health patients to ensure they are ligature free.

Medicine

- The service should improve the medical staff compliance rates for safeguarding training in-line with requirements for their role and the compliance targets set out by the trust.
- The service should continue to focus on the recruitment and retention of nursing and medical staff to increase the established workforce and reduce bank and agency usage.
- The service should make sure that the layout of ward areas are accessible to all patients and meet the needs of the patients being treated.
- The service should improve the consistency of the approach to the monitoring of room and fridge temperatures in areas where medication is stored.
- The service should improve staff's understanding of their roles and responsibilities when assessing patients' capacity to consent for do not attempted cardiopulmonary resuscitation including regular review.
- The service should continue to work towards improving waiting times for endoscopic investigations in line with national requirements.
- The service should introduce regular team meetings for staff to improve effective communication.
- The service should continue to review and complete actions on the risk register within the identified timescales.

Maternity

- The service should ensure enough staff are available 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. (Regulation 18)
- The service should regularly review and update any policies which are out of date.
- The service should review arrangements for provision of surgical evacuation following early pregnancy loss.
- The service should review access, flow and facilities in antenatal day services and ensure any delays are appropriately communicated to women waiting to be seen.

Summary of findings

Is this organisation well-led?

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

We rated well-led at the trust as outstanding because:

- The leadership team actively shaped the culture of the organisation. The culture was open, encouraging and enabling. There was a culture of collective responsibility for patient safety throughout the organisation which was palpable. There was also a level of humility also demonstrated which masked the outstanding areas of practice as they were thought of as just doing the best for the people of Bolton.
- There was a clear vision for the future within the Vision Partnership which had been developed through regular engagement with external stakeholders and commissioners.
- The vision and values were driven by quality, safety and sustainability in a changing landscape and was being translated into a credible strategy. There were clear intentions to involve the trust staff in the development.
- Strategic objectives filtered through the organisation and could be seen connected to staff appraisals which had been completed to a high level.
- Staff understood the direction of travel of the organisation although the structured planning process was still underway.
- The board and other levels of governance functioned effectively, and interactions ensured quality and performance were addressed in harmony.
- The trust had instigated investment in the information technology within the organisation. They had a structured plan to develop further the infrastructure. Information utilised for assurance was accurate, reliable, timely and credible.
- There was an effective and comprehensive system in place to identify, understand, monitor and address current and future risks. Performance issues were escalated appropriately. Clinical and internal audit processes functioned well and had a positive impact in relation to quality governance.
- There was a good history of financial management.
- There was a cohesive and competent leadership team who were knowledgeable about quality issues and priorities. They had appropriate skills and experience and there were succession plans throughout the organisation.
- Candour, openness, honesty and transparency were the norm.
- Active engagement with staff was being strengthened as it had been recognised and the trust was clear on their priorities when it came to driving improvement for black and minority ethnic staff through the workforce race equality standard.
- Service improvements were driven by clinicians and actively encouraged. The ward accreditation scheme was also driving improvement through healthy competition, innovation and ambition.

However;

Summary of findings

- The strategy for the trust after March 2019 was still in final development. The vision was underpinned by clear values that were demonstrated across the organisation.
- The learning from deaths process did not meet the national guidance and required improvement but this had been recognised by the trust and plans were being developed at the time of our inspection.

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
Good ↑ Apr 2019	Good →← Apr 2019	Good →← Apr 2019	Good →← Apr 2019	Outstanding ↑ Apr 2019	Good →← Apr 2019

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

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Royal Bolton Hospital	Good ↑ Apr 2019	Good →← Apr 2019	Good →← Apr 2019	Good →← Apr 2019	Good →← Apr 2019	Good →← Apr 2019
Bolton One	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016
Overall trust	Good ↑ Apr 2019	Good →← Apr 2019	Good →← Apr 2019	Good →← Apr 2019	Good →← Apr 2019	Good →← Apr 2019

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

Ratings for Royal Bolton Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Apr 2019	Good ↑ Apr 2019	Good →← Apr 2019	Good ↑ Apr 2019	Good →← Apr 2019	Good ↑ Apr 2019
Medical care (including older people's care)	Good ↑ Apr 2019	Good →← Apr 2019	Outstanding ↑ Apr 2019	Good →← Apr 2019	Good →← Apr 2019	Good →← Apr 2019
Surgery	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016
Critical care	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016
Maternity	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
Services for children and young people	Requires improvement →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016
End of life care	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016
Outpatients	Good →← Aug 2016	N/A	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016
Overall*	Good ↑ Apr 2019	Good →← Apr 2019	Good →← Apr 2019	Good →← Apr 2019	Good →← Apr 2019	Good →← Apr 2019

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

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016
Community health services for children and young people	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016
Community health inpatient services	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016
Overall*	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016	Good →← Aug 2016

*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.

Royal Bolton Hospital

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Key facts and figures

Royal Bolton Hospital provides acute care to the populations of Bolton, Salford and Ashton, Wigan and Leigh. They provide Critical care, Diagnostic imaging, End of life care, Gynaecology, Maternity, Medical care, Outpatients, Services for children and young people, Surgery and Urgent and emergency care services.

At this inspection we inspected urgent and emergency care, medical and maternity services. The ratings from the previous inspection in August 2016 remain.

Summary of services at Royal Bolton Hospital

Good ➔➔

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

- We rated safe, effective, caring and well led as good.
- All services were rated as good overall.
- The only rating of requires improvement is in children and young people's services for safe which we did not inspect at this inspection.
- The caring domain in medicine was rated as outstanding.

Urgent and emergency services

Good ↑

Key facts and figures

The trust provides urgent and emergency services to adults and children in and around the North West area of Greater Manchester. The service is managed by the Emergency Medicine Business Unit; one of four units which sit under the Acute Adult Division.

Services include audio and visually separated adult and paediatric emergency areas. The adult areas include admission and assessment facilities, two triage bays, a minor's area with seven cubicles, a majors area with 17 cubicles and four chairs for ambulatory patients and a resuscitation area with four bays and a mental health assessment room. The paediatric area has two triage bays, five assessment rooms, two cubicles and a resuscitation area with two bays. Approximately 324 patients attend the service each day.

The service is jointly led by a business manager and matron and overseen by a clinical and divisional director.

As part of our inspection we spoke with five patients and 25 staff including nurses, doctors, consultants, managers, and support staff. We also reviewed 10 patients' records and observed a daily performance meeting.

We last inspected urgent and emergency services in March 2016 and rated the service as requires improvement.

Summary of this service

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

- We rated all five domains (safe, effective, caring, responsive and well led) as good.
- The service had made improvements following our previous inspection.
- The infrastructure had been expanded to increase capacity in the department which increased flow and reduced the issues we identified with privacy and dignity.
- The department better met the needs of individual patients, with areas now specifically designed for adolescents and those living with dementia. There was now a room assigned for mental health patients which met national quality standards.
- Risk assessments were now being routinely completed for mental health patients.
- The service had enough staff with the right qualifications, skills, training and experience to keep people free from avoidable harm and provide the right care and treatment. Where previously we had concerns that consultants were having to backfill shortfalls in middle grade medical staffing numbers, this was no longer an issue.
- The service measured patient outcomes through audits and acted to improve practice and re audit to measure change. A consultant was now in charge of audits in the department.
- Computer terminals had been added and staff confirmed they had enough of these to provide timely care to patients.
- Training records now provided assurance that compliance levels for life support training were good.
- Staff appraisal rates were now in line with the trust target.
- Whilst access and flow remained challenging, the department had taken steps to improve this and results were proving successful when compared to the previous inspection.

Urgent and emergency services

- The culture was positive and supportive with a strong emphasis on training each other using collective skills and taking a team approach to making the department as effective as possible for patients and staff.

However:

- Issues we identified with paediatric entry and exit doors were only just being rectified with controlled access being fitted the week after our inspection.
- We were not assured that room temperatures in areas where medicines were being stored, were checked as often as they should be.

Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and made sure staff completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff kept equipment and premises clean.
- The service had suitable premises and equipment and looked after them.
- Staff monitored risks for patients and acted to mitigate these when necessary. They used tools to identify risks and acted to manage them.
- The service had enough nursing and medical staff with right qualifications, skills, training and experience to keep people free from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents and used safety monitoring results well.

Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Following the previous inspection, managers placed much greater emphasis on monitoring the effectiveness of care and treatment and using findings to improve them.

Urgent and emergency services

- The service made sure staff were competent in their roles. Managers appraised staff's work performance and held supervision meetings with the to provide support and monitor effectiveness.
- Staff of different kinds worked together as a team to benefit patients.
- Services were available for patients to access whenever they were needed.
- Staff worked to promote the health of patients in the long term, engaging with national agendas.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked capacity to make decisions about their care.

However:

- Medical staff training in Mental Capacity Act 2005 and Deprivation of Liberty Safeguards was below the trust target (55.6%).

Is the service caring?

Good

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment. Carers were included in care and decision making and staff used distractive techniques to entertain children.

Is the service responsive?

Good 

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

- The trust planned and provided services in a way that met the needs of local people.
- Facilities and the premises were appropriate for the services being delivered but were being further refurbished to better meet people's needs, with more spacious facilities to allow for streamlined services and a more positive environment generally.
- The service took account of patients' individual needs.
- People could access the service. Whilst the service was still not meeting national targets there was an improving picture when compared with the previous inspection. Flow was being managed more proactively within the trust which reduced the blockages on wards and enabled the department to admit patients to wards that required a bed.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Urgent and emergency services

Is the service well-led?

Good ➔➔

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

- Managers at all levels had the right skills and abilities to run the service and provide high quality sustainable care.
- The service had a futuristic vision for what it wanted to achieve and workable plans to turn it into action.
- Managers promoted a positive culture that supported and valued staff, and created a sense of common purpose based on shared values.
- The service used a systematic approach to continually improve service quality and safeguard high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff and the public to plan and manage appropriate services and collaborate with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

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

Royal Bolton Hospital has 306 medical inpatient beds located across 13 wards and units. There are also four other wards and units without inpatient beds:

Ward/unit	Speciality or description	Inpatient beds
Discharge lounge	**General medicine**	-
Endoscopy	**Diagnostic and therapeutic service, including bowel screening**	-
Coronary care unit	**Cardiology**	**10**
Ward A4	**Complex discharge**	**22**
Ward B1	**Acute frailty unit**	**23**
Ward B2	**Bedded escalation area**	-
Ward B3	**Complex care**	**21**
Ward B4	**Bedded escalation area**	-
Ward C1	**Cardiology**	**25**
Ward C2	**Haematology/complex care**	**26**
Ward C3	**Gastroenterology**	**26**
Ward C4	**Diabetes**	**27**
Ward D1	**Medical assessment**	**26**
Ward D2	**Medical assessment**	**22**
Ward D3	**Respiratory medicine**	**27**
Ward D4	**Respiratory medicine**	**27**
Ward H3	**Stroke medicine**	**24**

Medical specialties provided at Royal Bolton Hospital include cardiology, diabetes, elderly care, gastroenterology, haematology, respiratory medicine and stroke services.

(Sources: Routine Provider Information Request (RPIR) Sites tab)

The trust had 25,500 medical admissions from July 2017 to June 2018. Emergency admissions accounted for 17,193 (67.4%), 565 (2.2%) were elective, and the remaining 7,742 (30.4%) were day case.

Medical care (including older people's care)

Admissions for the top three medical specialities were:

- General medicine: 13,044
- Gastroenterology: 5,454
- Geriatric medicine: 3,130

(Source: Hospital Episode Statistics)

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected on 4 to the 5 December 2018. We visited wards D1, D2, B1, B3, H3, CCU, A4, AMU, CDU, D3, C3, Discharge Lounge and Endoscopy unit.

We spoke with 33 nursing staff of varying grades, four Health Care Assistants, six student nurses, six medical staff, 11 allied health professionals and four service leads.

We spoke with 13 patients and their relatives to get to the heart of the patient experience. We checked 18 patient records and 12 prescription charts.

Summary of this service

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

- The service ensured that there were enough staff in the right areas to keep people safe. Staff had received mandatory training, knew what to do to protect patients from abuse and how to report an incident if things went wrong.
- The service had suitable premises and equipment and looked after them well. Wards were visibly clean and tidy and staff had access to equipment they needed.
- Staff completed and updated risk assessments for patients and kept clear records of their care. Records were stored securely which was an improvement since the last inspection.
- The service managed medicines well and adhered to antimicrobial prescribing policies. We saw that oxygen storage was secure and had improved.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers monitored the effectiveness of care and treatment and used the findings to improve them. The service had seen an increase in the sentinel stroke national audit programme results.
- The service assessed and monitored patients' nutritional and pain needs effectively.
- Staff of different kinds worked together as a team to benefit patients. We saw good examples of multidisciplinary and cross sector working.
- The culture within the service supported and encouraged staff to provide the best care for patients. All staff had a strong patient centred approach to patients and cared for them with compassion. Patients spoke highly of the care they received.
- Staff provided emotional support to patients to minimise their distress and recognised that their emotional needs were as important as their physical needs. They involved patients and those close to them in decisions about their care and treatment and encouraged them to become active partners in their care.
- The service planned and provided services in a way that met the needs of local people and took account of patients' individual needs.

Medical care (including older people's care)

- People could access the service when they needed it. Referral to treatment times were good and better than the England average.
- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. There was a vision for what it wanted to achieve and workable plans to turn it into action with a focus on staff development.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were proud to work for the service.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Staff felt empowered to develop, influence change and be involved in improvement projects.

However

- Medical staff had a low compliance rate for safeguarding training, against the trust target of 95%
- There was a high use of bank and agency staff for nursing and medical roles, the service acknowledged shortages in the workforce and this was recorded on the divisional risk register.
- The service had an inconsistent approach to the temperature monitoring of stored medication.
- Staff sometimes recorded lack of capacity as the reason for not discussing do not resuscitate decisions with the patient. In these cases, staff did not always document a formal capacity assessment or review of capacity.
- The service had actions on the risk register that were breaching their completion date which was identified as a concern at the last inspection. However, there was a focus to improve this.

Is the service safe?

Good ↑

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

- The service provided mandatory training in key skills to all staff and made sure staff completed it. Nursing staff had an overall completion rate of 90.1% and medical staff completion was at 88.1% this was close to the trusts target of 95%
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had access to training on how to recognise and report abuse and they knew how to apply it. Staff were aware of how to make a referral and could provide examples of referrals they had made.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Staff adhered to bare below the elbow guidelines and we observed regular handwashing.
- The service had suitable premises and equipment and looked after them well. We saw that equipment was maintained and available to staff.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Staff knew how to identify and escalate patients who had deteriorating health.

Medical care (including older people's care)

- Whilst the service did not always have enough nursing staff, staffing was monitored and reviewed to mitigate the risk to patients. Nurses had the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Staffing was monitored regularly and rosters were planned in advance.
- Whilst the service did not always have enough medical staff, staffing was monitored and reviewed to mitigate risk to patients. Medical staff had the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The service recognised national shortages with some medical roles and were looking at how staffing skill mix could be used differently and how they could upskill the workforce.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Patient records were paper based and stored securely in locked cabinets in ward areas, which was an improvement since the last inspection.
- The service followed best practice when prescribing, giving and recording medicines. Patients received the right medication at the right dose at the right time. Oxygen storage was secure and had improved since the last inspection.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. There was a positive incident reporting culture and staff were aware of learning as a result.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service. The service was committed to improving safety performance and we saw that in the main safety performance had improved over the last twelve months.

However

- Medical staff had an overall compliance rate for safeguarding training of 66.7%, this was low against the trust target of 95%.
- There was a high use of bank and agency staff for nursing and medical roles, the service acknowledged shortages in the workforce and this was recorded on the divisional risk register.
- The design and layout of some wards meant that patients were not always visible to nursing staff.
- Ward D1 had two bays which were not accessible to patients on bariatric beds. This had been identified as a risk on the divisional risk register.
- The service had an inconsistent approach to the temperature monitoring of stored medication.

Is the service effective?

Good ➔➔

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Patients we spoke with said they had a choice of food and that the food 'was smashing'.

- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. The service had positive results in the society for acute medicine benchmarking audit, the myocardial ischemia national audit and there had been an improvement in the sentinel stroke national audit programme moving up a grade from C to B overall.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them, to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Ward H3 received an award from the trust for multidisciplinary team working in June 2018.
- The service audited the impact of the seven-day consultant led service. The audit showed a decrease in mortality, length of stay and increase in discharge rates.
- The service had established a support group for patients with airway diseases that met monthly. The group planned to plant oak trees to promote healthy living.
- Staff knew how to support patients experiencing mental ill health to make decisions about their care. Staff showed us a flowchart with who to contact for patients detained under the Mental Health Act 1983.

However:

- Staff sometimes recorded lack of capacity as the reason for not discussing do not resuscitate decisions with the patient. In these cases, staff did not always document a formal capacity assessment or review of capacity.
- The national audit of inpatient falls fell below the national aspirational standard. The trust had acknowledged this and had a number of multidisciplinary strategies in place to prevent inpatient falls such as electronic falls mats and promotion of wearing shoes and own clothes.
-

Is the service caring?

Outstanding ☆ ↑

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

- The culture within the service supported and encouraged staff to provide the best care for patients. All staff had a strong patient centred approach to patients and cared for them with compassion. Feedback from patients and those close to them was continually positive. Patients spoke highly of the care they received.
- Staff were motivated to provide patient centred care and provided examples of how they had gone the extra mile for patients in their care. Examples of this included making arrangements for a long-term patient to be visited by their dogs and how they had made arrangements for a couple who were both admitted to the hospital to spend the last few days of their lives together in a side room.
- The friends and family test response rate and results were consistently very good. The response rate was consistently above the national average and the annual average recommendation rate for the service was 94.5%. The monthly results were consistently good across all wards and between April and July 2018 ranged from 85 to100%.

Medical care (including older people's care)

- Staff provided emotional support to patients to minimise their distress and recognised that their emotional needs were as important as their physical needs. The service provided patients with access to a pet as a therapy dog once a week and recognised the improvement to their mood.
- Staff involved patients and those close to them in decisions about their care and treatment and encouraged them to become active partners in their care. Staff were committed to working in partnership with patients and their families and carers. The service had implemented an I-care initiative which enabled carers to be a part of the patients care during their hospital treatment. The service had accommodation for family and carers on the wards and provided private rooms with refreshments and toiletries.
- Staff recognised that patients and their carers needed to have access to support networks within the community. The service had a number of support groups available to patients and their carers which were held on a regular basis. Staff encouraged patients to attend the support groups to manage their conditions.

Is the service responsive?

Good ➔➔

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

- The service planned and provided services in a way that met the needs of local people. The service worked with internal and external agencies to reduce the length of stay in hospital and improve patient experience. The average length of stay for medical elective patients at Royal Bolton Hospital was five days, which was shorter than the England average.
- The service took account of patients' individual needs. There was a focus on patients who had enhanced care needs, the enhanced care team provided activities and equipment to meet patient's needs.
- The service had a focus on patient flow through the hospital. Discharge planning was initiated at the beginning of a patients stay. Whilst we saw that discharge planning was a priority for the teams we saw that staff were not prepared to prioritise a patient discharge over patient safety. The service had introduced the home first team and the integrated discharge team to assist with patient flow.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice. Referral to treatment times were good and better than the England average.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Complaints were monitored at divisional level and discussed with staff in team meetings.

However

- Waiting times for some endoscopy investigations did not meet the national standards for the six-week target and the two-week target for endoscopic retrograde cholangiopancreatography. The service had identified this as a risk on the divisional risk register and appropriate action was being taken. Information provided by the trust after the inspection demonstrated an improvement in waiting times from September to November 2018.

Is the service well-led?

Good ➔➔

Medical care (including older people's care)

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

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. There was a focus on leadership and development, there were opportunities for leaders and aspiring leaders to develop.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. Staff were aware of the vision for the service and we saw that they demonstrated the trust values during their interactions with patients and their relatives.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were proud to work for the service and in particular, proud of the teamwork and patient focussed care.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- There was a clear governance structure in place. The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Risks were recorded on the local, divisional and corporate risk register. Risks were reviewed monthly in divisional meetings and discussed as part of staff meetings and safety huddles.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Patient records were primarily paper based and were used effectively for reporting audit and performance data.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. The service was using technology and social media platforms to engage with staff and the wider public.
- The service was committed to improving by learning from when things went well and when they went wrong, promoting training, research and innovation. Staff felt empowered to influence change and be involved in improvement projects.

However:

- Some of the teams did not have regular team meetings and in other areas this had been recently introduced and was not yet an embedded practice. Staff had mixed feedback about the effectiveness of communication.
- The service had actions on the risk register that were breaching their completion date, however there was a focus to improve this with the introduction of six weekly risk clinics. Evidence provided by the trust following the inspection demonstrated an improvement in reducing the number of action breaches.

Outstanding practice

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

Areas for improvement

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

Maternity

Good

Key facts and figures

Maternity services are provided by Bolton NHS Foundation trust for the populations of Bolton, Wigan, Bury and Salford, with 108 inpatient beds across two sites. Of these, 104 beds are located within seven wards and units at Royal Bolton Hospital. This includes a five bedded antenatal day unit; a five room midwife led birth suite; central delivery suite with 15 beds; a three bed maternity triage assessment area; a 22 bed ward for high-risk ante natal inpatients; a 44 bed postnatal ward; and an early pregnancy unit with six side rooms.

The trust also provides the Ingleside Birth and Community Centre in Salford, a free-standing maternity unit for low risk pregnancies, with four ensuite pool rooms. This centre also carries out antenatal checks.

The trust provides 11 community antenatal clinics and ten combined antenatal and postnatal clinics.

The trust's five community midwifery teams provide a 24-hour service covering Bolton, Salford and Bury. The teams provide care at all stages of pregnancy.

From April 2017 to March 2018 there were 5,636 deliveries at the trust.

We inspected the maternity department as part of an unannounced inspection between 4 and 6 December 2018. We visited all maternity areas within the hospital maternity department including obstetric theatres. As part of the inspection we reviewed information provided by the trust such as staffing, training and monitoring of performance.

During the inspection we spoke to 35 members of staff including administrative support staff, maternity support workers, health care assistants, student midwives, junior and senior midwives, lead midwives, midwifery matrons, the head of midwifery, obstetricians of varying grades, anaesthetists of varying grades, operating department practitioners. We spoke with 12 staff in a focus group, eight women who were using the service and two relatives.

We reviewed 15 prescription charts and three women's maternity records.

Summary of this service

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

- The trust provided mandatory training for staff and managers ensured staff completed this.
- Staff were aware of safeguarding issues, following trust procedures when these were identified.
- The service controlled infection risk well**.** Staff kept themselves, equipment and the premises clean and implemented control measures to prevent the spread of infection.
- Managers monitored staffing levels to ensure sufficient midwives were available to keep women safe and provide the right care.
- Staff kept appropriate records of care and treatment.
- Clinical staff followed systems for medicines management appropriately.
- Staff reported incidents when these arose and there were established systems for managers to share any learning with staff.

Maternity

- Managers made sure staff were competent for their roles and completed staff appraisals.
- The service used audits to benchmark against other services and identify improvements.
- Staff worked well together in a multidisciplinary team approach.
- Midwives were automatically focussed on the needs of women and provided holistic care.
- Women and their partners were supported to be fully involved in decisions about their treatment and care.
- The service received positive feedback; complaints were responded to and information used to improve the service.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Managers had access to data to monitor performance and identify improvements.
- Managers had the skills and abilities to deliver services providing high-quality sustainable care.
- Staff had a positive outlook in the service and the culture was open and supportive.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. The Ingleside midwife led birth centre participated in wide community engagement.

However:

- The service did not always have enough staff available with the right qualifications, skills, training and experience although there were processes in place and staff worked together effectively to ensure women received safe care and treatment.
- Some policies and guidelines we reviewed were not in date.

Is the service safe?

Good

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

We rated it as good because:

- The hospital provided mandatory training for staff and managers ensured this was completed. Local records we reviewed of mandatory training showed staff were up to date with high compliance for this.
- Staff completed level three safeguarding children training and followed trust procedures for managing safeguarding concerns. A lead midwife for safeguarding was available to provide additional guidance and support staff when this was required.
- The service controlled infection risk well and had low rates of infection**.** Staff implemented control measures to prevent the spread of infection and to keep themselves, equipment and the premises clean.
- The service had suitable premises and equipment and looked after them well.
- We saw evidence that potential risks to patients during caesarean section births were minimised by following World Health Organisations Five Steps to Safer Surgery.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.

Maternity

- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff were aware of the types of incident which could occur and reported these if they occurred. Important safety information was shared in daily safety huddles. Managers investigated more serious patient safety incidents and shared this learning with staff. When things went wrong, staff apologised and gave patients honest information and suitable support
- The service planned for emergencies and staff understood their roles if one should happen.

However:

- The service did not always have enough staff available with the right qualifications, skills, training and experience although there were processes in place and staff worked together effectively to ensure women received safe care and treatment. Divisional leaders were aware of the staffing issues and mitigating actions were in place, with active recruitment at the time of inspection.

Is the service effective?

Good

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

We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed policies based on this guidance.
- The service monitored the effectiveness of care and treatment and completed regular audits. Audit results were used to benchmark performance, identify areas for improvement and ensure compliance and effectiveness of the care provided.
- Staff ensured women had enough food and drink to meet their needs and improve their health. Staff monitored women's hydration and food intake during their pregnancy, labour and admission, and following delivery.
- Staff monitored and managed women's pain levels, providing analgesia promptly for this.
- The service achieved good outcomes for women and babies. The staff offered support and guidance to assist women with breastfeeding.
- The service made sure staff were competent for their roles and completion of appraisals rates for midwifery and support staff met trust targets.
- Staff worked well together with in the multidisciplinary team and care was co-ordinated to provide the right support for women in pregnancy and following delivery. Midwives, obstetricians and other healthcare professionals supported each other to provide good care.
- Link midwives were available to provide expertise and specialist advice for their colleagues in different areas of maternity services.

Maternity

- Staff had good understanding of their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Maternity services were available 24 hours per day, seven days per week. Midwifery, obstetric and anaesthetic cover was provided outside of normal working hours and midwifery staff said they felt supported during these periods.
- The service promoted the health and wellbeing of mother and baby at various opportunities throughout the pregnancy and supported women leading healthier lifestyles.

However:

- We saw during inspection that some policies and guidelines were out of date.
- Bereavement midwives were not available at weekends to provide specialist support if this was needed. The perinatal mental health team was also not available at weekends.

Is the service caring?

Good

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

We rated it as good because:

- Staff cared for women with kindness and compassion, attentive to the needs of women, their partners, carers and families.
- Staff routinely focussed on the needs of individual women in their approach to providing care.
- Staff were thorough and took time to communicate with women in ways they could understand. They adapted their communication to support each individual person.
- Staff provided emotional support for women and their partners when providing care. We observed staff reassuring women when they were anxious about treatment or needed any help.
- Staff listened to and supported women appropriately to be involved in decisions about their care.
- Women spoke appreciatively about the care they had received, and the service consistently received positive feedback.

Is the service responsive?

Good

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

We rated it as good because:

- Services were planned to meet the needs of women and their partners and were provided in appropriate environments, including home visits.

- Women and their partners were supported and encouraged to communicate their views.
- Women could access the service when they needed and wanted to.
- The service treated complaints seriously, responding to concerns at an early stage and investigating any issues raised. Learning was shared from this to identify improvements.
- The service took account of people's individual needs. The service provided additional support and services to women including pregnant teenagers and those with mental health needs.

However:

- Capacity in the antenatal day unit was limited and we saw during inspection waiting rooms were full and there were high numbers of patients waiting to be seen.
- There were a limited number of appointment times available for surgical evacuation procedures following early pregnancy loss.
- There was limited signposting to bereavement services for women following early pregnancy loss.

Is the service well-led?

Good

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

We rated it as good because:

- The service had leaders at all levels with the right skills and abilities to run a maternity service that provides high-quality sustainable care.
- Staff were positive about the leadership of the service, particularly acknowledging the head of midwifery and the developments that had been introduced in the service.
- All staff we spoke with during inspection felt supported by the leadership team to deliver improvements in the care provided.
- The service had a vision for what it wanted to achieve and workable plans to turn this into action, developed with involvement from staff, women and key groups representing the local community.
- The strategy and supporting plans were challenging whilst remaining achievable. Arrangements for reviewing progress in delivery of the strategic objectives were integrated and robust.
- Leaders across the department promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were proud of their achievements and the services they worked in.
- Leadership at ward level was strong and effective; every member of staff we spoke with was clear about their role and positive about support from managers.
- Staff were proud of the organisation as a place to work and spoke highly of the culture. All staff were actively encouraged to speak up and raise concerns and all policies and procedures positively supported this process.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

Maternity

- The service engaged widely with women and their partners, staff and other organisations in the local health economy, working collaboratively to improve health outcomes in maternity services.

Outstanding practice

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

Areas for improvement

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

Our inspection team

Nicholas Smith, Head of Hospital North led this inspection. An executive reviewer, Rosamond Tolcher, Chief Executive Officer, Harrogate and District NHS Foundation Trust, supported our inspection of well-led for the trust overall.

The team included an inspection manager, four inspectors, an assistant inspector and six 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.