

South West Yorkshire Partnership NHS Foundation Trust

RXG

Community health inpatient services

Quality Report

Fieldhead
Ouchthorpe Lane
Wakefield
WF1 3SP
Tel: 01924 327000
Website: www.southwestyorkshire.nhs.uk

Date of inspection visit: 07-11 March 2016
Date of publication: 24/06/2016

Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RXGX5	Mount Vernon Hospital		
RXG82	Kendray Hospital		

This report describes our judgement of the quality of care provided within this core service by South West Yorkshire Partnership NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by South West Yorkshire Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of South West Yorkshire Partnership NHS Foundation Trust

Summary of findings

Ratings

Overall rating for the service		Good	●
Are services safe?		Good	●
Are services effective?		Good	●
Are services caring?		Good	●
Are services responsive?		Good	●
Are services well-led?		Good	●

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	5
Background to the service	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	7
What people who use the provider say	7
Areas for improvement	7

Detailed findings from this inspection

The five questions we ask about core services and what we found	8
---	---

Summary of findings

Overall summary

We rated community inpatient services as good because:

- The service prioritised patient protection and there were defined systems, processes and standard operating procedures to keep people safe and safeguarded from abuse. We saw evidence of open and transparent culture in relation to incident reporting. Opportunities were available to learn from investigations and staff were comfortable reporting their concerns or any near misses. The duty of candour process and practice was in place across all community inpatient locations. Complaint and concern responses were provided in a timely way with improvements made to the quality of care as a result.
- The department was clean and there were infection control and prevention audits, which showed high scoring outcomes. We found that medicine management and recording of information was to a good standard and well maintained.
- Training levels were in line with trust targets as a whole and staff competence was apparent during inspection. All safeguarding training took place as part of the trust's mandatory training programme and nursing staff demonstrated a good level of knowledge in relation to safeguarding triggers, forms of abuse and processes.
- Risks to people who use services were assessed, monitored and managed on a day-to-day basis. Risk assessments were person-centred, proportionate and reviewed regularly. The service applied national early warning scores to identify when the escalation of care needs was appropriate.
- Feedback from numerous patients across both of the community locations was very positive. We heard that staff responded compassionately to patients' needs and were skilled in dealing with vulnerable individuals

with complex physical and mental health needs.

Relatives said they felt involved and had the opportunity to speak with medical and nursing staff when required.

- We observed the treatment of patients to be compassionate, dignified, and respectful throughout our inspection. Ward managers were available on the wards so that relatives and patients could speak with them as necessary. Staff were hard working, caring and committed to delivering a good quality service. They spoke with passion about their work and were proud of what they did.
- We found that the trust's contribution to local and national audit was in line with the national average, and evidence of changes made by specialities in response to their outcomes was available and had been actioned.
- Planning and delivery processes were in a place to enable services to meet the needs of the local population. The importance of flexibility, choice and continuity of care was evident within each service. The needs of different people were taken into account when planning and delivering services and reasonable adjustments were made to remove barriers when people found it hard to use or access services.
- There was evidence of competent, responsive, multidisciplinary working between all professionals. They worked closely with the local authority when planning discharge of complex patients and when raising safeguarding alerts.
- The behaviours and actions of staff working in the division mirrored the trust values of 'patients' first, safe and high quality care, and responsibility and accountability' of which we saw multiple examples of during our inspection.

Summary of findings

Background to the service

South West Yorkshire Partnership NHS Foundation Trust provides community inpatient services to a population across Barnsley. Inpatient facilities are located at Mount Vernon Hospital and Kendray Hospital. Mount Vernon Hospital and Kendray unit sit within the Barnsley Business Directorate Unit (BBDU).

The Barnsley borough has a population of approximately 226,300 people. The population aged 65 years and over increased from 16.3% in 2002 to 16.7% in 2009. This is the same change as the England average. Approximately 10,000 elderly people in Barnsley live in the 20% most income deprived areas in England. Life expectancy in Barnsley is lower than the England average, with 1.9 years less for men (76.4 men) and 2.2 years less for women (80.1 women). The largest diseases that contribute to the lower average life expectancy compared to the England average are cardiovascular disease, cancer and respiratory diseases

Mount Vernon Hospital (MVH) is a community hospital located within Barnsley. The service provision at this hospital includes inpatient rehabilitation (intermediate

beds) services for older people. Ward 4 is a 24-bedded ward with an average length of stay of 32 days. Ward 5 is a 24-bedded ward with an average length of stay of 34 days. The national average length of stay is 20 days.

Kendray Hospital, located within Barnsley, has a 16-bedded Neuro Rehabilitation Unit (NRU) with an average length of stay of 26 days. The Stroke Rehabilitation Unit (SRU) has 12 beds with an average length of stay of 30 days. The multidisciplinary ward cares for patients who may be recovering from stroke and long-term neurological illnesses such as Multiple Sclerosis, Huntingdon Disease or Motor Neurone Disease. Physiotherapists, occupational therapists and speech, and language therapists work with the nursing team to provide the support patients need to help them with their rehabilitation and recovery.

We spoke with 14 patients, seven relatives, and 44 members of staff. We observed care and treatment and looked at care records for 57 people.

Previous inspection findings showed there were no areas of non-compliance found in this core service.

Our inspection team

Our inspection team was led by:

Chair: Peter Jarrett, Retired Medical Director

Head of Hospital Inspection: Jenny Wilkes, CQC

Team Leaders: Chris Watson, Inspection Manager, mental health services, CQC. Berry Rose, Inspection Manager, community health services, CQC.

The team included CQC inspectors, a pharmacist inspector and a variety of specialists including a senior nurse and an occupational therapist. We were supported by experts by experience who had personal experience of using or caring for someone who used the type of service we were inspecting.

Why we carried out this inspection

We inspected this core service as part of our comprehensive community health services inspection programme.

Summary of findings

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection team visited Mount Vernon Hospital and Kendray Hospital to inspect inpatient services.

Prior to the inspection we reviewed a range of information that we held and asked other organisations

to share what they knew about the trust. These included the clinical commissioning group, Health Education England, the General Medical Council, Local Authorities and local Healthwatch organisations.

During our inspection of inpatient services we spoke with 44 members of hospital staff. We observed care and treatment and reviewed the records of 57 patients. We spoke with 14 patients and seven relatives. We also interviewed key members of staff and held focus groups with various staff groups.

We undertook the announced inspection visit between 7 and 11 March 2016.

What people who use the provider say

- "If the food was a quarter as good as the staff, this hospital would be exceptional"
- "I have always refused going for rehab but I wouldn't refuse again if it was here"
- "Enjoyed the company and was looked after well"
- "It has been a pleasant stay; very clean and very well looked after by staff".
- "My family are allowed to help me bathe; this is my choice as it saves my embarrassment".
- "I am treated with dignity and respect. Made to feel valued".
- "Personal care is very good".
- "There are good food choices".

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

- The trust should consider recording patients' goals and discharge plans to ensure that patients are able to review the details.
- The trust should ensure that early warning scores are recorded consistently across all community inpatient wards.
- The trust should ensure that on ward 4 early warning scores are recorded on the EWS chart rather than retrospectively on the care plan.
- The trust should review the availability of therapies and activities in the afternoon to ensure that patients have a sufficient range of activities.
- The trust should take action to reduce the length of stay.
- The trust should review the roles of healthcare assistants in community inpatients services to ensure that there is consistency across the wards.
- The trust should consider improving the environment for dementia patients in community inpatient services.

South West Yorkshire Partnership NHS Foundation
Trust

Community health inpatient services

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated safe as good because:

- The service prioritised patient protection and there were defined systems, processes and standard operating procedures to keep people safe and safeguarded from abuse. We saw evidence of open and transparent culture in relation to incident reporting. Staff were able to learn from the feedback received from senior managers and were comfortable reporting their concerns or any near misses.
- Opportunities were available to learn from investigations and the service was aware of areas in which it needed to improve, such as falls. The duty of candour process and practice was in place across all community inpatient locations.
- There were established work streams, projects, and pilots in place to improve harm free care. The department was clean and there were infection control and prevention audits, which showed high scoring outcomes. We found that medicine management and recording of information was to a good standard and well maintained.
- Training levels were in line with trust targets as a whole and staff competence was apparent during inspection. All safeguarding training took place as part of the trust's mandatory training programme and nursing staff demonstrated a good level of knowledge in relation to safeguarding triggers, forms of abuse and processes.
- Risks to people, who use services were assessed, monitored and managed on a day-to-day basis. These included signs of deteriorating health, medical emergencies or challenging behaviour. Risk assessments were person-centred, proportionate and reviewed regularly. The service applied national early warning scores to identify when the escalation of care needs was appropriate.

Are services safe?

- All wards were staffed adequately and frontline staff told us their managers supported them if they needed to increase their staffing numbers when patient dependency increased.

However:

- We found that the recordings of patient goals and discharge plans were not provided to the patients for them to review at a later time.
- Early warning scores were not recorded consistently across all community inpatient wards.
- It was noted that Ward 4 Early Warning Scores were recorded on the care plan and retrospectively recorded on the EWS chart.
- We found that Healthcare Assistant roles varied and were inconsistent across the community inpatient wards.
- The Trust length of stay was above the national average.

Safety performance

- There had been no never events between November 2014 and December 2015. Never Events are serious incidents that are wholly preventable.
- The trust confirmed that they did not have any regulation 28 reports issued in the past 12 months. A regulation 28 is a report issued by a coroner where the coroner believes that action is required to prevent future deaths.

Incident reporting, learning and improvement

- The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. This trust reported 328 incidents for Community Inpatient services. Mount Vernon Hospital MVH ward 4 reported 98 incidents, MVH ward 5 reported 99 incidents, NRU reported 50 incidents and SRU reported 81 incidents over a 12 month period from November 2015 to December 2015.
- The NHS Safety Thermometer is an audit tool that allows organisations to measure and report patient harm in four key areas (pressure ulcers, urine infection in patients with catheters, falls and venous thromboembolism (VTE) and the proportion of patients who are “harm free”).

- There were eight new pressure ulcers recorded on the safety thermometer between December 2014 and December 2015. The most new pressure ulcers were recorded in November and December 2015, when there were three each month.
- Data showed one fall with harm recorded on the safety thermometer between December 2014 and December 2015. This occurred in November 2015. This data was better than the national average.
- There were four catheter associated and new urinary tract infections (UTI's) recorded on the safety thermometer between December 2014 and December 2015. There was one catheter associated and new UTI recorded each month for January 2015, April 2015, May 2015 and November 2015. This data was better than the national average.
- There was one category three pressure ulcer reported in January 2015. The root cause analysis investigated the circumstances leading to the development of the pressure ulcer when in the care of the trust. The incident review process looked at the chain of events that led to the development of the ulcer and considered contributory factors involved. Evidence was obtained from nursing staff, electronic recording systems, medical notes and the incident recording system. The outcome highlighted that staff members' failure to take preventable measures was a contributory factor. The outcomes led to the creation of recommendations and action plans. Actions included maintaining links with the Tissue Viability Nurse, and further training for staff on heel grading and assessment.
- There were two category four pressure ulcers reported in November 2015. Both were assessed as no harm incidents, which were a result of the patient's clinical condition. However, both patients were admitted with the existing pressure ulcers at grade 4 from another hospital.
- There were 11 medication errors over a four month period from September 2014 to December 2015. A breakdown of these errors showed that six errors were due to administration/supply of medication from a clinical area, three were preparation of medicine/dispensing from pharmacy errors, one error was a procedural error (e.g. documentation) and one error recorded as other (wrong labelling). Each incident recorded showed action the action taken and lessons learned were shared with staff and external dispensing agencies.

Are services safe?

- In November 2014, the duty of candour statutory requirement was introduced and applied to all NHS Trusts. The regulation sets out specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- Staff members were familiar with the process for duty of candour and understood incident reporting, and root cause analysis completion.
- Senior management advised the trust recorded and monitored notifiable safety incidents, which invoked the duty of candour regulations. The trust electronic recording system triggered alerts when incidents of amber or above ratings were logged. This evoked the duty of candour process with outcomes and lessons learned discussions taking place at ward manager / sister meetings. The patient safety team also provided support and advice to staff about the duty of candour process and lessons learnt. Extensive duty of candour training had been provided.
- We saw two examples of duty of candour in practice and saw documentation of an apology, root cause analysis, action plans and lessons learned. These documents were detailed and thorough.

Safeguarding

- There were two safeguarding concerns raised with CQC regarding the trust between 1 January 2015 and 31 December 2016.. One recorded from Kendray Hospital and one for Mount Vernon hospital (MVH).
- The frontline services were the key mechanism through which safeguarding governance, assurance and service development was monitored. Frontline service safeguarding alerts fed into the Business Delivery Unit governance groups, which then provided information to the Safeguarding Vulnerable Adults Prevent Action Group. The outcomes were shared with the Safeguarding Strategic Group, Management of Aggression and Violence Group, The Clinical Governance Group, Quality Improvement Meeting and Trust Wide Clinical Policy & Procedures Advisory Group. All of which informed the trust board.
- Level one to three safeguarding training took place as part of the trust's mandatory training programme. We found that across MVH and Kendray hospital, 90% of

staff had completed safeguarding adults' level one to three. The trust ensured that a minimum of twelve hours of training, over a three year period, was provided for staff.

- When we spoke with nursing staff, they demonstrated a good level of knowledge in relation to safeguarding triggers, forms of abuse and the processes.

Medicines

- There were 46 medication incidents reported between November 2014 and December 2015. Four were controlled drug incidents, one drug administered after discontinuation, three patients administered to the wrong person, two duplication drugs administered, two administered at the wrong time, 31 third party medication errors from external sources, and three missed doses.
- There were two patients in October 2015 and one patient in February 2016 who had an omitted dose of medication within a 24-hour period (excluding doses missed because of patient refusal or valid clinical reasons).. This is better than the national average.
- The trust were reviewing medication administration records and completing missed dose audits. In addition to this the trust "sign up to safety campaign" and the Commissioning for Quality and Innovation(CQUIN) were in place to reduce missed doses. Introduction of e learning for medicines management included sections on medicine error reporting and prevention.
- We looked at 25 prescription charts across the older peoples, stroke and neurological rehabilitation wards. The prescription charts were up-to-date and clearly presented to show the treatment people had received.
- We observed medicines administration on all three of the wards we visited. Patient identity was checked prior to medicines administration. Red wrist bands were worn by patients with allergies to highlight this to medical and nursing staff. Suitable safeguards were in place should medicines need to be crushed prior to administration. Trust policy described the use of discretionary medicines for the treatment of minor ailments. These were not used in the community inpatient services, but most patients were prescribed paracetamol, in case it was needed.
- We saw that patients on the stroke and neurological wards wishing to self-administer their own medication were assessed and supported to do so as part of their rehabilitation. However, this was not actively supported

Are services safe?

on the older people rehabilitation wards and lockers to facilitate full self-administration were not available on these wards. Nurses told us that this was because most of the patients on the older people's wards had not managed their own medicines prior to admission.

- The pharmacy team supported medicines reconciliation on admission to the wards and checked any medicines patients brought into hospital for suitability, before use during the patient's stay. Any individual medicines needs, such as the use of a compliance aid were also recorded to ensure discharge medicines were supplied in suitable containers. However, a seven day pharmacy service was not provided, so medicines reconciliation could be delayed for some patients. The pharmacist told us that they would like more opportunities to engage with ward multidisciplinary team [MDT] meetings but this was difficult due to pharmacy capacity. The pharmacist supported the stroke ward MDT on Tuesday, but other rehabilitation wards were only supported on an 'ad hoc' basis.
- We saw that medicines including controlled drugs were safely stored and regular controlled drugs checks were completed to reduce the risk of miss-handling. Medicines for emergencies were regularly checked and easily accessible.
- Nurses discussed patients' medicines with them on discharge from hospital to answer any queries they may have. Additionally, patients were given a "Patient information and personal health record for stroke" on discharge from the stroke rehabilitation ward, which contained further information about their medicines and details of any further appointments. Discharge information was paper based but plans were in place to pilot electronic discharge with a small group of practices, to facilitate the rapid and secure transfer of information as recommended in national guidance. [NICE NG 5 March 2015 Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes].
- Antibiotic audits were ongoing throughout the year and meetings held on the ward weekly with the microbiologist. No themes identified.
- Fridge temperatures were regularly checked and at the correct temperature, clean and suitable. This meant that medications that needed to be stored between two and eight degrees were safely managed.

Environment and equipment

- The staff informed us that they had appropriate facilities and equipment to care for patients on their wards. There was limited storage for bariatric equipment on site, but ward managers advised they could obtain the necessary equipment promptly.
- Checks were made of the resuscitation equipment in all community inpatient locations. Each location was fully equipped; regular checks were made and up to date. Checks of oxygen took place and cylinders were in date.
- The resuscitation trolleys were stored in easy access locations on each ward visited.
- We observed that all hoists, electrocardiogram (ECG) and electronic blood pressure machines had evidence of in-date portable appliance testing or servicing.
- We found the environment to be spacious, free from clutter and trip hazards.
- All buildings appeared to be in a good state of repair internally.

Quality of records

- We checked 57 sets of records in total across four community inpatient units. We found that the general standard of record keeping was good. Care plans were in place and individualised, there were risk assessments pertaining to individual need, risk and action plans.
- We found that the care plans and therapy plans were separate rather than integrated on Ward 4 MVH. Communication between care planning and therapy services could have been enhanced if the care plans were integrated.
- A centrally hosted clinical computer system was used for care records in the unit.
- Most patient information was logged on the electronic system and was easily accessible by all professionals.
- There was a monthly local documentation audit. Results from audits were positive and there were no themes or trends identified. The trust undertook annual documentation audits in addition to local monthly audits.
- Records held completed malnutrition universal screening tools, Waterlow (tool used to assess risk of patient developing a pressure ulcer) and falls assessments. Initial NEWS scores (assessment of

Are services safe?

respiratory rate, oxygen saturations, temperature, systolic blood pressure, pulse rate, and level of consciousness) and pain assessments were well documented.

- Early warning scores were recorded on specific NEWS charts across the stroke Unit, Neuro Unit and Ward 5. However, we observed a variation in recording on ward 4. Ward 4 recorded early warning scores on patient care plans and retrospectively recorded on specific NEWS charts, which left room for error in duplication or missed deterioration.

Cleanliness, infection control and hygiene

- There were no cases of Methicillin Resistant Staphylococcus Aureus (MRSA) between November 2014 and December 2015 and three cases of Clostridium Difficile in community inpatient services during the same period.
- Patient Led Assessment of the Care Environment (PLACE) scores from data collected in 2015 was 100% across both locations against the national average of 97.57%.
- Infection control information was visible in all ward and patient areas.
- Wards and patient areas were visibly clean. We observed staff wash their hands, use hand gel between patients and comply with 'bare below the elbows' policies.
- Hand hygiene audits in inpatient areas at Kendray Hospital (April 2015) showed that 509 completed observations were received and analysed. 11.2% of staff were observed not to be compliant with the trust's hand hygiene policy. The main reason observed for non-compliance was lack of hand washing (8.3%). Action plans were in place to improve hand hygiene. Infection Prevention Control (IPC) leads were doing walk rounds weekly.
- We saw staff using person protective equipment when caring for patients on most occasions.
- During the inspection, we saw that the sluice was clean and waste disposal was in use as per relevant guidelines and protocols. We saw 'I am clean stickers' on all clean equipment.
- Staff told us that equipment such as hoists were steamed cleaned on a six monthly basis.
- We found that the Infection Prevention Control Lead regularly visited wards to discuss infection control issues and to provide advice and information.

- The essential steps policy for enteral feed, catheter care and catheter insertion in inpatient areas audit (April 2015) showed that, there was good compliance against the relevant guidelines for enteral feeding. Catheter insertion outcomes showed one instance where there was no record to state whether the catheter insertion was high risk or not. Catheter care hygiene outcomes showed 100% compliance throughout all aspects of the procedure.

Mandatory training

- The average mandatory training rate for this core service was 91%. This was similar to the national average and above the trust target of 80%. This training included risk management, health and safety, infection prevention and control, moving and handling, safeguarding level one and two, information governance, fire safety and equality and diversity. Allied health professionals across both locations showed 95% completion rates for mandatory training.
- Staff advised that they received email alerts when their training updates were due.
- All moving and handling training was up to date.
- Mental Capacity Act training was 100% on ward 5 MVH and 50% on ward 4 MVH with similar results at Kendray hospital.
- The training available to staff was a mixture of eLearning, face to face and external training.
- Staff said they were happy with the quality and level of training they received.

Assessing and responding to patient risk

- Standardised operating procedures were in place for assessing and dealing with deteriorating patients.
- Patient care records held completed malnutrition universal screening tools, Waterlow (tool used to assess risk of patient developing a pressure ulcer) and falls assessments.
- The NRU consistently achieved 100% in falls risk assessment and nutritional screening audits.
- The falls pathway across both locations and all units appeared embedded and robust with good links with telecare.
- Patient escalation plans were in place for each patient in case of deterioration. The detail on escalation plans were of a good level.
- The locations used National Early Warning Score tool (NEWS), a nationally recognised tool, to enable staff to

Are services safe?

recognise and respond to a deteriorating patient. Initial NEWS scores (assessment of respiratory rate, oxygen saturations, temperature, systolic blood pressure, pulse rate, and level of consciousness) were documented.

Staffing levels and caseload

- The National Institute for Health and Care Excellence (NICE) state that assessing the nursing needs of individual patients is paramount when making decisions about safe nursing staff requirements for adult inpatient wards in acute hospitals. This is to ensure that appropriate numbers of staff are on duty to maintain patient safety.
- Staffing rotas were planned on an electronic system based on the Safer Staffing Acuity Tool, which is a tool that helps to ensure that nurse staffing levels are appropriate to meet patient needs. We observed good staffing levels on the units during the inspection. Actual versus planned staffing levels for previous rotas was good. There had been a recent increase in staff due to the falls initiative. The increase was one additional staff member per day from 11 am to 6:30 pm. Most staff were part time.
- The total number of substantive staff was 164.4 whole time equivalents (WTE) with the total number of substantive staff leavers in the last 12 months being 12.5 (WTE). The total percentage of vacancies overall (excluding seconded staff) was 2.01% with a total of 2.09% permanent staff sickness overall. There were 65.98 (WTE) qualified nurses and 69.81 (WTE) nursing assistants across both Kendray and MVH. There were three qualified nurse vacancies and two nursing assistant vacancies across Barnsley Business Delivery Unit (BBDU) between 1 November 2014 and 31 October 2015.

- Between 1 November 2014 and 31 October 2015 there were 297 shifts (8 hr. period) filled by bank staff and eleven shifts filled by agency staff. There were 197 shifts that were not filled by bank or agency staff when there was sickness, absence or vacancies.
- There were no concerns raised regarding allied health professional staffing levels. However, staff told us that there was difficulty covering seven-day services on some occasions.
- Staff advised that they had easy access to medical staff out of hours. If required, staff would call the OOH doctor for advice, to raise concerns or to request they attend. In the case of an emergency, staff would begin stabilising procedures and call an ambulance to transfer the patient to an acute hospital location.

Managing anticipated risks

- A trust major incident plan and assurance process was in place to ensure compliance with NHS England core standards for emergency preparedness, resilience, and response.
- The trust's major incident plan provided guidance on actions required by departments and staff to provide an emergency response, additional service, or special assistance to meet the demands of a major incident or emergency.
- Modern matrons and ward managers appeared to have a good systematic approach to manage risks.
- The BBDU held a mock incident in 2015 to test major incident planning and emergency response and it was felt to be a successful training opportunity for staff.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary

We rated effective as good because:

- Current evidence-based guidance, standards, best practice and legislation were applied to the patients' treatment and care. People had good assessments of their needs, which included consideration of clinical, mental and physical needs as well as nutrition and hydration needs.
- We found that the trust's contribution to local and national audit was in line with the national average, and evidence of changes made by specialities in response to their outcomes was available and had been actioned.
- Staff were qualified and had the skills they needed to carry out their roles effectively and in line with best practice. Identification processes for staff learning needs and training was in place.
- There was evidence of easily accessible guidelines for staff to use to refresh their practice skills. Staff worked collaboratively to understand and meet the range and complexity of people's needs. We saw strong and respectful multidisciplinary team working during our inspection.

Evidence based care and treatment

- Departmental policies, procedures and guidelines originated from nationally recognised best practice guidance such as the National Institute for Health and Care Excellence (NICE). Staff followed NICE guidance concerning falls prevention, fractured neck of femur, pressure area care and venous thromboembolism (VTE).
- The trust had many standardised assessment tools, action plans and referral forms for identifying need, risk, potential risk and safeguarding concerns. We found the completion of documents relating to these assessments was appropriate and consistent across both locations.
- Pressure management observations and practice appeared good. Arrangements are in place for the Tissue Viability Nurse to attend ward rounds.

- A range of standardised, documented pathways and agreed care plans were in place across both community inpatient locations. Staff were aware of these pathways and we saw evidence of best practice.
- The SRU followed the National Stroke Strategy Guidelines, NICE and the Royal College of Physician Guidelines.

Pain relief

- Initial pain score assessments took place with all patients. However, pain assessment reviews following the administration of analgesia were variable in terms of recording. Nonetheless, most patients stated their pain was under control and pain level discussions took place at MDT meetings.
- We saw evidence of the involvement of the physiotherapy team with respect to exercises to encourage movement and mobility to reduce pain related to stiffness.
- "Pain: What can I do to help myself?" leaflets were available to patients.

Nutrition and hydration

- Staff were aware of the nutrition and feeding needs of all patients. We observed fluids safely in reach of patients and there were fluids available throughout the day and night as required.
- We saw fluid balance charts in place but noted that the charts were filled in retrospectively rather than a staff member was with each patient. Discussions took place with the ward manager during inspection who agreed that immediate documentation would be more appropriate.
- The community nutrition and dietetic service saw patients with a range of conditions such as diabetes, gastro-intestinal disorders, food allergy and intolerance, as well as offering specialist services to support people with feeding needs at home. The service was available to adults in inpatient areas (Mount Vernon Hospital, NRU and SRU) as well as clinical locations throughout Barnsley. A dietician visited the units every Tuesday, Thursday and Friday to assess patient need and provide advice and guidance.

Are services effective?

- Patients were weighed, had their height measured, and a full dietary assessment was undertaken; with written and verbal advice provided as a result.
- Training was available for patients, carers and other health professionals regarding a wide range of dietary issues.
- Speech and language therapy advice was available on request. Speech and language therapists were able to assess patients during meal times to assess swallowing and nutritional needs.
- PLACE score from data collected for quality of food in 2015 was 97.67% at Kendray Hospital and 97.63% at MVH against the national average of 88.49%.
- We observed patients having their lunch and saw patients who needed support were given the appropriate level of assistance.

Technology and telemedicine

- The Trust used a nationally recognised IT system for the recording of patient information and a nationally recognised electronic system for the recording and monitoring of incidents.
- Telecare was readily available on the ward. We saw use of cushion alarms and bed sensors to reduce the risk of falls. Telecare at home discussions took place during MDT meetings so that equipment could be in place prior to discharge.
- All locations could access the trust intranet where policies, procedures and guidelines were held for staff reference.

Patient outcomes

- All local and national audit outcome discussions took place at the monthly-integrated governance and performance meetings. Performance was analysed and action plans generated with feedback disseminated appropriately.
- Therapy goals were reviewed fortnightly at MDT with inclusion of patient and family.
- There was a programme of local and trust wide audits in place, including Patient Safety First Chart Checker, Annual Health and Safety monitoring Audit report, Essential steps audit report (Enteral feed, catheter Insertion & Catheter Care), and Performance Indicators Report. The trust board discussed performance, themes, trends and benchmarking prior to dissemination of learning to the governance committees and business units.

- The Waterlow Risk Assessment Audit showed 87% (forty-five) stated of patients received an assessment of risk during the initial admission assessment. 32% of patients received a reassessment when their condition changed.
- The Sentinel Stroke National Audit Programme (SSNAP) is the single source of stroke data in England, Wales and Northern Ireland. The SRU was ranked third nationally for stroke outcomes. Data showed the SRU obtained SSNAP level A (highest level achievable), with a score of 82.6 and an audit compliant score of A. SSNAP audit reported that discharge processes were level C.
- The stroke pathway was robust and comprehensive and embedded within community inpatient wards. An MDT stroke re-assessment was undertaken with the patient at six weeks, three months and six months post stroke. The pathway fed into the Yorkshire and Humber benchmarking of stroke care.
- The amputation pathway was well linked with community care, as well as Sheffield and Barnsley general hospitals.
- The NRU received a level 2B accreditation from UK specialist Rehabilitation Outcomes Collaborative (UKROC), a Department of Health National Institute for Health Research programme. This means that the NRU can accept referrals of complicated neurological cases from other regions. Results showed that 46.6% of patients using the service had multiple complex needs.
- The older person's inpatient rehabilitation unit at MVH supported people to achieve improved physical and functional outcomes. A range of nursing, medical and therapy interventions provided active rehabilitation and associated programmes of care, which promoted independence and aimed to improve people's physical wellbeing.
- The NRU achieved significant improvements from admission to discharge, in data collected in 2013-2014 from 120 patients admitted one 104 returned to their own homes on discharge.
- The unit met CQUIN and stroke metric targets and provided a 24-hour discharge follow-up.

Competent staff

- The percentage of non-medical staff that had an appraisal in the last 12 months was 97%.
- As at 17 February 2016, there had 100% of doctors were revalidated during the last 12 months in the community inpatients service.

Are services effective?

- Staff advised that clinical supervision took place on a monthly basis with informal supervision available as and when required. We saw evidence of clinical supervision discussions.
- Staff advised that peer support was very good and frequent.
- The trust offered practical support to help nurses meet the requirements of revalidation through a wide variety of education, training and practice development.
- For newly qualified staff, the trust offered a preceptorship programme to help with the transition from university to nursing in a busy hospital environment.
- We saw that there was competency based training completed for each member of staff. All staff had individualised training plans. All were "signed off" as competent and there were several competency programmes in place.
- Dedicated team with various skills and expertise provided services for stroke patients and their carers.
- In addition to mandatory training, staff undertook additional training (core training). Core training was identified by line managers when their staff require speciality training such as stroke care, head injury behavioural course, and managing aggression.

Multi-disciplinary working and coordinated care pathways

- We attended a multidisciplinary meeting, a ward round and handover. The MDT was consultant led and attended by nursing staff, occupational therapists, physiotherapists, speech and language therapist and the Ward Sister. All staff contributed and had a good knowledge of the patients. They discussed discharge and forward planning.
- We found that ward staff worked closely with the local authority when planning discharge of complex patients and when raising a safeguarding alert.
- We found that community inpatients had links established with specialist nursing professionals such as Multiple Sclerosis, Tissue Viability, Diabetes, Parkinson's disease, and Huntingdon's Specialist Nurses.

Referral, transfer, discharge and transition

- There were forty-eight readmissions within 90 days between August 2015 and January 2016. The ward with the highest number of readmissions within ninety days

was Ward 4 MVH, with fourteen patients readmitted. The stroke rehabilitation unit had thirteen patients return within ninety days, the neuro rehabilitation unit had twelve patients and ward 5 MVH had nine patients readmitted. These readmissions occurred following patients being readmitted to acute wards as a result of deteriorating health and then being re-admitted to the community inpatient service rehabilitation once stable.

- The NRU provided support from transition back to the community through links to support groups such as Headway, the Multiple Sclerosis Society and the Multiple Sclerosis Society specialist nurse group. The unit provided individualised training for care agencies within the discharge planning process and individualised access to the neurological rehabilitation service coordinator for patients, relatives and carers.
- MVH linked with community older people's rehabilitation and neurological physiotherapy outpatient services to provide a smoother transition back into the community.
- Access and flow was limited due there being one ward round per week. Discharge planning did not appear to take place at the point of admission and some patients had been on the ward up to two weeks before discharge planning took place. This may contribute to the above average length of stay of 31 days compared to the national average of 20 days.
- There were appropriate and effective systems in place to ensure patient information was co-ordinated between systems and accessible to staff and other health professionals working in the community, for example, general practitioners.
- Most patient assessments were multidisciplinary assessments with nursing staff, speech and language therapists, physiotherapists and occupational therapists. This linked with community handover and a fuller integrated, comprehensive assessment of patient need prior to discharge.

Access to information

- The review of risk assessments, care planning and access to test results took place at appropriate times during the patient's care and treatment. We saw records were available for staff so they could provide effective care and treatment. Information recording took place on the trust electronic system, which meant patients could be tracked through various pathways.

Are services effective?

- Ward clerks, doctors, and nursing staff felt the electronic system was adequate at providing and sharing patient information.
- All staff had access to policies, procedures and NICE guidelines on the trust intranet site. The staff we spoke to stated they were competent using the intranet to obtain information.

Consent, Mental Capacity act (MCA) and Deprivation of Liberty Safeguards (DoLs)

- The trust did not routinely capture compliance information around MCA training, as this was not identified as mandatory training. However, staff advised that they undertook MCA training and felt competent working within the Mental Capacity Act and Deprivation of Liberty Safeguards.
- There were 27DoLs applications made between November 2015 and January 2016. Ward 4 had the most with twelve, followed by the NRU with six, SRU with five and Ward 5 with four. Of the twenty-seven applications, fifteen applications were granted, five patients were discharged prior to the outcome and three were not granted.
- We spoke to a Mental Health Assessor who was assessing the mental health component of the Best Interest Assessment. He advised that the Deprivation of Liberty paperwork was always completed to a high standard, appropriate and timely.
- Medical staff assessed the capacity of patients on admission and prior to treatment and therapy procedures taking place. We observed consent being obtained from patients who had capacity.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary

We rated caring as good because:

- Feedback from all patients we spoke with 42 patients across all four, of the community locations was very positive. We heard that staff responded compassionately to their needs and were skilled in dealing with vulnerable individuals with complex physical and mental health needs. Relatives said they felt involved and had the opportunity to speak with medical and nursing staff when required.
- We observed the treatment of patients to be compassionate, dignified, and respectful throughout our inspection. Ward managers were available on the wards so that relatives and patients could speak with them as necessary. Staff were hard working, caring and committed to delivering a good quality service. They spoke with passion about their work and were proud of what they did.
- Patients told us staff included them in decision-making and listened to their wishes. We observed staff discuss care options, treatments and provide choice to patients. Patients were listened too and emotionally supported. Communication obstacles were overcome compassionately when working with people living with cognitive impairment.
- However some patients reported that they were bored and that there was a lack of activities available. We saw patients sitting in front of a television which was not audible and some who were positioned in seats where the television was not visible

However:

- We noted that there were few therapies or events in the afternoon to ensure that patients had a sufficient range of stimulation.

Compassionate care

- Ninety eight percent of respondents in the Friends and Family Test data were either 'likely' or 'extremely likely' to recommend the Trust as a place to receive care between October and December 2015.
- The Trust's overall score for privacy, dignity and wellbeing in the Patient Led Assessment of the Care

Environment (PLACE) 2015 was 94.89%, which was above the average of 86.72% for all other NHS trusts. Kendray hospital achieved 95.6% and MVH achieved 98.7% scores.

- During the inspection we observed patients being treated in a caring respectful manner. Patients weren't rushed when transferring from room to room, they were given choice and were encouraged to be as independent as they possibly could be. Those patients who were frailer and required additional support were assisted appropriately.

MVH Ward 4

We spoke to four patients, one carer and one relative at Ward 4 Mount Vernon Hospital. All patients felt safe on the ward, felt cared for and stated that the atmosphere was warm and friendly. Patients felt that due to the ward layout, staff were able to check on their wellbeing frequently. All individuals spoken to said staff were respectful of their privacy and dignity and that there was full inclusion with decision-making. Family members felt involved in the care of their relative and had no complaints. One patient said, "If the food was a quarter as good as the staff, this hospital would be exceptional".

MVH Ward 5

We spoke to four patients and one relative at Ward 5 Mount Vernon Hospital. All patients spoke highly of the care they had received and felt staff were open and honest. Patients felt staff took the time to explain procedures and ensured they understood. Patients were happy with their level of hygiene. All patients said the ward was clean and prompt action was taken when they rang their buzzer. All patients spoken to said staff were kind, caring and respectful towards patients at all times. One patient said, "I have always refused rehab but I wouldn't refuse again if it was here".

Kendray Hospital NRU

We spoke to three patients at the Neuro Rehabilitation Unit at Kendray Hospital. Patients felt that staff communication was very good and patients and families were involved in decision-making. Patients stated they felt safe, that the ward was clean and that staff were open and honest. We were told staff were kind, friendly and willing to anything

Are services caring?

for the patients. Another patient said they had received lots of information about their condition and about the support they would require once home. One patient said they “were looked after well”.

Kendray Hospital SRU

We spoke with three patients at the Stroke Rehabilitation Unit at Kendray Hospital. Patients stated that all staff were respectful of their wishes, privacy and dignity. They discussed good quality care and support and advised they had felt safe throughout their stay. Patients told us that the unit was very clean, and staff were very quick at answering the call bells. One patient said, “It has been a pleasant stay, very clean and very well looked after by staff”.

Understanding and involvement of patients and those close to them

- Patients advised us that nursing staff made a great deal of effort to explain tasks and processes. Patients highlighted that staff checked they understood information and were always available for questions. One patient told us about being involved in their discharge planning and with care arrangements for their return home.
- Information was available for patients on the wards regarding their care, procedures, hygiene and conditions.
- Translation services were available twenty-four hours per day, along with face-to-face interpreting, audio to text transcription, voice over, braille, British sign language interpretation, lip speaking, and large print and deafblind interpreting. Access to 200 different languages was available 365 days per year via the translation service.
- Family support and education was available along with self-medication programmes and a range of patient carer involvement with satisfaction questionnaires and focus groups.

- There was a relatives and carers clinic available for support and education.
- Social interaction and activity group therapies assisted with transition into community settings.
- We observed several people watching television, which was inaudible, and some patients were not facing the right way (side on).

Emotional support

- The community inpatient wards were flexible when a patient was very ill or when relatives had to travel to visit. There were facilities for a relative to stay overnight or to spend the day with patients on the ward.
- Carers assessments were discussed with patients and relatives. Carer assessment discussions took place during the weekly MDT board round meetings, highlighting concerns of physical and emotional difficulties for some carers.
- Pastoral and spiritual care was available across both locations. A Pastoral and Spiritual Care Strategic Framework was in place to offer support to patients and relatives. There was access to a chapel. Services were available to patients, relatives/carers and staff. Support was available for all beliefs and appropriate religious support was arranged promptly for different faiths. There was fortnightly communion service available, which was flexible around patient therapy sessions.
- There was also a quiet room for those who did not have religious needs.
- There was a support group available for patients called “Living with Stroke” with additional links into support groups such as Speak ability and Voluntary Action Barnsley.
- There were overnight facilities for relatives wishing to remain with patients at the end of their life.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary

We rated responsive as good because:

- Patients told us staff included them in decision-making and listened to their wishes. We observed staff discuss care options, treatments and provide choice to patients. Patients were listened too and emotionally supported. Communication obstacles were overcome compassionately when working with people living with dysphasia, dementia and learning disabilities.
 - Planning and delivery processes were in a place to enable services to meet the needs of the local population. The importance of flexibility, choice and continuity of care was evident within each service. The needs of different people were taken into account when planning and delivering services and reasonable adjustments were made to remove barriers when people found it hard to use or access services.
 - There was evidence of competent multidisciplinary working between all professionals. Staff worked closely with the local authority when planning discharge of complex patients and when raising safeguarding alerts.
 - We noted suggestion boxes and posters encouraging feedback from the public around the units. Complaint and concern responses were provided in a timely way with improvements made to the quality of care as a result.
- However:
- We noted that the trust should consider improving the environment for dementia patients in community in patient services.
- Stakeholders felt they were not fully engaged in process around redesign of services, leading to lack of engagement and benefits not being realised through delivery of revised models and ability to deliver best possible outcomes, through changing clinical practice.
 - Quality & Performance Reports produced monthly are reviewed at the Executive Management Team performance meetings, and through a 'Quality Account Report', produced on a bi-monthly basis for the Clinical Governance and Clinical Safety Committee.
 - We were advised that there had been an initiative to place a link nurse within local accident and emergency departments to flag patients to identify rehabilitation needs. This enabled patients to be identified immediately and be offered specialist rehabilitation.
 - NRU provided specialist neurological physiotherapy, including postural management, vestibular rehabilitation, tonal management and home living skills along with cognitive linguistic assessment and therapy. This support continued when the patient returned to the community.
 - SRU provided individual comprehensive clinical assessment with full participation of patient and their relatives/carers (if appropriate), identifying patient centred goals that relate to physical, cognitive and social functions. Patients had access to a specialist team with members from different healthcare professions with specialised skills and expertise. The team had a comprehensive approach to rehabilitation, which considered the whole person. SRU had a clinical and therapeutic programme of care, which included the diagnosis, treatment, rehabilitation, secondary prevention (detecting the early stages of disease and intervening before full symptoms develop) and ongoing support to the patient.
 - Patient assessments for those with complex needs and long-term conditions took place on a multidisciplinary basis with social services, an occupational therapist and physiotherapist, with input from medical and nursing staff. Ward staff linked with intermediate care to ensure a smooth transition home.
 - Patients told us about rehabilitation undertaken in the kitchens to regain the skills they may have lost following illness such as stroke.

Planning and delivering services which meet people's needs

- Staff felt that services were planned and delivered in a way that met the needs of the local population. There were clear links with the local CCG and local authority in terms of multi-disciplinary working.



Are services responsive to people's needs?

Equality and diversity

- Community inpatient teams across both locations demonstrated personalised patient care in line with patient preferences, individual and cultural needs, in line with the person centred care approach.
- The community inpatient wards were flexible when a patient was very ill or when relative had to travel to visit.
- The trust's chaplaincy team provided comfort and support to people in hospitals across the trust. The chaplains visited patients on hospital wards and in quiet spaces away from clinical areas. The chaplaincy team had strong links with the leaders of local churches and faith communities and churches.
- There was access to Muslim prayer mats and a quiet room for those not wishing to use the chapel.
- As part of the Friends and Family Test, the trust put in place a postcard questionnaire and a fuller questionnaire, which captured equality protected characteristics information. This was acknowledged as good practice within the Equality and Diversity Regional Network.
- Ward managers were clear about zero tolerance for discrimination.
- Reasonable adjustments were made for patients with learning disabilities such as open visiting hours and facilities for a family member or carer to stay overnight.

Meeting the needs of people in vulnerable circumstances

- The care plans we viewed demonstrated that peoples' individual needs were taken into account before care started.
- The stroke unit at Kendray Hospital provided a borough wide community rehabilitation service, which enabled people who have had a stroke access to a service specialising in stroke and rehabilitation. A modified approach was taken to the rehabilitation process via continuous integrated assessment, review and programmes of care in order to identify goals and support discharge for vulnerable adults.
- The neuro rehabilitation and respite unit provided care, assessment and intervention for brain injury and neurological conditions, for example, traumatic and/or acquired brain injury, multiple sclerosis, Parkinson's disease, progressive supranuclear palsy and spinal cord

injury. The service provided inpatient and outreach services using a multidisciplinary team to provide ongoing advice and support to people in order to increase independence and reach full potential.

- There was a Dementia Matron based within the Trust (out with Kendray and MVH locations) who provided support to people living with cognitive impairment or dementia. The service also supported family, friends, carers, and staff providing care to ensure high quality care for people with dementia while they were in hospital and to ensure timely and effective communication with other services. The Dementia Matron was accessible to all staff and provided support with assessment and assistance in care planning and risk management.
- All staff had access to a Dementia Toolkit (2008) on the Trust Intranet. The toolkit provided information relating to managing challenging behaviours in dementia, evidence based interventions, managing communication difficulties and training and support for staff within dementia care.
- We observed a lack of visual elements for patients and although wards were spacious and trip hazard free, the wards were not dementia friendly in terms of colour schemes or signage. There were no picture menus to help patients with cognitive impairment choose their meals.
- Launched as a pilot in April 2011, the comfort care pack is given to relatives of patients who are dying and were supported by the last days of life care pathway within Barnsley Hospital. It includes information sheets for relatives and patients about the signs and symptoms of dying, general hospital information, counselling and bereavement services. The pack has enabled the replication of some of the comfort measures found in hospice care and has helped to improve communication between primary and secondary care. It has been beneficial in promoting end of life care tools throughout Barnsley.

Access to the right care at the right time

- Access to advice and support from other departments was available by telephone as and when required. Staff advised that obtaining support was straightforward and easily achieved.

Are services responsive to people's needs?

- Average bed occupancy across the service between August 2015 and January 2016 (six month period) was 77.8%. NRU occupancy rate was 74.2%, SRU was 86%, Ward 4 MVH was 76.5% and ward 5 MVH was 75.5%
- Average length of stay for patients discharged in the last twelve months was 31 days. The average length of stay for inpatients (as at 31 January 2016) was 23.5 days. NRU current average stay was 33 days, SRU was 15 days, ward 4 MVH was 16 days and ward 5 MVH was 30 days. The national average length of stay is 20 days. Each unit was working with pathways, such as stroke, and the recovery model to reduce length of stay.
- There were no mixed sex accommodation breaches between December 2014 and January 2016. .
- As well as the active and intensive rehabilitation provided by the stroke rehabilitation unit, support was provided for stroke patients who required longer-term stroke management at a slower pace and intensity, based upon individual need and assessment.
- Treatment was accessible in a timely manner and there were no issues accessing urgent treatment.
- Between 1 February 2015 and 31 January 2016, nine complaints were received regarding these services and of these, all were upheld. No complaints were referred to the Ombudsmen. Ward 4, Mount Vernon had the highest number of complaints with five. All complaints were investigated and upheld. Appropriate changes were made following investigation.
- Formal complaint investigations were held by the modern matron who was also involved in monitoring the number and percentage of complaints closed within the timescales agreed with the complainant. Discussions regarding complaint issues took place at the BDU governance group, customer experience group, clinical governance group, and quality improvement meetings.
- Staff were aware of the process and procedure for escalating complaints to ward managers. Grievances were address at ward level initially and information relating to the Patient Advice Liaison Service (PALS) was available and shared with patients as necessary. Information leaflets were visible across all wards. We found that the ward staff were able to describe complaint escalation procedures, the role of the PALS and the mechanisms for making a formal complaint. There was no PALS representation based within the BDU but links were maintained with the general hospital.

Learning from complaints and concerns

- One hundred and two compliments were received in the last 12 months between 1 February 2015 and 31 January 2016, with the SRU receiving the most with sixty-one. Ward 5, Mount Vernon received twenty-seven, ward 4, Mount Vernon received eleven and the NRU received three complements.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary

We rated well-led as good because:

- There was a vision and strategy for the service, which was developed and understood throughout the department. We saw multiple examples of the behaviours and actions of staff working in the division mirroring the trust values of putting patients first, providing safe and high quality care, and responsibility and accountability. .
- There was evidence of ownership of services, and patient centred care was clearly a priority. The senior managers appeared well connected to the ward and leadership was good at all levels. There was a governance structure for formal escalation of risk where appropriate.
- There was a focus on continuous learning and improvement throughout community inpatient wards.
- The business unit welcomed views and input from staff and the local community. This created a sense of engagement and empowerment and enabled patients and staff to improve the quality of care provided.

Service vision and strategy

- The trust's vision is "Enabling people to reach their potential and live well in their community". The vision was underpinned by six values.
- The mission statement from the Barnsley Business Delivery Unit (BBBU) was to help people to "live life to the full" and therefore particular focus was placed on the service understanding of the lives of people who used it. The BBDU used this understanding as a basis for designing the way they delivered patient care.
- The BBDU contributed to the annual planning process and the development of the annual plan through engagement with clinical and specialty based teams and key stakeholders. The annual plan focused on the key objectives that each business unit would aim to deliver. Each of these links to the trust's strategic plan and vision. Some of the objectives were to ensure compliance with the Health and Social Care Act 2014, to promote delivery of the highest standards of end of life

care, develop integrated and comprehensive information systems to support whole system integration and to respond to the findings of the 2015 staff survey.

- During discussions with staff it was evident that they understood the vision and strategy of the trust. All knew of the mission statement "live life to the full" and we saw staff apply the trust values when delivering care.
- The BBDU had a degree of autonomy in the delivery of services, so it could be responsive and flexible to meet to the needs of people in the local area such as when giving considering new builds / re-builds of the MVH units.
- The community inpatient service had well established links with other community services, local organisations and voluntary/independent groups such as The Stroke Association, Barnsley Hospice, Headway UK, Alzheimer's Society, carer networks etc.
- The Safeguarding Team support the Trust Transformation process and the principles of the Recovery Model. The making safeguarding personal project involved individuals and carers in discussions about safeguarding issues. Where individuals may not have the capacity to understand, families/carers are also being involved.
- The intermediate care service links with the community inpatient wards to help prevent health complications associated with immobility disability or existing illness on discharge from hospital, manage wounds and tissue viability, coordinate complex packages of care and reduce hospital admissions.

Governance, risk management and quality measurement

- Governance arrangements were in place to enable the effective identification of risks, monitoring of such risks and the progress of action plans. Regular detailed reporting enabled the general manager, modern matrons, senior managers and representatives of the trust's board to monitor performance and improvements, which positively affected service delivery. The views of the public and stakeholders were actively sourced on a regular basis.

Are services well-led?

- The business unit reviewed the risks on the risk register, and discussed these issues at clinical governance meetings. Trust board minutes over the twelve month period showed a record of discussions around task management and quality improvement for services.
- Frontline staff were aware of the risk register but unable to comment on its detail. Many felt the main items recorded linked to fire safety, hospital security and staffing (although this has improved). Concerns of the staff were reflected in the risk register.

Leadership of this service

- We found a clear management structure in place. Staff members knew who senior managers were, their roles within the trust, and how to contact them if necessary.
- The trust approach to quality included encouraging leadership at all levels. The clinical and management leaders monitored performance and improvements. Quality improvement meetings oversaw performance and feedback to the trust board and frontline staff via ward managers.
- Management support and line management was available as and when required. Senior managers were regularly present on wards and staff said they were approachable.
- Ward managers spoke highly of senior management, and advised they were supportive, proactive and took time to listen to the views and concerns of the team.

Culture within this service

- The relationship between the staff and the senior team was strong. Staff members at all levels reported that there was an open door policy, that they could report concerns regarding the service and would feel comfortable speaking directly to senior management.
- At ward level, we saw staff worked well together and there was respect between specialities and across disciplines. We saw examples of good team working on the wards between staff of different disciplines and grades.
- Community inpatient staff reported an open and transparent culture on their individual wards and felt they were able to raise concerns.
- Staff spoke positively about the service they provided for patients. Staff said high quality compassionate patient care was a priority.

- Morale appeared good across both community inpatient locations. Staff were positive in their attitude and were 'can do' about their practice and the challenges they faced.
- Staff told us that team members worked well together and had done so for many years. Staff felt able to approach colleagues for advice and support across all inpatient locations.

Public engagement

- There were mechanisms in place for patient experience information to be reported to the trust Board. Patient experience information was discussed within the Business Directorate Unit (BDU) governance groups. Information from these groups was shared with a range of sub-groups. Following this, information was reported up to the Clinical Governance and Clinical Safety Committee and the trust Board.
- We found that the modern matron undertook informal walk rounds of each ward to speak with patients as a way of encouraging feedback.
- Patient listening events were held monthly to promote patient engagement.
- "You said, We Did" information was available on all ward notice boards. The trust "you said, we did" feedback showed that concerns were raised regarding quality of food, hot meals being too close together, lack of variation for breakfast and lunch and food temperatures. The trust took action and trialled alternative meal times, involved patients and representatives in menu planning and food tasting, created a nutrition Essence of Care sub group (which included clinical staff, catering staff and dieticians), introduced PLACE and ensured regular catering users meetings attended by catering managers.
- Patient feedback was extremely positive across all community inpatient locations. On average 98% of patients responded to the Friends and Family Test survey with 92% of patients extremely likely or likely to recommend the service to friends and family.
- The Barnsley Business Directorate Unit offered opportunity to for patients, relatives and carers to become volunteers in roles such as expert patient programmes, health champion, befriender champion, recovery college volunteer trainer, public relations volunteer, social media volunteer, and learning support assistant volunteer.

Are services well-led?

- There was a nurse led annual public engagement event with families and carers regarding stroke care.
- As well as running dialogue and support groups for carers, each year the trust organised a variety of events to celebrate Carers Week.
- Through activities such as carers' treats days, information stalls and carers' days out, the staff aimed to highlight the issues carers face, but to also celebrate their vital role and let people know what support is available.
- There were three workshops held in which participants from a wide range of agencies and service users worked together to identify potential new services and ways of working over the next two years.

Staff engagement

- The NHS Staff Survey 2015 reported that the percentage of staff suffering work-related stress in the last twelve months at the trust was better than the national average. The trust also scored similar to average for questions relating to the percentage of staff receiving job relevant training.
- 54% of respondents in the staff Friends and Family Test were either 'likely' or 'extremely likely' to recommend the Trust as a place to work which was slightly lower than the England average of 62% in the most recent quarter which was quarter 2, 2015/16.
- The staff survey showed the trust was in the highest 20% (best) score from staff felt satisfied with the quality of work and patient care they delivered. The trust had a percentage worse than the England average of staff reporting that feedback from patients was used to make informed decisions in their directorate.
- The trust had a new Nursing Quality Group made up of senior nurses to help the Nursing Strategy embed within the trust. The nursing strategy aims to assist nurses surpass professional standards.
- Discussion was held with staff regarding revalidation and revalidation plans were in place.

Innovation, improvement and sustainability

- We found that the Neuro Rehabilitation Unit provided a rolling programme for rehabilitation and had done so for over 15 years. Patients with long-term neurological

conditions are able to return for additional inpatient therapy when their health has deteriorated. Staff felt this had reduced acute admission and works well through good communications with other acute hospitals.

- The "My Care Plan Pathway for End of Life Care" replaced the Liverpool Care Pathway and was inclusive of patients, family and carer views and wishes. It appeared to be a robust and comprehensive pathway, which was well embedded within community inpatient wards.
- Monthly patient focus groups, which encouraged involvement of patients, their families and carers, had been implemented on each ward. Issues raised were addressed, action plans created and evidence of changes from the consultation were visible on the ward.
- Neuro rehabilitation unit rolling programme enables patients with long-term conditions to return for rehabilitation following a period of deterioration, which would otherwise result in hospital admission.
- Link nurses within A&E identify patients requiring ongoing Neuro Rehabilitation Support. The outreach link working has shown to be beneficial.
- The stroke pathway was a robust and comprehensive pathway, which was embedded within community inpatient wards. Assessment is undertaken with the patient at six weeks, three months and six months post stroke. The pathway feeds into the Yorkshire and Humber benchmarking.
- Amputation pathway was well linked with community care, as well as Sheffield and Barnsley general hospitals.
- The quarterly "What Matters" report was issued on behalf of trust board and members' council and reports on initiatives to gather insight about the experience of using Trust services and responding to feedback.
- Barnsley Better Care Fund – the Barnsley Health and Wellbeing Strategy was designed from a whole systems perspective focused around integrated pathways and service re-design. This will ensure the health and care system is fit for purpose and sustainable, able to meet the needs of local people and deliver the best possible outcomes for the people of Barnsley. The project work in Barnsley was cited as evidence of good practice in the recent report from the Winterbourne View joint investment programme.
- Ward managers forum was a new initiative for sharing best clinical practice, evidence and innovation across the trust.