

# Harrogate and District NHS Foundation Trust

## Inspection report

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Date of inspection visit: 6 Nov to 9 Nov 2018  
Date of publication: 14/03/2019

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

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

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

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?


Good 

Are resources used productively?

Good 

# Summary of findings

## Combined quality and resource rating

Good 

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

Harrogate and District NHS Foundation Trust (HDFT) is an integrated provider of acute hospital services in Harrogate and Ripon and community services across North Yorkshire, Leeds, Middlesbrough, County Durham and Darlington, Gateshead, Stockton and Sunderland.

The trust was authorised as a Foundation Trust in January 2005 and serves a population of approximately 900,000 people. The Foundation Trust has over 17,000 members. HDFT became an integrated provider of hospital and community services in April 2011, when it acquired community services from the former North Yorkshire Primary Care Trust. Its main commissioners are Harrogate and Rural District CCG, other North Yorkshire CCGs and a range of Local Authorities across the North East. .

The trust had 346 inpatient and critical care beds across 20 wards and operates approximately 698 outpatient clinics and 74 community clinics per week. The trust employed around 4,400 staff.

The trust operated from three hospital sites:

- Harrogate District Hospital
- Ripon Community Hospital
- Lascelles Unit

The trust provided urgent and emergency care services at Harrogate District Hospital and two minor injury units at Ripon Community Hospital and Selby War Memorial Hospital. The Emergency Department at Harrogate District Hospital was a designated Trauma Unit. This hospital also provided the following services:

- Acute Medicine
- Surgery
- Maternity
- Critical care
- End of life
- Children and young people
- Diagnostic and outpatients.

The trust provided a range of community services to the Harrogate and rural district area, as well as some services across North Yorkshire. . These services included:

- Community adult services
- Children, young people and families' services
- Community inpatients

# Summary of findings

- Community dental services
- Urgent care services, minor injuries units.

Children and young people's community services were also provided to wider geographical locations including Stockton, Durham, Sunderland, Gateshead, Darlington and Middlesbrough.

## Overall summary

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

## What this trust does

The trust provided acute inpatient and outpatient healthcare services to people living in and around the Harrogate and rural district area as well as community services. There was one main hospital site, two community minor injuries units, a community hospital providing inpatient and outpatient services and a rehabilitation unit. The trust also had a rehabilitation unit. Community services, across a range of services were provided across North Yorkshire and Childrens services were provided by the trust to a wide geographical area, including services in the North East.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

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

Between 6 and 8 November 2018 we carried out unannounced inspections of surgery and children and young people within the acute location of Harrogate District Hospital, and community inpatients and minor injuries units within the community services provided by this trust as part of our continual checks on the safety and quality of healthcare services. We inspected children and young people services, community inpatients and minor injuries units as at least 2 domains were rated as requires improvement at the last inspection.

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 effective, responsive and well led as good, safe as requires improvement and caring as outstanding.

# Summary of findings

- We took into account the current ratings of the six core services across one acute location and three community services not inspected at this time. Hence, five acute services across the trust are rated overall as good and three are rated as outstanding; and three community services are rated good and two are rated as outstanding.
- The overall rating for the trust's acute location remained the same. We rated Harrogate District Hospital as good. Community services improved. We rated community services as outstanding.

## Harrogate District Hospital

- We inspected Surgery and rated the service outstanding. The rating for safe improved to good. The rating for well led improved to outstanding.
- We inspected services for Children and Young People and rated the service as good. The rating for safe and well-led improved to good.

## Community health inpatient services

- We rated this service as good. Safe, effective and well led improved to good.

## Community health urgent care services (MIU)

- We rated this service as good. Safe, effective and well led improved to good.

## Are services safe?

Our rating of safe stayed the same. We took into account the current ratings of services not inspected this time.

We rated it as requires improvement because:

- We cannot rate safe within this service higher than requires improvement because we did not inspect two core services, urgent and emergency care and medical care, which were rated as requires improvement at our previous inspection. This is in line with our published inspection methodology. Although improvements have been made in surgery and children and young people services this was not enough to improve the overall rating in this domain.
- In children and young people services, some staff we asked were not aware of an environmental risk assessment or formal ligature risk assessment for the ward.
- In children and young people services, control measures to prevent the spread of infection were in place, with high compliance in infection control audits, but we observed that these control measures were not always applied.
- In children and young people services, staff had not kept detailed records of patients' care and treatment.
- Within community inpatient services, there were issues with the environment in terms of space and security.

However:

- Services managed patient safety incidents well.
- Services used safety monitoring results well.
- Services controlled infection risk well.
- Robust escalation processes were in place to treat deteriorating patients in a timely manner.
- In most areas, there was enough staff with the right qualifications, skills and experience to keep people safe from avoidable harm and to provide the right care and treatment.

## Are services effective?

Our rating of effective stayed the same. We took into account the current ratings of services not inspected this time.

# Summary of findings

We rated it as good because:

- The trust provided care and treatment based on national guidance. Staff monitored the effectiveness of care and treatment and used findings to improve them.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used specific feeding and hydration techniques when necessary.
- Overall, staff assessed and monitored patients regularly to see if they were in pain.
- Staff were competent to complete their roles.
- Staff from different roles worked together as a team to benefit patients.
- Most staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They understood how and when to assess whether a patient had the capacity to make decisions.

However:

- Staff on Woodlands ward had not assessed and monitored patients regularly to see if they were in pain. Pain assessment tools were in place but were not used for every child that required monitoring of their pain. The evidenced based pain tools had not been audited since implementation.

## 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 outstanding because:

- Staff cared for people with compassion and dignity at all times. Staff at all levels went the extra mile to ensure that people received the appropriate care, treatment and support. We observed many examples of this during our inspection.
- Consideration of people's privacy and dignity was consistently applied. We observed many examples of this during our inspection.
- Feedback from people who used services was continually positive about the way staff treat patients.
- There was a strong, visible person-centred culture. People felt really cared for and that they mattered.

## 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 trust planned and provided services in a way that met the needs of the local people.
- Services took into account patients' individual needs.
- People could access services when they needed them.
- The trust treated concerns and complaints seriously, investigated them and learned lessons which was shared with staff.

However:

- Across the services we inspected, the average time taken to close complaints was not in line with the trust's complaints policy.

# Summary of findings

## 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:

- Managers at all levels in the trust had the right skills, knowledge and abilities to run a service. Managers were visible and approachable.
- The trust had a clear vision and strategy. Most staff knew, understood and supported the vision.
- Managers across the trust promoted a positive culture that supported and valued staff. Staff felt respected, valued and supported.
- Governance processes were clear and easily understood at both the strategic and operational levels.
- The trust had effective processes to identify, understand, monitor and address current and future risks.
- The trust collected, analysed, managed and used information well; it had clear service performance measures in place which were effectively monitored and reported.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- There were robust systems and processes for learning and continuous improvement. There was a strong focus on quality improvement throughout the trust which was well embedded. There were examples of innovation in care.

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in Surgery at Harrogate District Hospital.

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

## Areas for improvement

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

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

## What happens next

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

## Outstanding practice

We found the following outstanding practice:

# Summary of findings

## Trust wide

- There was a fully embedded and systematic approach to improvement which used a recognised improvement methodology. There was a strong focus on quality improvement throughout the trust which was well embedded.

## In Surgery;

- The trust appointed a consultant in 2013 who has been leading nerve blocks for the anaesthetic department, resulting in positive use of nerve block outcome data, presented in New York at the America Society of Regional Anaesthesiologists conference this year.
- The trust supported staff creativity to overcome operational issues. The trust submitted an example of you said we did by demonstrating a staff suggestion of ensuring wheelchairs were available at all times outside the day rooms on the in-patient surgical wards.
- We saw a new elective admissions unit opened in March 2017 with the discharge lounge transferring up onto the unit in June 2017. This was initially a 6 month project as part of the Planned Care Transformation programme. The pilot impact in the first 6 months was significant with a month to month improvement in 2017 (92% to 96%). From September to January the average same day admission sustained at 97%. Over the same period year on year this is the equivalent to a reduction of 378 patients not being admitted before the day of surgery. The trust told us savings for the directorate for 2017/18 were £177k and the same day admission rates on EADU contributed significantly to sustaining bed closures to achieve this saving.
- The role of Stores Assistant commenced in July 2016 following a request from all the Ward Managers regarding the amount of nursing time spent managing stores. With wards under increasing pressure from staff shortages and an increase in patient acuity/activity the post was agreed for an initial 12 months. Benefits demonstrated following this post introduction include Increased patient safety by having the right product at the right time, increased patient safety as products subject to recall can be easily identified and Significant reduction in the incidence of expired stock.

## Areas for improvement

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

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

#### In Childrens and Young People;

- The trust must ensure children's pain management is effective. Pain management tools should be used in association with the child and family to assist in the identification of pain and the effectiveness of the prescribed pain relief.

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

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

- The trust should ensure that all complaints are closed in line with their policy.
- The trust should ensure that staff record minimum and maximum temperatures for medicines refrigerators.

#### In surgery;

# Summary of findings

- The trust should take steps to improve staff understanding of mental capacity processes and the Mental Capacity Act 2005 in relation to consent.
- The trust should improve perioperative medical assessment rates.
- The trust should continue to improve referral to treatment time (RTT) for admitted pathways.

## **In Childrens and Young People;**

- The trust should ensure that they achieve compliance against the Royal College of Surgeons (2013) Standards.
- The trust should ensure that all staff are aware and understand the principals of Gillick competence.
- The trust should ensure that staff who care for children and young people in areas outside of the children's service, for example, theatre, radiology, adult outpatients receive training and complete competencies to enable them to care for this patient group.
- The trust should ensure that the necessary infection prevention precautions are taken by staff when caring for children.
- The trust should ensure that fridge temperature checks are completed on the special care baby unit and Woodlands ward.
- The trust should ensure that all patient records are complete and legible.
- The trust should ensure age appropriate entertainment and toys are available in all areas children attend.
- The trust should ensure that response to complaints raised are in line with the trust's complaints policy, which stated complaints should be closed within 25 days.
- The trust should ensure that all relevant nursing staff have completed the enhanced paediatric life support training qualification so that there is at least one nurse per shift in each clinical area (ward / department).
- The trust should ensure that they have sufficient senior experienced nurse cover at band six and above 24/7.

## **In Community Inpatients;**

- The trust should ensure refurbishment of the ward environment and bathroom facilities meets patient rehabilitation and individual needs, storage requirements and space at the ward entrance.
- The trust should ensure all staff groups receive an annual appraisal.
- The trust should ensure any negative staff behaviours are managed appropriately to support patients' dignity and confidence.
- The trust should continue to develop risk assessment and care planning tools to meet the needs of the service and avoid duplication of effort.

## 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.



# Summary of findings

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

- **Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.** The leadership team were experienced and stable. Board members, including non-executive directors, had a range of skills, knowledge, and experience to perform its role. Leaders were very visible and approachable. There was a strong sense that they worked collectively and collaboratively, whilst still being able to challenge. The executive team had been particularly effective with their visibility within community services.
- **The trust 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.** There was a clear statement of vision and values, driven by quality and sustainability. The vision and values were fully embedded, understood by most staff, and were underpinned by strategic objectives, operational plans and key performance indicators. The trust's strategies were aligned with the plans in the wider health economy, both locally and within the integrated care system.
- **Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** The overall culture of the trust was very positive and patient focused. At ward and community level, staff were motivated by wanting to provide the best care for patients and they spoke positively about the care they delivered. They told us compassionate quality care was a priority. Front-line staff told us they felt valued by their peers and leaders, both locally and at senior level. We found staff were supported in their roles. This was reflected in the NHS Staff Survey 2017.
- **The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.** Governance processes were clear and easily understood at both the strategic and operational levels. We found governance structures operated effectively with clear connection from ward to board. Staff at each level in the trust were very clear about their roles. Staff accountability was effective at all levels in the trust. Arrangements the trust had in place with its partners and third party providers we found were governed and managed effectively.
- **The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.** The trust used its board assurance framework and corporate risk register effectively. The board assurance framework provided evidence of ward to board assurance at a strategic level for the trust. There were effective systems to manage risk. The trust's escalation processes in relation to risk worked effectively. Potential risks were reflected in the planning of services. The trust had well developed assurance systems particularly for performance. The board had appropriate oversight of quality and performance, with the focus retained on maintaining quality.
- **The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.** The trust had clear service performance measures in place which were effectively monitored and reported. There was evidence of integrated reporting which was used to support decision-making at board level and performance information was used to hold senior leaders and staff to account. The trust acknowledged there was more work to do in terms of improving information in the integrated performance report regarding children and young people community services. There were strategies in place which reflected the current priorities and challenges for the trust in terms of information management and technology, and data security.
- **The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.** There were a range of methods in place to engage with patient and the public to shape services. Patients and carers were invited to take part in surveys, both locally and nationally. The trust also involved patients and the public in planning, delivery and improving services through the development of a youth forum, patient voice group, patient experience group, stakeholder equality

# Summary of findings

group and the use of patient stories at board meetings. It proactively engaged with staff and celebrated their achievements. As part of the trust's quality charter, it had a well embedded and effective making a difference and team of the month awards. The trust had a positive and collaborative relationship with external partners. It had a significant role within the wider local health system.

- **The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.** There were robust systems and processes for learning and continuous improvement. There was a strong focus on quality improvement throughout the trust which was well embedded. The trust had an innovation and improvement strategy and quality charter which was effective in enabling it to grow skills and capacity in quality improvement and celebrate innovation and quality improvement. The trust participated and had gained successful accreditations in numerous schemes and had effective systems for receiving and acting upon internal and external reviews. There were systems to support innovation and the trust had received recognition for this.

## However:

- There was a lack of diversity at senior level, specifically BME, both the executive and non- executive board members acknowledged this and had strategies in place to help address this.
- Senior leaders were aware that they needed to undertake more work in relation to the workforce race equality standard and an action plan with appropriate monitoring at board level was in place.
- Although there was a comprehensive complaints policy, the average time taken to close complaints was not in line with this policy.

## Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at:

**[districtNHSFoundationtrust/RCD/Reports](https://www.districtnhsfoundationtrust/RCD/Reports)**

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Mar 2019	Good ↔ Mar 2019	Outstanding ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 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
Harrogate District Hospital	Requires improvement ↔ Mar 2019	Good ↔ Mar 2019	Outstanding ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019
<b>Overall trust</b>	Requires improvement ↔ Mar 2019	Good ↔ Mar 2019	Outstanding ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019

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

## Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔ Mar 2019	Good ↔ Mar 2019	Outstanding ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019
Community	Good ↑ Mar 2019	Good ↑ Mar 2019	Outstanding ↔ Mar 2019	Good ↔ Mar 2019	Outstanding ↑↑ Mar 2019	Outstanding ↑↑ Mar 2019

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

## Ratings for Harrogate District NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Medical care (including older people's care)	Requires improvement Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Surgery	Good ↑ Mar 2019	Good ↔ Mar 2019	Outstanding ↔ Mar 2019	Good ↔ Mar 2019	Outstanding ↑ Mar 2019	Outstanding ↑ Mar 2019
Critical care	Good Jul 2016	Good Jul 2016	Outstanding Jul 2016	Outstanding Jul 2016	Good Jul 2016	Outstanding Jul 2016
Services for children and young people	Good ↑ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↑ Mar 2019	Good ↑ Mar 2019
End of life care	Good Jul 2016	Good Jul 2016	Good Jul 2016	Requires improvement Jul 2016	Good Jul 2016	Good Jul 2016
Outpatients and Diagnostics	Good Jul 2016	Jul 2016	Good Jul 2016	Outstanding Jul 2016	Good Jul 2016	Outstanding Jul 2016
Maternity and Gynaecology	Good Jul 2016	Requires improvement Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
<b>Overall*</b>	Requires improvement ↔ Mar 2019	Good ↔ Mar 2019	Outstanding ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 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 Jul 2016	Good Jul 2016	Outstanding Jul 2016	Good Jul 2016	Outstanding Jul 2016	Outstanding Jul 2016
Community health services for children and young people	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Community health inpatient services	Good ↑ Mar 2019	Good ↑ Mar 2019	Good →← Mar 2019	Good →← Mar 2019	Good ↑ Mar 2019	Good ↑ Mar 2019
Community dental services	Good Jul 2016	Outstanding Jul 2016	Outstanding Jul 2016	Outstanding Jul 2016	Outstanding Jul 2016	Outstanding Jul 2016
Urgent care	Good ↑ Mar 2019	Good ↑ Mar 2019	Good →← Mar 2019	Good →← Mar 2019	Good ↑ Mar 2019	Good ↑ Mar 2019
<b>Overall*</b>	Good ↑ Mar 2019	Good →← Mar 2019	Outstanding →← Mar 2019	Good →← Mar 2019	Outstanding ↑↑ Mar 2019	Outstanding ↑↑ Mar 2019

\*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.

# Acute health services

## Background to acute health services

Harrogate and District NHS Foundation Trust (HDFT) is an integrated provider of acute hospital services in Harrogate and Ripon.

Harrogate District Hospital (HDH) is one of three hospital sites for Harrogate District Foundation Trust (the trust). It's located in Harrogate and provides acute hospital services to the local population.

HDH is the trusts largest hospital. It offers a range of inpatient and outpatient services including;

- Urgent and emergency care
- Medicine
- Surgery
- Critical care
- Maternity
- End of life care
- Outpatients and diagnostics
- Services for children and young people

At this inspection we inspected surgery and services for children and young people.

## Summary of acute services

**Good** ● → ←

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

- We rated safe as required improvement, effective and responsive as good and caring as outstanding.
- We rated surgery as outstanding. Safe, improved to good and well led improved to outstanding.
- We rated services for children and young people as good. Well led and safe improved to good.
- We took into account the current ratings of the core services not inspected at this time. Five core services are rated as good and three core services are rated as outstanding.

# Harrogate District Hospital

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## Key facts and figures

Harrogate District Hospital (HDH) is one of three hospital sites for Harrogate District Foundation Trust (the trust). It is located in Harrogate and provides acute hospital services to the local population. It is the main acute location within the trust.

HDH is the trusts largest hospital. It offers a range of inpatient and outpatient services including urgent and emergency care, medicine, surgery, critical care, maternity, end of life care, outpatients and diagnostic and services for children, young people and adults primarily in the North Yorkshire area.

At the time of inspection HDH had approximately 300 inpatient beds, 18 day case beds and 16 children's beds. In addition, the hospital provided critical care services, with eight beds available for intensive care and high dependency.

At this inspection we inspected Surgery and Children and Young Peoples services. We spoke with around 40 patients and relatives, 100 staff and reviewed 20 patient records

## Summary of services at Harrogate District Hospital

**Good**   

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

- We inspected Surgery and rated the service outstanding. The rating for safe improved to good. The rating for well led improved to outstanding.
- We inspected services for Children and Young People and rated the service as good. The ratings for safe and well-led improved to good.

# Surgery

**Outstanding** ☆ ↑

## Key facts and figures

The trust provides both emergency and elective surgical intervention at Harrogate District Hospital. Surgical service is split into a number of specialities as listed below:

- General surgery (lower GI, upper GI, breast)
- Urology
- Theatres & anaesthetics
- Critical care
- Trauma & orthopaedics
- Rheumatology
- Head & neck (ENT, oral surgery, orthodontics)
- Ophthalmology

The trust has six surgical wards. The trust has 18-day case and 346 inpatient beds.

The trust had 22,988 surgical admissions from May 2017 to April 2018. Emergency admissions accounted for 4,253 (19%), 16,157 (70%) were day case, and the remaining 2,578 (11%) were elective.

Following a comprehensive inspection in 2016, the trust was told to complete the following actions:

- The trust must ensure at all times there are suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients dependency levels.
- The hospital should ensure compliance with the 'five steps to safer surgery' procedures and World Health Organisation audit.
- The trust should consider whether their laryngoscope handle decontamination process addresses all the likely infection risks.

During this inspection we visited all surgical wards, the surgical assessment unit, and the day surgery unit. We observed care being given and surgical procedures being undertaken in theatres and recovery areas. We spoke with 24 patients and 61 members of staff. We observed care and treatment and looked at 11 care records.

## Summary of this service

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

- Managers at all levels demonstrated high levels of experience and knowledge to deliver excellent quality of care. Managers were very approachable, visible and motivated staff to do their jobs well.
- The vision and strategy for the service recognised the current risks, challenges and pressures impacting on service delivery, whilst supporting and celebrating innovation and success.
- Seniors managers enabled engagement through collaborative working and networking. We saw an extensive number of ideas integrated into practice following engagement from staff and listening events.



# Surgery

- There is a strong, visible person-centred culture. All patients we spoke with gave excellent feedback in relation to the care they received from all levels of staff, including consultants, domestic and portering staff.
- Staff are highly motivated and extremely proud of the level of care they delivered and wanted to improve the lives of the patients they cared for. Relationships between people who use the service and staff are strong, caring and supportive.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service managed incidents well.
- The service controlled infection risk well.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service took account of patients' individual needs.
- People could access the service when they needed it.

However:

- Although the completion of medicines records had improved since the last inspection. Staff were not always recording minimum and maximum temperatures for medicines refrigerators.
- Staff had limited understanding of the relevant consent and decision making requirements in relation to the Mental Capacity Act 2005 and struggled to provide examples as to when mental capacity assessments would be required.
- The trusts referral to treatment time (RTT) for admitted pathways was consistently lower than the England average, across all specialists, however current data showed an improving picture.
- The trust took an average of 74 days to investigate and close complaints, this was not in line with their policy.

## Is the service safe?

Good  

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

- The service controlled infection risk well. Surgical wards and theatre units were clean and were regularly audited, achieving high cleanliness compliance rates. It had taken necessary steps to ensure theatre instruments were appropriately decontaminated.
- WHO surgical safety checklists were completed for every surgical procedure we reviewed and staff actively followed the 'five steps to safer surgery'.
- Staffing was managed effectively and staffing numbers were sufficient to support safe care and treatment, achieving nursing fill rates of over 86%.
- Medicines were prescribed and administered appropriately and electronic records were fully completed.
- Robust escalation processes were in place to treat deteriorating patients in a timely manner. We observed red stickers adhered to medical and nursing notes where clinicians confirmed national early warning score (NEWS) triggers.
- The service managed patient safety incidents well. Staff understood how and when to report incidents and learning following incidents was shared across the speciality.

# Surgery

- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- Although safeguarding training was below the trusts internal targets at the time of inspection, the trust told us they had implemented a three year plan to roll out training to all staff. This was in line with intercollege guidance.

However:

- Although the completion of medicines records had improved since the last inspection. Staff were not always recording minimum and maximum temperatures for medicines refrigerators.

## Is the service effective?

**Good** ● → ←

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

- Staff demonstrated a clear understanding of National Institute for Health and Care Excellence (NICE) guidelines and quality standards, and Royal College best practice guidelines in support of their provision of care and treatment. Staff were committed to best practice within the speciality.
- The division had developed several evidence-based, condition-specific care pathways to standardise and improve patient care and service flow, for example, surgical pathways from A &E and colorectal.
- Staff gave patients enough food and drink to meet their needs and improve their health. Patients nutrition and hydration needs were supported using nutritional assistants whom worked creatively to meet the needs of all patients but specifically those deemed to be at high risk.
- Staff assessed and monitored patients regularly to see if they were in pain. We observed that staff monitored pain and assess the effectiveness of pain relief using a number of techniques.
- Patient outcomes were good in relation to elective admissions, with lower risks of re -admission across general surgery, urology, trauma and orthopaedics compared to the England average.
- The service made sure staff were competent for their roles. All staff told us that appraisal time had been a recent priority and we saw appraisal completion rates had improved from 50% to 88% for nursing staff.
- All newly qualified staff employed by the trust were subject to a period of preceptorship and supervision, which varied according to the area worked in and was subject to competency sign-off. Staff received formal engagement sessions with their ward supervisor or academic lead. These took the format of one to one meetings, clinical supervision sessions, attachment to specialist practitioners, mentoring and observation, reflective practice, and revalidation.
- We observed well-attended, informal, and structured multidisciplinary team meetings throughout our visit. These meetings considered barriers to discharge from the point of admission to ensure safe patient discharge home.
- The trust monitored its current working scheme against NHS services, seven days a week clinical standards. The division provided evidence to address the four priority clinical standards namely time to first consultant review, diagnostics, interventions and on-going review.

However:

- The perioperative medical assessment rate was 78%, which failed to meet the national standard of 100%. This was within the bottom 25% of trusts. The 2016 figure was 71%.

# Surgery

- Staff had limited understanding of the relevant consent and decision making requirements in relation to the Mental Capacity Act 2005 and struggled to provide examples as to when mental capacity assessments would be required.

## Is the service caring?

**Outstanding**   

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

- There is a strong, visible person-centred culture. All patients we spoke with gave excellent feedback in relation to the care they received from all levels of staff, including consultants, domestic and portering staff.
- Staff are highly motivated and extremely proud of the level of care they delivered and wanted to improve the lives of the patients they cared for. Relationships between people who use the service and staff are strong, caring and supportive.
- Staff were encouraged and supported in a variety of different fund-raising initiatives. Staff saw this as integral to their role and teams worked together collaboratively to improve patient experience. Staff provided many examples of additional caring support they have provided, over and above their required roles. Staff empowered patients to have a voice and realise their potential.
- Feedback from people who use the service is continually positive. The friends and family test response was higher than the England average by 13%.
- The number of patients whom would recommend the service was also high at 96% with most wards achieving 100% recommendation scores.
- We observed staff attending to the needs of patients in a caring calm and professional manner.
- Staff supported patients diagnosed with a life limiting condition with counselling and psychology referrals.
- People who use the service are active partners in their care. Patients we spoke with felt genuinely involved in their treatment and care and felt as if they were treated as individuals

## 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 average length of stay for all elective patients at Harrogate was 2.9 days compared to the England average of 3.9 days;
- The average length of stay for all non-elective patients at Harrogate was 3.3 days compared to the England average of 3.8 days.
- The service took account of patients' individual needs. Translation services were available for patients whom English was not their first language. Patients living with dementia were identified to staff by a butterfly symbol to enable them to provide additional support. Specialist services to support patients with learning disabilities and we saw link nurses in place on most of the wards to identify and support vulnerable patients.

# Surgery

- The percentage of cancelled operations was significantly lower than the England average.
- Theatre usage remained consistently high at 79% in day surgery and above 90% in main theatres.
- Following the last inspection, the speciality had taken steps to ensure trauma patients were ring-fenced from elective patients. Specific arrangements were in place for trauma patients, including utilisation of a separate theatre when required.
- Discharge planning processes commenced at the point of admission and staff took proactive steps to ensure discharge was supported in a timely and safe manner. Discharges were managed during daily and weekly ward meetings and multidisciplinary team meetings on wards and staff worked with the discharge liaison team.

However:

- The trusts referral to treatment time (RTT) for admitted pathways was consistently lower than the England average, across all specialists, however current data showed an improving picture.
- The trust took an average of 74 days to investigate and close complaints, this was not in line with their policy.

## Is the service well-led?

**Outstanding**  

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

- Seniors managers enabled engagement through collaborative working and networking. We saw an extensive number of ideas integrated into practice following engagement from staff and listening events.
- The service invests in innovative and best practice information systems and processes, with new approaches such as the 'Quality of Care Champions' were fully embedded
- Managers were very approachable, visible and motivated staff to do their jobs well. Ward sisters said they had constructive and positive relationships with matrons and a shared purpose to drive improvement. Staff we spoke with during the inspection told us there was good teamwork, openness and morale was generally very good. All staff told us they were proud of the service.
- There are consistently high levels of constructive engagement with staff and people who use services.
- Managers consistently actively encouraged staff creativity and supported and implemented the concept of 'You said we did' to enable change and grow new ideas
- Managers at all levels demonstrated high levels of experience and knowledge to deliver excellent quality of care. The surgical division had a 'triumvirate' management structure in place with clear and very effective lines of responsibility and accountability;
- The vision and strategy for the service recognised the current risks, challenges and pressures impacting on service delivery, whilst supporting and celebrating innovation and success. Their strategies and plans were fully aligned to the trust's vision and strategy.
- The service took a systematic approach to working with other organisations to share best practice, tackle health inequalities and develop clinical standardisation and consistency.
- Governance process were robust and were proactively reviewed to support best practice.
- There were effective and comprehensive processes, including information systems, to manage risk and performance.

# Surgery

## Outstanding practice

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

## Areas for improvement

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

# Services for children and young people

Good  

## Key facts and figures

Children and young people's services are located at Harrogate District Hospital. The children's service was previously inspected in 2016 and we rated the service as requires improvement. Areas to improve upon were identified following this inspection.

The trust provides a consultant of the week model to give consultant delivered care and improve continuity for patients. Consultants and specialist nurses with interests in paediatric epilepsy, allergy, diabetes, endocrinology and respiratory medicine work within the service.

The children's service includes Woodlands ward (the 16 bedded inpatient children's ward), a Children's Assessment Unit (CAU) which is in a bay on Woodlands ward, the Special Care Baby Unit (SCBU) and Children's Outpatients. One high dependency bed for sick children and one cubicle designed for children who required admission due to their mental health needs are included in the 16 beds complement on Woodlands ward.

Woodlands ward provides beds for elective surgery in orthopaedics, general surgery, ophthalmology, ENT and occasionally gynaecology. Surgery is provided by both local and visiting consultant surgeons for children aged two years of age and over 15kg.

Children and young people are also seen and treated in the emergency department, day surgery, and theatres. Non-specialist paediatric surgery is undertaken by general surgeons whilst, children and young people who required specialist surgery were transferred to specialist centres.

The children's outpatient department was recently refurbished and is located off the main outpatient department. General paediatric outpatient clinics are also provided in Ripon, Wetherby and Yeadon. Visiting tertiary specialists in paediatric urology, surgery, neurology, rheumatology, orthopaedics and genetics as well as numerous nurse led clinics are provided in the outpatient department.

The Special Care Baby Unit (SCBU) cared for a range of conditions of both term and preterm neonates requiring special care. Infants born before 32 weeks gestation and / or less than 1500g were resuscitated and stabilised prior to transfer to regional services. The SCBU is part of the Yorkshire and Humber Neonatal ODN with tertiary level three and high dependency care provided in Leeds, Hull, and Bradford & Sheffield. The SCBU comprised of seven funded cots.

The trust had 3,377 admissions otherwise known as spells from June 2017 to May 2018. Emergency spells accounted for 94% (3172 spells), 5% (177 spells) were day case spells, and the remaining 1% (28 spells) were elective.

During our inspection we visited Woodlands ward, the SCBU, Children's Outpatients, the Emergency department, Day Surgery and Theatres. We spoke to 40 staff members, 15 parents and one grandparent of young children using the service and seven young people. We reviewed 10 children's medical and nursing records.

## Summary of this service

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

- Staff were caring, compassionate and respectful. Staff were positive about working in the service and there was a culture of flexibility and commitment.
- Feedback from staff, parents, children and young people had resulted in changes to the service.

# Services for children and young people

- Neonatal staffing met the British Association of Perinatal Medicine Guidelines (2011)
- The neonatal service was mostly compliant against the latest British Association of Perinatal Medicine (BAPM) Medical Staffing Guidelines (November 2018).
- A designated adult surgeon and anaesthetist were responsible for the oversight and management of children's surgical services.
- The service generally controlled infection risk well. Staff kept themselves, equipment and the premises clean.
- Service monitoring and improvement were managed through clear leadership pathways, governance, performance and risk management systems.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance; monitoring and review of clinical guidelines had taken place.
- 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.
- The trust planned and provided services in a way that met the needs of local people.
- Close working with other providers, tertiary centres, commissioners, parents and young people resulted in improvements and support for the service.
- People accessed 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.
- At our previous inspection the trust was told they must ensure the environment on the Woodlands ward was appropriate so the needs of children and young people with mental health needs were fully considered. Steps were taken but some ligature risks remained.

However:

- The service had not fully met the Royal College of Nursing (RCN) 'Defining staffing levels for children's and young people's services (2013) clinical standards', however the trust had actions in place to mitigate this. The service had not fully met the 'Facing the Future' medical staffing standards, however the trust had actions in place to mitigate this.
- Compliance against the Royal College of Surgeons (2013) Standards was not achieved. Two standards required further development; competency of theatre and recovery staff in the management of paediatric patients and the physical separation between children and adult patients in recovery.
- Control measures to prevent the spread of infection were in place, with high compliance in infection control audits, but we observed that these control measures were not always applied.
- Staff had not kept detailed records of patients' care and treatment.

## Is the service safe?

Good  

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

- 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.
- The service used safety monitoring results well.

# Services for children and young people

- There was enough staff with the right qualifications, skills and experience to keep people safe from avoidable harm and to provide the right care and treatment. Neonatal staffing met the British Association of Perinatal Medicine Guidelines (2011).
- The neonatal service was mostly compliant against the latest British Association of Perinatal Medicine (BAPM) Medical Staffing Guidelines (November 2018).
- The service provided mandatory training and key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service followed best practice when prescribing, giving, recording and storing medicines.

However:

- At our previous inspection the trust was told they must ensure the environment on Woodlands ward allowed the needs of children and young people with mental health needs to be fully considered. Steps were taken but some ligature risks remained where children and young people were cared for. Some staff we asked were not aware of an environmental risk assessment or formal ligature risk assessment for the ward. However the trust provided a ligature risk assessment that covered the whole of Woodlands ward.
- Control measures to prevent the spread of infection were in place, with high compliance in infection control audits, but we observed that these control measures were not always applied.
- Staff had not kept detailed records of patients' care and treatment. We reviewed ten patients records and found gaps in six records and some doctors' writing was illegible.
- Staff had not completed daily checks on fridge's and freezer's; we found 18 checks missed over a 68 -day period. Readings higher than the eight degrees maximum fridge temperatures were missed on eight occasions.

## 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; monitoring and review of clinical guidelines had taken place.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service planned for patients' religious, cultural and other preferences.
- The special care baby unit had implemented the Bliss Baby Charter.' The baby charter is a practical framework for neonatal units to self-assess the quality of family-centred care they deliver against a set of seven core principles.
- The service made sure staff were competent for their roles. We saw that managers had appraised nursing 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.

However:



# Services for children and young people

- Pain assessment tools were in place but were not used for every child that required monitoring of their pain. The evidenced based pain tools had not been audited since implementation.
- Staff followed the trust policy and procedures when a patient could not give consent, but the principals of Gillick competence were not well understood by staff

## 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 involved patients and those close to them in decisions about their care and treatment. They said they were involved in their care and decision-making and were happy with the care and treatment received.
- Staff provided emotional support to patients to minimise their distress. Support was available for bereaved parents through the bereavement link nurse and chaplaincy service who routinely offered their services to parents who lost a child.
- Support was provided by the multi-disciplinary team during the child's admission, stay and in preparation for their discharge home.

However:

- Children and their families who attended Woodlands ward for food allergy testing were treated in the clinical assessment unit (CAU) in an open environment

## Is the service responsive?

Good  → ←

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

- The trust planned and provided services in a way that met the needs of local people.
- Close working with other providers, tertiary centres, commissioners, parents and young people resulted in improvements and support for the service.
- People accessed 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.
- The service took account of patients' individual needs. An increase of specific paediatric days in the day surgery unit (DSU) to two per month had ensured most paediatric patients were seen and operated on separately from adults.
- Children and Adolescent Mental Health Services provided a 24/7 service which included in-hours and overnight on call.
- Transition from paediatric to adult services for young people with asthma, diabetes and learning disabilities was in place.

# Services for children and young people

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- Staff were unaware of any flagging system in use to identify parents or young people with additional needs and link nurses were not in place on either Woodlands ward or in SCBU.
- From July 2017 to June 2018 there were four complaints about children's services at the trust. The hospital took an average of 84 days to investigate and close complaints. This is not in line with the trust's complaints policy, which states complaints should be completed within 25 days.

## Is the service well-led?

**Good** ● ↑

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

- Managers at all levels had the right skills and abilities to run a service providing high-quality sustainable care. A clear leadership structure was in place within the service.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff described senior managers as visible and approachable.
- 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 had improved the quality of its services.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The risk register identified risks to the service and staff were sighted on these risks.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- There was evidence of ongoing innovation and improvement that had taken place within the service which meant that service provision had been focused towards the needs of the child's and the surrounding community's needs.

## Areas for improvement

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

# Community health services

## Background to community health services

The trust provided a range of community and dental services to the Harrogate and rural district area, as well as across North Yorkshire. These services included:

- Community adult services
- Children, young people and families' services
- Community inpatients
- Community dental services
- Urgent care services, minor injury units (MIU).

Children and young people's community services were also provided to wider geographical locations including Stockton, Durham, Sunderland, Gateshead, Middlesbrough and Darlington.

The trust provided five core community health services from various locations. It had a substantial community children, young people and families' services, covering a wide geographical area. This service had expanded since the last inspection.

At this inspection we inspected community inpatients and the minor injuries units.

## Summary of community health services

**Outstanding**   

Our rating of these services improved. We rated them as outstanding because:

- We rated safe, effective and responsive as good, caring and well led as outstanding.
- We rated community health inpatient services as good. Safe, effective and well led improved to good.
- We rated community health urgent care services (MIU) as good. Safe, effective and well led improved to good.
- We took into account the current ratings of the three community services not inspected at this time. Hence, three community services are rated good and two are rated as outstanding.

# Community health inpatient services

Good ● ↑

## Key facts and figures

Harrogate and District NHS Foundation Trust provides community services in the Harrogate locality, a specific range of community services across North Yorkshire with a population of 400,000.

Trinity ward works together with physiotherapy and occupational therapy teams based at Ripon Community Hospital. Local GPs are contracted to provide medical management of inpatients on the ward with additional oversight from a Consultant Geriatrician and an Elderly Care Advanced Clinical Practitioner.

Patients are admitted to Trinity ward at Ripon Community Hospital from acute hospital wards at Harrogate District General Hospital and occasionally from other hospitals such as York District General Hospital, The James Cook University Hospital in Middlesbrough and the Friarage Hospital at Northallerton. Patients are also admitted from the community as a step-up facility, avoiding acute hospital admission or for end of life care.

The ward is a mixed sex rehabilitation ward with 16 beds with appropriate segregation with the physical capacity to increase to 20 beds. This includes two dedicated palliative care beds in a separate part of the ward specifically for end of life care.

Most patients are elderly and the ward occasionally cares for younger adult patients over the age of 18. The average length of stay in the 5 months prior to December 2017 was 27 days as stated in the RPIR. The average length of stay in the service between December 2017 and June 2018 was 20 days. At the time of our inspection there were only 14 beds occupied due to low staffing levels and higher patient dependency.

## Summary of this service

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

- We found the service had made improvements in the focus on patient rehabilitation, holistic care and therapy planning, maintenance of equipment, information provided to patients and their families, compliance with the ward admission criteria, and ward leadership.
- The ward team had strengthened the admission criteria to ensure staff referring patients had sufficient information on the aims of the ward and its nurse-led provision.
- We observed staff to be compassionate and caring in their approach and feedback from patients and relatives confirmed this.
- There were sufficient nursing and therapy staff to provide a good service to patients and ward staff worked as a multidisciplinary team to provide holistic rehabilitation care. We found records included written patient consent to rehabilitation and full risk assessments with regular updates. Patients' nutritional needs were well managed.
- Management and storage of medicines and patient records had improved.
- Mandatory training was managed well and most staff had received appraisals. There was an audit cycle to ensure safety performance, infection control and the environment were monitored and managed appropriately and all areas we inspected were clean.

# Community health inpatient services

- Admissions and discharges were well managed. A discharge liaison nurse ensured patients from acute wards were assessed prior to admission and ensured safe and effective discharges. The multidisciplinary team met weekly to discuss every patient's care needs.
- Food and fluids were within patients' reach and all patients told us they enjoyed the food provided and were supported if necessary.
- A large rehabilitation area was used in a neighbouring area of the hospital with physiotherapy equipment and access to the occupational therapy kitchen. There was appropriate furniture for dining and social activities. Patient bed areas were arranged to mirror patients' own home environments to encourage and motivate them to improve their mobility and confidence prior to discharge.
- Although the ward environment remained challenging due to the age of the building and the layout in terms of space and visibility of patients, staff had provided improved signage to better suit the needs of people with dementia.
- The service received very few written complaints and was very much appreciated by the local community. The hospital was extremely well supported by the local Friends of Ripon Hospital committee who continued to raise many thousands of pounds to support the care and comfort of patients using the service.

However:

- The ward environment and bathroom facilities were old and some patient showers had been decommissioned although there were sufficient bathrooms for patient needs.
- There was a shortage of storage space and trolleys were parked in corridors, causing bottlenecks, particularly at the entrance to the ward. These were easily moved but caused extra work for staff and presented risks to access.
- Patients had previously not been offered the chance to manage their own medication to prepare for leaving the hospital environment. Staff had attempted to improve this by using individual bedside lockers to store each patient's medicines. However, staff held only one key for all lockers so medicines were only available to patients at drug round times.

## Is the service safe?

**Good**  

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

- We found improvements in patient risk assessments, maintenance of equipment, record keeping, storage of patient notes, and learning from incidents.
- At our last inspection we found not all patients were assessed for venous thromboembolism risk on admission to the ward. At this inspection we found a full range of risk assessments were completed for all patients on admission. Assessments were regularly reviewed and documentation was updated.
- There had been concerns about the maintenance and servicing of some of the electrical equipment on the ward with a lack of assurance that all the equipment had been appropriately checked and was safe to use. At this inspection we found all electrical equipment had been checked, calibrated and labelled.
- At our last inspection, we reported patients' notes and records had not been securely stored. This time we found all patients' nursing and therapy notes were stored securely in a locked cupboard at the nurses' station and medical notes were stored in trolleys in the locked medicines room.

# Community health inpatient services

- We had found previously that reporting and learning from incidents had not been well managed. At this inspection we found there was a good incident reporting culture. Staff received feedback on concerns raised and outcomes of incident investigations. Learning from incidents was shared with the full team.
- At our last inspection we found out of hours medical cover was accessed from the local GP out of hour's service and was sometimes unable to respond to requests for patients to be seen in a timely manner on the ward. At this inspection, we noted the patient care escalation process ensured any patient requiring urgent care would be transferred directly to the acute site for appropriate care and management. Ward staff could access support and advice from GPs and hospital medical staff when necessary.
- Trinity ward was clean, tidy and clutter free in most areas and all staff followed infection control principles. There was sufficient and clean equipment available for staff to use. Patients who required more regular observations were placed in bays easily seen and accessed by staff.
- Collection of safety performance information and sharing of lessons learned had improved since our last inspection. Staff met daily as a team in the rehab huddle. This had replaced the safety huddle and now included the therapy and nursing teams as one. Nursing handovers took place at every shift change.
- Medicines management was good with pharmacist support. The pharmacist was fully informed and involved in all medicines reviews. Medicines reconciliation and stock control had improved with regular support from a pharmacy technician.
- There had been a period of 85 days without a patient fall in the months before our inspection.
- Staff were aware of safeguarding principles and were able to follow the correct procedures and most staff had received the full range of mandatory training.
- At our last inspection we found staff shortages for nurses and therapists. At this inspection registered nurse staffing was to establishment following best practice guidance. Recruitment processes were complete and new staff were in post. The ward was trialling a multidisciplinary support worker role to assist therapy and nursing staff.
- There was sufficient therapy space and equipment provided. There was appropriate furniture for dining and social activities.
- A wide range of patient risk assessment, screening tools and record charts were used. Regular patient observations were recorded and records were regularly updated.
- The ward admission criteria ensured no high risk patients were admitted and only those suitable for nurse led care and rehabilitation were accepted but there was a clear escalation policy to transfer patients directly to Harrogate District General Hospital if necessary.
- Medical cover was provided by general practitioners (GP) from the three local practices. A GP visited the ward on weekdays, usually in the morning. Trinity ward was nurse led and medical presence was not provided all day. A consultant geriatrician from Harrogate District Hospital visited the ward once a week on a Wednesday to review all patients and attend the multidisciplinary team meeting. Alongside this medical cover, an elderly care advanced clinical practitioner assisted the consultant geriatrician on a Wednesday and provided additional cover on a Friday. They were both contactable on an outreach basis if required.

However:

- In some areas there was a lack of space and the area at the entrance to the ward regularly became a bottle neck.
- At our last inspection, a security review was planned and a digital locking system was to be fixed to the ward door. At this inspection, staff reported an incident had occurred where a member of the public had accessed the ward at night and there was still no suitable security access to the ward.

# Community health inpatient services

## Is the service effective?

**Good** ● ↑

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

- We found improvements since our last inspection in access to therapy, admissions and rehabilitation leading to successful patient discharges.
- A range of assessment and screening tools were used and documented in patient notes and national guidelines were followed for stroke, falls and pressure ulcers. Staff had quick and easy access to best practice guidance via the trust intranet.
- Staff carried out regular documentation audit of nursing records and we found no gaps in recording in any of the records we checked.
- All records we reviewed had occupational therapy and physiotherapy input with very clear goals recorded.
- At our last inspection we found patients were not fully involved in their own rehabilitation, goal setting and discharge planning and discharge dates were not effectively communicated to the patients or their families. We noticed major improvements at this inspection. Patients were admitted with rehabilitation as their main goal. Admission criteria was strictly adhered to and patients were informed and fully involved in their own rehabilitation.
- Food and fluids were within patients' reach and most patients told us they enjoyed the food provided. The ward employed a nutrition assistant and they supported patients who required assistance with eating and drinking.
- All meals and snacks were prepared in the kitchen on the hospital site. The chef spoke with patients about their nutritional needs and made a variety of snacks for patients, and staff encouraged patients to request snacks.
- Staff involved patients in their care and obtained verbal consent before carrying out any interventions. All patients who were admitted gave written consent for rehabilitation.
- Staff developed individual care plans with patients depending on their stage of rehabilitation. The main aim, from admission to discharge, was for patients to regain their physical baseline to return home or access an appropriate level of care support.
- Patients had previously not been offered the chance to manage their own medication to prepare for leaving the hospital environment. Staff had attempted to improve this by using individual bedside lockers to store each patient's medicines. However, staff held only one key for all lockers so medicines were only available to patients at drug round times.
- Although there was no named nurse or key worker system in operation, staff worked as a rehabilitation team. Patients knew the ward staff and all staff carried out essential roles in their care and treatment.
- New staff, including bank staff, completed full trust induction and local induction, including mandatory training, trust information and emergency procedures.
- Non-registered nursing staff completed competencies in core skills such as record keeping and infection control as well as tissue viability, catheter management, tests and investigations, bowel care and topical medication administration. The team had developed multidisciplinary competencies for a joint therapy and nursing support worker role.

# Community health inpatient services

- Multidisciplinary team (MDT) meetings were used to discuss patient progress, plan discharges and check care packages were in place. These meetings were held weekly and had previously lacked leadership, co-ordination and direction. However, the meeting we observed was well-led by the consultant geriatrician. All staff were engaged and involved. Discussions were concise and decisions were recorded in patient notes.
- We observed therapists and nurses working together with patients to support and encourage them to carry out therapy activities with confidence.
- Staff supported patients in all aspects of rehabilitation; physical, mental and social to enable them to have sufficient skills and confidence ensure a return to either a previous level of independence or achievement of the optimum level of independence possible for that individual.
- Between April 2017 and March 2018 100% of supporting staff and 95% of nursing staff had completed an appraisal. 5 members of staff became eligible for an appraisal between April 2018 and June 2018 (YTD at the time of the PIR). 2 had been completed however senior staff told us that for those outstanding all were booked to take place before the end of the calendar year

However:

- Staff told us there was no formal clinical supervision available to the nursing staff but all staff had regular one to one meetings with their manager. However, the trust stated the ward manger worked in a supervisory capacity allowing visibility, developing clinical competencies and leadership skills, developing the rehabilitation standards and working alongside staff as a role model.
- Some staff told us the trust was usually supportive releasing staff for training to attend external courses but securing funding could sometimes be a problem.

## Is the service caring?

Good   

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

- Patients and relatives we spoke to told us that the care they received from staff was excellent and patients said they felt safe and cared for.
- We observed staff speaking to patients in a sensitive and compassionate manner. Staff knocked on doors before entering private areas and used curtains for privacy. Call bells were responded to quickly.
- The wards issued friends and family test comment cards with a good response rate. Results were displayed on ward noticeboards.
- Most patients and visitors told us that all staff were respectful of their needs and preferences and took time to understand personal requirements or to explain the care being administered. Therapy staff gave encouragement, listened to patients' concerns and explained what they were hoping to achieve.
- The team had introduced a lunch club to encourage patients to eat at the dining table and aid their rehabilitation. We observed more able patients playing games and enjoying social activities.



# Community health inpatient services

- We had reported previously that patients required more opportunities and empowerment to self-care. At this inspection we found patients had their own individual bed space which was set up to meet their needs. Staff supported activities when necessary but encouraged patients to care for themselves whenever possible. Patients told us that they were encouraged to be as independent as possible but staff provided appropriate assistance in a sensitive way.
- Volunteers provided support with rehabilitation activities such as arts and crafts, students from the local school regularly visited the ward to talk to patients and a pets as therapy (PAT) dog had visited the ward regularly and staff told us patients responded well to this.
- The ward had two beds dedicated for palliative care patients. Staff cared for patients at the end of life and supported families during this time.
- As at our last inspection, some staff members and a patient reported a lack of compassion from some of the team. We did not see evidence of this at the time of our inspection but the ward manager assured us there were processes in place to deal with staff behaviours and would address this immediately.

## Is the service responsive?

Good   

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

- Patients recovering from illness or accidents were referred to the service by GPs or by acute hospital teams. Patients had to be medically fit, stable and agree to rehabilitation.
- A discharge planning nurse post had been created in June 2018 and this nurse attended the acute hospital to help staff identify patients suitable for transfer to Trinity ward. Staff reported a marked improvement in the quality of referrals, suitability of patients identified for admission and timely transfers, thus improving availability of beds in the acute wards.
- The service was meeting the needs of the local population and was appreciated by the local residents.
- Admission criteria were clear and robustly implemented by all staff. We observed staff taking referral details and following the checklist before agreeing to an admission.
- The whole MDT worked together with safe and appropriate discharge as the main aim for all patients. The discharge liaison nurse liaised with families, care providers and social services to ensure patients were discharged appropriately and as soon as they were ready to do so.
- At our last inspection, we noted patients with a diagnosis of dementia or confusion had been inappropriately referred to the wards and staff had struggled to manage their needs and behaviour. However, at this inspection staff told us the admission criteria protected them from accepting inappropriate admissions.
- Some staff had received additional training in the care of people living with dementia. We did see patients who displayed symptoms of anxiety or confusion but staff explained these behaviours improved in line with their rehabilitation and confidence.
- The ward was appropriately segregated to meet the same sex accommodation requirements with separate toilets and washing facilities for male and female patients.

# Community health inpatient services

- At our last inspection we found patients were not given an information leaflet on admission so they did not know what to expect during their stay or have contact information and visiting times in writing. At this inspection, information sheets were available to patients and families and also displayed at the ward entrance.
- There was a plentiful supply of trust leaflets and information relating to specific conditions. These were stored safely and were in good condition. We found no out of date information.
- We observed patients were encouraged to use the day room although this was not used all the time.
- The day room had a large television and a limited range of books, games and puzzles. Staff told us they had received funding to purchase a computer with activity programmes suitable for rehabilitation patients.
- Previous average length of stay ranged from 28 days to 15 days. Staff told us the most recent figure was 15 days and they expected this to stabilise. Staff were confident the rehabilitation model and admission criteria enabled patients to be safely discharged within this shorter timeframe.
- There were leaflets available for patients and visitors about the Patient Experience Service in the trust which explained how to make a complaint, compliment or raise a concern.
- Learning from complaints and concerns was cascaded to all staff through handover, rehab huddles, MDT and one to one meetings. Staff worked sensitively with patients and relatives to address concerns.
- Bed numbers were reduced depending on staffing availability and additional staff were requested when required.

## Is the service well-led?

Good  

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

- We found improvements in leadership, systems and processes and learning from incidents.
- At our last inspection we found safety risks were not being managed effectively such as electrical equipment maintenance, servicing and safety checks. At this inspection, we found all checks had been completed, equipment was stored safely and correctly and cleaning procedures had been introduced and were audited for compliance.
- The matron visited the ward at least once a week and contacted the team daily to discuss patients, staffing and any risks or problems. Staff told us they were approachable and listened to concerns. Staff knew how to contact them if there was an emergency or problem out of hours.
- Staff knew their immediate line managers and more senior leaders up to board level. Senior leaders worked as part of the multidisciplinary management team and had good knowledge of service needs and aims pressures on staff.
- Medical leadership had been strengthened since our last inspection. The consultant geriatrician and elderly care advanced clinical practitioner made themselves available to support the team, and the consultant led the weekly MDT. GPs were an integral part of the ward team, communicated well with staff and liaised with the full team about patient needs and care.
- Therapists were led by the community therapy lead and the senior therapist on duty took responsibility for junior staff, therapy support workers and rehabilitation activities.
- Staff we spoke with were aware of the trust's vision and values and we saw posters displayed in all areas we visited.

# Community health inpatient services

- A previous quality review of Trinity ward had highlighted some actions including reducing the number of inappropriate referrals and being able to discharge patients home in a timely manner. There had been good progress with these actions and staff had data to show continued improvements such as the reduction in the average length of stay.
- Ward staff could contribute and influence the risk register directly. The main risk on the register related to estates and staff were confident the ward refurbishment would address the main risks. In the meantime, there were effective processes in place to mitigate risks.
- Staff could access and record electronic observations. There was a problem with internet availability affecting one bed space and information had to be input away from patient bed area but this had been resolved at the time of the inspection with a WiFi booster.
- Staff completed discharge summaries electronically and printed them out on the day of discharge, to be delivered with the patient to the receiving community team or GP and copies were filed in patient notes.
- We reported there had previously been no ward based team meetings on Trinity ward in the past six months prior to our last inspection. Staff at this inspection told us the ward manager had restarted regular staff meetings and staff felt informed and involved.
- There was up to date guidance and information on display for staff to read in the medicines room. The staff notice board contained a mix of professional and work related information such as training dates as well as fundraising activities.
- The community of Ripon valued their local service. The Friends of Ripon Hospital regularly raised funds for the ward.
- At our last inspection, we reported there had been a lack of innovation on the ward and the staff lacked a sense of purpose and direction. They did not challenge themselves to develop an effective rehabilitation service. At this inspection we found all staff were committed to, motivated, and engaged in the ward's aims and purpose to provide an environment for rehabilitation for patients and a safe and peaceful setting for provision of end of life care.
- Senior managers were clear that the rehabilitation unit and the Ripon community hospital site would continue to be part of the trust elderly care strategy.
- Staff were happy in their work and morale was good. Staff were confident to report concerns and incidents and to share this information.
- Cleaning, portering and catering staff were valued and proud of their work and contribution to team working and patient care on the ward.
- The trust had developed and implemented a single assessment tool and care plan which had been used in patient records we viewed.

However:

- The new assessment tool did not include all risk assessments used on the ward so staff used additional documents to supplement this form. We found some assessments, and therefore effort, were duplicated because of this.

## Areas for improvement

We found areas for improvement in this service. Please see areas for improvement section above.

# Urgent care

Good  

## Key facts and figures

Urgent and emergency care services were provided from the main emergency department at Harrogate District hospital, however this report focuses on the two Minor Injury Units (MIUs) which were based at two hospitals within the larger geographic community. The units are situated at Ripon hospital and Selby War Memorial hospital.

The MIU at Ripon hospital is currently open 365 days of the year between the hours of 8am and 6pm, Selby MIU is also open 365 days of the year and between the hours of 8am-8pm.

Both MIUs were nurse led and currently staffed with advanced nurse practitioners and supported by clinical support workers.

Between May 2018-October 2018 Selby MIU had 7494 attendances, Ripon MIU had 5043 attendances over the same period.

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

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

During this inspection, we visited both units. We spoke with six members of staff, seven patients and one relative. We observed staff delivering care and we reviewed 40 sets of patient records.

## Summary of this service

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

- The provision of community based urgent and emergency services at both Ripon and Selby was of a consistently high standard. The service provided was safe, in that it protects service users from avoidable harm and abuse. Staff provided care in environments that were suitable and well maintained.
- The care and treatment of those patients using the service had good outcomes, it was based on the best available evidence and promoted good quality of life. Staff were highly qualified, experienced and worked in specialist roles effectively and efficiently.
- The services available were carried out by staff in a caring, compassionate and respectful way, with dignity underpinning the treatment offered
- The urgent and emergency care services available are not a 24 hour a day service but were available every day of the year. When open, the services provided met the needs of the community served, and alternative services were available when the units were shut.
- The service allowed for differing levels of need including those patients whose needs would be described as complex. It strived to remove barriers and offer timely, effective care to all.
- The community based urgent and emergency services were run effectively, by dedicated leaders with a clear vision and strategy. Since our last inspection changes have been made to the senior leadership and close links have been developed with the main emergency department.

# Urgent care

## Is the service safe?

Good  

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

- Incidents were reported, investigated and lessons were learned.
- The department was clean and well maintained. The treatment areas were clean and tidy and a regular cleaning regime was followed and documented effectively. Infection control audits were completed each month and both units scored highly over the period of 12 months that we reviewed.
- Record keeping was of a safe standard. All documentation was completed accurately and in line with professional standards.
- There was appropriate assessment and management of risks. Plans were in place for the management of deteriorating patients, assessment of paediatric patients and escalation plans for staffing shortfalls.
- Within the nurse led unit the Nurses were highly trained, experienced and motivated. The department was fully staffed and where unexpected shortfalls occurred, plans were in place to manage this. Revised staffing levels prevented any lone working situations.
- All Patient Group Directives (PGDs) for the administration of medication by non-prescribers were appropriate for the service, in date, easily accessible and with evidence of ongoing review.

## Is the service effective?

Good  

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

- A robust system of evidence based care and practice was in place with the unit following nationally recognised standards.
- There was a comprehensive library of policies and procedures on the Trust intranet, staff also had access to hard copies to mitigate against IT issues.
- Peer review was carried out within both units and staff had access to regular consultant input. Consultant review clinics occurred fortnightly at Ripon.
- Management of pain was effective and suitable for the patient groups treated. Patients were satisfied that appropriate pain relief was offered and given.
- Patient outcomes were achieved in line with national guidelines and standards at both Selby and Ripon.
- The staff were highly trained and competent. Training opportunities were available and well supported. Since the last inspection in 2016 a senior nurse has been employed as a 'Practice Educator'.
- Appraisals were held annually and staff were supported in carrying out development plans.
- Competency packages were utilised for new and existing staff which included non-qualified staff.
- The unit showed excellent multidisciplinary working with other departments such as x-ray and services which benefitted the patients seen by this service.

# Urgent care

- There were robust referral procedures to transfer patients from both units as clinically required. Selby had additional policy/procedure to transfer patients to the nearest ED which was part of another Trust.

## Is the service caring?

Good   

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

- Both units participated in the Friends and Family Test (FFT).
- We observed several examples of compassionate care and staff treating patients with kindness, dignity and respect. A large number of thank you cards and letters from patients and their carers indicated that patients were happy with the care that they had received.
- Staff showed an encouraging, sensitive and supportive attitude to patients who used the service and those close to them. Patients and their carers were involved as partners in care and planned treatments and options were discussed.
- Staff considered patients privacy and dignity and did their best to protect them.
- Consideration was given to patients with differing levels of need.

## Is the service responsive?

Good   

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

- Both units responded well to the needs of the local population and in the provision of assessment, management and treatment of minor injuries. The unit was also able to work beyond its purpose when required by providing resuscitation equipment and staff who were trained to provide immediate life support.
- Both units had facilities and premises appropriate for the services being delivered.
- The move to an Urgent Treatment Centre model including a staff review and recruitment of additional staff to support a triage model was underway at the time of inspection. This included a focussed and directed induction programme which was new to the MIU services and was being delivered by the Practice Educator on the day we attended to inspect. Feedback was provided by the staff delivering the service and the staff undergoing induction and was extremely positive.
- Care could be accessed quickly, waiting times were kept to a minimum and when times did increase they were managed appropriately.
- Selby MIU had created a triage nurse role to address increasing patient numbers and to ensure accurate and effective triage and prioritisation of patients based on clinical need.
- Both units adhered to the national standard of 95% of patients attending an emergency department being seen, treated and discharged within 4 hours.
- There were no complaints or serious incidents reported in the previous 12 months but any concerns or complaints are taken seriously and appropriately actioned. Staff were observed to encourage feedback from patients.

# Urgent care

## Is the service well-led?

Good ● ↑

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

- There had been senior positions created within the nursing team to provide consistent leadership across both units. This strong leadership had reinforced a positive culture within both units and staff across both sites felt valued and respected.
- Closer links had been developed between both MIUs and with the main ED at both nursing and consultant level.
- There was a strong senior management team who had effective oversight of both units. The management team met regularly and the outcomes of these meetings provided feedback to trust wide governance. Staff reported that the senior management team provided effective support and they were regularly visible on both units.
- The restructure of the leadership model had created an overarching senior leadership team who provided consistent support across both MIUs and into the Emergency Department facilitating a high level of cross-working and shared governance.
- There was effective management of the risk register, risks were regularly reviewed with escalation to trust board level if required. All senior staff were aware of the current risks
- The service had a strong vision and strategy that was relevant to the work and reflective of the service provided.
- A strong culture of improvement was driven by the lead nurse and practice educator and was well supported by the staff.
- Service user's views and experiences were gathered and consideration was given to these when improving services. Staff were also actively involved in making decisions relating to service provision.
- There was a supportive approach to professional development and staff were focussed on improving the quality of care through treatments available and care offered.

# Our inspection team

Sarah Dronsfield, Head of Hospital Inspection led this inspection. An executive reviewer, Helen Beck, Chief Operating Officer supported our inspection of well-led for the trust overall.

The team included 6 inspectors, 1 inspection manger and 6 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.