

# Sherwood Forest Hospitals NHS Foundation Trust

## Inspection report

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

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

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

## Ratings

### Overall trust quality rating

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?


Good 

Are resources used productively?

Requires improvement 

# 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

Sherwood Forest Hospitals NHS Foundation Trust was formed in 2001 and gained Foundation Trust status in 2007. Sherwood Forest Hospitals NHS Foundation Trust provides acute healthcare services for 420,000 people across Mansfield, Ashfield, Newark, Sherwood and parts of Derbyshire and Lincolnshire.

The trust provides general and acute hospital care across three hospital sites; King's Mill Hospital, Newark Hospital and Mansfield Community Hospital. In addition, some outpatients' services are run from Ashfield Community Health Village.

## Overall summary

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

## What this trust does

Sherwood Forest Hospitals NHS Foundation Trust provides services at Kings Mill hospital, Newark hospital, Mansfield hospital and some outpatients' services at Ashfield Community Health Village. Services provided at the King's Mill Hospital site and include; the emergency department (ED), acute medical services, maternity, surgical and trauma admissions, cardiology, elective orthopaedics, general surgery, level three critical care, gastroenterology, haematology, respiratory, diabetes and endocrinology, health care of older people (including a ward dedicated to the care of patients with a cognitive disorder) and stroke services. At the King's Mill Hospital site there is eight main theatres, four day case theatres and two obstetric theatres. An Endoscopy unit is provided at both the King's Mill and Newark hospital sites.

Newark Hospital hosts the urgent care centre, to treat urgent, but not life-threatening minor illness and minor injuries. In addition, the hospital provides a minor operations suite for gynaecology, dermatology, plastics and ophthalmology procedures, two day case theatres, one with laminar flow, providing day case surgical procedures for; gynaecology, dermatology, plastics ophthalmology, orthopaedics, podiatric surgery, breast, general surgery and urology.

Mansfield Community Hospital provides general rehabilitation following an acute medical condition or following orthopaedic surgery and neurological rehabilitation.

Outpatient services are provided across the four sites; King's Mill Treatment Centre (KTC), The Bramley Outpatient Unit and Sherwood Women's Centre and some services held at Ashfield Community Health Village.

The trust reported that last year there were 412,000 outpatient attendances, 102,000 people attending the King's Mill Emergency Department and more than 21,000 patients were seen and treated at the Urgent Care Centre at Newark Hospital.

Trust activity from March 2018 to February 2019:

- 129,041 Urgent and emergency attendances (up 5% from 2017/2018)
- 80,411 Inpatient admissions (down 2% from 2017/2018)

# Summary of findings

- 649,809 outpatient appointments (similar to 2017/2018)
- 1,324 in patient deaths (up 4% from 2017/2018)
- 3,123 deliveries (down 4% 2017/2018)

(Source: Insight data)

## 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 inspected the following acute health services as part of our continual checks on the safety and quality of health care provision:

At Kings Mill hospital

- Surgery
- Critical care
- Services for children and young people

At Newark hospital

- Surgery
- End of life care

We did not inspect the following services on any other site

- Urgent and emergency care
- Medical care including older people's care service
- Maternity
- Outpatients
- Community inpatient care

These services were last inspected in 2018. Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key

question for the trust overall. What we found is summarised in the section headed: Is this organisation well-led?

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

# Summary of findings

## What we found

### Overall trust

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

We rated safe, effective, responsive and well led as good and caring as outstanding for core services, the trusts well led was rated as good. We rated eight of the trust services as good and one, which was end of life care at Newark hospital as requires improvement overall.

We rated well led for the trust as good overall.

During this inspection, we did not inspect, urgent and emergency care, medical care including older people's care service, maternity services, outpatients, diagnostic imaging, or community inpatient care.

The ratings we published following the previous inspections are part of the overall rating awarded to the trust this time.

### Are services safe?

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

Surgery, critical care and services for children and young people at Kings Mill hospital were rated as good. Surgery and end of life at Newark hospital were also rated as good.

- Staff had completed mandatory training. Staff were knowledgeable about safeguarding and demonstrated an awareness of the trust's safeguarding processes.
- Staff managed and stored medicines safely and securely.
- We observed consistent standards of hand hygiene and infection control measures amongst clinical and ward-based staff.
- The trust demonstrated learning from incidents and staff were aware of these.

We did not rate urgent and emergency care, medical care including older people's care service, maternity services, outpatients or community inpatient care on this inspection, they were all rated as good on the previous inspection.

### Are services effective?

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

Surgery, critical care and services for children and young people at Kings Mill hospital were rated as good. Surgery at Newark hospital was also rated as good.

- The trust provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Staff were competent for their roles.
- staff understood their roles and responsibilities in relation to consent and under the Mental Health Act (MHA)1983, the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

End of life at Newark hospital was rated as requires improvement.

- The trust did not undertake audits at Newark hospital to provide assurance that patients were receiving the right level of end of life care.

# Summary of findings

- Staff we spoke with did not always know their roles and responsibilities under the Mental Capacity Act 2005 to support patients that lacked the capacity to make decisions about their care.
- The end of life service did not provide a seven-day week 24 hour a day end of life or specialist palliative care team. Instead, the local hospice provided an out of hours non-patient facing advice service via a dedicated telephone advice line as part of an on-call rota.

We did not rate urgent and emergency care, medical care including older people's care service, maternity services, outpatients or community inpatient care on this inspection, they were all rated as good on the previous inspection.

## Are services caring?

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

Surgery and services for children and young people at Kings Mill hospital were rated as good. Surgery and end of life at Newark hospital were also rated as good. Critical care was rated as outstanding.

- Staff cared for patients with compassion.
- Feedback from patients confirmed that staff treated them well and with kindness. Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

We did not rate urgent and emergency care, medical care including older people's care service, maternity services or outpatients or on this inspection, they were all rated as good on the previous inspection. Community inpatients care was rated as outstanding on the previous inspection.

## Are services responsive?

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

Surgery, critical care and services for children and young people at Kings Mill hospital were rated as good. Surgery at Newark hospital was also rated as good.

- The trust planned and provided services in a way that met the needs of local people.
- Patients' individual needs were taken into account.
- The trust treated concerns and complaints seriously, investigated them and learned lessons from them.

End of life at Newark hospital was rated as requires improvement.

- There was no evidence that managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets.
- Nursing staff told us fast track discharges usually took up to 72 hours to arrange but in some cases, this could take longer. However, the trust was not auditing their fast track discharges.
- Staff told us patients could not always access face to face, the specialist palliative care service when they needed it.

We did not rate urgent and emergency care, medical care including older people's care service, maternity services, outpatients or community inpatient care on this inspection, they were all rated as good on the previous inspection.

## Are services well-led?

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

# Summary of findings

Surgery, critical care and services for children and young people at Kings Mill hospital were rated as good. Surgery at Newark hospital was also rated as good.

- The trust had managers at all levels with the right skills
- The trust collected, analysed, managed, and used information well to support all its activities
- They had effective systems for identifying risks, planning to eliminate or reduce them
- The trust engaged well with patient, staff and stakeholders.

End of life at Newark hospital was rated as requires improvement

- Leaders did not always operate fully effective governance processes
- Leaders and teams did not use systems to manage performance effectively
- The service did not collect reliable data and analysed it.

We did not rate, medical care including older people's care service, maternity services, or community inpatient care on this inspection, they were all rated as good on the previous inspection.

Urgent and emergency care and outpatients were rated as outstanding on the previous inspection.

## Use of resources

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

- Although the NHS foundation trust has maintained the track record of delivering services within its financial plans, this has been increasingly supported by non-recurrent measures, and as a result, the NHS foundation trust's underlying financial deficit has remained significant.
- For 2018/19 the NHS foundation trust reported a deficit of £46.3 million without PSF (15.5% of turnover) and £26.8 million deficit with PSF (8.4% of turnover) against control totals of £46.4 million deficit and £34 million deficit respectively. This included £16.5 million CIP, of which 40% was reported as non-recurrent, representing an increase from previous years (20%).
- Whilst the NHS foundation trust expects to achieve its 2019/20 financial plan of £41.52 million deficit, before PSF, FRF and MRET and £14.87 million deficit with the additional funding (13.8% and 4.5% of turnover respectively), at the time of the assessment there were significant risks to achieving this and mitigating actions had not been finalised. CIP delivery was reported as £8.1 million (2.6% of operating expenditure) with 56% achieved non-recurrently.
- The NHS foundation trust is reporting an improvement of £5.4 million against its underlying deficit, from £55.8 million in 2017/18 to £50.41 million in 2019/20, however at £50.41 million (14.9% of the 2019/20 planned income), the underlying deficit remains substantial, and there remains scope for the NHS foundation trust to address the proportion of the deficit that is within its control,
- The NHS foundation trust's overall cost per WAU at £3,651 for 2018/19, remains materially above the national median of £3,500 and in the highest cost quartile. This indicates that the NHS foundation trust spends more to deliver the same activity, when compared to other non-specialist acute trusts.
- The NHS foundation trust is ranked 102 out of 133 NHS trusts in the Procurement League Table, for the period July to September 2019. This indicates there remain significant opportunities to drive down cost of purchases.

## Combined quality and resources

Our rating of combined quality and resources stayed the same. We rated it as good because:

# Summary of findings

We rated safe, effective responsive and well led as good. We rated caring as outstanding.

We took into account the current ratings of the five core services not inspected at this time.

We rated 13 of the trust's 14 services as good and one as requires improvement.

The trust was rated as requires improvement for use of resources.

## 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 critical care, children and young people's services and trust well led.

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

## Areas for improvement

We found areas for improvement including three breaches of legal requirements that the trust must put right. We found 17 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

## Action we have taken

We issued requirement notices to the trust. Our action related to breaches of two legal requirements in end of life core service at Newark hospital.

## 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

### Critical Care at Kings Mill Hospital

- The service had made significant effort to meet the individual needs of all their patients. However, the process devised by staff within the service for new mothers to view and bond with their babies whilst admitted in the unit had been exceptional. Feedback from this was extremely positive and this demonstrated staff holistically caring for their patients by acknowledging the emotional, social and psychological needs of a patient are just as valid and important as the physical needs.

### Children and Young people services at Kings Mill Hospital

# Summary of findings

- The service employed an administrator to undertake tasks including monitoring training compliance, enrolling staff onto training and development, arranging appraisals, sickness and staffing rotas. Staff saw an increase and compliance with attendance at training and appraisals. This relieved pressure from ward leaders and matrons to enable them to work clinically and support staff in day to day work.

## Trust well led

- The trust had developed a street health project November 2018 to offer regular support to people living on the streets and encourage them to access health care services such as GPs or a hospital when they need to.

## Areas for improvement

### Action the trust MUST take to improve

#### End of Life at Newark Hospital

- The trust must ensure when completing DNACPR orders, they are in line with best practice and involve the relevant person in the decisions relating to the way in which the regulated activity is carried on in so far as it relates to the service users care or treatment Regulation 9 (1) (3) (f) HSCA (RA) Regulations 2014 Person-centred care.
- The trust must ensure that where a person lacks mental capacity to make an informed decision, or give consent, staff must act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. Regulation 11 (1) (2) HSCA (RA) Regulations 2014 Consent.
- The trust must ensure they have systems and process such as regular audits of the service provided and must monitor and improve the quality and safety of the service. Regulation 17(2)(a) HSCA (RA) Regulations 2014 Good governance.

### Actions the trust should take to improve

#### Trust well led

- The trust should consider how data is presented to ensure they have full oversight of specific staff groups and hospital performance.

#### Surgery at Kings Mill Hospital

- The provider should ensure staff are given protected time to complete their mandatory training. Regulation 12
- The provider should ensure staff comply with recording the review of antibiotic prescribing within 72 hours, in accordance with national guidance. Regulation 12
- The provider should review patient information to ensure is clearly displayed and readily available in wards areas in languages other than English.
- The provider should ensure the risk register reflects all current risks to the service. Regulation 17

#### Critical Care at Kings Mill Hospital

- The service should continue with plans to increase the number of staff with a post registration qualification in line with national standards.
- The service should continue to review the feasibility of introducing a 24 hour, seven days a week critical care outreach team (CCOT) in line with national guidance.
- The service should continue to identify ways which delayed discharges can be improved.



# Summary of findings

- Staff should continue to improve their reviewing of all antimicrobials prescribed for their patients in line with national guidance.
- The service should continue to develop ways in which they can improve access to all multidisciplinary services in line with national guidance.

## Surgery at Newark Hospital

- The service should consider holding simulation drills directly on the unit to be able to assess what went well and where improvement was needed specifically for theatres and the ward to improve future drills on the unit and staff response to emergencies.
- The service should ensure intravenous fluids are stored in locked cupboards in theatres in line with best practice guidelines from the Royal Pharmaceutical Society and the National Institute for Health and Care Excellence (NICE). Regulation 12: Safe Care and Treatment.
- The service should consider conducting sufficient local audits to be able to assess patient care and outcomes more clearly at Newark hospital.

## End of Life services at Newark Hospital

- The service should ensure it provides key specialist palliative care services seven days week in line with National Institute of Health and Care Excellence. Regulation 18
- The service should include all risks are recorded appropriately on the risk register.
- The trust should work closely with the local hospice in agreeing a service level agreement.
- The service should ensure all risks associated with the end of life care and specialist palliative care teams are identified, audited, monitored, reviewed and mitigated. Regulation 17

## Is this organisation well-led?

- Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.
- We rated well-led at the trust as good because:
- Leaders had the skills and abilities to run the service, and commitment to provide high-quality services. The executive team had recently undergone some changes and there was agreement that these changes had been well received and supported. The trust leadership team had a comprehensive knowledge of current priorities and challenges and took action to address them. Senior leaders made sure they visited all parts of the trust and fed back to the board to discuss challenges and good practice.
- The board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Work had been undertaken to review the strategy and involve staff, public and partners.
- The executive team and managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on the trust's shared values. Staff were committed to improving the quality of care and patient experience. Leaders strived to motivate staff to succeed. Staff felt respected, supported and valued. There

# Summary of findings

were high levels of staff satisfaction with staff feeling proud to work for the organisation and speaking highly of the culture. The freedom to speak up guardian role had been strengthened and there has been an increase in issues raised, which was seen as positive. The trust took appropriate learning and action as a result of concerns raised. Progress was being made with equality and diversity with new groups evolving.

- Leaders operated effective governance processes, throughout the service and with partner organisations. The trust had a clear structure for overseeing quality. This gave them greater oversight of issues facing the service and they responded when services needed more support. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The trust used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. Although there was no formal corporate wide risk register, this was not discussed at the public board, there was discussion at individual committees meetings and we were advised at board workshops. The trust had systems in place to identify learning from incidents, complaints and safeguarding alerts and make improvements.
- The trust collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. However, some data presented was trust wide and not specific to staff groups or hospitals. The information systems were integrated and secure and supported effective decision making and understanding of performance. Data or notifications were consistently submitted to external organisations as required.
- The trust and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. There was strong engagement with staff. The trust was leading engagement in collaboration with partner organisations to help improve services for patients.
- The trust were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. The leadership team worked well with the clinical leads and encouraged divisions to share learning across the trust. There was evidence of investment in quality improvement and support for innovation.

However

- Some data presented was trust wide and not specific to staff groups or hospitals. Therefore, we were not assured that the trust had full oversight on specific performance at each hospital site.

Actions the trust should take to improve

- The trust should consider how data is presented to ensure they have full oversight of specific staff groups and hospital performance.

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Jan 2020	Good ↔ Jan 2020	Outstanding ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020

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
Kings Mill Hospital	Good ↑ Jan 2020	Good ↔ Jan 2020	Outstanding ↑ Jan 2020	Good ↔ Jan 2020	Outstanding ↑ Jan 2020	Outstanding ↑ Jan 2020
Newark Hospital	Good ↔ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020
Community Health Services	Good Aug 2018	Good Aug 2018	Outstanding Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018
<b>Overall trust</b>	Good ↑ Jan 2020	Good ↔ Jan 2020	Outstanding ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020

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 Kings Mill Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Outstanding ↑↑ Aug 2018	Good ↑ Aug 2018
Medical care (including older people's care)	Good ↔ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018	Good ↑↑ Aug 2018	Good ↑ Aug 2018
Surgery	Good ↑ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
Critical care	Good ↑ Jan 2020	Good ↑ Jan 2020	Outstanding ↑ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020
Maternity	Good Aug 2018	Good Aug 2018	Outstanding Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018
Services for children and young people	Good ↑ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
End of life care	Good ↑ Aug 2018	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↑ Aug 2018	Good ↑↑ Aug 2018	Good ↑ Aug 2018
Outpatients	Good Aug 2018	Not rated	Good Aug 2018	Good Aug 2018	Outstanding Aug 2018	Good Aug 2018
Diagnostic imaging	Good Aug 2018	Not rated	Good Aug 2018	Requires improvement Aug 2018	Good Aug 2018	Good Aug 2018
<b>Overall*</b>	Good ↑ Jan 2020	Good ↔ Jan 2020	Outstanding ↑ Jan 2020	Good ↔ Jan 2020	Outstanding ↑ Jan 2020	Outstanding ↑ Jan 2020

\*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 Newark Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↔ Aug 2018	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↑↑ Aug 2018	Good ↑ Aug 2018
Medical care (including older people's care)	Good ↔ Aug 2018	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↑↑ Aug 2018	Good ↑ Aug 2018
Surgery	Good ↔ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020
End of life care	Good ↑ Jan 2020	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2020	Requires improvement ↔ Jan 2020	Requires improvement ↔ Jan 2020
Outpatients	Good Aug 2018	N/A	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018
<b>Overall*</b>	Good ↔ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020	Good ↑ Jan 2020

\*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 inpatient services	Good Aug 2018	Good Aug 2018	Outstanding Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018
<b>Overall*</b>	Good Aug 2018	Good Aug 2018	Outstanding Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018

\*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.

# Newark Hospital

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## Key facts and figures

Newark Hospital is located in the Newark and Sherwood area of Nottinghamshire. It provides surgery, outpatient services, inpatient medical services, end of life services and an urgent care service.

The Urgent Care Centre is open 24 hours a day to treat urgent but not life-threatening conditions in adults and children.

The trust provides medical care services for patients. At the hospital, there is an endoscopy unit and 36 inpatient beds across two wards. Sconce Ward is a sub-acute/rehabilitation ward that sees patients across various specialities. The Fernwood Unit is a 12 bed, GP led ward for patients with low-level rehabilitation needs. The hospital offers end of life services on both these wards.

The hospital has a Minster day case minor operations suite with 20 beds consisting of 12 beds and eight trollies. Day cases are performed Monday to Friday and the service offers day case surgical procedures for gynaecology, dermatology, plastics and ophthalmology orthopaedics, podiatric surgery, breast, general surgery and urology. There are two day case theatres, one with laminar flow. The service also provides a pre operative assessment service.

We inspected surgery and end of life services on this inspection.

## Summary of services at Newark Hospital

Good  

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

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.

# Summary of findings

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However;

- The surgical service was not holding simulation drills directly on the unit to be able to assess what went well and where improvement was needed specifically for theatres and the ward to improve future drills on the unit and staff response to emergencies.
- The surgical service was not storing intravenous fluids in locked cupboards in theatres in line with best practice guidelines from the Royal Pharmaceutical Society and the National Institute for Health and Care Excellence (NICE).
- The service was not conducting sufficient local audits to be able to assess patient care and outcomes more clearly at Newark hospital.
- The trust was unable to provide any data prior to the inspection for the Newark Hospital site only. All information in the report is from staff but without data to corroborate it unless specifically mentioned in the report.
- The end of life service did not provide a seven-day week 24 hour a day end of life or specialist palliative care team.
- The trust did not consistently collect, audit, analyse, and use information to support all its activities. Internal audit processes across the service were minimal and audit outcomes were not used to improve quality and performance of the service.
- Staff did not know their roles and responsibilities under the Mental Capacity Act 2005 to support patients that lacked the capacity to make decisions about their care.
- There were several of governance issues which indicated the trust did not have full oversight of issues relating to the end of life care service at Newark hospital.

# Surgery

Good  

## Key facts and figures

The surgical division at Sherwood Forest Hospitals NHS Foundation Trust provides care to the population of North Nottinghamshire and bordering counties. The trust has eight main theatres, with four day case theatres at King's Mill Hospital and two day case theatres at Newark Hospital with a minor operations room. The surgical services offered at the trust include: general surgery, urology, breast surgery, trauma and orthopaedics, ophthalmology, ear, nose and throat (ENT), audiology and maxillofacial surgery.

Elective day cases are performed at Newark Hospital as well as at Kings Mill Hospital with inpatient surgery and non-elective care provided at Kings Mill Hospital.

Newark Hospital provides a range of treatments, including consultant-led outpatient services, and two operating theatres for day-case surgery and a minor operations room. The Minster day case surgical ward is also situated within Newark Hospital.

The surgical division at the trust is working closely with partners at a local NHS trust to deliver joint working arrangements for some surgical services to ensure they can be delivered in a safe and timely manner.

*(Source: Routine Provider Information Request (RPIR) – Context acute)*

The trust had 25,816 surgical admissions from July 2018 to June 2019. Emergency admissions accounted for 7,132 (27.6%), 15,632 (60.6%) were day case, and the remaining 3,052 (11.8%) were elective.

*(Source: Hospital Episode Statistics)*

*From July 2019 to December 2019, there were 3347 day case elective surgical admissions and 1291 pre-operative assessment appointments at Newark Hospital. The most frequently performed surgery at Newark Hospital was urology, ophthalmology, orthopaedics and general surgery.*

The surgical services at Newark Hospital are part of the trust's planned care and surgery division. Newark Hospital provides a range of adult day case surgery procedures including general surgery, orthopaedics, podiatry, pain management and ophthalmology.

Each theatre at Newark Hospital had two daily sessions running from Monday to Friday. The service was planning to increase the utilisation of theatres and surgical procedures offered at Newark Hospital. Elective hip and knee surgery were planned to be conducted seven days a week from the Spring of 2020.

The surgical service at Newark Hospital consists of:

- The pre-assessment unit at Newark Hospital which has four single clinical rooms, a patient waiting area and reception desk.
- Two theatres: one with laminar flow required for orthopaedic surgery
- The Minster day case ward which has 20 beds consisting of 12 beds and eight trollies.

We last inspected surgery at Newark Hospital from 16 to 19 June 2015. At this inspection, we rated this service as requires improvement overall with requires improvement for effective and well-led and good for safe, caring and responsive.



# Surgery

Our last inspection of the trust suggested the following improvements which were applicable to surgery at Newark Hospital:

- Outcomes for patients using the service were not monitored regularly or robustly. There was limited evidence of local audits taking place.
- There was a lack of clear vision or strategy for Newark Hospital and limited communication from senior management to the staff working within Newark Hospital. Monitoring of quality and safety of the service was not always robust or effective. Staff did not always feel actively engaged or empowered.

We also found the following areas of good practice:

- There was an effective patient safety incident reporting system and evidence of sharing and learning to improve care. There were sufficient staff to deliver safe care and treatment. Staff followed the trust policy to manage medicines safely, and all medicines were stored appropriately and recorded accurately. Good infection control practices were in place.
- Care and treatment were evidence based and pain management was effective. A multi-disciplinary team approach was evident with good multi-disciplinary working in all the wards and well attended multidisciplinary team meetings.
- Patients were positive about the individual care and treatment they received both on the ward and within theatre. There were processes in place to support patients living with physical or learning disabilities when coming to hospital for procedures.
- Once referred for surgery at Newark Hospital, patients were able to attend within a reasonable timescale. The surgical services met the national target for treating people within 18 weeks of referral. Patients were satisfied with their care and appreciated a local service. Staff supported patients with individual needs and provided patients with useful information before their surgery.

We inspected this service on 22 and 23 January 2020 as part of our next phase inspection programme.

During our inspection, we inspected the pre-operative assessment clinic, both theatres, the theatre recovery area, Minster day case surgical ward and the minor operations room.

We spoke with 20 staff, one volunteer and five patients. We checked four prescription charts, five records, five consent forms and six pieces of equipment.

## Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.

# Surgery

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However;

- The service was not holding simulation drills directly on the unit to be able to assess what went well and where improvement was needed specifically for theatres and the ward to improve future drills on the unit and staff response to emergencies.
- The service was not storing intravenous fluids in locked cupboards in theatres in line with best practice guidelines from the Royal Pharmaceutical Society and the National Institute for Health and Care Excellence (NICE).
- The service was not conducting sufficient local audits to be able to assess patient care and outcomes more clearly at Newark hospital.

## Is the service safe?

Good   

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

- The service provided mandatory training in 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. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

# Surgery

- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. The service made adjustments for patients' religious, cultural and other needs.
- Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored some effectiveness of care and treatment. They used the findings to make improvements.
- The service made sure staff were competent for their roles. Managers appraised staff work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available five days a week when surgery was conducted, to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

## Is the service caring?

Good   

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

# Surgery

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

Good ● ↑

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

# Surgery

- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The service should consider holding simulation drills directly on the unit to be able to assess what went well and where improvement was needed specifically for theatres and the ward to improve future drills on the unit and staff response to emergencies.
- The service should ensure intravenous fluids are stored in locked cupboards in theatres in line with best practice guidelines from the Royal Pharmaceutical Society and the National Institute for Health and Care Excellence (NICE). Regulation 12: Safe Care and Treatment.
- The service should consider conducting sufficient local audits to be able to assess patient care and outcomes more clearly at Newark hospital.

# End of life care

Requires improvement   

## Key facts and figures

The trust provides end of life care at both Kings Mill Hospital and Newark Hospital. End of life care (EOLC) encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

The trust had 1,307 deaths from July 2018 to June 2019.

The EOLC team includes a 0.8 WTE Macmillan lead nurse and a medical lead (consultant geriatrician) who provides five hours of support per week. These roles provide strategic direction and assurance to the organisation and clinical direction along with specialist support to clinical staff.

Since June 2019 there has been a dedicated EOLC clinical nurse specialist team (2 WTE posts) and a support officer (1 WTE post) employed. These posts have been funded by Macmillan for a two-year project focusing on 'Delivering Choice in Times of Need'. This team are managed by the Macmillan lead nurse for EOLC. The team work Monday to Friday and support clinical frontline staff to deliver high quality EOLC.

Newark Hospital has three adult wards, and one main ward where people would receive end of life care. The specialist palliative care team (SPCT) are based in the community provided by John Eastwood Hospice, which is not part of Sherwood Forest Hospitals NHS Foundation Trust. The SPCT provide a service to Sherwood Forest Hospitals NHS Trust through the End of Life Care Together Service which is a collaborative service commissioned by the clinical commissioning group.

There are end of life care champions for each ward. The end of life care team reviews the support/training given to the end of life care champions who cascade it to staff on the wards.

There is no palliative care ward at Newark hospital. Patients requiring palliative or end of life care are nursed mainly on Sconce ward and throughout the hospital.

The provision of end of life care services to patients is not the sole responsibility of the specialist palliative care team (SPCT) or the EOLC team, care is shared by general nurses and doctors who work on the wards throughout the hospital.

The SPCT and EOLC team provide face to face support Monday to from 09.00 to 5pm. Monday to Friday. Outside of these hours, there is a dedicated advice line at the local hospice for specialist advice.

We last inspected End of Life Care at Newark hospital in April 2014. At this inspection, we rated this service as requires improvement overall with requires improvement for safe, effective, responsive, well-led and good for caring.

We inspected this service on 22 and 23 January 2020 as part of our next phase inspection programme. Our ratings stayed the same as the last inspection in 2014, apart from the safe domain which improved to good.

During our inspection, we visited Sconce and Fernwood ward, the mortuary viewing area and the chaplaincy service.

# End of life care

We spoke with one relative, two patients, 25 members of staff including clinical nurse specialists, bereavement office staff at the Kingsmill hospital site by phone after the inspection, physiotherapists, occupational therapists, hospital porters, ward managers, dieticians, nurses, the specialist palliative care team (SPCT) the end of life care team (EOLC) healthcare assistants, administrators and doctors. We looked at eleven sets of medical and nursing records and reviewed six ReSPECT forms.

## Summary of this service

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

- The trust was unable to provide any data prior to the inspection for the Newark Hospital site only. All information in the report is from staff but without data to corroborate it unless specifically mentioned in the report.
- The service did not provide a seven-day week 24 hour a day end of life or specialist palliative care team.
- The trust did not consistently collect, audit, analyse, and use information to support all its activities. Internal audit processes across the service were minimal and audit outcomes were not used to improve quality and performance of the service.
- Staff did not know their roles and responsibilities under the Mental Capacity Act 2005 to support patients that lacked the capacity to make decisions about their care.
- We looked at six Do not resuscitate orders (DNACPR) orders out of the six, four were incorrect (80%).
- There were several of governance issues which indicated the trust did not have full oversight of issues relating to the end of life care service at Newark hospital. Prior to our inspection, the trust were unable to supply any data requested specifically for Newark hospital. The reason given for was the data could not be separated from the main Kingsmill site. This has meant all data requested and provided after our inspection and in the report is not specific to Newark hospital and therefore cannot be reviewed on that basis.

However,

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They also managed medicines well.
- Staff knew how to recognise incidents and report them appropriately
- The service had suitable premises and equipment and controlled infection risk well. Staff kept equipment and the premises clean.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time and staff kept clear, up to date and appropriate records of patients' care and treatment.
- Staff understood how to protect patients from abuse and knew their roles and responsibilities when raising a safeguarding notification
- The service took account of patients' individual needs. Nursing staff could access translation services for patients who did not speak English as a first language. The trust had facilities for family members to stay with their relative overnight and the mortuary had facilities for bariatric patients.
- The service treated concerns and complaints seriously, investigated them in line with trust policy.
- Portering staff transported deceased patients to the mortuary in a timely manner.

# End of life care

- The EOLC team were proud of the organisation as a place to work and spoke highly of a culture of working together to meet the needs of the patients and their families.
- The hospital had end of life champions on the wards who cascaded information and training from the EOLC team.

## Is the service safe?

**Good** ● ↑

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- Records were stored securely and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However,

- The service did not provide a seven-day week, 24 hour a day end of life or specialist palliative care team.

## Is the service effective?

**Requires improvement** ● → ←

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

- The trust was unable to provide any data prior to the inspection for the Newark Hospital site only. All information in the report is from staff but without data to corroborate it unless specifically mentioned in the report.
- Out of the six do not resuscitate in the event of cardiac or respiratory arrest (DNACPR) orders we found four (80%) were not completed correctly.
- Staff we spoke with did not always know their roles and responsibilities under the Mental Capacity Act 2005 to support patients that lacked the capacity to make decisions about their care.
- The trust did not provide a consultant led daily ward round seven days per week. Instead, the local hospice provided an out of hours non-patient facing advice service via a dedicated telephone advice line as part of an on-call rota.
- The service did not undertake audits which would have assured staff that patients were receiving the right level of end of life care.
- The trust did not undertake audits of the consent process.



# End of life care

However

- At the time of our inspection, the trust was in the process of implementing The Recommended Summery Plan for Emergency Care and Treatment (ReSPECT) process. The ReSPECT process creates personalised recommendations for a patient's clinical care in a future emergency in which they are unable to make or express choices
- We observed good multidisciplinary team (MDT) approach to care and treatment provided to palliative end of life care patients. All members of the team worked and interacted well with each other to enable a coordinated approach to the way in which care was delivered.
- Audits of patients preferred place of care and death were undertaken and the themes identified when this was not achieved.

## Is the service caring?

**Good** ● → ←

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

- During the inspection, and without exception, we observed staff treating patients with compassion, dignity, and respect. On all the wards we visited staff displayed a culture of compassion and a genuine desire to provide the best possible care for patients at the end of life, their families and loved ones.
- Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. We found strong caring, respectful and supportive relationships between people who used the service, those close to them and staff.
- Staff provided emotional support to patients and their relatives to minimise their distress. The trust had a range of support services in place for bereaved relatives including bereavement services and chaplaincy support for patients, their relatives, loved ones and staff

## Is the service responsive?

**Requires improvement** ● → ←

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

- The trust was unable to provide any data prior to the inspection for the Newark Hospital site only. All information in the report is from staff but without data to corroborate it unless specifically mentioned in the report.
- There was no evidence that managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets.
- Nursing staff told us fast track discharges usually took up to 72 hours to arrange but in some cases, this could take longer. However, the trust was not auditing their fast track discharges Fast track discharge is a process implemented for patients identified to be within the last days of life and who had a preferred place of death outside of the hospital.
- Patients could not always access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.

However

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

# End of life care

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

**Requires improvement** ● → ←

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

- Leaders and teams did not use systems to manage performance effectively. They did not always identify and escalate relevant risks and issues and take identified actions to reduce their impact.
- The service did not collect reliable data and analyse it. Staff could not always find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were not integrated but were secure.
- Leaders and teams did not always identify and escalate relevant risks and issues and identify actions to reduce their impact.

However;

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a clear governance structure in place. End of life care reporting was to the general palliative care and end of life committee which met quarterly and included the medical lead for end of life care. The committee then fed into the patient safety quality group which met monthly and was chaired by the medical director. This committee reported the board, the chair of which for end of life care was the chief nurse.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

## Areas for improvement

### Action the trust MUST take to improve

# End of life care

- The trust must ensure when completing DNACPR orders, they are in line with best practice and involve the relevant person in the decisions relating to the way in which the regulated activity is carried on in so far as it relates to the service users care or treatment Regulation 9 (1) (3) (f) HSCA (RA) Regulations 2014 Person-centred care.
- The trust must ensure that where a person lacks mental capacity to make an informed decision, or give consent, staff must act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. Regulation 11 (1) (2) HSCA (RA) Regulations 2014 Consent.
- The trust must ensure they have systems and process such as regular audits of the service provided and must monitor and improve the quality and safety of the service. Regulation 17(2)(a) HSCA (RA) Regulations 2014 Good governance.

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

- The service should ensure it provides key specialist palliative care services seven days week in line with National Institute of Health and Care Excellence. Regulation 18
- The service should include all risks are recorded appropriately on the risk register.
- The trust should work closely with the local hospice in agreeing a service level agreement.
- The service should ensure all risks associated with the end of life care and specialist palliative care teams are identified, audited, monitored, reviewed and mitigated. Regulation 17

# Kings Mill Hospital

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## Key facts and figures

Kings Mill Hospital in Sutton in Ashfield is the main acute hospital site for Sherwood Forest Hospitals and provides acute healthcare services to a population of 420,000 across Mansfield, Ashfield, Newark, Sherwood parts of Derbyshire and Lincolnshire.

The hospital provides 573 inpatient beds (more than half in single occupancy rooms), eight main theatres, four day case theatres, two obstetric theatres, an endoscopy unit and a 24-hour emergency department.

Each year there are more than 70,000 inpatient admissions and 30,000 day case patients; 102,000 patients attend the emergency department, around 3,100 babies are delivered and more than 400,000 people attend outpatient and therapy appointments in the King's Treatment Centre.

## Summary of services at Kings Mill Hospital

**Outstanding**  

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

# Summary of findings

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

# Surgery

Good   

## Key facts and figures

The surgical division at Sherwood Forest Hospitals NHS Foundation Trust provides care to the population of North Nottinghamshire and bordering counties. The trust has eight main theatres, four day case theatres at King's Mill Hospital and two day case theatres at Newark with a minor operations room. The surgical services offered at the trust include: general surgery, urology, breast surgery, trauma and orthopaedics, ophthalmology, ear, nose and throat (ENT), audiology and maxillofacial surgery.

Elective day cases are performed at Newark Hospital as well as at Kings Mill Hospital with inpatient surgery and non-elective care provided at Kings Mill Hospital.

At Kings Mill Hospital there is a day case ward, two general surgical wards, a trauma ward and a ring fenced orthopaedic elective ward.

Newark Hospital provides a range of treatments, including consultant-led outpatient services, and two operating theatres for day-case surgery and a minor ops room. The Minster Day Case Ward is also situated within Newark Hospital.

The surgical division at the trust is working closely with partners at Nottingham University Hospitals NHS Trust to deliver joint working arrangements for some surgical services to ensure they can be delivered in a safe and timely manner.

*(Source: Routine Provider Information Request (RPIR) – Context acute)*

The trust had 25,816 surgical admissions from July 2018 to June 2019. Emergency admissions accounted for 7,132 (27.6%), 15,632 (60.6%) were day case, and the remaining 3,052 (11.8%) were elective.

*(Source: Hospital Episode Statistics)*

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

We last inspected surgery at Kingsmill Hospital between 7 and 30 June 2015. At this inspection, we rated this service as good overall with requires improvement for safe and good for effective, caring, responsive and well led.

Our last inspection of the trust suggested the following improvements which were applicable to surgery at Kingsmill Hospital:

- In the 12 months April 2014 to March 2015, two thirds of patients with sepsis, a potentially life-threatening condition triggered by infection, did not receive safe and timely treatment.
- Some allied health professional support was only available four days a week, which resulted in delays in patients receiving assessments and treatment.
- However, there was a lack of clear vision and strategy for the future development of surgical services.

We inspected this service on 14, 15 and 16 January 2020 as part of our next phase inspection programme.

During our inspection, we inspected the pre-operative assessment clinic, theatres, theatre recovery areas and the day case surgical ward.

We spoke with 37 staff, and nine patients and relatives. We checked ten prescription charts, ten records, and various pieces of equipment.

# Surgery

## Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

# Surgery

- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

## 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-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- 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 made adjustments for patients' religious, cultural and other needs. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

## Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.



# Surgery

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment

## Is the service responsive?

Good ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

Good ● → ←

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

# Surgery

- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure staff are given protected time to complete their mandatory training. Regulation 12
- The provider should ensure staff comply with recording the review of antibiotic prescribing within 72 hours, in accordance with national guidance. Regulation 12
- The provider should review patient information and ensure it is clearly displayed and readily available in wards areas in languages other than English.
- The provider should ensure the risk register reflects all current risks to the service. Regulation 17

# Critical care

Good  

## Key facts and figures

The critical care service at the trust is comprised of the critical care unit (CCU), a critical care outreach team made up of a team of critical care trained nurses who provide cover for the adult services across the trust and the critical care follow-up service.

The follow up service (FUS) provides a multi-disciplinary outpatient service for ex-CCU patients and their carers to return and discuss any physical or psychological problems they may be encountering as a result of their critical care experience. The FUS is evolving to support ex-patients and their carers and now offers a 'coffee club' for CCU survivors to meet and memorial services for bereaved relatives.

The trust has a mixed 13 bedded CCU that caters for level 2 and 3 patients over the age of 16 years. These patients receive continuous care from the multi-disciplinary care team. The CCU has permanent nursing and doctor cover with regular input from other allied healthcare professionals.

The trust is currently undergoing a consultation process following the submission of a business case to build a new facility, both to meet current need but also to be capable of meeting the needs of critically ill patients in the future.

During 2018/19, there were 789 admissions into critical care of which 151 were elective admissions. During the same period there were 3453 critical care outreach reviews averaging 288 each month.

During our inspection we spoke with 19 staff members. This included the clinical lead, matron, ward manager, medical staff, clinical nurse educator, nursing staff, healthcare assistants, allied health professionals, administration staff and domestic staff. We reviewed nine complete sets of notes with an additional review of 12 medical administration records. We spoke with four patients, one relative and two carers. We also observed care and treatment taking place within the unit.

Before and after the inspection we reviewed performance information from and about the critical care services.

## Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, they truly respected their privacy and dignity, took a holistic approach to meeting their individual needs, with a strong, visible patient centred culture. Staff helped them understand their conditions and provided information tailored to the individual. They provided emotional support to patients, families and carers. Feedback was consistently positive about the way they had been treated.

# Critical care

- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

## Is the service safe?

**Good** ● ↑

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing and support staff with the right skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- Antimicrobials were not always reviewed after 72 hours in accordance with national guidance.

# Critical care

## Is the service effective?

**Good** ● ↑

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients' subject to the Mental Health Act 1983.
- 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 made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

However:

- Only 38% of registered nurses had a post registration qualification in critical care which was below the standards set within the Guidelines for the Provision of Intensive Care Service (GPICS) 2015 of 50%.
- Not all key services were available seven days a week to support timely patient care. The service had particular struggles with the provision of occupational therapy and speech and language therapy for patients admitted.
- The critical care outreach team did not provide a 24-hour service in accordance with the Guidelines for the Provision of Intensive Care Service (GPICS) 2015.

## Is the service caring?

**Outstanding** ☆ ↑

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

# Critical care

- Staff always treated patients with compassion and kindness and truly respected their privacy and dignity, and ensured their individual needs were assessed and met. There was a strong and visible patient centred focus from all staff in the service, and all staff were dedicated to delivering the best individualised care and treatment to their patients.
- Staff always provided emotional support to patients, families and carers to minimise their distress. They understood the totality of patients personal, cultural and religious needs and looked for innovative ways to meet their needs. Staff were aware the emotional, psychological and social needs of a patient were as important as their physical needs.
- Staff were committed to supporting patients, families and carers to understand their condition. Information was provided to all patients, relatives and carers in a way which was tailored to them. Staff empowered patients and those close to them to have a voice and make decisions about their care and treatment.
- The service consistently received positive feedback about the care they gave to patients and we observed some positive examples of caring. Patients believed staff were amazing, wonderful and professional with a genuine caring and kind nature. All feedback received was used to continuously innovate and improve the care and treatment staff provided in the unit.

## Is the service responsive?

Good  

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff had a proactive approach to making adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. The service admitted and treated patients in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

- The service had significant difficulties with delayed discharges and did not meet the national standards. The service was however, comparable to other services.

## Is the service well-led?

Good  

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

# Critical care

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Outstanding practice

- The service had made significant effort to meet the individual needs of all their patients. However, the process devised by staff within the service for new mothers to view and bond with their babies whilst admitted in the unit had been exceptional. Feedback from this was extremely positive and this demonstrated staff holistically caring for their patients by acknowledging the emotional, social and psychological needs of a patient are just as valid and important as the physical needs.

## Areas for improvement

- The service should continue with plans to increase the number of staff with a post registration qualification in line with national standards.
- The service should continue to review the feasibility of introducing a 24 hour, seven days a week critical care outreach team (CCOT) in line with national guidance.
- The service should continue to identify ways which delayed discharges can be improved.
- Staff should continue to improve their reviewing of all antimicrobials prescribed for their patients in line with national guidance.
- The service should continue to develop ways in which they can improve access to all multidisciplinary services in line with national guidance.

# Services for children and young people

Good   

## Key facts and figures

The paediatric service at the trust provides care for babies, children, young people and their families from birth into adulthood within the hospital and local community. The service includes the neonatal intensive care, children's and young people's (cyp) outpatients (clinic 11), paediatric ward (ward 25), Newark Bramley clinic and community paediatrics.

The neonatal service at the trust provides care to infants older than 26 weeks and six days gestation within the Trent Neonatal Network.

The children's ward provides inpatient acute medical and surgical care for up to 22 children and day case planned surgical activity for up to eight children. The trust is able to provide high dependency care and have a two bedded high dependency care unit.

The children's assessment unit (CAU) accepts children for assessment weekdays with parallel streaming of admissions to the children's ward or referrals to rapid-access ambulatory clinics.

During the inspection we spoke with 26 members of staff at a variety of levels, we spoke with six patients and their families, we reviewed eight prescription charts, five sets of patient records and checked 20 items of electrical equipment.

## Summary of this service

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

- The service provided mandatory training in 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. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately.
- Staff provided emotional support to children, young people and their families to minimise their distress. They understood children and young people's personal, cultural and religious needs.



# Services for children and young people

- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.
- The service was inclusive and took account of children, young people and their family's individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were in line with national standards.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Is the service safe?

**Good**  

- Our rating of safe improved. We rated it as good because:
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service-controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept children, young people and their families safe. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each child and young person and took action to remove or minimise risks. Staff identified and quickly acted upon children and young people at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep children, young people and families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep children, young people and families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave locum staff a full induction
- Staff kept detailed records of children and young peoples' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

# Services for children and young people

- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, children, young people, their families and visitors.

## 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 best practice. Managers checked to make sure staff followed guidance.
- Staff gave children, young people and their families enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored children and young people regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.
- Key services were available seven days a week to support timely care for children, young people and their families.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately.

## Is the service caring?

**Good** ● → ←

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

- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to children, young people and their families to minimise their distress. They understood children and young people's personal, cultural and religious needs.

# Services for children and young people

- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

## Is the service responsive?

**Good** ● → ←

- Our rating of responsive stayed the same. We rated it as good because:
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of children, young people and their family's individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

## Is the service well-led?

**Good** ● → ←

- Our rating of well-led stayed the same. We rated it as good because:
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

# Services for children and young people

- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

Nursing care  
Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Nursing care  
Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

# Our inspection team

Bernadette Hanney, Head of Hospital Inspection led this inspection and was supported by Julie Fraser, Inspection Manager. An executive reviewer supported our inspection of well-led for the trust overall.

The team included eight inspectors and eight specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.