Chesterfield Royal Hospital NHS Foundation Trust

Quality Report

Calow
Chesterfield
Derbyshire
S44 5BL
Tel: 01246 277271
Website: www.chestefieldroyal.nhs.uk

Date of inspection visit: 21-24 April 2015
Date of publication: 04/08/2015

This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust	Requires improvement
Are services at this trust safe?	Requires improvement
Are services at this trust effective?	Good
Are services at this trust caring?	Good
Are services at this trust responsive?	Requires improvement
Are services at this trust well-led?	Requires improvement

Summary of findings

Letter from the Chief Inspector of Hospitals

Chesterfield Royal Hospital was built in the 1980s and became a foundation trust in 2005. The hospital serves five local districts with a population of approximately 441,000. There is a small ethnic minority population, with over 96% of the population belonging to a white ethnic group. Life expectancy for both men and women in two districts (Chesterfield and Bolsover) is worse than the England average.

The hospital provides 682 inpatient beds and employs over 3,500 staff. In the year 2013-14, there were more than 71,000 inpatient admissions and 257,000 outpatient attendances; over 67,000 patients attended the accident and emergency department.

We inspected this trust as part of our in-depth hospital inspection programme. The trust was selected as it was an example of a low risk trust according to our new intelligent monitoring model. Our inspection was carried out in two parts: the announced visit, which took place on the 21,22,23 and 24th April 2015; and the unannounced visit which took place during the evening of the 2 May 2015.

Our key findings were as follows:

- All of the services we inspected were found to be caring. Staff were kind and caring towards patients, and treated patients with dignity and respect. Most patients and visitors we spoke with were complimentary about the care they were receiving.
- Overall we observed the hospital and clinic environments were visibly clean, hygienic and well-maintained. Improvements were needed in relation to the storage of clinical waste in the Eye Centre, within the Outpatients service. Patients told us they were impressed with the standards of cleanliness. There had been 30 cases of C difficile (a bacteria which causes diarrhoea) infection in the year up to February 2015 which was worse than the England average. Fifteen of the 23 (65%) confirmed patients with C difficile had one or more lapses in the quality of care identified as part of the investigation process. There had been two cases of Methicillin Resistant Staphylococcus Aureus (MRSA) reported between April 2013 to Nov 2014, both occurring in 2013. The trust had 17 cases of Methicillin-Susceptible Staphylococcus Aureus (MSSA) throughout the same period but this was similar to the England average. MRSA and MSSA are types of bacteria that can cause infections. We found there were systems in place to deal with infection prevention, and control and we observed staff to be following the trust guidelines.
- Nursing staffing levels had been reviewed and there had been an increase in nursing and midwifery staff. We found the day time staffing levels were in line with national guidance and generally, both the day and night time staffing was in line with the numbers of staff the trust had identified they needed. There was an escalation process in place so that staff could flag if they were concerned about the staffing levels on each shift. In some areas, particularly within medicine, staff didn't feel there were always enough staff on duty overnight. Some of the staff told us they didn't report their concerns about the night staffing levels through the incident reporting system. We raised this with the trust and they took action straight away to review their staffing levels at night. There was a reliance on bank and agency nursing staff in some areas and like many trusts, they faced difficulties recruiting nurses.
- There had been an increase in the number of midwives, and although the trust was not meeting national recommendations for birth to midwife ratios, staffing was comparable with other maternity services across the region. The trust was not able to provide a band six registered children's nurse to be on duty at all times. This was due to difficulties in recruiting suitably experienced children's nurses.
- Medical staffing was at safe levels in most of the services we inspected; however in some areas there were vacant posts and reliance on locum medical staff.
- Patients were provided with the assistance they needed to eat and drink and the risk of malnutrition or dehydration was assessed. Speech and language therapists provided support to ward areas to carry out swallowing assessments, and dieticians provided nutritional advice.

Summary of findings

- Patients' pain was assessed and generally well managed. There were no specialised tools in place to assess pain in those with a cognitive impairment such as a learning disability or those living with dementia. Women in labour were given a choice of pain relief and provided with non-pharmacological options such as aromatherapy and the use of a birthing pool. Epidural pain relief was available on request, and the waiting time for this was within an acceptable 30 minute timeframe.
- Monitoring by the Care Quality Commission had not identified any areas where medical care would be considered a statistical outlier when compared with other hospitals. The trust reported data for mortality indicators, the summary hospital-level mortality indicator (SHMI) and hospital standardised mortality ratio (HSMR). These indicate if more patients were dying than would be expected given the characteristics of the patients treated there. The figures for the trust were as expected. Information about patients' outcomes was monitored. The trust participated in all of the national audits it was eligible for. Where improvements were identified, the trust was responding and was making progress implementing its action plans in order to improve the quality of care they were providing.
- Like many trusts in England, the hospital was busy and the trust had faced challenges in access and flow, especially during the winter months. Bed occupancy in the hospital had been consistently over 90% which was above the England average of 88%. In the medical division, bed occupancy was 95.5% in February 2015. It is generally accepted that when bed occupancy goes over 85% it can start to affect the quality of care provided to patients and the running of the hospital. Due to issues with patient flow, medical patients were transferred or admitted to beds that were designated for other specialities.
- The trust had a clear vision and a set of values which the vast majority of staff understood. This had been developed alongside staff and other stakeholders. There were a number of strategies in place and these all had clear goals which were measurable. All actions from the working strategies were being monitored. This allowed performance to be closely monitored.
- The trust worked on a divisional structure which was clinically led, the chief executive described how this empowered clinical staff. There was recognition however, that this was more developed in some areas than in others, and more time was needed for this structure to become embedded.
- The senior leaders in the trust had been working to increase the level of staff engagement. This was work in progress and we found evidence to suggest this was improving, but the staff survey results had been disappointing for the trust. Many staff told us they felt the organisation had changed over the past two years and was now one which had a real focus on the quality of care for patients.

We saw several areas of outstanding practice including:

- Staff in the x-ray department were able to view the electronic patient information screen held in the emergency department. This meant they knew when patients were awaiting x-ray and responded promptly, usually within 20 minutes of the request being entered into the system.
- Staff working for the local mental health trust which provides care for people with mental health problems, were able to view the electronic information screen held in the emergency department. This meant they knew when patients were awaiting review and responded promptly, usually within 60 minutes.
- Locum doctors working in the emergency department received quarterly reviews with an educational supervisor.
- The multidisciplinary huddle within the emergency department was informative and effective and valued by the team and wider trust staff.
- As a pilot fixed term project, a pharmacist worked in the department to support all aspects of medicines management. Data showed this was beneficial to patients and speeded up admission processes.
- The trust had a clear vision of how its clinical environments could be made dementia friendly. They had realised this vision in the refurbishment of the discharge lounge.

Summary of findings

- Each clinical area had its own improvement plan . This meant ward matrons and their staff were clear about the various quality and safety improvement initiatives in progress, how they would be achieved, and how they were inter-related.
- The trust had reacted positively to audit data and had embarked on a local health and social care economy project to produce and implement a dementia and delirium patient treatment pathway. Manvers ward had introduced patient based communication folders which allowed written requests for information to be made and responded to within 24 hours.
- There was good multidisciplinary and collaborative working both internally and externally. Examples of this were the child development clinics and the joint working between the children in care team and the local authority.
- The service for children and young people with diabetes did not discharge children who did not attend for appointments. If children did not attend, they and their parents or carers were reminded by letter of the need for regular reviews and the long term health implications of diabetes.
- The children in care team provided young people at 18 years old with a health summary and history report. The format of the report had been designed in consultation with young people. The report included information the young person may not have known, such as their birth weight and the age they achieved developmental milestones. The report also gave useful information about promoting good health and accessing local services, such as housing associations.
- Children attending appointments at The Den could watch 3D short films designed to calm and distract them. This was particularly useful for children with a learning disability or autistic spectrum disorder, or those who were anxious.
- Community nurses were providing a flexible service. This meant children could be seen after their school day and was also helpful for working parents. Community nurses negotiated with young people when arranging appointments to ensure the least possible disruption to the young person's education.
- The service for children and young people with epilepsy included clinic sessions to discuss potential problems for young adults with epilepsy, such as using alcohol or learning to drive. These sessions also included preparation for transition to adult services.
- Children in care whose final plan may be for adoption were identified prior to their initial health assessment and the assessment was sufficiently thorough to serve as an adoption medical. This saved repeated assessments and medical examinations for the child. It also helped to avoid delays in the legal system for adoptions as all the information required was incorporated into one report.
- The trust provided "Team Teach," which was commissioned by Derbyshire County Council. This team provided training for non-trust staff working with children and young people with complex health care needs. The training was delivered to staff such as care workers supporting children and young people in their own homes, foster carers and school staff. The service provided by Team Teach reduced the workload of community nurses who otherwise would have provided the training required.

However, there were also areas of poor practice where the trust needs to make improvements.

Action the hospital MUST take to improve

- Ensure there is appropriate and timely monitoring of deteriorating patients within the HDU department.
- Ensure ward staff are supported to identify and manage very sick or deteriorating patients in ward areas.
- Ensure that people who may lack capacity to make decisions about their care have an adequate assessment of their mental capacity, and that decisions about DNACPR are taken in line with the requirements of the Mental Capacity Act (2005).
- Ensure that an accurate record is kept for each baby, child, and young person which includes appropriate information and documents the care and treatment provided.
- Ensure all DNACPR order forms are completed accurately and in line with trust policy.

Summary of findings

- Ensure that numbers of registered nurses meet national guidance, and meet the needs of patients at all times, including throughout the night.
- Ensure that an experienced, senior children's nurse is available during the 24-hour period to provide the necessary support to the nursing team.
- Ensure that there are sufficient numbers of staff to provide the dermatology outpatient service.
- Ensure that at least one nurse per shift in each clinical area (ward / department) within the children's and young people's service is trained in advanced paediatric life support or European paediatric life support.
- Ensure all staff involved in caring for patients at the end of life receives adequate training in end of life care.
- Ensure the resuscitation trolleys and their equipment are checked, properly maintained, and fit for purpose in all clinical areas.
- Ensure there are robust waste management procedures in place.

Action the hospital SHOULD take to improve:

- The trust should ensure sufficient cover in the accident and emergency department to allow all staff to attend necessary training sessions.
- The trust should consider the effectiveness of signage in the emergency department reception area to advise patients when their condition requires them to proceed to the front of the queue.
- The trust should ensure safe and effective processes for the disposal of clinical and chemical waste.
- The trust should review its medical bed capacity to ensure that the majority of patients are cared for in the correct speciality bed for the duration of their hospital admission. It should also review its arrangements for the management of patients outlying in non-speciality beds to ensure the quality and safety of their care is not compromised.
- The trust should review its arrangements for quality assuring Root Cause Analyses, and for monitoring the implementation and efficacy of any associated action plans to ensure that RCA's identify remedial actions that are fully implemented and evaluated.
- The trust should review its arrangements for ensuring the monitoring of in-dwelling intravenous devices in line with "Saving Lives" guidance.
- The trust should review the provision of the continuous piped oxygen and suction issue in the cardiac catheter laboratory and associated recovery areas.
- The trust should ensure that all confidential patient records in clinical areas, and confidential waste, are securely stored to minimise the risk of unauthorised access.
- The trust should review how it can provide both rehabilitation and follow up for patients who are discharged from intensive care to meet NICE guidance.
- The trust should take steps to reduce the number of patients being discharged from the critical care unit overnight.
- The providers should ensure suitable storage in the critical care unit is available so that equipment can be plugged in when being stored.
- The trust should ensure intravenous fluids are stored safely in the critical care unit.
- The trust should ensure that staff in the fracture clinic where children and young people are seen, understand their roles and individual responsibilities to prevent, identify and report abuse when providing care and treatment.
- The trust should ensure that they have written formal arrangements in place with the children and adolescent mental health team so that the needs of children and young people with mental health problems are met.
- The trust should ensure that agreed care pathways and written guidance are in place to guide staff when caring for children and young people who have mental health conditions.
- The trust should ensure there is an effective link nurse structure to enable local support and guidance in end of life care in the absence of the specialist palliative care team.
- The trust should review the hours of service provided by the specialist palliative care team to include a face-to-face specialist palliative care service from at least 9am to 5pm, seven days per week.
- The trust should consider reviewing their local and national audit activity in order to monitor the effectiveness of end of life care services and benchmark against end of life services nationally.

Summary of findings

- The trust should review the storage of patient property following a patient's death.
- The trust should ensure a risk assessment is undertaken for those patients who are waiting within outpatient areas with no clinical oversight.
- The trust should ensure a clearly defined governance structure across the entire outpatient services. There should be more monitoring of patient outcomes and performance such as waiting times within clinics.
- The trust should ensure that there is a clear process for triaging of test results in Dermatology outpatients. by appropriately trained staff to ensure patient safety.
- The trust should review the environment within dermatology outpatients to ensure the privacy and dignity of patients.
- The trust should ensure that medical records are stored securely within outpatients.
- The trust should ensure staff leading on serious investigations working in the maternity service are appropriately trained in investigatory processes and report writing.
- The trust should strengthen the investigation of serious incidents within maternity services to include multidisciplinary involvement, the development of SMART action plans, and senior review and approval, in line with the Serious Incident Guidance, March 2015.
- The trust should ensure women who have undergone a termination of pregnancy are cared for in an area that provides them with dignity and respect.
- The trust should ensure staff working in the maternity service are given feedback on complaints received identifying themes and preventative actions.
- The trust should review its complaints handling procedures to ensure that patient complaints are responded to in a timely manner. It should also ensure that staff understand the role and function of the Patient Advice and Liaison service.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Background to Chesterfield Royal Hospital NHS Foundation Trust

Chesterfield Royal Hospital NHS Foundation Trust serves five local districts with a population of approximately 441,000. There is a small ethnic minority population, with over 96% of the population belonging to a white ethnic group. Life expectancy for both men and women in two districts (Chesterfield and Bolsover) is worse than the England average. Child poverty and deprivation in Chesterfield is significantly worse than the national average.

Our inspection team

Our inspection team was led by:

Chair: Gillian Hooper, Improvement Director for Monitor

Head of Hospital Inspections: Carolyn Jenkinson, Care Quality Commission

The team of 40 included CQC inspection managers, inspectors and a variety of specialists; medical consultants, a surgical consultant, a consultant obstetrician, a consultant paediatrician, a consultant anaesthetist, a junior doctor, board-level nurses, modern matrons, specialist nurses, an emergency nurse manager, a paramedic, a student nurse, a physiotherapist and two experts by experience.

How we carried out this inspection

To get to the heart of the patient care experience, we always ask the following five questions of every service and provider:

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

Before visiting we reviewed a range of information we held, and asked other organisations to share what they knew about the hospital. These included the Clinical Commissioning Group, Monitor, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the royal colleges and the local Healthwatch. We also held one public listening event as well as a focus group with the Derbyshire Gypsy Liaison Group.

We carried out an announced inspection visit from 21 to 24 April 2015. We held focus groups with a range of staff in the hospital, including nurses, junior doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters. We also spoke with staff individually.

We talked with patients and staff from all the ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patient records of personal care and treatment.

We carried out an unannounced inspection on 2 May 2015 of some medical and surgical wards, the critical care department, and the birth centre.

What people who use the trust's services say

We received information from people prior to the inspection through the listening event, our website and through a focus group we held with the Derbyshire Gypsy Community. Our public listening event was not well

Summary of findings

attended, but out of the small number that did attend, most were positive about the care they, or their relatives had received. The people we spoke with at the Derbyshire Gypsy community group were also positive about the trust. They told us it was one of the best trusts in the region for the understanding and respect shown by staff about the gypsy culture and values.

The CQC adult inpatient survey 2015 placed the trust "about the same" as other trusts in all of the areas of questioning. Four hundred and fifty two patients responded to the survey, which represented a response rate of 55%. Out of the 58 questions asked, 48 questions showed an improvement on the 2013/14 patient survey.

The patient-led assessments of the care environment (PLACE) programme are self-assessments undertaken by teams of NHS and private/independent healthcare providers, and include at least 50% members of the public (who are known as patient assessors). They focus on the environment in which care is provided, as well as supporting non-clinical services, such as cleanliness, food, hydration, and the extent to which the provision of care with privacy and dignity is supported. The PLACE results for 2014 showed the trust was performing worse than the England average in all of the areas cleanliness, food, privacy, dignity and wellbeing, and facilities.

In the NHS Friends and Family Test, the trust scored above 90% for patients who would recommend the hospital. However the response rate was variable across the trust.

In the National Cancer Patient Experience Survey 2014, the trust scored in the top 20% of trusts in England for 14 of the 34 questions. There was one question, (patients given the name of the clinical nurse specialist in charge of their care) where it scored in the bottom 20% of trusts. The rest of the areas the trust scored in the middle 60% when compared with other trusts.

Facts and data about this trust

Chesterfield Royal Hospital was built in the 1980s and at that time was a purpose built hospital. The trust was one of the first to become a Foundation Trust in 2005. The hospital serves five local districts with a population of approximately 441,000. There is a small ethnic minority population, with over 96% of the population belonging to a white ethnic group. Life expectancy for both men and women in two districts (Chesterfield and Bolsover) is worse than the England average.

The trust provides 682 inpatient beds over one hospital site and employs over 3500 staff. The trust also provides community children's and young people's services across North Derbyshire. In the year 2013-14, there were more than 71,000 inpatient admissions and 257,000 outpatient attendances; over 67,000 patients attended the accident and emergency department. Its annual income is around £210 million. Last year there was a deficit of just over £2 million.

The trust was placed in band five in the December 2015 CQC intelligent monitoring report. The scores ranged from bands one to six, with band one being the highest risk. This meant this trust was considered to be low risk.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? Overall we rated safety of the services in the trust as 'requires improvement'. For specific information please refer to the individual reports for Chesterfield Royal Hospital and Community health services for children, young people and families. We made judgements about nine services. Of those, three were judged to be good, with the remaining six requiring improvement, therefore the trust was not consistently delivering good standards of safety in all areas. Staff knew how to report incidents. Our analysis of the trust's incidents showed they reported a similar number of incidents compared with other similar trusts. Although there was evidence of learning within the services we inspected, more work was needed to ensure lessons were learnt across the entire organisation. The foundations on which to build this were in place. Nursing staffing levels were within safe levels during the day time but many staff expressed concerns about the numbers of staff available at night. We observed the night nursing staff to be under pressure to deliver care in some areas. There had already been a review of staffing at night, and the levels on duty were the planned levels in most cases, but we raised our concerns with the trust during our inspection. The executive team took immediate action to review their night time staffing levels. We were also concerned about the availability of consultants to review patients in the high dependency unit. We raised this with the trust during our inspection and they took remedial action to mitigate the risks to patients. **Duty of Candour** • The trust was aware of its role in relation to the Duty of Candour regulation that was introduced in November 2014. The intention of this regulation is to ensure that providers are open and transparent when things have gone wrong. It sets out specific requirements providers must follow. • Before this new regulation came into force, the trust had reviewed its "Being open," policy and the tools that it already had in place on its website. This meant staff were able to access appropriate guidance and letter templates. When incidents were reported onto the trust's system, an automatic reminder	**Requires improvement** 

about the duty of candour procedures was provided. The executive team and senior managers in the organisation were aware of the duty of candour and could give examples of being open with patients.

Safeguarding

- Overall, staff told us they felt confident reporting safeguarding concerns and were given support with this. Policies and procedures for safeguarding were in place and were being updated to reflect changes in national guidance. There was a non-executive lead for safeguarding adults but not for children.
- Staff were able to tell us how they would report concerns through the trust's procedures and they knew who they should contact.
- We spoke with the professional leads for safeguarding and learning disability care. They provided support for staff Monday to Friday. They did not provide an out of hours' service, but senior managers supported ward staff at night and weekends. There was a new system that alerted staff to patients with a learning disability, in line with national recommendations. This made sure staff were aware of their individual needs and were able to support them appropriately.

Incidents

- There were 5649 incidents reported in the previous 12 months. The number of incidents reported was comparable to that of other similar trusts. Ninety seven percent of all incidents reported were classified as no or low harm. The top five categories of reported incidents were:
  - Patient accident (30% of all incidents)
  - Infection control (14 % of all incidents)
  - Documentation including electronic & paper records, identification and drug charts (9% of all incidents)
  - Medication (8% of all incidents)
  - Treatment, procedure (8.2% of all incidents)
- Throughout the inspection we found staff knew how to report incidents using the trust wide electronic system. There were inconsistencies within the services about how much feedback staff received. In some areas, such as the emergency department and in medicine we found staff at all levels received feedback from incidents, but staff working in the maternity and outpatient services were less clear about how they received feedback when they had reported an incident. Giving feedback is important because staff need to see that the

effort they make to report an incident is worthwhile, and that things change as a result. Without feedback, reporting can be seen as a bureaucratic process, rather than a mechanism to make things safer.

- We found examples in all core services of lessons being learnt from incidents. There was further room for improvement, but the foundations on which to build this were in place.

Nursing, Midwifery and Therapy Staffing.

- Nursing staff numbers was acknowledged as a major risk for the trust. In common with many other trusts in England there were difficulties recruiting appropriately qualified and experienced nurses. The trust had been actively recruiting nursing staff, and they had recruited nurses from overseas. The recruitment process had been reviewed, and changes had meant the time taken to recruit had been reduced. There were recruitment campaigns in place to try and fill vacant posts. The Royal College of Nursing told us problems with recruitment and staff turnover were a long standing issue for the trust.
- Nurse staffing levels were assessed using a nationally recognised assessment tool. This had led to extra investment in the nursing establishment. At the time of our inspection many areas were in the process of collecting more data to inform a further nurse staffing review. The Director of Nursing and Patient Care reported information on nurse staffing levels to the trust board on a regular basis. Data on sickness absence rates, use of agency staffing, and staff turnover were reported to the trust board in the integrated performance report. We found generally, the staffing levels were in accordance with the levels that had been assessed as being required by the trust.
- The National Institute of Health and Care Excellence (NICE) guidance on nursing staffing levels indicates that there should be a ratio of one registered nurse to eight patients in acute inpatient areas. The guidance does not differentiate between day and night time. We found the trust generally met the ratios of one to eight nurses during the day but there were less registered staff on duty during the night. Some wards had ratios of one registered nurse to 15 patients during the night. Whilst it is accepted that the needs of patients may be less during the night, staff didn't feel they were always able to meet patients' needs and some nurses told us they didn't think it was safe. We visited the hospital during the night to look at nurse staffing levels. We didn't find evidence that patients' needs were not met; however, the administration of medicines was still in

progress at 11.30pm. Staff told us they were often unable to take their breaks at night and intentional rounding records showed that checks on patients' comfort were over an hour later than planned.

- During our inspection we told the leaders of the organisation that staff were concerned about night staffing levels. Since then, we have received regular updates from the Director of Nursing and Patient Care about night staffing, and the actions the trust have taken. They undertook a look back exercise of night staffing incidents and staffing levels between October 2014 and March 2014, but did not find any correlation between these. They planned to undertake a further skill mix review and have begun implementing a red flag system for staff to escalate concerns about staffing levels. Senior nurses were focusing on the night shift and reviewing staffing and care contact time.
- Guidance issued by the Royal College of Nursing suggests there should be a band six registered sick children's nurse on duty within inpatient areas. Although this is not mandatory, it is recognised best practice. The trust was unable to provide a band six nurse on each shift and we did not see any plans in place to address this. There were the appropriate numbers of skilled nurses working in the neonatal unit.
- A review of staffing levels in midwifery had taken place and the midwifery staffing establishment had increased. The national recommended birth to midwife ratio is one midwife to 28 patients. The trust had a rate of one midwife to 30 which was worse than the nationally recommended ratio but was comparable with other maternity services across the region. In addition, there was a supernumery midwife on duty on every shift who could support where the need was greatest. The supernumery midwife was not included in the midwife to birth ratio. There was an escalation process in place for maternity staffing, and the staffing position was monitored every four hours. The staffing rota was planned with the supervisor having supernumery status, but would help out with care at times of higher activity or patient acuity.
- Therapy leads told us they used capacity modelling to ensure sufficient staffing. They told us it was difficult to measure the unmet need, especially with seven day working developing. All therapy teams said they had a stable workforce and there was a low turnover of staff. Therapy staffing was under funded currently and could not meet changes in demand. Dietetics was not able to meet the previously trust agreed new inpatient waiting times within their current staffing levels. There were

insufficient resources for paediatric dietetic staff. Occupational Therapy and Physiotherapy had about 10% vacancies, and did not have good experiences with locums which created additional pressures on their own staff.

Medical Staffing

- The trust, in common with many other trusts in England had difficulties in recruiting some medical staff.
- Within children's services there were not enough paediatric consultants to provide on-site cover until 10pm. It is well known that the peak admission time for paediatrics is the early evening, between 5-10pm, however the trusts peak time for activity was up to 6.30pm. Paediatric consultant presence was until 5pm, but we were told the consultants often stayed on duty to cover the workload. They were aware of the risks to patients and there was a registrar available 24 hours a day. An additional paediatric consultant who was due to come into post in October 2015 had been appointed. Consultant staff were on call out of hours and could all get to the hospital within 30 minutes. Locums were used to fill any gaps in the rota.
- There was a lack of registrar grade doctors in some areas across the trust but the trust employed a higher ratio of consultants and junior doctors than the England average.
- In the medical service there were fewer consultants employed than the England average, but there were more junior and middle grade doctors. This meant there was a risk that consultants were not always able to supervise the less senior doctors. However, the junior doctors we spoke with reported receiving good support from consultants, including out of hours.
- There were sufficient numbers of intensive care consultants. We were concerned about the availability of consultants to review patients in the high dependency unit. We raised this with the trust during our inspection and they took remedial action to mitigate risks.
- There were gaps in the number of junior doctors within the maternity service and this was on the divisions risk register. Locums were used to fill gaps.

Summary of findings

Are services at this trust effective?

Good

Overall we rated the effectiveness of the services in the trust as good. For specific information please refer to the individual reports for Chesterfield Royal Hospital and Community health services for children, young people and families.

We made judgements about eight services. Of those, six were judged to be good, with the remaining two requiring improvement. We did not rate the effectiveness of the outpatient and diagnostic service as we are currently not confident that we are collecting sufficient evidence.

We found more work was needed to ensure the "Do Not Attempt Cardio Pulmonary Resuscitation" (DNACPR) forms were completed properly. Approximately 20% of the forms we looked at were incomplete. They did not indicate where discussions had taken place with the patient, and did not contain mental capacity assessments where a patient was recorded as lacking capacity to consent. The trust's own audit showed performance had deteriorated since 2014.

The trust participated in a range of national audits, and in many cases the results were good. Where improvements were needed the trust had action plans in place.

Evidence based care and treatment

- The endoscopy department had been awarded Joint Advisory Group (JAG) accreditation in February 2015. The accreditation process assesses the unit to ensure they meet best practice guidelines. This meant that the endoscopy department was operating within this guidance.
- Guidance from authorities such as the Royal Colleges and the National Institute for Health and Care Excellence (NICE) were used to inform care. Some of the guidelines were in need of updating across the trust.
- Some clinical guidelines, for example the anti-microbial prescribing guidelines, were available to junior doctors via mobile phone applications. This meant that that current guidance was instantly available for staff to reference.
- The trust were working in accordance with the IRMER guidelines (Ionising Radiation Medical Exposure Regulations 2000). These regulations ensure that the use of X-rays are in the patient's best interest and give clear definition to those who refer, take, or make, a clinical decision that radiographs are required for diagnosis.

Patient outcomes

Summary of findings

- Monitoring by CQC had not identified any areas where medical care services at Chesterfield Royal Hospital would be considered a statistical outlier when compared with other hospitals. The trust reported data for mortality indicators, the summary hospital-level mortality indicator (SHMI) and hospital standardised mortality ratio (HSMR). These indicate if more patients were dying than would be expected given the characteristics of the patients treated there. The figures for the trust were as expected.
- The trust contributed to all national audits for which it was eligible for. We found the trust had action plans in place to take forward areas for improvement from the national audits. These actions were underway and, in some cases, had led to improvements in care.

Multidisciplinary working

- Generally we found teams and services worked well together and we found some good examples of multidisciplinary working, particularly in the emergency department, the stroke unit and in children's services.
- Wards teams had access to the full range of allied health professionals, and team members described collaborative working practices. Medical and nursing staff of all grades described excellent working relationships between healthcare professionals.
- Staff identified there were effective working relationships between children and adolescent mental health services (CAMHS) professionals and the paediatricians. CAMHS professionals visited Nightingale ward daily when a child with mental health concerns had been admitted.
- There were transition arrangements in place for children moving into adult services.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Staff sought consent from patients before undertaking treatments and patient consent was recorded in the records we reviewed. Patients we spoke with confirmed they had been given sufficient information to help them to decide to proceed with investigations and surgical procedures.
- Mental Capacity Assessment, and Deprivation of Liberty Safeguards were included as part of mandatory training.

Summary of findings

- Patients admitted to adult wards at the trust who were deemed to be at risk of cardiac arrest were assessed within 24 hours of admission. Where a decision was taken that a 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) order was appropriate then a DNACPR form was completed and placed at the front of the patient records. A trust wide audit of DNACPR forms dated January 2015 showed the percentage of forms that were complete was 10% (12 out of 123). The audit showed how performance in this area had significantly deteriorated over the previous year. The audit also showed 59% per cent of patients were deemed not to have capacity to contribute to the decision regarding DNACPR, but of these, only 24% of forms showed evidence that a capacity assessment had been completed. This meant patients had DNACPRs in place but it was unclear how the decision had been made on their behalf. During our inspection we reviewed 31 DNACPR forms across ten clinical areas. Our review showed 25 out of 31 DNACPR forms had been fully completed and included an assessment of the patient's capacity to consent to the DNACPR where required. Approximately 20% of the forms we looked at were incomplete. They did not indicate where discussion had taken place with the patient and did not contain mental capacity assessments where a patient was recorded as lacking capacity to consent.

Are services at this trust caring?

Good

Overall we rated caring at the trust to be "good." For specific information please refer to the reports for Chesterfield Royal Hospital and Community Health Services for Children and Young People. We made nine separate judgements about the level of caring in the organisation. All of the services were judged to be good.

Staff provided care with kindness and respect. We saw some good interactions with patients. Mortuary staff were respectful of patients who had deceased.

Compassionate care

- Patients expressed a high level of satisfaction with the care and treatment provided when we spoke with them during our inspection. During our inspection we observed that patients were always treated with kindness and respect. Their privacy and dignity were maintained; for instance we saw that care interventions were carried out behind closed doors or curtains, and staff asked before they entered. We carried out an observation on Basil ward using the Short Observation Framework for Inspection (SOFI) tool. This helps us understand

people's experience of care when they are unable to communicate with us verbally. We saw that out of 21 observed interactions only two were assessed as poor interactions. Eight (38%) were assessed as being of good quality and the remainder as neutral. During the observation, none of the patients studied were assessed as being in a negative mood state at any time. We saw some examples of exceptional care. For example, we saw that on Durrant ward, a healthcare assistant had come to the ward in their own time to support a person living with dementia.

- Mortuary services demonstrated an understanding and respect of patients' cultural and religious needs. The bereavement service supported the trust to provide a sensitive and specialised service for relatives when a patient died. The bereavement service were involved in the immediate period following death and provided practical help and information to deceased relatives

Understanding and involvement of patients and those close to them

- We saw that the "This is Me" assessment document produced by the Alzheimer's Society was widely used to notify staff about the social history of people living with dementia and to alert staff to care preferences, and any special considerations relevant to their care.
- We observed staff communicate with patients in an appropriate way. Staff adapted their communication to meet the needs of patients, for example one consultant in the emergency department used short simple sentences to communicate with a patient with no speech but effective hearing. However, one relative told us that staff had not recognised that a patient had a hearing impairment, despite being informed by relatives.
- Most patients we spoke with felt they understood their care options and were given enough information about their condition. Detailed information was available for patients about their procedure and what to expect. They were given contact numbers of specialist nurses to ensure they had adequate support on discharge.
- Patient diaries were used in the Intensive Therapy Unit (ITU) to help patients improve their memories of their stay. If a patient passed away, the diaries were given to families to assist in the bereavement process. Patients were not routinely offered a

follow up appointment to support emotional and psychological recovery following an admission to the ITU. One consultant and a nurse were able to see patients if requested to do so, but this service was not supported in business plans.

- The maternity service offered a "Birth Afterthoughts" service for women who expressed concerns about their birthing experience or for women who required specific emotional support following the birth of their baby.
- Following late termination of pregnancy (after thirteen weeks gestation) patients who stayed overnight in hospital were cared for in side rooms adjacent to the maternity ward. At night the doors between the wards were left open so that midwives could provide support to the surgical nurse caring for these patients. A senior member of staff in the women's health unit told us that patients could hear the babies cry on the ward and that this upset those patients who had had a termination of pregnancy. There was no plan in place to mitigate the emotional trauma this could have on patients.

Emotional support

- Patients and their relatives and friends received emotional support during their stay in hospital. The hospital chaplaincy service and bereavement service provided support for patients and relatives.

Are services at this trust responsive?

Requires improvement

Overall we rated responsiveness at the trust to "require improvement." For specific information please refer to the reports for Chesterfield Royal Hospital and Community Health Services for Children and Young People. We made nine separate judgements about the level of responsiveness in the organisation. Six services were judged to be good, and three required improvement.

The trust had made improvements to its complaints handling and the Patients Association had carried out a review and made recommendations which the trust were acting upon. Although it was better than the England average, half of the 16 people surveyed by the Patients Association thought their complaint had been poorly handled. We found some examples where the response letter sent to complainants could be further improved.

The trust had a policy and procedure in place to make sure patients living with dementia were identified and supported and there was trust wide action to improve the management and care of this group of patients. Refurbishments to ward areas had considered making

them more dementia friendly in line with national best practice and we saw some good practice. However, the environment of the ward designated as a ward specialising in the care of people living with dementia was not dementia friendly.

Service planning and delivery to meet the needs of local people

- The trust worked with other organisations in North Derbyshire to provide services that met the needs of its population.
- Over 70,000 patients attended the emergency department each year. When it was built in the 1980s the design was to accommodate approximately 40,000 patients annually. Senior managers were aware of the challenges this created, and that the facilities were not appropriate for the current attendances. The risk was entered on the divisional risk register. The trust was working with partners on funding and the design of an urgent care village to replace the current department. At the time of our inspection a funding application was ready to go to the trust board.
- The discharge lounge ran a “Home from Hospital” service in partnership with the British Red Cross. This enabled patients to be transported home by the Red Cross, to be settled at home and have any immediate practical tasks such shopping or snack preparation carried out. This showed how the hospital was committed to meeting the needs of local people by working in partnership with the voluntary sector.

Meeting people's individual needs

- The trust employed a liaison nurse for patients with a learning disability and we saw her supporting patients and staff on the wards we inspected. We found some good work in the endoscopy unit where the learning disability nurse attended with patients to ensure they received the appropriate support and their needs were met. The trust also had a video for patients with a learning disability which showed them what to expect when attending the hospital for an x-ray. The video was available on the internet. The trust’s website had information in easy read formats.
- The trust had a policy and procedure in place to make sure patients living with dementia were identified and supported. There was a trust wide plan in place to improve the management and care of patients living with dementia in the hospital. A dementia lead for the trust had been in post since July 2013.

Summary of findings

- There were arrangements to ensure all patients aged over 75 years were screened for dementia. Screening rates were running at almost 100%. Dementia assessment nurses carried out assessments in conjunction with medical staff. Reminiscence packs were available via the library to assist in the care of people living with dementia and we saw references to these in patients' records.
- An audit of the environment to assess the extent to which it could be considered dementia friendly was carried out in late 2012 using a validated tool developed by the King's Fund organisation. This had led to agreement on the principles of design for future ward upgrades to ensure they met the principles of dementia friendly design. Although some areas had been upgraded, the ward that was designated as a ward specialising in the care of people living with dementia was not dementia friendly.
- Dementia awareness training was part of the staff induction programme and it was also included in the trust's mandatory training requirements. Training was also being provided to non-clinical staff. In addition, there was a specific training programme for health care assistants run in conjunction with a University. The trust was also using "Barbara's Story," a DVD of a patient's experience living with dementia in hospital. The story was used to prompt discussion with staff, and linked to the trusts own values.
- The emergency department recognised the specific needs of patients with mental health illness. In partnership with the local mental health trust they were able to provide 24 hour access to a mental health liaison team. There were no concerns raised about how this service was working.
- Staff in the maternity service were aware of the learning disabilities liaison nurse and the safeguarding midwife, who both provided advice and support for people in vulnerable circumstances. They also supported people who lacked capacity to make decisions about their care. There was a specialist midwife with responsibility for complex care relating to alcohol abuse, drug abuse, safeguarding, and teenage pregnancy. Staff told us that they would refer women if required.
- We held a focus group for the gypsy travelling community who were positive about their care experiences at Chesterfield Royal Hospital. They told us that staff at the hospital understood their

cultural needs and that no matter where they were in the East Midlands this was their hospital of choice. They described how the hospital understood their approaches to cleanliness and their desire as a family to be actively involved in a person's care.

- There was a genuine commitment to reducing delayed discharges. We saw that the in the discharge lounge a "Home from Hospital" service was run in partnership with the British Red Cross. This enabled patients to be transported home by the Red Cross, to be settled at home and have any immediate practical tasks such shopping or snack preparation carried out. This showed how the hospital was committed to meeting the needs of local people by working in partnership with the voluntary sector.
- Overall, we found that there were arrangements to ensure patients were cared for in single sex facilities, and had access to single sex washing and toilet facilities.

Access and flow

- Like many trusts in England, the hospital was busy and the trust had faced challenges in access and flow especially during the winter months. Bed occupancy in the hospital had been consistently over 90% which was above the England average of 88%. In the medical division, bed occupancy was 95.5% in February 2015. It is generally accepted that when bed occupancy goes over 85% it can start to affect the quality of care provided to patients and the running of the hospital. There was a planned approach to dealing with the increases in admissions to hospital over the winter period and an additional ward was opened. We noted this ward had been staffed by moving some existing substantive staff onto this ward so there was not a total reliance on bank or agency staff.
- Patients spent less time in hospital in medical care services that the national average. For emergency admissions the average length of stay was slightly below the England averages, but in stroke medicine it was much lower at 6.1 days against an average of 12 days.
- We found that due to issues with patient flow, medical patients were transferred or admitted to beds that were designated for other specialities. During the period October to December 2014 there were up to 109 patients who had to be cared for in other areas. During one of the days of our inspection there were 29 patients on a different ward. This showed that medical care services were unable to care for patients within their allocated bed base. One medical ward had closed in 2014 with a

reduction of about 30 beds, and a planned relocation of a ward in the future would result in the loss of another 12 medical beds. We were told that patients whose medical needs were not particularly complex and were stable were transferred to non-specialty beds. However, we reviewed the medical records of two outlying patients and considered both inappropriate transfers due to the complexity of their needs. For example, one patient was experiencing symptoms of a gastric bleed, and we noted that a requested doctor review took four hours.

- During the period April – December 2014, 36% of patients experienced one ward move. This showed that not all patients were treated in the correct speciality ward for the entirety of their stay. We spoke with nursing staff and therapists who told us they felt that outlying patients received sub-optimal medical care. For example, they told us that doctors were difficult to contact and that consultant reviews were less likely to occur daily. We also found if a patient had to move into a non-speciality bed, they did not necessarily keep the same consultant. We raised this with the trust at the time of our inspection and this practice was stopped immediately.
- The trust had no monitoring in place to track the times that patients moved wards. We spoke with four patients who told us they had been moved onto a different ward after 11pm at night. This was not in accordance with the trust's own policy. We raised this with the trust's senior leaders at the time of the inspection and the trust have since addressed this.
- The trust generally met the national targets for patients to receive care and treatment in a timely way. The Department of Health target for emergency departments is to admit, transfer, or discharge 95% of patients within four hours of arrival at A&E. Between January 2014 and January 2015 the department generally met this target, unlike many trusts in the country, with occasional performance below the standard.
- The trust met most of the referral to treatment time targets (RTT) (also known as the 18 week target). Medical care services met all targets; however the RTT for patients within the surgical division was below the 90% target, but remained just above the England average.
- The referral to treatment time of non-admitted patients treated within 18 weeks was better at 97%. The percentage of cancer patients treated within 62 days from screening was also better at 98.1%, against the target of 90%.

Summary of findings

- On the critical care unit there was evidence of patients who were ready to be discharged to the wards but were unable to transfer due to a lack of beds; this led to patients having to remain in ITU or HDU unnecessarily. This was reflected in the units' own ICNARC data. Occasionally, patients were discharged directly home from intensive or high dependency care.
- The waits for the child development centre had increased to 14 weeks, but this was within the 18 week target. Staff told us that children who attended outpatients may have to wait for two to three weeks for blood samples to be taken. However, on occasion these children were referred to and seen on Nightingale ward which meant that blood samples could be taken immediately. The head of nursing told us that to date no actions had been taken to resolve this issue. Paediatric epilepsy service provision was identified as a risk. There was insufficient clinic capacity, and insufficient medical and nursing staffing. The service had an action plan and identified monitoring was in place. We saw the latest action plan which confirmed that two actions had been completed.
- The trust did not audit 'preferred place of care' or 'preferred place of death'. We discussed this with the end of life lead nurse for the trust who told us they were aware this information was not consistently documented as part of the patient's plan of care, and that 'preferred place of care/death' was on the trust audit plan for 2015/16. As part of the trust's 'recently bereaved' questionnaire family and friends were asked if their friend or relative ever stated where they would have liked to die; Only 17% of family and friends responded that their relative stated where they would like to die. For those patients with a rapidly deteriorating condition and likely to be entering the terminal phase of their illness the trust had a 'fast track' discharge policy. This facilitated a rapid discharge where possible, for patients who had identified their preferred place of care. The 'fast track' policy did not specify how soon patients should be discharged to their preferred place of care or death. Nursing staff told us 'fast track' discharges usually took up to 48 hours to arrange. Where delays in discharge had been identified staff told us this was largely due to the patient's locality and obtaining equipment. The trust did not audit the length of time patients were waiting for a 'fast track' discharge and were unable therefore, to identify and address potential delays in the process.
- The outpatients' haematology clinic was overbooked. Space was limited with only three consulting rooms and a small

waiting area. Staff informed us that at busy times there were up to 77 patients and "standing room only" in the waiting area. Appointments were allocated in ten minute sessions, with up to five patients allocated to the same time. This meant several patients were waiting to be seen at the same time. This could also affect other clinics if their patients were sent for blood tests prior to their consultation. There were plans for relocation to a new building which was planned to open in October 2016.

- A recent significant demand for prostate MRI had led to pressures on the service, which had been identified on the risk register. The imaging and urology team had worked together to stratify the referral pathways enabling consistent service provision..
- A weekly meeting with representation from across the local health and social care economy was held to expedite patient discharge in cases where there were delays, and to identify improvements. A delayed transfer of care rate of 3.6% was reported; slightly worse than a target of 3%. When we looked at patients' records we saw that there was evidence of comprehensive discharge planning that commenced early during the patients' admission. The trust were working with the health and social care community to provide different models of care and release capacity in the hospital. One example was with patients who had suffered a stroke. An early supported discharge system was in operation which allowed patients to return to their own homes while continuing to receive treatment and therapy. Nursing and therapy staff worked on the early supported discharge team and visited patients at home for up to six weeks, with daily input if needed.

Learning from complaints and concerns

- Good quality complaints handling is vital to ensuring continuous improvement in the quality and safety of patient care. In 2013, the Patients Association published good practice standards for complaints handling, and all NHS organisations are expected to meet them. They provide guidance on how to investigate and respond to a complaint as well as how to manage complaints as an organisation. The trust had responded to the guidance and had updated the complaints, concerns, comments, and compliments policy in August 2014. This described how the trust managed and learnt from complaints, and made a commitment to deal with complaints promptly and effectively. It contained template acknowledgement and response letters.

Summary of findings

- There was an effective system to manage complaints, including guidelines for prioritising complaints. This indicated how quickly the trust would aim to provide a full response, from 30 to 35 days from receipt of the complaint, depending on its complexity. The assistance and complaints service (ACS) team had worked hard to close complaints that had remained open for a long time, and over 250 were closed between October and December 2014. However, complainants did not always receive a response in a reasonable timescale. In the year February 2014 to February 2015, it took on average 62 days to respond to a complaint. There were nearly 100 complaints still open and some had been open for longer than 80 days. The latest available integrated performance report showed that only about two thirds of complaints were resolved within the agreed timescales. Senior staff discussed complaints management, and the challenge of resourcing this in the April 2015 quality delivery group.
- In the year 2014 – 15, the trust received 771 complaints. The trust received nearly twice as many inpatient and outpatient complaints but significantly less maternity complaints than neighbouring trusts (per patient contact). Medical services had the highest numbers of complaints and these were often complex issues so there were frequent delays, and these then caused back logs in investigations. Fifty per cent of complaints were about medical and surgical care and over 40% were related to outpatient appointments. Following an increase in the numbers of complaints the trust target was to reduce complaints by 10% in the year up to March 2015. Figures were better than previously, but a rise in complaints about a new patient appointments system meant the trust had received only 4% fewer complaints in the year.
- Posters and leaflets about how to raise a concern or complaint were distributed around the hospital, but were not available in languages other than English. Ward staff would alert the assistance and complaints service (ACS) staff if a complainant needed an interpreter service.
- The ACS office was situated in the main reception area. There were two front line staff who responded to face to face, telephone, and written enquiries. They had received training in conflict resolution, customer care and caring for people living with dementia. There was an escalation protocol relating to formal complaints which explained who staff should contact in given situations. There were two complaints advisors and a

senior complaints advisor who each linked with one of the divisions and administered the complaints and their responses. They often met with patients either in the complaints office or they could meet patients on the ward if required.

- Complaints were prioritised appropriately, and the ACS team supported ward and department staff in all aspects of complaints management. Complaints resolved on the spot were recorded and monitored. All complaints were reported on the trust's electronic reporting system and the divisional quality governance coordinator discussed with divisional leads to allocate an investigator. Staff could only be allocated investigations through the electronic system after they had completed appropriate training.
- Information about complaints was incorporated into the quarterly patient experience report at the quality delivery group. We looked at the quarterly reports for 2014-15. The main theme of negative comments from the friends and family test was comfort, most notably disturbance at night. Matrons developed a 14 point action plan to address this. While patients being moved to different wards at night was a concerning theme throughout our inspection, there was only one sub point relating to this. There had been some improvements in this by early 2015, although the main themes of negative comments remained food and disturbance at night. In March 2015 the trust launched its nutrition strategy, which outlined how the trust will improve nutrition over the next three years.
- In July 2014, the Patients Association with the NHS Benchmarking Network developed a complaints survey. This helps NHS organisations monitor the way complaints are handled against the good practice standards. The findings for the trust were based on only 16 completed survey forms. Most respondents found it easy to make a complaint but 50% of respondents said that overall their complaint was handled poorly. The proportion of respondents who were very satisfied with their final response was better than the England average. However, nearly 40% were very dissatisfied. In November 2014, the association carried out an in depth review of six anonymised, closed complaints. On a scale of 1 to 5, where 1 is poor practice and 5 is excellent, the six cases received low scores of between 1 and 2.5. The panel identified some areas of good practice and made a number of immediate recommendations which the trust accepted and were working on.

Summary of findings

- We reviewed seven recently closed complaints, and found the responses varied in quality. A typical acknowledgement letter thanked the person for speaking with the assistance and complaints service, and explained the investigation and response process. The letter did not contain an apology that the person had needed to complain. Some of the investigations were prolonged and did not meet the trust's timescales. Staff told us they contacted the complainant to explain any delay and agree a new deadline.
- Most of the response letters were written in an impersonal style, and some failed to include an apology that the person had been dissatisfied with aspects of care. The letters used the formulation 'your concerns have been investigated' rather than an active voice taking responsibility for the investigation and its findings. Where the trust had apologised for the patient's poor experience, this was often well into the substance of the letter, rather than in the introductory paragraph. In one lengthy letter to the relatives of a patient who had died, although the author offered condolences early on, the first apology was on the third page.

Are services at this trust well-led?

Requires improvement

Overall we rated the leadership in the trust to "require improvement." For specific information please refer to the reports for Chesterfield Royal Hospital and Community Health Services for Children and Young People. We made nine separate judgements about the leadership in the organisation. One service was judged as being outstanding for its leadership, five were judged to be good and three required improvement.

The staff survey results were disappointing for the trust because the engagement score was low and had not increased since the 2013 survey. The trust was committed to addressing this and had a series of plans in place. Risk registers were in place in each of the clinical divisions; however, not all of the risks identified during the inspection were included. The trust had a divisional structure in place and aimed to be a clinically led organisation with divisions taking accountability for their performance. A series of metrics were used via a dashboard to monitor performance at ward/department level. However not all areas used these so there were missed opportunities to monitor quality and performance.

The executive team at the trust were visible and well respected. The new trust Chair had a good understanding of the risks and

performance of the trust and the board worked effectively together. The trust's Governors were kept informed of the trust's performance and risks and were able to raise concerns which resulted in improvement actions.

There was a clear vision and strategy in place which incorporated the trust values to be "Proud to Care". Staff were familiar with the trust values. The governance arrangements in the trust had been significantly strengthened over the previous year and there were good processes in place for the board to receive assurance

There was a focus on quality and patient safety in the trust. Financial sustainability was also evident; however there was a consensus amongst staff that there had been an increased focus on quality since the senior leadership team had changed.

Vision and strategy

- The trust had a clear vision which was supported by four values; compassion, achievement, relationships, and environment. These values were encompassed in the trusts statement, "Proud to Care." This was used in all trust communication and was promoted throughout the hospital and services. The vast majority of staff knew about the vision and values of the trust and could tell us how the values underpinned the work they did in the organisation.
- There were six core strategic objectives for the trust that were all underpinned by various strategies such as the quality strategy. In March 2014 the trust launched its quality strategy which described how it will improve the quality of its services. There were a number of goals for improvement cited in this strategy. Each had their own improvement plan and actions were specific, measurable, achievable, realistic and timely (SMART). Performance against the improvement plan was reported every month to the Quality Assurance Committee (QAC) which was a sub-committee of the trust board. We saw progress was being made against the improvement plan.
- Staff and other stakeholders had been consulted during the development of the vision and strategic objectives. We found some individual wards had developed their own local vision or philosophies of care.

Governance, risk management and quality measurement

- The arrangements for governance were documented in the trust's Governance Systems Process Document. An integrated quality governance team was led by the Director of Nursing and

Patient Care. The trust had been strengthening its governance processes during 2014, following external review, and recognised that some of the processes needed more time to become fully established.

- There were four clinical divisions in the trust, all of which had monthly quality meetings. The agendas for these quality meetings were standardised so that each division reported on the same areas.
- The trust board received an integrated performance report on a monthly basis. The report was based on key metrics. We saw how the board received assurance on the care being delivered at ward level. For example, pressure ulcer prevalence was a key risk for the trust. The trust board received regular updates on performance and the actions being taken to reduce the risk. There was also a ward assurance programme in place. Ward level dashboards were being developed, and were more developed in some areas than in others.
- We saw the board had approved the development of an integrated assurance system which would provide the board with a better way of gaining wider assurance of quality and performance.
- Risks were reported to the trust board through the board assurance framework and the significant risk register, with the top risks being reviewed by the board at every meeting. We found the divisional risk registers to contain most of the risks that we identified during our inspection. There were some exceptions, including the movement of patients to other wards when there was pressure on beds and the lack of medical oversight of patients in the high dependency unit. The trust updated their risk registers following feedback given during the inspection.

Leadership of the trust

- There was a focus on quality and patient safety in the trust. Financial sustainability was also evident; however there was a consensus amongst staff that there had been an increased focus in quality since the senior leadership team had changed.
- The senior leadership were known to many of the staff we spoke with. The Chief Executive was visible and some teams told us about him visiting their wards and departments to work with them. Staff told us they valued this. Most of the nursing staff we spoke with knew who the Director of Nursing and

Patient Care was. She had protected time to work clinically. We received comments from staff that she was approachable and listened to them. Medical staff knew who the Medical Director was and felt supported and listened to.

- Staff told us they were supported by their line managers. They felt able to take up professional development opportunities. Some described being involved in service re-design and planning, although others noted a lack of review once a pilot project had been initiated. Some of the health care support workers we spoke with did not feel they had sufficient development opportunities. The trust had commenced the Care Certificate Programme. The Care Certificate sets out the learning outcomes, competences and standards of care that will ensure support workers are caring, compassionate and provide quality care.
- The Chief Executive was committed to empowering clinicians and holding the clinical directorates to account for performance. The new divisional structure was designed to empower clinical staff and promote a more devolved way of working. This was still in its early stages at the time of our inspection and it was recognised more time was needed for it to be fully embedded.
- Following the retirement of the previous trust Chair, a new Chair was appointed in April 2015. There was a well-planned transitional period which included time for a handover. Although very new in post at the time of our inspection, the trust Chair demonstrated knowledge about the priorities of the trust and its performance in relation to quality. The Chair described her plans for holding the executive leaders to account. The trust board was made up of the required numbers of executive and non-executive directors who had a mix of backgrounds. A board development programme was in place and board members had undergone training on quality governance. The stakeholders that we spoke with before our inspection were positive about the trust's executive leadership as well as the appointment of the new Chair.
- The trust had been a Foundation Trust since 2005 and had an established Council of Governors. We spoke with some of the Governors during our inspection and found them to be well informed about the priorities and the performance of the trust. The Governors told us they felt listened to and valued by the trust board members. There had been a recent example where the Governors had raised a concern about patient safety. The

trust had responded to the concerns and had continued to work with the Governors to ensure this was addressed. The minutes of meetings from the Governors demonstrated challenge being given back to the trust executive team.

- There were leadership development opportunities for staff at different levels. These included a senior leadership programme for staff at Band 8A and above. Individual coaching and 360 degree feedback was being used.

Culture within the trust

- The results of the 2014 NHS staff survey were disappointing for the trust. It scored worse than the average in the overall staff engagement score when compared with other similar sized trusts. Staff engagement is essential for trusts to deliver high quality care. The trust scored in the top 20% of trusts nationally for just two areas within the survey; staffing experiencing harassment, bullying, or abuse from patients in the last 12 months, and the percentage of staff agreeing their role makes a difference to patients. However, the trust was in the bottom 20% of trusts nationally for 12 areas. These included, the percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver; percentage of staff appraised in the past 12 months; percentage of staff having a well-structured appraisal, the percentage of staff feeling they received support from their line managers, the percentage of staff who felt there was good communication between senior managers and staff, the percentage of staff agreeing feedback from patients is used to make informed decisions in their directorate or department, the percentage of staff receiving quality and diversity training in the last 12 months; percentage of staff witnessing potentially harmful errors, near misses or incidents in last month; percentage of staff being able to contribute to improvements at work; percentage of staff experiencing physical violence from patients, relatives, or the public in last 12 months; staff motivation, and staff job satisfaction at work.
- A “People Strategy” had been introduced in September 2014 and we saw the trust board were monitoring its implementation. The strategy outlined how they would make the trust a great place to work. Most importantly, the strategy recognised the link between a high performing organisation and high staff engagement. During 2014, the trust ran a series of listening events with their staff to gain insight on what mattered

to them and what the barriers were to delivering high quality care. Seven themes were identified and actions were being developed. The trust ran an internal staff survey every quarter. The results generally matched those in the national staff survey.

- From our discussions with staff and the leaders in the organisation if was clear that the culture of the organisation had changed to one where the focus was more on quality and safety. However, the trust needed to work harder on its engagement with staff, and to ensure its most valuable resource were well motivated advocates for their organisation.
- Some of our findings when we spoke with staff were at odds with the staff survey results. It was clear that staff were proud of their hospital and they liked working there. Many staff described a friendly, family feel to the hospital and felt they worked in supportive teams. Many staff had worked at the hospital for all their careers. They were enthusiastic about working on new pieces of work to improve patient care. Non-clinical staff felt supported within their teams and by their managers. They recommended the trust as a place to work.
- Although staff told us they felt able to speak up and raise concerns, we found staff were only just starting to feel able to innovate and improve systems for themselves. Some staff told us they felt the organisation was now allowing them to say what they thought and challenge decisions about the way services were delivered. This was particularly evident in our focus groups with nursing staff where we found some nurses appeared to be quite passive. Although this was not cited as a risk for the trust, there was an awareness of this amongst some of the executive team. Initiatives such as the investment in leadership development, and the move to a clinically led, divisional structure should help to improve this. The trust had signed up to the 'Speak Out Safely' campaign which aims to encourage staff to raise concerns. There was a hot line in place for staff to share concerns. Staff had been encouraged by their leaders to be open with the inspectors during the inspection.
- We didn't receive any concerns from staff about bullying or intimidation within the trust although we noted it was an area that had been identified in the staff survey results. We found the trust executive leaders to be supportive of each other. They told us they were able to challenge one another, but this was always in a constructive and supportive way. This was evident in our observations of, and discussions with, the senior leadership team.

Fit and Proper Persons

- The fit and proper person requirement (FPPR) for directors is a new law that was introduced in November 2014. It intends to make sure senior directors are of good character and have the right qualifications and experience. There was a trust guidance document about the FPPR, but the policy was being finalised. The guidance, dated February 2015, clearly identified those to be included and the trust had decided to include divisional directors who played a significant role in the hospital leadership team. There were appropriate checklists in place.
- We looked at eleven directors' files and found the correct evidence and documentation in all of them. The plan was to check these once a year, or as needed. The risk register did not contain any identified risks relating to FPPR.

Public and staff engagement

- Considerable efforts had been made to develop methods to collect the views of people living with dementia about their care experience. The trust acknowledged there was more to do on this, but it was positive to see this happening.
- The trust consulted with patients about their care. Their website provided information for patients and the public on how to get more involved with the trust and have their say. We found the information to be clear and easy to find. On the trust's home page there was clear information about how to make a complaint, get assistance, or leave a comment. Allied health professionals told us about their engagement with patient and relatives groups, as well as local health and social care community organisations.
- All of the board meetings included a patient story at the beginning of the session. This meant the trust board heard about patients' experiences in a personalised way. This was good practice.
- The trust re-launched its volunteering programme in 2014 and there had been an increase in the number of volunteers working in the hospital. The trust also worked with other volunteer groups such as the British Red Cross.
- Staff received information in a variety of ways through team meetings, newsletters and briefings. We found the staff in the emergency department were not clear about the plans to develop a new urgent care environment. There had been a programme of "You talk we Listen" sessions for staff to talk with the leaders in the organisation. We heard about changes that had occurred as a result of these sessions.

Summary of findings

- The trust ran an annual staff awards programme where individual staff and teams were awarded for their contribution. This programme had been in place for some time and had been identified as needing a review following the feedback from the 'You talk we Listen' sessions.

Innovation, improvement and sustainability

- The emergency department was seeing almost twice the number of patients than it was originally built for. The trust was working with other stakeholders to plan and develop an urgent care village with capacity to accommodate increased patient numbers.
- The trust was working with commissioners to develop a new primary care service where it would manage one GP practices and provide the GP services on three sites. This would give the trust the opportunity to develop new ways of integrating primary and secondary care to improve the care of patients. Shortly after our inspection, CQC approved the registration of this new service.
- The trust was working on a programme, known as "Joined up Care", which was a collaboration between the care organisations across North Derbyshire. A five year plan for care was being developed. A series of consultation events with the public had taken place.
- The Early Stroke Discharge pilot had been in operation since October 2014. The pilot had both speech and language therapist and nursing input from the start. They were measuring impact through length of stay and patient feedback. The length of stay for stroke patients was significantly less than the England average.
- Planning permission had just been granted for a new cancer centre on the hospital site. Although in its early stages, events had been held with members of the public to find out more about the proposed developments.

Overview of ratings

Our ratings for Chesterfield Royal Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Good	Good	Good	Good
Medical care	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Critical care	Requires improvement	Good	Good	Good	Good	Good
Maternity and gynaecology	Requires improvement	Good	Good	Good	Good	Good
Services for children and young people	Requires improvement	Good	Good	Good	Good	Good
End of life care	Good	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement

Our ratings for Community Services for children and young people

	Safe	Effective	Caring	Responsive	Well-led	Overall
Services for children and young people	Good	Good	Good	Good	☆ Outstanding	Good
Overall	Good	Good	Good	Good	☆ Outstanding	Good

Overview of ratings

Our ratings for Chesterfield Royal Hospital NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Notes

Outstanding practice and areas for improvement

Outstanding practice

- Staff in the x-ray department were able to view the electronic patient information screen held in the emergency department. This meant they knew when patients were awaiting x-ray and responded promptly, usually within 20 minutes of the request being entered into the system.
- Staff working for Derbyshire Healthcare NHS Foundation Trust, which provides care for people with mental health problems, were able to view the electronic information screen held in the emergency department. This meant they knew when patients were awaiting review and responded promptly, usually within 60 minutes.
- Locum doctors received quarterly reviews with an educational supervisor.
- The multidisciplinary huddle was informative and effective and valued by the team and wider trust staff.
- As a pilot fixed term project, a pharmacist worked in the department to support all aspects of medicines management. Data showed this was beneficial to patients and sped up admission processes.
- The trust had a clear vision of how its clinical environments could be made dementia friendly. They had realised this vision in the refurbishment of the discharge lounge.
- Each clinical area had its own improvement plan. This meant ward matrons and their staff were clear about the various quality and safety improvement initiatives in progress, how they would be achieved, and how they were inter-related.
- The trust had reacted positively to audit data, and had embarked on a local health and social care economy project to produce and implement a dementia and delirium patient treatment pathway.
- Manvers ward had introduced patient based communication folders which allowed written requests for information to be made and responded to within 24 hours.
- There was good multidisciplinary and collaborative working both internally and externally. Examples of this were the child development clinics and the joint working between the children in care team and the local authority.
- The service for children and young people with diabetes did not discharge children who did not attend for appointments. If children did not attend, they and their parents or carers were reminded by letter of the need for regular reviews and the long term health implications of diabetes.
- The children in care team provided young people at 18 years old with a health summary and history report. The format of the report had been designed in consultation with young people. The report included information the young person may not have known, such as their birth weight and the age they achieved developmental milestones. The report also gave useful information about promoting good health and accessing local services, such as housing associations.
- Children attending appointments at The Den could watch 3D short films designed to calm and distract them. This was particularly useful for children with a learning disability or autistic spectrum disorder, or those who were anxious.
- Community nurses were providing a flexible service. This meant children could be seen after their school day and was also helpful for working parents. Community nurses negotiated with young people when arranging appointments to ensure the least possible disruption to the young person's education.
- The service for children and young people with epilepsy included clinic sessions to discuss potential problems for young adults with epilepsy, such as using alcohol or learning to drive. These sessions also included preparation for transition to adult services.
- Children in care whose final plan may be for adoption were identified prior to their initial health assessment and the assessment was sufficiently thorough to serve as an adoption medical. This saved repeated assessments and medical examinations for the child. It also helped to avoid delays in the legal system for adoptions as all the information required was incorporated into one report.
- The trust provided "Team Teach," which was commissioned by Derbyshire County Council. This team provided training for non-trust staff working with children and young people with complex health care needs. The training was delivered to staff such as care

Outstanding practice and areas for improvement

workers supporting children and young people in their own homes, foster carers and school staff. The service provided by Team Teach reduced the workload of community nurses who otherwise would have provided the training required.

Areas for improvement

Action the trust MUST take to improve

- Ensure there is appropriate and timely monitoring of deteriorating patients within the HDU department.
- Ensure ward staff are supported to identify and manage very sick or deteriorating patients in ward areas.
- Ensure that people who may lack capacity to make decisions about their care have an adequate assessment of their mental capacity, and that decisions about DNACPR are taken in line with the requirements of the Mental Capacity Act (2005).
- Ensure that an accurate record is kept for each baby, child, and young person which includes appropriate information and documents the care and treatment provided.
- Ensure all DNACPR order forms are completed accurately and in line with trust policy.
- Ensure that numbers of registered nurses meet national guidance, and meet the needs of patients at all times, including throughout the night.
- Ensure that an experienced, senior children's nurse is available during the 24-hour period to provide the necessary support to the nursing team.
- Ensure that there are sufficient numbers of staff to provide the dermatology outpatient service.
- Ensure that at least one nurse per shift in each clinical area (ward / department) within the children's and young people's service is trained in advanced paediatric life support or European paediatric life support.
- Ensure all staff involved in caring for patients at the end of life receives adequate training in end of life care.
- Ensure the resuscitation trolleys and their equipment are checked, properly maintained, and fit for purpose in all clinical areas.
- Ensure there are robust waste management procedures in place.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person must ensure care and treatment is provided in a safe way.** **Ensure there is appropriate and timely monitoring of deteriorating patients within the HDU department.** **Ensure ward staff are supported to identify and manage very sick or deteriorating patients in ward areas.**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The registered person must ensure that care and treatment of service users must only be provided with the consent of relevant people.** **People who may lack capacity to make decisions about their care must have an adequate assessment of their mental capacity. Decisions about DNACPR must be taken in line with the requirements of the Mental Capacity Act (2005).**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person must ensure an accurate complete and contemporaneous record for each service user.** **Ensure that an accurate record is kept for each baby, child and young person which includes appropriate information and documents the care and treatment provided.**

This section is primarily information for the provider

Requirement notices

Ensure all DNACPR order forms are completed accurately and in line with trust policy.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered provider must ensure there are a sufficient number of suitably qualified, competent, skilled, and experienced persons deployed. Ensure that numbers of registered nurses meet the needs of patients at all times, including throughout the night. Ensure that an experienced, senior children's nurse is available during the 24-hour period to provide the necessary support to the nursing team. Ensure that there are sufficient numbers of staff to provide the dermatology outpatient service. Ensure that at least one nurse per shift in each clinical area (ward / department) within the children's and young people's service is trained in advanced paediatric life support or European paediatric life support. Ensure all staff involved in caring for patients at the end of life receive adequate training in end of life care.