

# Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

# Summary of findings

## Background to the trust

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust provides a wide range of health services across three main hospital sites: Doncaster Royal Infirmary (DRI), Bassetlaw District General Hospital (BDGH) in Worksop and Montagu Hospital in Mexborough. Outpatient services are provided at Retford Hospital.

The trust serves a population of around 420,000 people in the areas covered by Doncaster Metropolitan Borough Council and Bassetlaw District Council, as well as parts of North Derbyshire, Barnsley, Rotherham, and north-west Lincolnshire. The trust was awarded teaching hospital status in January 2017. It employs over 6,000 members of staff.

The trust provides a full range of acute clinical services. DRI is a large acute hospital with over 500 beds, a 24-hour Emergency Department (ED), and trauma unit status. In addition to a full range of hospital care, it also provides some specialist services including vascular surgery. It has inpatient, day case and outpatient facilities. BDGH is an acute hospital with over 170 beds, a 24-hour ED and a full range of hospital services including a breast care unit. It has inpatient, day case and outpatient facilities.

Montagu Hospital is a small non-acute hospital with 48 inpatient beds for people who need further rehabilitation before they can be discharged. There is a nurse-led Minor Injuries Unit, open 9am-9pm, each and every day excluding Christmas day. It also has a day surgery unit, a chronic pain management unit and a wide range of outpatient clinics.

The health of people in Doncaster and Bassetlaw is generally worse than the England average. Deprivation is worse than the England average and there are higher numbers of children living in poverty. Life expectancy for both males and females is lower than the England average.

Services are commissioned by two different clinical commissioning groups (CCGs), Doncaster CCG and Bassetlaw CCG.

CQC carried out a comprehensive inspection of the trust in April 2015. We rated safe, effective and responsive as requires improvement. Caring and well led were rated as good. We rated the trust as requires improvement overall and issued requirement notices in regard to Regulation 17: Good governance and Regulation 18: Staffing. The trust put action plans in place, which have been implemented and monitored by CQC.

## Overall summary

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



## What this trust does

Doncaster and Bassetlaw Teaching Hospitals NHS Trust provides a full range of acute clinical services. DRI is a large acute hospital with over 500 beds, a 24-hour Emergency Department (ED), and trauma unit status. In addition to a full range of hospital care, it also provides some specialist services including vascular surgery. It has inpatient, day case and outpatient facilities. BDGH is an acute hospital with over 170 beds, a 24-hour ED and a full range of hospital services including a breast care unit. It has inpatient, day case and outpatient facilities.

Montagu Hospital is a small non-acute hospital with 48 inpatient beds for people who need further rehabilitation before they can be discharged. There is a nurse-led Minor Injuries Unit, open 9am-9pm, each and every day excluding Christmas day. It also has a day surgery unit, a chronic pain management unit and a wide range of outpatient clinics.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

# Summary of findings

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

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

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

## What we inspected and why

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

Between 12 and 14 December 2017, there was an unannounced inspection of the urgent and emergency, medical, maternity and children and young people services provided by this trust, as part of our continual checks on the safety and quality of healthcare services. A further announced inspection took place between the 16 – 18 January 2018 where we looked at the quality of leadership at the trust and how well the trust managed the governance of its services.

We inspected urgent and emergency services at DRI and BDGH because they were previously rated as requires improvement. There had been a never event within the last 12 months. Concerns and negative feedback had been raised with the CQC as part of our monitoring activity.

We inspected medical services because we received information giving us concerns about the safety and quality of these services. These were mainly concerns and negative feedback raised with CQC by service users.

We inspected maternity services at DRI and BDGH because they were previously rated as requires improvement. There had been some concerns raised within the trust about improvements that may be required in leadership, governance and the culture of the teams. The Trust commissioned an external review to identify recommendations to address the concerns which had been identified.

We inspected children and young people services because the coroner had issued a Regulation 28 'Prevention of Future Deaths' report related to the death of a child from sepsis at BDGH. There were concerns about staffing and the children's ward at BDGH had changed from an inpatient ward, taking admissions 24 hours a day, to a daytime assessment unit. We also inspected these services at DRI.

Our comprehensive inspections of NHS trusts have shown a strong link between the overall management of a trust and the quality of its services. For that reason, all trust inspections now include an inspection of the well-led key question at the trust level. Our findings are in the section headed: Is this organisation well-led?

## What we found

### Overall trust

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

- We rated safe, effective and well led (at core service level) as requires improvement with caring and responsive as good.
- At this inspection, we rated one of the trust's services as requires improvement at both DRI and BDGH: urgent and emergency care. We rated three core services as good at both DRI and BDGH: medical care; maternity and children and young people's services.

# Summary of findings

- In rating the trust, we took into account the current ratings of the services not inspected this time across the four locations.
- We rated well-led for the senior leadership of the trust as good.

## Are services safe?

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

- There was limited assurance about safety, especially within urgent and emergency care services at DRI and BDGH.
- At the last inspection we issued the trust with a requirement notice relating to the lack of triaging and initial assessment of patients in both emergency departments (EDs). At this inspection, the process had changed however; patients were still not receiving a timely assessment. We saw extended waits to initial assessment for both patients who walked into the department and those who arrived by ambulance which were a potential risk to patient safety.
- The number of children's nurses on duty in the EDs did not meet the Royal College of Nursing guidance; however, the number of staff had increased since the last inspection. The nurse staffing ratios on the children's wards were not meeting Royal College of Nursing (RCN) guidance; however, a dependency tool was used to help inform the required nurse staffing establishment.
- Data provided by the trust indicated that staff were not up to date with mandatory training, especially medical staff. This had not improved since the 2015 inspection. This was reflected in the data for the core services. However, some ward managers told us that the electronic system was not accurate or up to date, which meant that compliance levels were reported as lower than the actual.
- The previous inspection highlighted that in ED medical staff were not up to date with adult and paediatric life support training. At this inspection we found that this had not changed. We had concerns about safety because nursing and medical staff were not up to date with advanced life support skills. Data from the trust showed that 64% of nursing staff had not undertaken intermediate life support training, 69% of nursing staff had not received advanced life support training and 83% of medical staff had not received advanced life support training.
- Compliance was low for paediatric immediate life support training; there was 48% (49 out of 103) nurses trained and for paediatric advanced life support there were 56% (6 out of 16) nursing staff trained. There was only 22.5% (6 out of 40) medical staff compliant for paediatric advanced life support training.
- Although the ED had a separate room to assess patients with mental health needs, it did not conform to the Psychiatric Liaison Accreditation Network (PLAN) standards. Additionally, staff did not have access to any specific risk assessment or care plans to support patients with mental health associated risks. There were no risk assessments in the children's services to ensure the safe and effective management of children and young people with mental health needs.
- We had concerns that the process for transferring children out of the BDGH ED over night was not always followed and children waited in ED inappropriately. There were also delays in transfers due to the lack of availability of transport for non-urgent patients.
- Some concerns remained regarding the prevention, detection and control of infection national standards in the EDs; particularly in relation to environmental cleaning and monitoring of mattresses.
- We were not assured that there were robust children's safeguarding systems in place. When practitioners made a referral to the local authority, the referral form stated that a copy should be sent to the safeguarding team, however

# Summary of findings

the safeguarding named nurse was unsure if staff copied them in to every referral they made to the local authority. In two records we looked at with potential safeguarding concerns, the safeguarding paperwork had not been fully completed. Safeguarding training Level 3 completion rates were below the trust target and there was a potential risk to children in the outpatient department as there was free access to the environment.

- Not all expected individual risk assessments were in place in children's services, such as nutritional assessments.
- The maternity service was not meeting their target of 90% for women receiving one to one care in labour.

However:

- Staff knew how to report incidents and received feedback at team meetings. Incidents were discussed at team meetings and governance meetings.
- Consultant cover was in line with current guidance for maternity services.
- Patients within medical services had risk assessments completed. National Early Warning scores (NEWS) were recorded, and, where necessary, patients were escalated appropriately.
- Sepsis recognition and treatment was improving. Patient safety alerts were responded to appropriately.

## Are services effective?

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

- Our rating of effective for ED went down to requires improvement. We were not assured that staff were following the most up to date best practice because pathways had not been reviewed regularly.
- The EDs were failing to meet many of the RCEM standards. The department told us there were action plans in place as a result of the audits, to improve performance however at the time of writing this report we had not received these.
- In ED, staff we spoke with did not understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff we spoke to demonstrated limited knowledge of their responsibilities in relation to capacity and consent; especially in relation to medication where informed consent was assumed unless medication was declined.
- Appraisal rates were low; by November 2017 60% of staff had received an appraisal which was below the trust's target of 90% and consistently below the achieved rates for 2016/17. In ED from April 2016 to October 2017, only 58% of nursing and 39% of medical staff had undergone annual appraisal against a target of 90%.
- Staff had received no specific training in mental health conditions, especially within ED. There was a link nurse from the Children and Adolescent Mental Health Service (CAMHS) who was starting to introduce some teaching sessions.
- In maternity services, several policies were past their review date, including the policy on induction of labour. Staff told us that care and treatment was not always planned and delivered consistently in line with current evidence based guidance.

However:

- Staff in the EDs used a pain score tool to assess if a patient had pain. All patients had a pain score recorded. We observed the streaming nurse giving timely pain relief to adults and children. Patients we spoke with were happy with the pain relief they had received.
- Most maternity outcomes were in line with or better than national averages. However, the numbers of inductions and third and fourth degree tears was higher than expected

# Summary of findings

- Within medical care services there was a lower than average risk of readmission and outcome measures scored better than the England average in a number of national audits.
- Information about children's care and treatment, and their outcomes, were routinely collected and monitored. Outcomes for children and young people who use the service were positive and exceeded the national average.

## Are services caring?

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

- Staff were always polite, respectful and professional in their approach. We observed staff responding compassionately to patients' pain, discomfort, and emotional distress in a timely and appropriate way.
- Patients, families and carers gave positive feedback about their care. Children and families were involved in their care. We observed staff talking to children in a way they could understand.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Are services responsive?

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

- The trust planned services to meet the needs of the local population and were working with local and regional stakeholders as part of the South Yorkshire and Bassetlaw accountable care system. Key areas that were being reviewed were children's and maternity services.
- The trust employed specialist LD nurses and had access to older people's mental health nurses who worked closely with the frailty team to support with care plans for vulnerable patients.
- In the latest patient led assessment of the care environment audit (PLACE), the hospital had scored 79% for dementia care, which was better than the 2017 national average.
- Staff had access to an external translation and interpretation service.
- In meeting women's individual needs the maternity service specialist midwives included, safeguarding, bereavement, teenage pregnancies, antenatal screening, diabetes and infant feeding.
- Meetings took place at least four times a day to understand the bed and staffing situation, to enable planning for expected admissions and discharges and to ensure patient flow throughout the hospital was timely. There was an escalation policy.
- From November 2016 to October 2017, the trust's monthly percentage of patients waiting between four and 12 hours in ED from the decision to admit until being admitted was better than the England average.

However:

- Complainants were not being responded to in a timely manner and the timescales did not comply with the trust's policy.
- The EDs did not meet the Department of Health's standard of 95% of patients admitted, transferred, or discharged within four hours of arrival at the department. The trust did not meet the standard from November 2016 to October 2017.

## Are services well-led?

Our rating of how well the core services were led went down. We rated the core services as requires improvement because:

# Summary of findings

- We saw mixed evidence as to how supported, respected and valued staff felt: within two core services we inspected, maternity and children and young people, there was evidence of staff not feeling engaged with the senior management or listened to. This had already been identified by the trust; especially the culture within obstetrics, and it had brought in the Royal College of Obstetricians and Gynaecology to review the service across the trust.
- The ED services had not effectively addressed some of the concerns we highlighted in the previous inspection; for example, the initial assessment of patients, staffing, and compliance with mandatory training. We had concerns about the governance processes in place for ED. For example, there was a significant backlog of incidents that had not been processed within the emergency care group. Some of these dated back over two years.
- The ED did not have a robust process in place for assessing and reviewing NICE and RCEM guidance, safety or medicine alerts. Not all guidance on the intranet had been reviewed, therefore we were not confident that staff were following the most current or up to date guidance.

However:

- The trust had developed a Strategic Direction 2017-2022 and a three year Strategic Plan 2017 - 2020 to identify the objectives for the way in which services would be developed and provided in a sustainable way. The strategic objectives were in line with the developing accountable care system (ACS) objectives.
- Most staff we spoke with were aware of the trust vision and values. We saw these displayed in ward areas.
- Risks and priorities were identified and the action taken to mitigate these.
- Monthly quality and safety checks took place and these provided assurance that the quality of service was monitored.
- We saw positive examples of improvement and innovation, especially within medical services.

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in maternity and medical services throughout the trust.

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

## Areas for improvement

We found areas for improvement including 19 breaches of legal requirements that the trust must put right. We also found 22 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve the quality of services.

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

## Action we have taken

We issued six requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of legal requirements some of which were trust-wide and others specific to urgent and emergency services, maternity and children and young people's services.



# Summary of findings

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

## What happens next

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

## Outstanding practice

- We saw numerous examples of how the staff provided support to vulnerable patients such as those living with dementia, learning disabilities (LD) and those receiving care at the end of life.
- The trust used an enhanced care prescription (ECP) to assist in determining the need for additional staffing to provide enhanced supervision.
- The trust had developed a rapid assessment programme team (RAPT). This team consisted of an occupational therapist, a physiotherapist, a social worker and a therapy assistant practitioner. This team was available for support of early supported discharges and were able to provide mobility aids, equipment and short-term packages of care to enable patients to return home or for more complex cases. They were also able to arrange transfer to a rehabilitation unit.
- A trust team that specialised in protecting patients from pressure ulcers had won first place at the Tissue Viability Society's 2016 conference for a unique skin care routine that counteracts the effects of skin damage.
- The safeguarding midwife led regular multidisciplinary meetings with a focus on vulnerable, pregnant women. They were shortlisted for their innovative practice for the Royal College of Midwives Annual Midwifery Awards 2018. Following our inspection we were told that they had won the award.

## Areas for improvement

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

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

We told the trust that it must take action to bring services into line with legal requirements. This action related to concerns in all four services we inspected as well as some which were trust-wide.

#### Trust-wide:

- The trust must continue to develop the next steps, timescales, performance criteria and key milestones for its strategic direction to gain assurance that it can assess, monitor and improve the quality of services provided.
- The trust must continue to develop its use of qualitative and patient experience metrics and performance to improve the quality of services provided.
- The trust must ensure that staff receive appraisals and the appropriate mandatory training; in particular for medical staff generally and specifically maternity staff regarding level three children's safeguarding, to enable them to effectively carry out their roles.



# Summary of findings

- The trust must ensure that it is compliant with the duty of candour in relation to sending patients or their relatives a written notification of an apology and an account of the incident.
- The trust must continue to improve the system to respond to complaints in a timely manner and in line with the trust's policy.
- The trust must ensure that there is parity of esteem for patients with mental health conditions including setting strategic goals, measurable health outcomes and ensuring that the standard operating procedure for detention under the Mental Health Act 1983 is up to date.

## **In Urgent and emergency services:**

- The trust must ensure that nurse staffing levels, including paediatric trained nurses, are increased to ensure the safety of patients and that the consultant presence in ED is in line with the RCEM guidance.
- The trust must ensure that all patients are registered on arrival in both EDs and that there is a review of processes for the wait to initial assessment for both patients who walk into the department and those who arrived by ambulance so that patients are not at risk. This must include ensuring patients are assessed within 15 minutes of their arrival.
- The trust must ensure the rooms used to care for patients with mental health needs conform to the Psychiatric Liaison Accreditation Network (PLAN) standards.
- The trust must ensure the documentation of the administration of controlled drugs is in line with the Nursing and Midwifery Council (NMC) Standards for Medicine Management.
- The trust must ensure staff understand and are up to date with mandatory training including Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards and safeguarding for both adults and children.
- The trust must ensure that there is effective monitoring and escalation of deteriorating paediatric patients and that staff complete relevant training including paediatric life support.
- The trust must adhere to the prevention, detection and control of infection national standards; particularly in relation to environmental cleaning and monitoring of mattresses.
- The trust must ensure the backlog of incidents in the emergency care group is reviewed in a timely manner.

## **In Maternity services:**

- The trust must ensure all policies are up to date and in line with current, professional guidance.

## **In Children and young people services:**

- The trust must ensure that there are sufficient suitably qualified, competent and experienced staff on duty to meet the needs of patients.
- The trust must ensure that children and young people with a mental health condition are risk assessed for their mental health needs, self-harm or suicide and are cared for in a safe environment that has been appropriately risk assessed.
- The trust must ensure that medical staff complete their safeguarding training.
- The trust must ensure that the premises and equipment are clean and well maintained.

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

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

# Summary of findings

## **Trust- wide:**

- The trust should continue to refine the effectiveness of the corporate risk register.
- The trust should improve the identification of problems with care and examples of good practice in structured judgement reviews and show how findings have been used to inform quality improvement activity.

## **In Urgent and emergency services:**

- The trust should ensure that staff update and review care pathways regularly.
- The trust should ensure that national standards are met including; that patients are admitted, transferred or discharged within four hours of arrival in the emergency department and reduce the amount of time patients spend in the department; ambulance turnaround is no greater than 30 minutes.
- The trust should ensure the inter-hospital transfers are timely.
- The trust should ensure there are robust actions taken to achieve optimal clinical outcomes for patients as indicated by the RCEM audits.
- The trust should ensure the daily checking of emergency equipment.
- The trust should ensure the environment provides patient's privacy, dignity and confidentiality.
- The trust should ensure the risks on the risk register match all the risks identified during the inspection.

## **In Medical services:**

- The trust should ensure that a medical consultant sees all patients within 14 hours of admission to medical wards.
- The trust should consider implementing a labelling system to show that equipment has been cleaned.
- The trust should ensure VTE assessments are routinely reviewed within 24 hours in line with the National Institute for Health and Care Excellence (NICE) clinical guideline [CG92].
- The trust should ensure that all policies are up to date and that patient pathways and procedures used on medical wards have references to the most up to date national guidance or research based best practice.
- The trust should ensure that mental capacity assessments are clearly documented for patients on medical wards.
- The trust should ensure that reporting of patients with delayed discharge from medical wards is accurate and robust.
- The trust should monitor patient moves at night so it can be assured whether this was affecting patient care and experience.

## **In Maternity services:**

- The trust should ensure all documentation is in line with national best practice guidance and followed by staff.
- The trust should ensure appropriate numbers of suitably qualified staff are available to meet patient needs, in particular to meet the needs of women for one to one care in labour.
- The trust should continue in the engagement of staff and the improvement of morale.
- The trust should ensure that paper files are not stored in a sluice room.

## **In Children and young people services:**

- The trust should ensure that all staff are appropriately trained to care for children and young people with mental health conditions at BDGH.

# Summary of findings

- The trust should ensure there is a system in place to measure, monitor and manage the room temperature for storing medicines within the manufacturer's recommendations.

## Is this organisation well-led?

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

We rated the trust senior leadership as good because:

- The trust board had the appropriate range of skills, knowledge and experience to perform its role. There had been a number of changes within the Board including a new CEO and Chairman who worked well together. They recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation.
- The board and senior leadership team had set a clear vision and values “We care” that staff were familiar with.
- The newly developed trust strategy “Strategic Direction 2017 – 2022” was directly linked to the vision and values of the trust. The trust involved clinicians, patients, key stakeholders and groups from the local community in the development of the strategy. The strategy was aligned to local plans in the wider health and social care economy, although the service models for children and maternity were still to be finalised.
- The trust had appointed a Freedom to Speak up Guardian together with a Guardian of safe working and provided them with resources and support to help staff to raise concerns.
- The trust was working effectively with third party providers across the local and wider health economies of South Yorkshire and Bassetlaw to promote good patient care.
- Medicines optimisation within the trust was well-led. Hospital pharmacy transformation plans had been approved by the board and a seven day clinical pharmacy pathway was in place. Key priorities and risks had been identified on the risk registers and actions had been taken to mitigate these. Learning from medicines incidents and audits were effectively shared.
- The governance arrangements had been externally reviewed since our last inspection. New structures and systems had been put in place over the last six to 12 months; however, it was too soon to judge how effective these were.
- There were arrangements in place for identifying, recording and managing risks, issues and mitigating actions. Changes had been made to the management of the corporate risk register as part of the governance review. Recorded risks were mostly aligned with what staff said were on their ‘worry list’.
- The Board had a good understanding of the current financial position and the challenges and risks to it; both in this financial year and going forward into 2018/19. Where cost improvements were taking place there were arrangements to consider the impact on the quality of patient care.
- The trust had recognised that improvements needed to be made to bring together data sources and better triangulate evidence, especially to improve the use of qualitative and patient experience metrics to improve the quality of services provided. An integrated quality and performance dashboard was in development.

# Summary of findings

- Communication systems such as the intranet and newsletters were in place to ensure staff, patients and carers had access to up to date information about the work of the trust and the services they used. Views and concerns from patients and staff were encouraged.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- There were organisational systems to support improvement and innovation work.

However:

- There was a lack of strategic key performance indicators, timescales, and key milestones for the trust's Strategic Direction 2017-2022 which made the effectiveness of the Board Assurance Framework difficult to assess; these were being developed at the time of the inspection with some being dependent on the wider health economy's South Yorkshire and Bassetlaw Accountable Care System.
- Staff satisfaction was mixed. Staff in maternity and children's services that may be affected by service changes told us they did not always feel actively engaged or empowered; there was a disconnect between management and operational staff.
- Not all staff had the opportunity to discuss their learning and career development needs at appraisal or complete mandatory/SET training.
- The trust was not providing a written apology to all patients or relatives following incidents to which duty of candour applied.
- Not all structured judgement reviews of deaths that we reviewed had identified problems with care and examples of good practice.
- Complainants were not being responded to in a timely manner and the timescales did not comply with the trust's policy.
- There was no Board approved mental health strategy appropriate for patients with mental illness. The trust's standard operating procedure for detention under the Mental Health Act 1983 was not up to date and it contained very little information for children requiring assessment under the MHA. Staff we spoke with were unable to advise if there was a clinical lead for mental health across the trust.

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← May 2018	Requires improvement →← May 2018	Good →← May 2018	Good ↑ May 2018	Good →← May 2018	Requires improvement →← May 2018

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

## Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Doncaster Royal Infirmary	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018	Good ↔ May 2018	Good ↑ May 2018	Requires improvement ↓ May 2018	Requires improvement ↔ May 2018
Bassetlaw District General Hospital	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018	Good ↔ May 2018	Good ↑ May 2018	Requires improvement ↓ May 2018	Requires improvement ↔ May 2018
Montagu Hospital	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Retford Hospital	Requires improvement Oct 2015	Not rated	Good Oct 2015	Good Oct 2015	Requires improvement Oct 2015	Requires improvement Oct 2015
<b>Overall trust</b>	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018	Good ↔ May 2018	Good ↑ May 2018	Requires improvement ↓ May 2018	Requires improvement ↔ May 2018

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

## Ratings for Doncaster Royal Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ May 2018	Requires improvement ↓ May 2018	Good ↔ May 2018	Requires improvement ↔ May 2018	Requires improvement ↓ May 2018	Requires improvement ↔ May 2018
Medical care (including older people's care)	Good ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018
Surgery	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Critical care	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Maternity	Requires improvement May 2018	Requires improvement May 2018	Good May 2018	Good May 2018	Good May 2018	Requires improvement May 2018
Services for children and young people	Requires improvement ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018
End of life care	Good Oct 2015	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients and diagnostic imaging	Requires improvement Oct 2015	N/A	Good Oct 2015	Good Oct 2015	Requires improvement Oct 2015	Requires improvement Oct 2015
<b>Overall*</b>	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018	Good ↔ May 2018	Good ↑ May 2018	Requires improvement ↓ May 2018	Requires improvement ↔ May 2018

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



## Ratings for Bassetlaw District General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ May 2018	Requires improvement ↓ May 2018	Good ↔ May 2018	Requires improvement ↔ May 2018	Requires improvement ↓ May 2018	Requires improvement ↔ May 2018
Medical care (including older people's care)	Good ↑ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018
Surgery	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Critical care	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Maternity	Good May 2018	Requires improvement May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Services for children and young people	Good ↑ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018
End of life care	Good Oct 2015	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients and diagnostic imaging	Requires improvement Oct 2015	N/A	Good Oct 2015	Good Oct 2015	Requires improvement Oct 2015	Requires improvement Oct 2015
<b>Overall*</b>	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018	Good ↔ May 2018	Good ↑ May 2018	Requires improvement ↓ May 2018	Requires improvement ↔ May 2018

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

## Ratings for Montagu Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Medical care (including older people's care)	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Surgery	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients and diagnostic imaging	Requires improvement Oct 2015	N/A	Good Oct 2015	Good Oct 2015	Requires improvement Oct 2015	Requires improvement Oct 2015
<b>Overall*</b>	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015

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

## Ratings for Retford Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Requires improvement Oct 2015	N/A	Good Oct 2015	Good Oct 2015	Requires improvement Oct 2015	Requires improvement Oct 2015
<b>Overall*</b>	Requires improvement Oct 2015	N/A	Good Oct 2015	Good Oct 2015	Requires improvement Oct 2015	Requires improvement Oct 2015

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

# Doncaster Royal Infirmary

Armthorpe Road  
Doncaster  
South Yorkshire  
DN2 5LT  
Tel: 01302366666  
[www.dbh.nhs.uk](http://www.dbh.nhs.uk)

## Key facts and figures

Doncaster Royal Infirmary (DRI) is one of the acute hospitals forming part of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. There are more than 500 beds. It provides a full range of acute clinical services to the local population including:

- Urgent and emergency care
- Medical care (including older people's care)
- Surgery
- Maternity and gynaecology
- Outpatients and diagnostic imaging
- Critical care
- End of life care
- Children and young people's services

Between October 2016 and September 2017, there were 83,736 inpatient admissions and 365,784 outpatient attendances.

## Summary of services at Doncaster Royal Infirmary

**Requires improvement**   

Our rating of the hospital stayed the same. We rated the hospital as requires improvement because overall the domains of safe, effective and well led required improvement whilst caring and responsive we rated as good.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

The trust provides urgent and emergency care services at Doncaster Royal Infirmary (DRI) and Bassetlaw District General Hospital. In addition, there is a minor injuries unit at Montagu Hospital; we did not inspect the minor injuries unit as part of this inspection.

The DRI department is a designated trauma unit but more severely injured patients go to the nearest major trauma centre if their condition allows them to travel directly. Otherwise, patients would be stabilised at DRI, where staff follow a protocol to decide which injuries they could treat or which patients they would have to transfer.

The department had six resuscitation bays, one that was specially equipped for children. There were two areas to treat patients with major injuries and illnesses. These were the green zone, which had eight cubicles and an open space that could accommodate six patients and the blue zone that had six cubicles and an open space that could accommodate four patients on trolleys. There was an ambulance assessment area that accommodated up to four trolley spaces. For patients presenting with minor injury or illness there was three assessment rooms, an eye room, a plaster room and a suture room. In addition, there was a separate assessment room for patients attending with mental health problems, and a separate children's waiting area with three assessment rooms.

There was a clinical decisions unit aligned to the emergency department that could accommodate patients on 12 beds and four chairs. This was predominately used for patients who required further observation, assessment, diagnostic tests or patients who had complex discharge needs.

DRI had a front door screening and assessment service, and was working in partnership with another healthcare provider who was commissioned by Doncaster Clinical Commissioning Group, to provide GP urgent care.

We inspected the whole core service and looked at all five key questions. In order to make our judgements we spoke with 13 patients, 21 carers and 35 staff from different disciplines including nurses, doctors, managers, support staff and ambulance staff. We observed daily practice and reviewed 21 sets of records. We tracked 16 patients as they arrived in the department to their first initial assessment. Prior to and following our inspection, we reviewed performance information about the trust and reviewed information provided to us from the trust.

## Summary of this service

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

- We found that some of the concerns identified in the last inspection, remained concerns during this inspection.
- During the last inspection, we had concerns as to the triaging and initial assessment of patients. At this inspection, we found the trust had changed the process by combining it with initial booking of patients into the department but we still saw extended waits to initial assessment for both patients who walked into the department and those who arrived by ambulance which were a risk to patient safety.
- Ambulance turnaround times should be within 30 minutes, allowing ambulance staff to handover the patients to the hospital staff and be available for further emergency and urgent calls. From November 2016 to October 2017, there were 29-37% of journeys with turnaround times over 30 minutes at Doncaster Royal Infirmary.

# Urgent and emergency services

- At the previous inspection, we found nurse staffing was insufficient for the safe operation of the service. During this inspection, we found that staffing had improved but the service did not always have enough nursing staff of the right level to keep patients safe from avoidable harm.
- The previous inspection highlighted a shortage of medical staff and during this inspection; we found the service did not always have enough medical staff of the right level to keep patients safe from avoidable harm.
- The previous inspection highlighted that the overflow areas in the 'majors' areas were cramped and did not support patient privacy. We found during this inspection the ambulance handover bays and the overflow areas in the blue and green zones were cramped and did not provide confidentiality, privacy or dignity for patients. We saw patients nursed in close proximity to each other, in an open area as all the cubicles were full.
- At the previous inspection, staff were not up to date with mandatory training. During this inspection, we found not all medical and nursing staff were up to date with mandatory training, including safeguarding.
- The previous inspection highlighted that in ED medical staff were not up to date with adult and paediatric life support training. At this inspection we found that this had not changed. We had concerns about safety because nursing and medical staff were not up to date with advanced life support skills. Data from the trust showed that 64% of nursing staff had not undertaken intermediate life support training, 69% of nursing staff had not received advanced life support training and 83% of medical staff had not received advanced life support training.
- Compliance was low for paediatric immediate life support; there was 48% (49 out of 103) nurses trained and for paediatric advanced life support there were 56% (6 out of 16) nursing staff trained. There was only 22.5% (6 out of 40) medical staff compliant for paediatric advanced life support training.
- Staff we spoke with told us they had not received any specific training regarding caring for patients with mental health conditions, learning disabilities, autism or dementia.
- The service did not always manage medicines well.
- Although the service had a separate room to assess patients with mental health needs, it did not conform to the Psychiatric Liaison Accreditation Network (PLAN) standards. None of the risks in the rooms were considered or recognised by the staff.
- We found staff were not always able to identify and respond appropriately to patients who were at risk of deterioration.
- From October 2016 to September 2017, the trust reported one incident classified as a never event and four serious incidents. We found there was a backlog of incidents within the emergency care group that required reviewing; this had a risk to patient safety, as actions to prevent these incidents happening again could be delayed.
- We found that some areas in the department were cluttered, as there was not adequate storage space for equipment. The majority of mattresses were damaged which posed an infection risk.
- We found gaps in the daily checking of emergency equipment.
- We found none of the pathways we looked at had review dates.
- The emergency department had participated in a number of audits to benchmark their performance against the Royal College of Emergency Medicine (RCEM) standards. The trust was failing to meet many of the standards.
- Staff did not understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- From April 2016 to March 2017, 51% of staff within urgent and emergency care at the trust had received an appraisal compared to a trust target of 90%.

# Urgent and emergency services

- From October 2016 and September 2017, the trust's unplanned re-attendance rate to A&E within seven days was consistently worse than the national standard of 5% but generally better than the England average.
- The service did not meet the Department of Health's target of 95% of patients admitted, transferred, or discharged within four hours of arrival at the department. The trust did not meet the standard from November 2016 to October 2017.
- From October 2016 to September 2017, the trust's monthly median total time in A&E for all patients was consistently worse than the England average.
- The risks on the risk register did not match all the risks identified during the inspection.
- From September 2016 to August 2017, there were 101 complaints about urgent and emergency care services. The trust took an average of 61 working days to investigate and close complaints; this is not in line with their complaints policy.
- Although there was a paediatric sepsis screening tool we saw that a paediatric advanced warning score (PAWS), used for early recognition of children who were becoming unwell, was not always calculated and therefore might not alert staff, to allow early identification and prompt treatment for children who may be deteriorating.

## **However:**

- The service had improved on some of the issues highlighted in the last inspection.
- Staff kept patients safe from harm and abuse. They understood and followed procedures to protect vulnerable adults or children.
- Staff worked together as a team for the benefit of patients. We saw good multidisciplinary team working.
- Staff cared for patients with compassion and respect. We received positive feedback from patients and carers.
- The data for median time from arrival to initial assessment was better than the overall England median across the entire 12 month period from October 2016 to September 2017. However, this data may not have been accurate as the time measured started at the point the patient spoke with the nurse at reception and did not take account of the time they had waited in the queue before being registered and assessed. This may have affected the accuracy of other quality standards.
- From November 2016 to October 2017, the Trust's monthly percentage of patients waiting between four and 12 hours from the decision to admit until being admitted was better than the England average. Over the 12 months from November 2016 and October 2017, no patients waited more than 12 hours from the decision to admit until being admitted.
- The department had strong links with the community mental health teams, community learning disability team and the child adolescent mental health teams.
- The local leadership was strong, supportive and staff felt they were listened to and valued.
- The trust had developed a three year Strategic Plan for Urgent and Emergency care services.
- We found the culture of the department open and inclusive.
- The trust had governance structures in place and each care group had their own governance meetings, which each department meeting fed into.
- Work was supported by the national Emergency Care Intensive Support Team and a system-wide improvement programme to try to sustain improvements in ED performance.

# Urgent and emergency services

## Is the service safe?

**Requires improvement**   

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

- We found that patient safety was not of sufficient priority in the department.
- Patients had long waits for initial assessment when attending either by foot or ambulance and were left to wait on trolleys. There was a risk that opportunities to prevent harm could be missed. At our last inspection we issued a requirement notice about this.
- Mandatory training for medical and nursing staff was not meeting the trust target. This was a concern at our last inspection.
- The previous inspection highlighted that in ED medical staff were not up to date with adult and paediatric life support training. At this inspection we found that this had not changed. We had concerns about safety because nursing and medical staff were not up to date with advanced life support skills. Data from the trust showed that 64% of nursing staff had not undertaken intermediate life support training, 69% of nursing staff had not received advanced life support training and 83% of medical staff had not received advanced life support training.
- Compliance was low for paediatric immediate life support; there was 48% (49 out of 103) nurses trained and for paediatric advanced life support there were 56% (6 out of 16) nursing staff trained. There was only 22.5% (6 out of 40) medical staff compliant for paediatric advanced life support training.
- All grades of staff were aware of their safeguarding responsibilities, staff were aware of the policies and of the trust safeguarding team however none of the staff groups were up to date with safeguarding training.
- The department was not meeting national standards for ambulance handover and turnaround times and had experienced a number of black breaches. Patients were not booked in to the department in a timely manner.
- During the previous inspection nurse staffing was insufficient for the safe operation of the service. During this inspection, we found that whilst staffing had improved the service did not always have enough medical or nursing staff of the right level to keep patients safe from avoidable harm. Frequent staff shortages increased the risks to people who used the service.
- The department saw over 16,000 children therefore required a consultant to be present with sub-specialist training in paediatric emergency medicine; there was no consultant with sub-specialist training. Additionally, governance meeting minutes highlighted incidents relating to delays for children waiting to see paediatricians and PAWS not always being completed.
- The service did not always manage medicines well. We found examples of trust policy not being followed. Practices did not comply with the Nursing and Midwifery Council (NMC) Standards for Medicine Management.
- Staff recognised incidents and knew how to report them and managers carried out investigations and shared lessons learned. However the process was not robust and had led to a significant backlog of incidents within the emergency care group from December 2015. This was a risk, as actions to prevent further similar incidents may not have been timely.
- Infection control processes were not always followed and we found the majority of mattresses were split or stained and therefore unsuitable for use. The environment was cluttered and not always fit for purpose. This included the mental health room which did not conform to Psychiatric Liaison Accreditation Network (PLAN) standards.



# Urgent and emergency services

- The environment was cramped and did not allow all patients to have privacy and dignity. Some patients were nursed in view of staff and other patients. This had not improved since our last inspection.
- Staff did not always respond appropriately to patients who were at risk of deterioration despite there being mechanisms in place to identify such patients.

However:

- During our previous inspection, we found there was insufficient working equipment available. At this inspection, we found that there was adequate amount of equipment and there were adequate stocks. We saw evidence of good stock rotation to ensure that stock was used before its expiry date.
- When things went wrong patients received an apology and were given information about changes the service made to prevent the same thing happening. The department was working towards meeting the Duty of Candour requirements.

## Is the service effective?

**Requires improvement**  

Our rating of effective went down. We rated it as requires improvement because:

- Although the department had a number of pathways in place based on the National Institute for Health and Care Excellence (NICE) and the Royal College of Emergency Medicine's (RCEM) clinical standards for emergency department, we were not assured that pathways were up to date and not being reviewed regularly.
- The RCEM has a range of evidence based clinical standards to which all emergency departments should aspire to achieve to ensure optimal clinical outcomes. The emergency department had participated in a number of audits to benchmark their performance against the RCEM standards. The trust was failing to meet many of the standards. The department told us there were action plans in place as a result of the audits, to improve performance however at the time of writing this report we had not received detailed action plans.
- Staff did not understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff we spoke to demonstrated limited knowledge of their responsibilities in relation to capacity and consent. Capacity to consent to medication, informed consent was assumed unless medication declined.
- From April 2016 to October 2017, 58% of nursing and 39% of medical staff had undergone annual appraisal against a target of 90%.
- From October 2016 and September 2017, the trust's unplanned re-attendance rate to A&E within seven days was consistently worse than the national standard of 5% but generally better than the England average.

However:

- New staff received a package of support including a mentor, an induction programme and a period of working supernumerary, which was flexible according to their previous experience and training.
- Staff worked together as a team for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide care.
- Staff used a pain score tool to assess if a patient had pain. All patients had a pain score recorded. We observed the streaming nurse giving timely pain relief to adults and children. Patients we spoke with were happy with the pain relief they had received.
- Staff offered patients food and drinks and monitored patients' nutrition and hydration effectively.

# Urgent and emergency services

- We saw good multidisciplinary team working. Clinical nurse specialists came to the department to provide clinical expertise and review patients if needed. The mental health liaison team provided timely assessment to patients with mental health needs. A team supported the safe discharge of patients with complex needs. There were established links with the urgent care centre, which included GPs.
- The department provided patients with information leaflets about their condition and aftercare such as from falls or head injuries in line with NICE guidance best practice.
- The department had piloted and was planning in the near future to use an electronic tablet whereby patients would be able to sit (after registration and triage) and complete some risk factor questions and receive health promotion advice in the forms of leaflets to help provide them with the knowledge and understanding to help improve their health.
- Staff we spoke with who were looking after children were aware of Gillick competency principles when assessing capacity, decision making and obtaining consent from children.

## Is the service caring?

**Good** ● ➡ ➡

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

- Staff were always polite, respectful and professional in their approach. We observed staff responding compassionately to patients' pain, discomfort, and emotional distress in a timely and appropriate way.
- Patients, families and carers gave positive feedback about their care.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.
- The trust's urgent and emergency care Friends and Family Test performance was generally better than the England average from October 2016 to September 2017. There is a notable sharp decline towards the end of the reporting period, which began in July 2017, bringing the trust below the England average by September 2017.

However;

- The environment of the emergency department was not conducive to maintaining a patient's dignity in all circumstances.

## Is the service responsive?

**Requires improvement** ● ➡ ➡

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

- The service did not meet the Department of Health's standard of 95% of patients admitted, transferred, or discharged within four hours of arrival at the department. The trust did not meet the standard from November 2016 to October 2017. However, the trust was performing better than the England average during the same timescale.
- From October 2016 to September 2017, the trust's monthly median total time in A&E for all patients was consistently worse than the England average.

# Urgent and emergency services

- The department was not following its own policy for the use of the clinical decision unit (CDU) as patients were placed here whilst waiting for a bed on a ward.
- There were adequate treatment rooms within the 'minors' area however, we witnessed the 'majors' area to be overcrowded with patients nursed in the overflow areas. They were nursed close together in the centre of the blue and green zones without a dedicated cubicle, and no screening round them.
- There was no screen or signage to inform patients how long the wait was in the 'minors' area.
- From September 2016 to August 2017, there were 101 complaints about urgent and emergency care services. The trust took an average of 61 working days to investigate and close complaints; this was not in line with their complaints policy, which stated complaints should be resolved within 40 days, excepting complex complaints which should be resolved in 90 days.

However:

- Meetings took place at least four times a day to understand the bed and staffing situation, to enable planning for expected admissions and discharges, and to ensure patient flow throughout the hospital was timely. There was an escalation policy.
- From November 2016 to October 2017, the trust's monthly percentage of patients waiting between four and 12 hours from the decision to admit until being admitted was better than the England average.
- Over the 12 months from November 2016 and October 2017, no patients waited more than 12 hours from the decision to admit until being admitted.
- Staff made every effort to make sure they saw all patients who came to the department. From October 2016 to September 2017, the monthly median percentage of patients leaving the trust's urgent and emergency care services before being seen for treatment was better than the England average.
- The trust planned and provided services in a way that met the needs of local people. They worked with commissioners, external providers and local authorities. Since the previous inspection, mental health provision in the trust had increased, providing 24 hours a day access to the mental health liaison team who were on site and provided a rapid assessment of patients with mental health needs within one hour.
- The clinical decision unit provided an overnight facility for patients with complex discharge needs and allowed a team to assess their social, physical and medical needs prior to discharge. The unit was spacious and was designed in conjunction with the dementia team to ensure the department was dementia friendly.
- The department had strong links with the community mental health teams, community learning disability team, and the child adolescent mental health teams.
- The department was accessible for people with limited mobility and people who used a wheelchair. The reception area had a designated hearing loop. Bariatric equipment including a hoist was available if needed and nurses could request a bariatric bed.
- A range of information leaflets were available for patients to help them manage their condition after discharge however, leaflets were available in English only. Interpreting and translation services were available.

## Is the service well-led?

Requires improvement → ←

Our rating of well-led went down. We rated it as requires improvement because:

# Urgent and emergency services

- The trust had not identified the risk to patients of the front door screening and assessment service when the department was busy and queues formed
- During the previous inspection it was highlighted that the trolley patient overflow areas in the 'majors' areas were cramped and did not support patient privacy, this remained a concern during this inspection.
- We had concerns about the governance processes in place. For example, there was a significant backlog of incidents within the emergency care group that had not been processed. Some of these dated back over two years.
- The department did not have a robust process in place for assessing and reviewing NICE and RCEM guidance, safety or medicine alerts. Not all guidance on the intranet had been reviewed therefore we were not confident that staff were following the most current or up to date guidance.
- Performance in RCEM audits was poor and at the time of writing this report, we have not had sight of robust action plans or re-audit plans. We were not assured that appropriate action was taking place to sufficiently address audit concerns.
- The risks on the risk register did not match all the risks identified during the inspection.
- The management of information relating to initial assessment was not robust as it was consistently recorded as five minutes for every patient. The management team were unable to explain to us how this time was calculated. We had concerns because this figure impacted on the robustness of other time critical indicators such as the median time to treatment, four-hour target, ambulance handover, turnaround times and four-12 hour waiting times in ED.

However;

- From our discussions with staff, the local leadership was supportive and staff felt they were listened to and felt valued. Staff were motivated and described a supportive team-working environment.
- The trust had developed a three year Strategic Plan 2017 - 2020 to identify the objectives for the way in which services will be developed and provided in a sustainable way. The strategic objectives were in line with the developing integrated care system (ICS) objectives.
- We found the culture of the department open and inclusive. Staff we spoke with felt that they were valued and respected by their peers and leaders.
- The trust had governance structures in place and each department fed in to care groups and the trust wide governance meetings. This made sure that risks, issues and performance concerns could be escalated.
- The department had plans for dealing with major incidents and staff understood their roles. The plans had been tested and reviewed.
- Work was supported by the national Emergency Care Intensive Support Team and a system-wide improvement programme to try to sustain improvements in ED performance.

## Areas for improvement

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

# Medical care (including older people's care)

Good   

## Key facts and figures

The medical care services at Doncaster Royal Infirmary provided care and treatment for respiratory, gastroenterology, frailty (older people's care), stroke, endocrinology, renal, haematology and coronary care. There were 297 medical inpatient beds located across 12 wards.

The trust had 51,642 medical admissions from August 2016 to July 2017. Emergency admissions accounted for 22,391 (43%), 1,407(3%) were elective, and the remaining 27,844 (54%) were day case.

Admissions for the top three medical specialties were:

- General Medicine – 27,308 admissions
- Clinical Haematology – 5,761 admissions
- Medical Ophthalmology – 5,668 admissions

Patients needing medical care, including older people's care, at the hospital were admitted under the care of three care groups, the musculoskeletal and frailty care group, the emergency care group or the speciality service care group.

Doncaster Royal Infirmary was last inspected as part of our comprehensive inspection programme in April 2015. During the 2015 inspection, we inspected and rated all five key questions. Overall, we rated medical services as good. We rated safe, effective, caring, responsive and well led as good.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity and we re-inspected all domains and key questions.

During the inspection, we visited all 12 wards and the endoscopy unit. This included the acute medical wards and the elderly care wards.

We spoke with 64 members of staff, including all grades of nursing and medical staff, ward clerks, pharmacy staff, the senior leadership team and therapists. We also spoke with 17 patients and eight relatives and carers. We observed care and treatment being provided. We reviewed 16 care records (including medical notes, nursing and therapy documentation and prescription charts).

We observed patient care, 'ward huddles', a ward round and a multi-disciplinary team meeting.

## Summary of this service

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

- We rated safe, effective, caring, responsive and well- led as good.
- Staff were aware of how and when to report incidents including safeguarding concerns. We saw that staff received feedback and lessons learned were shared.
- All areas we visited were clean and well- maintained. Staff practiced safe infection control techniques and we saw predominantly positive audit results.
- Staff assessed patients for risk of deterioration and escalated their care when necessary.

# Medical care (including older people's care)

- We saw safe medical and nurse staffing levels in place.
- We saw good examples of multidisciplinary working. The trust performed better than the England average in a number of national audits.
- Staff told us they were encouraged and supported to professionally develop.
- We saw staff seeking patient consent before providing care and treatment. We saw that capacity assessments were completed for some, but not all, patients.
- Patients, relatives and carers we spoke with gave consistently positive feedback: patients told us they felt safe on the wards and that staff were caring and compassionate.
- Patients and their relatives told us that they were involved in planning their care and that communication with staff was good.
- Staff were emotionally supportive to patients and their loved ones. Friends and family test responses were predominantly positive.
- Services were planned to meet the needs of local people. Consultants were available seven days per week.
- Care and treatment for vulnerable patients, such as those living with dementia or a learning disability, were seen as a priority. We saw numerous positive examples of initiatives in place for these patients.
- There was a clear leadership structure. Staff told us that their line managers were visible, approachable and supportive. We saw positive leadership at ward and team level.
- Staff were aware of the trust's vision and values, Local governance arrangements were robust. Ward managers attended care group governance meetings. Ward managers were aware of the risks to their service.
- We saw numerous examples of improvements and innovation.

However:

- There was low compliance in some mandatory training modules for medical staff.
- There was a high percentage of nurse bank and agency use on some wards and not all patients were seen by a consultant within 14 hours of being admitted to the hospital in line with national guidance.
- The service did not ensure VTE assessments were routinely reviewed within 24 hours in line with NICE guidelines.
- We found that some patient pathways were out-of-date for review and did not have any references to nationally recognised, evidence-based, best-practice guidance.
- The trusts performance was worse than the England average for the national heart failure audit and the national lung cancer audit.
- Appraisal rates had improved since our inspection in 2015, however they remained lower than the trust target on some wards.
- Consent to care and treatment was not always obtained in line with legislation for patients who lacked capacity.
- The trust reported high numbers of delayed discharges and was not monitoring patient bed moves at night.

## Is the service safe?

Good   

# Medical care (including older people's care)

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

- Mandatory training compliance for nursing staff had improved.
- All grades of staff were aware of their safeguarding responsibilities.
- All areas we visited were visibly clean and well- maintained. Compliance with infection control audits was predominantly positive.
- We saw that patients had risk assessments completed. National Early Warning scores (NEWS) were recorded, and, where necessary, patients were escalated appropriately. Sepsis recognition and treatment was improving. Patient safety alerts were responded to appropriately.
- Nurse staff fill rates were included on the hard truths dashboard. We found that fill rates were consistently above 95% for all wards. Medical consultants provided a seven-day service and there were robust on call arrangements out of hours.
- Medicines were stored securely, and controlled drug registers showed that weekly balance checks were completed.
- Records were completed in line with staff's registered bodies. We saw that records were stored securely. Patients had individualised patient centred plans of care.
- Staff we spoke with were aware of when they should report incidents. There were robust processes in place for reviewing, sharing and learning about incidents.

However;

- The trust reported low levels of mandatory training compliance for medical staff.
- We reviewed 16 sets of medical records and found that 25% (4) of patients did not see a consultant within 14 hours of being admitted to the hospital.
- The trust did not use a labelling system to show that equipment was clean.
- VTE assessments were not routinely reviewed within 24 hours in line with the National Institute for Health and Care Excellence (NICE) clinical guideline [CG92].

## Is the service effective?

**Good** ● ➡ ➡

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

- The trust had policies and patient pathways in place to support staff in the care and treatment of patients.
- Patients were assessed for risk of malnutrition and where necessary referred to dieticians and supported with their dietary needs. The wards had protected mealtimes in place.
- Patients we spoke with told us they received pain relief in a timely manner. Pain scores were used, and compliance was audited each month. Staff used adapted tools for vulnerable patients.
- Staff told us they were supported to professionally develop. Student nurses and newly qualified staff said that their mentors and preceptors supported them. Junior doctors told us senior colleagues supported them and training opportunities were available.



# Medical care (including older people's care)

- The trust had a lower than average risk of readmission and outcome measure scored better than the England average in a number of national audits
- The trust had a robust process in place for the learning from deaths policy and had seen an improvement in its hospital standardised mortality ratio.
- We saw positive multidisciplinary working across all wards and services. Staff we spoke to reported positive working with other teams both internally and those external to the trust.
- The trust had improved its seven-day service provision. There was a seven-day service in most services including consultant cover, therapies, diagnostics and pharmacy.
- We saw some positive examples of health promotion including healthy eating and smoking cessation.
- We observed staff seeking verbal consent before providing care and treatment. Most staff showed a good understanding of the mental capacity act and DoLs.

However;

- Two policies we reviewed were out of date for review and patient pathways did not have any references to show that they were based on researched based best practice guidance.
- The trust performance was worse than the national average in the national heart failure audit and the national lung cancer audit.
- Appraisal rates had improved since our inspection in 2015, however they remained lower than the trust target on some wards.
- Consent to care and treatment was not always obtained in line with legislation for patients who lacked capacity.

## Is the service caring?

**Good** ● → ←

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

- We received consistently positive feedback from the 17 patients and eight relatives and carers we spoke with. Patients told us they felt safe on the wards.
- Patients told us that the staff were kind, caring and compassionate.
- We observed staff treating patients compassionately and with dignity and respect.
- Patients and their relatives told us that they were involved in planning their care and that communication with staff was good.
- We observed positive interactions between staff of all disciplines and patients. Staff provided emotional support.
- Friends and family response rates were slightly lower than the national average however, feedback was positive.

## Is the service responsive?

**Good** ● → ←

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

# Medical care (including older people's care)

- The trust planned services to meet the needs of the local population. The executive team told us that wherever possible they supported the local economy by sourcing services from local businesses.
- The trust had a lower length of stay than the national average.
- The endoscopy service provided evening appointments to support patients who worked. The service also had plans to expand the current service.
- We saw numerous examples of how the staff provided support to vulnerable patients such as those living with dementia, learning disabilities (LD) and those receiving care at the end of life.
- The trust used an enhanced care prescription (ECP) to assist to determine the need for additional staffing to provide enhanced supervision. The enhanced care team provided additional support.
- The trust employed specialist LD nurses and had access to older people's mental health nurses who worked closely with the frailty team to support with care plans for vulnerable patients.
- In the latest patient led assessment of the care environment audit (PLACE), of the hospital was scored 79% for dementia care, which is better than the 2017 national average.
- Staff had access to an external translation and interpretation services.
- Staff on the respiratory unit told us that they had supported two patients, both of whom were receiving care in the last days of life, to hold their weddings on the unit. The unit also allowed pets to visit patients.
- The trust had introduced initiatives to improve patient flow, this included ward based discharge coordinators, rehabilitation assistants, patient flow coordinators and the rapid assessment programme team (RAPT).
- The trust held operational management meetings four times each day
- The trust provided data about the numbers of patients who were boarded on a ward outside their speciality and the processes in place to ensure patients care was appropriately managed.
- Ward managers were aware of and able to describe the procedures they would follow for complaints. We saw information about how to raise a concern available to patients.

However,

- The trust reported high numbers of delayed discharges.
- The trust was failing to meet performance targets for complaints responses.
- The trust was not monitoring patient moves at night so it could be assured how this affected patient care and experience.

## Is the service well-led?

**Good**   

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

- The trust had a clear leadership structure at clinical level. All wards had a ward manager who was supported by matrons and care group heads of nursing. Medical and nursing staff told us they were well supported by their senior colleagues and that they would recommend the trust as a place to work.
- Most staff we spoke with were aware of the trust vision and values. We saw these displayed in ward areas.

# Medical care (including older people's care)

- We found staff were open and transparent. They told us the culture on the wards was positive. Staff told us they were proud of their achievements, to improve patient care.
- We looked at the trusts governance structures and felt assured that these provided oversight of performance against safety measures.
- Some, but not all, staff told us that they saw the executive team. We saw numerous examples of staff and patient engagement, at both local and executive level.
- We saw positive examples of improvement and innovation.

## Outstanding practice

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

## Areas for improvement

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

# Maternity

**Requires improvement**



## Key facts and figures

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

Doncaster Royal Infirmary offered a full range of maternity services for women and families provided in both hospital and a community setting.

Maternity services were part of the women and children's care group and were located in the separate women and children's part of the hospital.

Midwifery led care was provided to low risk women and included home births, and consultant led hospital care was provided to high-risk women who needed more specialist care.

The community midwives and support workers had a base within the hospital. Antenatal and postnatal care was provided to women in their own homes, clinics, children's centres and at general practice locations

We spoke with 12 patients, nine relatives, and 18 members of staff. We observed care and treatment, looked at 10 patient records and 17 medicines charts. We also interviewed key members of staff and the senior management team.

## Summary of this service

We rated the service as requires improvement because:

- We rated safe and effective as requires improvement. We rated caring, responsive and well led as good.
- The service was not meeting their target of 90% for women receiving one to one care in labour.
- At the previous inspection, a large number of staff had not received mandatory training in a number of subjects. At this inspection, we found medical staff continued to be non-compliant for mandatory training.
- Both medical and midwifery staff were not meeting the target for safeguarding training.
- Nursing staff we spoke with told us that the induction of labour procedures varied depending on the doctor who saw the patient, this meant the induction of labour policy was not followed consistently on both sites at the time of our inspection. Following our inspection the trust introduced an audit process. Several trust policies were past their date of review. However, the trust was aware of this and a policy review group was in place. We were assured by the management team that the out of date policies would be updated quickly.
- When we inspected in 2015, staff told us they had not had an appraisal in the preceding 12 months. At this inspection, we found the trust continued not to meet its appraisal target of 90% compliance for nursing and medical staff.
- Some staff told us there was disconnect between ward level staff and the service leads. They said morale was low and some staff felt senior managers had not engaged with them sufficiently about proposed changes; including staffing, ward and location rotation.

However:

# Maternity

- There were robust incident management processes. Learning from incidents and investigations were shared with staff at team meetings and individually with their managers. The trust produced a monthly staff update, which included learning from incidents and good practice.
- Consultant cover on labour ward was in line with current guidance and the ratio of midwife to birth ratio was slightly better than the national average.
- To meet women's needs specialist midwives were employed by the service. This included specialists for teenage pregnancies, antenatal screening, safeguarding, bereavement, diabetes and infant feeding. Specialist support was also available through the learning disabilities specialist nurses and perinatal mental health consultant.
- External audits took place and these included the National Maternity and Perinatal audit. Action plans were produced and working groups were set up to address the actions identified.
- Procedures were in place to refer and safeguard adults and children from abuse and staff were aware of the procedures to follow. This included referral to the mental health team.

## Is the service safe?

### Requires improvement



We rated safe as requires improvement because:

- Medical staff were non-compliant for mandatory training. They were not reaching the trust's compliance target of 90% and had not improved since the 2015 inspection.
- Not all midwifery or medical staff were up to date with safeguarding training.
- The service was not meeting their target of 90% for women receiving one to one care in labour.
- Staff did not always follow correct infection prevention and control practice.

However:

- The service used an electronic maternity care records system. Records were individualised, up to date, and reflected the care provided. Record keeping was of a good standard.
- Staff were encouraged to report incidents. Learning from incidents and investigations were shared with staff at team meetings and individually with their managers.
- Staff were aware of how to contact the mental health team and support was available for women with long standing mental health concerns and those identified as high risk.
- Building work taking place to improve the fire safety systems was being done with as minimal disruption as possible and all affected areas were securely sealed off.
- Safety testing of electrical equipment was taking place and in date.
- Consultant cover was in line with current guidance.

## Is the service effective?

### Requires improvement



# Maternity

We rated effective as requires improvement because:

- When we inspected in 2015, staff told us they had not had an appraisal in the preceding 12 months. At this inspection, we found that the trust was still not meeting its appraisal target of 90% compliance for nursing and medical staff.
- The numbers of inductions and third and fourth degree tears was higher than expected. The trust had recognised this and was taking action.
- The policy on induction of labour was past its review date. Staff told us that care and treatment was not always planned and delivered consistently in line with current evidence based guidance.
- Several other trust policies were past their date of review. However, the trust was aware of this and a policy review group was in place. We were assured by the management team that the out of date policies would be updated quickly.

However:

- Most patient outcomes were in line with or better than national averages.
- Clinical educators provided training for staff, including induction and competency packages.
- Newly qualified staff had a period of 'preceptorship', where they received additional support and went through a programme of competencies.
- Staff had Mental Capacity Act and Deprivation of Liberty safeguards training as part of the adults safeguarding training module.
- The hospital had achieved the highest level of the United Nations International Children's Emergency Fund (UNICEF) Baby Friendly Initiative. UNICEF baby friendly initiative is a global accreditation programme developed by UNICEF and the World Health Organisation to promote breast-feeding and parent/infant relationships.

## Is the service caring?

**Good** ●

We rated caring as good because:

- Staff treated women and their families with dignity and respect. They were kind and caring.
- Staff responded compassionately to patients' pain, discomfort and emotional needs in a timely and appropriate way.
- The bereavement midwife arranged monthly cremation services and supported families following pregnancy loss (under 23 weeks, six days gestation).
- The chaplaincy held annual memorial services for women and their families following pregnancy loss.

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- The trust was working with commissioners and other key stakeholders to review maternity services to provide the best service and to improve outcomes.

# Maternity

- The bed occupancy levels for the 12 months prior to inspection for maternity were consistently better than the England average.
- Since the last inspection the service had improved the availability of specialist midwives to support women's individual needs. The maternity service specialist midwives included safeguarding, bereavement, teenage pregnancies, antenatal screening, diabetes, and infant feeding.
- Specialist support was also available through the learning disabilities specialist nurses and perinatal mental health consultant.
- Staff were clear about the complaints process and action they should take if someone wished to complain.

However:

- Complaints were not completed in a timely manner, or in line with the trust policy.

## Is the service well-led?

**Good** 

We rated well-led as good because:

- There was a clear governance structure in place with regular governance meetings taking place.
- Risks and priorities were identified and the action taken to mitigate these.
- Monthly quality and safety checks took place and these provided assurances that the quality of service was monitored.
- The community midwives engaged with people who used the service to obtain their views. This was to shape the future of the service based on the experiences of patients and those close to them.

However:

- There was not a clear documented vision or strategy for the maternity services. Service leaders told us they were waiting for the outcome of local work with the integrated care system (ICS) before implementing a strategy. However, this meant that there was no interim strategy and staff were unaware of the vision for the service.
- Some staff felt senior managers had not engaged with them sufficiently about proposed changes; including staffing, ward and location rotation.
- We were not assured there was sufficient focus on safeguarding children's training; together with mandatory training of medical staff.

## Outstanding practice

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

## Areas for improvement

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



# Services for children and young people

Good   

## Key facts and figures

Children's services at Doncaster Royal Infirmary include an eighteen bed inpatient ward, a 21 bed short stay observation unit, an 18 bed neonatal unit (three intensive care, three high dependency and 12 special care beds), a seven bed children's surgical unit and a children's outpatient department.

Doncaster Royal Infirmary had 2,823 admissions and 6,240 attendances between August 2016 and July 2017.

At our last inspection, we rated safe as requires improvement. Effective, caring, responsive and well led were rated as good.

At this inspection, we inspected the whole core service. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

We visited the inpatient ward, short stay observation unit, neonatal unit, children's surgical unit and children's outpatient department.

We spoke with 31 members of staff (including medical staff, nursing staff, healthcare assistants, play staff and student nurses), 10 parents and five young people. We reviewed 15 sets of records.

## Summary of this service

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

- We rated effective, caring, responsive and well led as good. Safe was rated as requires improvement.
- Sepsis screening tools were used and all the records of patients we saw with suspected sepsis were managed appropriately.
- Care and treatment was based on national guidance and the service monitored the effectiveness of care and treatment.
- Staff cared for patients with kindness and compassion, ensuring they involved patients and their families. Feedback we received about the services from patients and their families was positive.
- The service was responsive to the needs of the individual children and young people who used it.
- Children's services were actively involved with the Integrated Care System (ICS) to plan care to reflect the needs of the local population.
- There were effective governance systems and processes in place. Regular review of the risk register took place.

However:

- Safeguarding training rates were below the trust target.
- There were no individual risk assessment tools to ensure the effective management of children and young people with mental health needs. Not all staff had received training in caring for children and adolescents with mental health conditions, but this had started to be addressed.
- Actual staffing levels did not meet planned levels and the nurse to patient ratio exceeded the Royal College of Nursing (RCN) guidance (2013).

# Services for children and young people

- We observed that staff were not always using personal protective equipment or following appropriate hand hygiene practices.
- There were environment issues, such as out of order shower cubicles on the children's unit, water damaged ceiling tiles and protruding wires on the neonatal unit and condemned televisions were being stored in the adolescent room on the children's ward.
- We observed medicines left unattended.

## Is the service safe?

**Requires improvement**   

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

- We rated safe as requires improvement at our last inspection due to nursing and medical staffing concerns; levels of nursing staff did not meet nationally recognised guidelines and there were significant gaps in the medical staffing establishment. In addition, not all expected individual risk assessments were in place, such as nutritional assessments.
- At this inspection, the nurse staffing ratios were still not meeting Royal College of Nursing (RCN) guidance; however, the use of a dependency tool had been implemented to help inform the required nurse staffing establishment. We observed that the planned staffing levels, on the children's ward, of three trained staff and two healthcare assistants during the day and three trained and one healthcare assistant at night had not changed since our last inspection. We saw that for the month of November, the children's observation unit rarely met the planned number of staff. We were told this was due to sickness absence and maternity leave. When we looked at staffing rosters we saw that there were a high number of unfilled shifts for the children's ward and the children's observation unit, however we were told that shifts that were covered by the clinical educators, matron or head of nursing would not be reflected on the rosters.
- Nutritional risk assessments had been implemented, to be done on admission. However, in the clinical governance meeting minutes from November 2017, it was identified that staff were not completing the assessments appropriately. The Band 7 sisters were to carry out weekly ward rounds to ensure there was improvement in compliance. Despite this, we saw that out of seven sets of nursing records we reviewed, only one had a nutrition assessment score recorded.
- Although general environmental risk assessments had been done previously, we did see potential ligature risks. There were no individual risk assessment tools used to ensure the safe and effective management of children and young people with mental health needs, prior to an assessment by the child and adolescent mental health service (CAMHS).
- We were not assured that there were robust safeguarding systems in place. When practitioners made a referral to the local authority, the referral form stated that a copy should be sent to the safeguarding team, however the safeguarding named nurse was unsure if staff copied them into every referral they made to the local authority. In two records we looked at with potential safeguarding concerns, the safeguarding paperwork had not been fully completed. Safeguarding training Level 3 completion rates were below the trust target and there was a potential risk to children in the outpatient department as there was free access to the environment.
- There were a number of environmental issues such as showers and toilets that were out of order, which had been reported over a month prior to the inspection. On the neonatal unit, there were water damaged ceiling tiles and wires protruding from the ceiling, windows that did not seal properly and heating that did not work. On the children's ward, there was a hot water boiler in the diner area that could be accessed by children and in the adolescent room they were storing condemned televisions.

# Services for children and young people

- Staff did not always follow correct infection prevention and control practice.
- The room where medicines were stored on the children's ward was very hot and the room temperature was not monitored to ensure medicines were stored in line with manufacturers' recommendations. We saw medicines left unattended for a period of time.

However:

- Staff knew how to report incidents and received feedback at team meetings. Incidents were discussed at team meetings and governance meetings.
- Nursing staff were meeting the trust target for mandatory training for the majority of subjects.
- A paediatric advanced warning score (PAWS) was used to highlight a child's deteriorating condition.
- All patients with suspected sepsis had been appropriately managed and staff attended sepsis training sessions.

## Is the service effective?

Good   

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

- Care and treatment was planned and delivered in line with current evidence based guidance.
- There was participation in relevant local and national audits.
- Information about children's care and treatment, and their outcomes, were routinely collected and monitored. Outcomes for children and young people who used the service were positive and exceeded the national average.
- Consent to care and treatment was obtained in line with legislation and guidance.
- Clinical educators provided training for staff, with induction and competency packages.
- There were a number of advanced neonatal nurse practitioners and the trust was training three paediatric nurse practitioners.

However:

- Staff had received no specific training in mental health conditions. There was a link nurse from the Children and Adolescent Mental Health Service (CAMHS) who was starting to introduce some teaching sessions.

## Is the service caring?

Good   

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

- Staff treated children and their families with dignity and respect. They were kind and caring.
- Feedback from parents was positive and they said that staff were friendly and person centred.
- Children and families were involved in their care. We observed staff talking to children in a way they could understand.
- The trust performed about the same as other trusts in the CQC children's survey 2016 for questions relating to caring.

# Services for children and young people

- Play leaders were available to provide distraction and support children and families with any anxieties.

## Is the service responsive?

Good  → ←

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

- The trust was working with commissioners to review children's services to provide the best service for children and young people and to improve outcomes.
- Appropriate child and family friendly facilities were available. The children's ward had a room designed for adolescents.
- Facilities were available to enable parents to stay overnight with their children.
- Staff worked alongside other services, such as the Children and Adolescent Mental Health Service (CAMHS), to plan a patient's discharge.
- A school room on the children's ward enabled children and young people to continue their education whilst in hospital.

However:

- The neonatal unit had closed to admissions on 15 occasions between 19 May 2017 and the time of our inspection, due to reaching capacity. This was done in order to manage resources.
- The service did not respond to complaints in a timely manner or in line with the trust policy.

## Is the service well-led?

Good  → ←

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

- There was a governance structure in place with regular governance meetings taking place.
- Ward quality dashboards were reviewed at governance meetings.
- The trust had recently set up a Children's and Family board, whose purpose was to be the primary forum for development and implementation of the children and families programme of work.
- Risks had been identified on the risk register and they were reviewed regularly.
- The service had recognised the benefit of the advanced nurse practitioner role in providing support to staff

However:

- There appeared to be a disconnect between the ward level staff and the service leads. There were mixed views on the visibility of the management team and the support given.
- Morale was low as staff felt the service leads did not engage with them enough, although we were told that the general manager had undertaken monthly meetings to try to engage with all staff in the care group. The 2016 staff survey showed that only 39% of staff in children's services felt there was good communication between senior management and staff.

# Services for children and young people

- There was not a clear documented vision or strategy for the children's services. Service leaders told us they were waiting for the outcome of local work with the Integrated care system (ICS), in which they were actively involved, before implementing a strategy. However, this meant that there was no interim strategy and staff were unaware of the vision for the service.
- We were not assured that there was sufficient focus on safeguarding children and young people. Safeguarding training rates were below the trust target and safeguarding paperwork had not been fully completed. The trust was not able to assure itself about safeguarding training rates until locally held databases were reviewed.

## Areas for improvement

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

# Bassetlaw District General Hospital

Blyth Road  
Worksop  
Nottinghamshire  
S81 0BD  
Tel: 01909500990  
[www.dbh.nhs.uk](http://www.dbh.nhs.uk)

## Key facts and figures

Bassetlaw District General hospital (BDGH) is an acute hospital with over 170 beds. BDGH has inpatient, day case and outpatient facilities. It provides a full range of acute clinical services to

the local population including:

- Urgent and emergency care
- Medical care (including older people's care)
- Surgery
- Maternity and gynaecology
- Outpatients and diagnostic imaging
- Critical care
- End of life care
- Children and young people's services
- Breast care unit
- Renal dialysis

In 2016/17 the site saw 154,816 patients.

## Summary of services at Bassetlaw District General Hospital

**Requires improvement**   

Our rating of services stayed the same.

We rated the hospital as requires improvement because overall the domains of safe, effective and well led required improvement whilst caring and responsive we rated as good.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

The trust provides urgent and emergency care services at Doncaster Royal Infirmary (DRI) and Bassetlaw District Hospital (BDH). In addition, there is a minor injuries unit at Montagu Hospital; we did not inspect the minor injuries unit as part of this inspection.

The department is a designated trauma unit but more severely injured patients go to the nearest major trauma centre if their condition allows them to travel directly. Otherwise, they would be stabilised at BDH, where staff follow a protocol to decide which injuries they could treat or would have to transfer.

The department has three resuscitation bays, one that is specially equipped for children. There was a majors area to treat patients with major injuries and illnesses that consisted of nine cubicles; one was used as an ambulance assessment bay. For patients presenting with minor injury or illness there were three assessment rooms and an eye room. In addition, there was a separate assessment room for patients attending with mental health problems, and a separate children's waiting area with three assessment rooms. For patients who attended with minor injuries and illnesses there was an adult waiting room and a separate children's waiting room.

There was a clinical decisions unit aligned to the emergency department that had four beds and four chairs. This was predominately used for patients who required further observation, assessment, diagnostic tests or patients who had complex discharge needs.

BDH had a front door screening and assessment service, and was working in partnership with another healthcare provider who was commissioned by a Clinical Commissioning Group, to provide GP urgent care services.

We inspected the core service and looked at all five key questions. In order to make our judgements we spoke with 10 patients, 10 carers and 31 staff from different disciplines including nurses, doctors, managers, support staff and ambulance staff. However, we did not inspect the Urgent Care services. We observed daily practice and reviewed 21 sets of records. We tracked 13 patients as they arrived in the department to their first initial assessment. Prior to and following our inspection, we reviewed performance information about the trust and reviewed information provided to us from the trust.

## Summary of this service

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

- At the time of the inspection there were extended waits to initial assessment for both patients who walked into the department and those who arrived by ambulance. We were told this was because the department was busy; however, we looked at footfall over a period of three months including our inspection days and found that attendance on these days was not exceptionally high. We found these long waits for initial assessment were a potential risk to patient safety.
- There were delays in patients booking into the department, we witnessed patients arriving by ambulance and waiting in the corridor if the ambulance assessment bay was full. Ambulance staff could not book the patients in until they had handed over the patient to the nurse. All patients should be booked in as soon as they arrive at the hospital.
- Ambulance turnaround times should be within 30 minutes, allowing ambulance staff to handover the patients to the hospital staff and be available for further emergency and urgent calls. From November 2017 to October 2017, there was 45-65% of journeys turnaround times over 30 minutes at Bassetlaw District General Hospital.



# Urgent and emergency services

- At the previous inspection, we found nurse staffing was insufficient for the safe operation of the service. During this inspection, we found the service did not always have enough nursing staff of the right level to keep patients safe from avoidable harm.
- The previous inspection highlighted the shortage of medical staff and during this inspection; we found the service did not always have enough medical staff of the right level to keep patients safe from avoidable harm. There were no substantive consultants in post at BDH. Two consultants from DRI work part-time at Bassetlaw, the rest of the shifts were covered by locum consultants.
- In the previous inspection, staff were not up to date with mandatory training. During this inspection, we found not all medical and nursing staff was up to date with mandatory training, including safeguarding. Staff had not received any specific training regarding caring for patients with mental health conditions, learning disabilities, autism or dementia.
- The previous inspection highlighted that in ED medical staff were not up to date with adult and paediatric life support training. At this inspection we found that this had not changed. We had concerns about safety because nursing and medical staff were not up to date with advanced life support skills. Data from the trust showed that 64% of nursing staff had not undertaken intermediate life support training, 69% of nursing staff had not received advanced life support training and 83% of medical staff had not received advanced life support training.
- Compliance was low for paediatric immediate life support; there was 48% (49 out of 103) nurses trained and for paediatric advanced life support there were 56% (6 out of 16) nursing staff trained. There was only 22.5% (6 out of 40) medical staff compliant for paediatric advanced life support training.
- During our previous inspection, we found the standard of cleanliness and adherence to hygiene procedures was variable. We found areas and equipment that were dusty and dirty.
- The service did not always manage medicines well.
- Although the service had a separate room to assess patients with mental health needs, it did not conform to the Psychiatric Liaison Accreditation Network (PLAN) standards. None of the risks in the rooms were considered or recognised by the staff.
- We found staff were not always able to identify and respond appropriately to patients who were at risk of deterioration.
- From October 2016 to September 2017, the trust reported no never events and one serious incidents between October 2016 to September 2017 at BGH. We found there was a backlog of incidents within the emergency care group that required reviewing; this had a risk to patient safety, as actions to prevent these incidents happening again could be delayed.
- We found that some areas in the department were cluttered, as there was not adequate storage space for equipment. The majority of mattresses were damaged which posed an infection risk.
- We found none of the pathways had review dates.
- The emergency department had participated in a number of audits to benchmark their performance against the Royal College of Emergency Medicine (RCEM) standards. The trust was failing to meet many of the standards.
- Staff did not understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- From April 2016 to March 2017, 51% of staff within urgent and emergency care at the trust had received an appraisal compared to a trust target of 90%.

# Urgent and emergency services

- From October 2016 and September 2017, the trust's unplanned re-attendance rate to A&E within seven days was consistently worse than the national standard of 5% but generally better than the England average.
- The environment of the emergency department was not conducive to maintaining the patient's privacy, dignity and confidentiality in all circumstances. We witnessed patients who arrived by ambulance queuing in the corridor.
- The service did not meet the Department of Health's target of 95% of patients admitted, transferred, or discharged within four hours of arrival at the department. The trust did not meet the standard from November 2016 to October 2017.
- From October 2016 to September 2017, the trust's monthly median total time in A&E for all patients was consistently worse than the England average.
- The risks on the risk register did not match all the risks identified during the inspection.
- From September 2016 to August 2017, there were 101 complaints about urgent and emergency care services. The trust took an average of 61 working days to investigate and close complaints; this is not in line with their complaints policy.

However:

- Staff kept patients safe from harm and abuse. They understood and followed procedures to protect vulnerable adults or children.
- Staff worked together as a team for the benefit of patients. We saw good multidisciplinary team working.
- Staff cared for patients with compassion and respect. We received positive feedback from patients and carers.
- The data for the median time from arrival in ED to initial assessment was better than the overall England median across the entire 12-month period from October 2016 to September 2017 although this data may not have been accurate as the time measured started at the point the patient spoke with the nurse at reception and did not take account of the time they had waited in the queue before being registered and assessed. This may have affected the accuracy of other quality standards.
- From November 2016 to October 2017, the Trust's monthly percentage of patients waiting between four and 12 hours from the decision to admit until being admitted was better than the England average. Over the 12 months from November 2016 and October 2017, no patients waited more than 12 hours from the decision to admit until being admitted.
- The department had strong links with the community mental health teams, community learning disability team and the child adolescent mental health teams.
- The local nursing leadership was strong, supportive and staff felt they were listened to and felt valued. We found the culture of the department open and inclusive.
- The trust had developed a three-year Strategic Plan for Urgent and Emergency care services.
- The trust had effective structures in place and each care group had their own governance meetings, from which each department meeting fed into.

## Is the service safe?

**Requires improvement**   

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

# Urgent and emergency services

- We found that patient safety was not of sufficient priority in the department.
- At the time of the inspection there were extended waits to initial assessment for both patients who walked into the department and those who arrived by ambulance. We were told this was because the department was busy; however, we looked at footfall over a period of three months including our inspection days and found that attendance on these days was not exceptionally high. We found these long waits for initial assessment were a potential risk to patient.
- Staff did not assess or manage risks of harm to patients and there was a risk that opportunities to prevent harm could be missed. At our last inspection we issued a requirement notice about this.
- Mandatory training for medical and nursing staff was not meeting the trust target. This was a concern at our last inspection.
- The previous inspection highlighted that in ED medical staff were not up to date with adult and paediatric life support training. At this inspection we found that this had not changed. We had concerns about safety because nursing and medical staff were not up to date with advanced life support skills. Data from the trust showed that 64% of nursing staff had not undertaken intermediate life support training, 69% of nursing staff had not received advanced life support training and 83% of medical staff had not received advanced life support training.
- Compliance was low for paediatric immediate life support; there was 48% (49 out of 103) nurses trained and for paediatric advanced life support there were 56% (6 out of 16) nursing staff trained. There was only 22.5% (6 out of 40) medical staff compliant for paediatric advanced life support training.
- All grades of staff were aware of their safeguarding responsibilities, staff were aware of the policies and of the trust safeguarding team however none of the staff groups were up to date with safeguarding training.
- The department was not meeting national standards for ambulance handover and turnaround times and had experienced a number of black breaches. Patients were not booked in to the department in a timely manner.
- During the previous inspection nurse staffing was insufficient for the safe operation of the service. During this inspection, we found the service did not always have enough medical or nursing staff of the right level to keep patients safe from avoidable harm. The number of children's nurses on duty did not always meet the Royal College of Nursing guidance. Frequent staff shortages increased the risks to people who used the service.
- The service did not always manage medicines well. We found examples of trust policy not being followed. Practices did not comply with the Nursing and Midwifery Council (NMC) Standards for Medicine Management.
- Although the service had a separate room to assess patients with mental health needs, it did not conform to the Psychiatric Liaison Accreditation Network (PLAN) standards and was unsafe.
- We had concerns that the process for transferring children out of the department over night was not always followed and children waited in ED inappropriately. There were also delays in transfers due to the lack of availability of transport for non-urgent patients.
- Staff recognised incidents and knew how to report them and managers carried out investigations and shared lessons learned. However the process was not robust and had led to a significant backlog of incidents within the emergency care group from December 2015. This was a risk, as actions to prevent further similar incidents may not have been timely.
- Infection control processes were not always followed and we found the majority of mattresses were unsuitable for use.

However:

# Urgent and emergency services

- During our previous inspection, we found there was insufficient working equipment available. During this inspection, we found that there was adequate amount of equipment and there were adequate stocks. We saw evidence of good stock rotation to ensure that stock was used before its expiry date.
- Temperature checks are necessary to keep medication at the right temperature to prevent it becoming ineffective or dangerous. During this inspection, we found fridge temperatures were checked daily.
- When things went wrong patients received an apology and were given information about changes the service made to prevent the same thing happening. The department was working towards meeting Duty of Candour requirements.

## Is the service effective?

**Requires improvement**  

Our rating of effective went down. We rated it as requires improvement because:

- Although the department had a number of pathways in place based on the National Institute for Health and Care Excellence (NICE) and the Royal College of Emergency Medicine's (RCEM) clinical standards for emergency department. We were not assured that staff were following the most up to date best practice. This was because pathways had not been reviewed regularly and we saw evidence that pathways were not followed.
- The RCEM has a range of evidence based clinical standards to which all emergency departments should aspire to achieve to ensure optimal clinical outcomes. The emergency department had participated in a number of audits to benchmark their performance against the RCEM standards. The trust was failing to meet many of the standards. Implementation of evidence based practice was variable. The department told us there were action plans in place as a result of the audits, to improve performance however, at the time of writing this report we had not received detailed action plans.
- Staff did not understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff we spoke to demonstrated limited knowledge of their responsibilities in relation to capacity and consent to medication, informed consent was assumed unless medication declined.
- From October 2016 and September 2017, the trust's unplanned re-attendance rate to A&E within seven days was consistently worse than the national standard of 5% but generally better than the England average. Outcomes for people who use the service are below national expectations.
- Not all staff had received an appraisal.

However:

- New staff received a package of support including a mentor, an induction programme and a period of working supernumerary, which was flexible according to their previous experience and training.
- Staff worked together as a team for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide care.
- Staff used a pain score tool to assess if a patient had pain. All patients had a pain score recorded. We observed the streaming nurse giving timely pain relief to adults and children. Patients we spoke with were happy with the pain relief they had received.
- Staff offered patients food and drinks and monitored patients' nutrition and hydration effectively.

# Urgent and emergency services

- We saw good multidisciplinary team working. Clinical nurse specialists came to the department to provide clinical expertise and review patients if needed. The mental health liaison team provided timely assessment to patients with mental health needs. A team supported the safe discharge of patients with complex needs. There were established links with the urgent care centre, which included GP's.
- The department provided patients with information leaflets about their condition and aftercare such as from falls or head injuries. These were directly printed off the computer. This was in line with NICE guidance.
- The department had piloted and was planning in the near future to use an electronic tablet whereby patients will be able to sit, after registration and triage and using their current waiting time to complete some risk factor questions and receive health promotion advice in the forms of leaflets to help provide them with the knowledge and understanding to help improve their health.
- Staff we spoke with who were looking after children were aware of the Fraser guidelines and Gillick competency principles when assessing capacity, decision making and obtaining consent from children.

## Is the service caring?

**Good** ● → ←

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

- Staff were always polite, respectful and professional in their approach. We observed staff responding compassionately to patients pain, discomfort, and emotional distress in a timely and appropriate way.
- Patients, families and carers gave positive feedback about their care.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.
- The trust's urgent and emergency care Friends and Family Test performance was generally better than the England average from October 2016 to September 2017. There is a notable sharp decline towards the end of the reporting period, which begins in July 2017, bringing the trust below the England average by September 2017.

## Is the service responsive?

**Requires improvement** ● → ←

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

- Some people are not able to access services for assessment, diagnosis or treatment when they need to. There are long waiting times and delays. The service did not meet the Department of Health's target of 95% of patients admitted, transferred, or discharged within four hours of arrival at the department. However the trust was performing better than the England average during the same timescale.
- From October 2016 to September 2017, the trust's monthly median total time in A&E for all patients was consistently better than the England average.
- The department was not following its own policy for the use of the clinical decision unit (CDU). Patients were moved to the CDU whilst waiting for a bed on a ward.

# Urgent and emergency services

- There was adequate seating in the reception area; however, patients had to stand to queue to see the streaming nurse and the time they had to stand depended on how busy the department was. Patients in the waiting room complained they were cold as they were sat next to the outside doors.
- We witnessed patients arriving by ambulance waiting in the corridor until a cubicle became available.
- There was no separate cubicle in the majors' area for patients who attended with dementia or learning disability.
- From September 2016 to August 2017, there were 101 complaints about urgent and emergency care services. The trust was slow to respond and took an average of 61 working days to investigate and close complaints, this was not in line with their complaints policy.

However:

- Meetings took place at least four times a day to understand the bed and staffing situation, to enable planning for expected admissions and discharges, and to ensure patient flow throughout the hospital was timely. There was an escalation policy.
- From November 2016 to October 2017, the trust's monthly percentage of patients waiting between four and 12 hours from the decision to admit until being admitted was better than the England average.
- Over the 12 months from November 2016 and October 2017, no patients waited more than 12 hours from the decision to admit until being admitted.
- Staff made every effort to make sure they saw all patients who came to the department. From October 2016 to September 2017, the monthly median percentage of patients leaving the trust's urgent and emergency care services before being seen for treatment was better than the England average.
- The trust planned and provided services in a way that met the needs of local people. They worked with commissioners, external providers and local authorities. Since the previous inspection, mental health provision in the trust had increased, providing 24 hours a day access to the mental health liaison team who were on site and provided a rapid assessment of patients with mental health needs within one hour.
- The clinical decision unit provided an overnight facility for patients with complex discharge needs and allowed a team to assess their social, physical and medical needs prior to discharge. The unit was spacious and was designed in conjunction with the dementia team to ensure the department was dementia friendly.
- The department had strong links with the community mental health teams, community learning disability team and the child adolescent mental health teams.
- The department was accessible for people with limited mobility and people who used a wheelchair. The reception area had a designated hearing loop. Bariatric equipment including a hoist was available if needed and nurses could request a bariatric bed.
- A range of information leaflets were available for patients to help them manage their condition after discharge however, leaflets were available in English only. Interpreting and translation services were available.

## Is the service well-led?

**Requires improvement**  

Our rating of well-led went down. We rated it as requires improvement because:

- The service had not improved on some of the actions highlighted in the previous inspection.



# Urgent and emergency services

- During the previous inspection, we noted that nurse and medical staffing was insufficient for the safe operation of the service. During this inspection, we found the service did not always have enough nursing or medical staff of the right skill or experience level to keep patients safe from avoidable harm. There was lack of medical leadership as there were no consultants in substantive posts based at BGH.
- Not all the risks on the risk register matched the risks identified in the inspection, for example medical staffing and the waits for initial assessment of patients arriving in department.
- We had concerns about the robustness of governance processes in place. For example, there was a significant backlog of incidents within the emergency care group that had not been processed. Some of these dated back over two years.
- The department did not have a robust process in place for assessing and reviewing NICE and RCEM guidance, safety or medicine alerts. Not all guidance on the intranet had been reviewed therefore we were not confident that staff were following the most current or up to date guidance.
- Performance in RCEM audits was poor and at the time of writing this report, we had not had sight of robust action plans or re-audit plans. We were not assured that appropriate action was taking place to sufficiently address audit concerns.
- The risks on the risk register did not match all the risks identified during the inspection.
- The management of information relating to initial assessment was not robust as it was consistently recorded as five minutes for every patient. The management team were unable to explain to us how this time was calculated. We had concerns because this figure impacted on the robustness of other time critical indicators such as the median time to treatment, four hour target, ambulance handover, turnaround times and four-12 hour waiting times in ED.

However;

- From our discussions with staff, the local leadership was supportive and staff felt they were listened to and felt valued. Staff were motivated and described a supportive team-working environment.
- The trust had developed a three year Strategic Plan 2017 - 2020 to identify the objectives for the way in which services will be developed and provided in a sustainable way. The strategic objectives are in line with the integrated care system (ICS) objectives, and they will continue to work with health and social care partners to make it easier for people to access the right services in the right place.
- We found the culture of the department open and inclusive. Staff we spoke with felt that they were valued and respected by their peers and leaders. We asked staff at all levels about the morale of the department and they all said that morale was generally good and they worked as a team. Staff felt supported in their work and there were opportunities to develop their skills and competencies, which were encouraged by senior staff.
- The trust had governance structures in place and each department fed in to care groups and the trust wide governance meetings. This made sure that risks, issues and performance concerns could be escalated.
- The department had plans for dealing with major incidents and staff understood their roles. The plans had been tested and reviewed.
- Work was supported by the national Emergency Care Intensive Support Team and a system-wide improvement programme to try to sustain improvements in ED performance.

## Outstanding practice

None



# Urgent and emergency services

## Areas for improvement

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

# Medical care (including older people's care)

Good   

## Key facts and figures

The medical care services at Bassetlaw District General Hospital had 85 beds including general medicine, cardiology, stroke and respiratory services and an acute medical assessment unit (Assessment & Treatment Centre) which provided inpatient and ambulatory services. The unit received patient admissions from A&E, GPs, community services and the ambulance service and had 24 beds with quick access to diagnostic tests, enhanced pharmacy and had dedicated social care support.

The trust had 51,642 medical admissions from August 2016 to July 2017. Emergency admissions accounted for 22,391 (43%), 1,407 (3%) were elective, and the remaining 27,844 (54%) were day case.

Admissions for the top three medical specialties were:

- General Medicine – 27,308 admissions
- Clinical Haematology – 5,761 admissions
- Medical Ophthalmology – 5,668 admissions

Patients needing medical care, including older people's care, at the hospital were admitted under the care of three care groups, the musculoskeletal and frailty care group, the emergency care group or the speciality service care group.

Bassetlaw District General Hospital was last inspected as part of our comprehensive inspection programme in April 2015. During the 2015 inspection, we inspected and rated all five key questions. Overall, we rated medical services as good. We rated effective, caring, responsive and well led as good. We rated safe as requires improvement.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity and we re-inspected all domains and key questions.

During the inspection, we visited all of the medical wards, this included the acute medical wards and the elderly care wards. We did not visit the endoscopy unit.

We spoke with 11 members of staff, including all grades of nursing and medical staff, ward clerks, pharmacy staff, the senior leadership team and therapists. We also spoke with 19 patients and two relatives and carers. We observed care and treatment being provided. We reviewed six care records (including medical notes, nursing and therapy documentation and prescription charts).

We also attended an operational management meeting.

## Summary of this service

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

- We rated safe, effective, caring, responsive and well- led as good.
- Staff were aware of how and when to report incidents including safeguarding concerns. We saw that staff received feedback and lessons learned were shared.
- All areas we visited were clean and well- maintained. Staff practiced safe infection control techniques and we saw predominantly positive audit results.

# Medical care (including older people's care)

- Staff assessed patients for risk of deterioration and escalated their care when necessary.
- Record keeping was in line with staffs' professional bodies, patients' care plans were individualised, and patient centred.
- We saw safe medical and nurse staffing levels in place.
- We saw good examples of multidisciplinary working.
- The trust performed better than the England average in a number of national audits.
- Staff told us they were encouraged and supported to professionally develop.
- We saw staff seeking patient consent before providing care and treatment. Most staff we spoke with had a clear understanding about what would constitute a deprivation of liberty and were aware of when they would apply for an urgent authorisation.
- Patients, relatives and carers we spoke with gave consistently positive feedback.
- Patients told us they felt safe on the wards and that staff were caring and compassionate.
- We observed staff treating patients compassionately and with dignity and respect. Patients and their relatives told us that they were involved in planning their care and that communication with staff was good.
- Staff were emotionally supportive to patients and their loved ones. Friends and family test responses were predominantly positive.
- Services were planned to meet the needs of local people. The average length of stay was better than the England average.
- Consultants were available seven days per week.
- Care and treatment for vulnerable patients, such as those living with dementia or a learning disability, were seen as a priority. We saw numerous positive examples of initiatives in place for these patients.
- There was a clear leadership structure. Staff told us that their line managers were visible, approachable and supportive. We saw positive leadership at ward and team level.
- Staff were aware of the trust's vision and values.
- Local governance arrangements were robust. Ward managers attended care group governance meetings. Ward managers were aware of the risks to their service.
- We saw numerous examples of improvements and innovation.

However:

- There was low compliance in some mandatory training modules for medical staff.
- The service did not ensure VTE assessments were routinely reviewed within 24 hours in line with NICE guidelines.
- Two policies we reviewed were out of date and patient pathways did not have any references to nationally recognised, evidence-based, best-practice guidance.
- The trusts performance was worse than the England average for the national heart failure audit and the national lung cancer audit.
- Appraisal rates had improved since our inspection in 2015 however; they remained lower than the trust target on some wards.

# Medical care (including older people's care)

- The trust reported high numbers of delayed discharges and was not monitoring patient bed moves at night.

## Is the service safe?

Good  

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

- Mandatory training compliance for nursing staff had improved.
- All grades of staff were aware of their safeguarding responsibilities, staff were aware of the policies and of the trust safeguarding team.
- All areas we visited were visibly clean and well- maintained. Compliance with infection control audits was predominantly positive.
- Staff told us they usually had sufficient equipment to support patients safely. We saw that equipment was serviced in line with manufacturer's recommendations and had been tested for electrical safety.
- We saw that patients had risk assessments completed. National Early Warning scores (NEWS) were recorded and patients were escalated appropriately. Sepsis recognition and treatment was improving.
- Patient safety alerts were responded to appropriately.
- Staffing fill rates were included on the hard truths dashboard. In October 2017, fill rates were consistently above 95% for all wards.
- Medicines were stored securely, and controlled drug registers showed that weekly balance checks were completed.
- Records were completed in line with staffs registered bodies. We saw that records were stored securely. Patients had individualised patient centred plans of care.
- Staff we spoke with were aware of when they should report incidents. There were robust processes in place for reviewing, sharing and learning about incidents.
- The trust submitted data for the national safety thermometer, all patient harms were reported through the wards 'hard truths' dashboard.

However;

- The trust reported low levels of mandatory training compliance for medical staff.
- The trust did not use a labelling system to show that equipment was clean.
- VTE assessments were not routinely reviewed within 24 hours in line with the National Institute for Health and Care Excellence (NICE) clinical guideline [CG92].

## Is the service effective?

Good   

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

- The trust had policies and patient pathways in place to support staff in the care and treatment of patients.

# Medical care (including older people's care)

- Patients were assessed for risk of malnutrition and where necessary referred to dieticians and supported with their dietary needs. The wards had protected mealtimes in place.
- Patients we spoke with told us they received pain relief in a timely manner. Pain scores were used, and compliance was audited each month. Staff used adapted tools for vulnerable patients.
- Staff told us they were supported to professionally develop. Student nurses and newly qualified staff said that their mentors and preceptors supported them. Junior doctors told us senior colleagues supported them and training opportunities were available.
- The trust had a lower than average risk of readmission and scored better than the England average in a number of national audits.
- The trust had a robust process in place for the learning from deaths policy and had seen an improvement in its hospital standardised mortality ratio.
- We saw positive multidisciplinary working across all wards and services. Staff we spoke to reported positive working with other teams both internally and those external to the trust.
- Consultants were available seven days per week.
- There was a seven-day service in most services including therapies, diagnostics and pharmacy.
- We saw some positive examples of health promotion including healthy eating and smoking cessation.
- We observed staff seeking verbal consent before providing care and treatment. Most staff showed a good understanding of the mental capacity act and DoLs.

However;

- Two policies were out of date for review and patient pathways did not have any references to show that they were based on researched based best practice guidance.
- The trust performance was worse than the England average in the national heart failure audit and the national lung cancer audit.
- Appraisal rates had improved since our inspection in 2015 however; they remained lower than the trust target on some wards.

## Is the service caring?

Good   

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

- We received consistently positive feedback. Patients told us they felt safe on the wards.
- Patients told us that the staff were kind, caring and compassionate.
- We observed staff treating patients compassionately and with dignity and respect.
- Patients and their relatives told us that they were involved in planning their care and that communication with staff was good.
- We observed positive interactions between staff of all disciplines and patients. Staff provided emotional support.
- Friends and family response rates were slightly lower than the national average however, feedback was positive.

# Medical care (including older people's care)

## Is the service responsive?

Good   

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

- The trust planned services to meet the needs of the local population. The executive team told us that wherever possible they supported the local economy by sourcing services from local businesses.
- The trust had a lower length of stay than the national average.
- We saw numerous examples of how the staff provided support to vulnerable patients such as those living with dementia, learning disabilities (LD) and those receiving care at the end of life.
- The trust also used an enhanced care prescription (ECP) to assist in determining the need for additional staffing to provide enhanced supervision for patients. The enhanced care team provided additional support when caring for patients with dementia.
- The trust employed specialist LD nurses and had access to older people's mental health nurses who worked closely with the frailty team to support with care plans for vulnerable patients.
- Staff had access to an external translation and interpretation services.
- The trust had introduced initiatives to improve patient flow; this included the rapid assessment programme team (RAPT).
- The trust provided data about the numbers of patients who were boarded on a ward outside their speciality and the processes in place to ensure patients care was appropriately managed.
- The trust held operational management meetings four times each day.
- Ward managers were aware of and able to describe the procedures they would follow for complaints. We saw information about how to raise a concern available to patients.

However

- The trust reported high numbers of delayed discharges.
- The trust was failing to meet performance targets for complaints responses.
- The trust was not monitoring patient moves at night so it could be assured how this affected patient care and experience.

## Is the service well-led?

Good   

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

- The trust had a clear leadership structure at clinical level. All wards had a ward manager who was supported by matrons and care group heads of nursing. Medical and nursing staff told us that they were well supported by their senior colleagues and that they would recommend the trust as a place to work.
- Most staff we spoke with were aware of the trust vision and values. We saw these displayed in ward areas.

# Medical care (including older people's care)

- We found staff were open and transparent. They told us the culture on the wards was positive. Staff told us they were proud of their achievements, to improve patient care.
- We looked at the trusts governance structures and felt assured that these provided oversight of performance against safety measures, from board to ward.
- Some, but not all, staff told us that they saw the executive team. We saw numerous examples of staff and patient engagement, at both local and executive level.
- We saw positive examples of improvement and innovation.

## Outstanding Practice

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

## Areas for improvement

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

# Maternity

Good 

## Key facts and figures

We previously inspected maternity jointly with gynaecology so we could not compare our new ratings directly with previous ratings.

Bassetlaw District General Hospital offered a full range of maternity services for women and families provided in both hospital and a community setting.

Midwifery led care was provided to low risk women and included home births, and consultant led hospital care provided to high-risk women who needed more specialist care.

The community midwives had 'hot desk' facilities within the hospital, and were based at Doncaster Royal Infirmary. Antenatal and postnatal care was provided to women in their own homes, clinics, children's centres and at general practice locations

We spoke with three patients, one relative and 12 members of staff. We observed care and treatment, looked at six patient records and medicines charts. We also interviewed key members of staff, medical staff and the senior management team.

## Summary of this service

We rated the service as good because:

- Risk assessments and records were completed. Learning from incidents and investigations was shared with staff at team meetings and individually with their managers. The trust produced a monthly staff update, which included learning from incidents.
- External audits take place and these included the National Maternity and Perinatal audit. This was in response to an escalation of third and fourth degree tears; an action plan was produced and a working party of matrons and obstetricians were working to address the actions identified.
- To help meet women's needs, specialist midwives were employed by the service. These included specialists for teenage pregnancies, antenatal screening, safeguarding, bereavement, diabetes and infant feeding. Specialist support was also available through the learning disabilities specialist nurses and perinatal mental health consultant.
- Although staff were not up to date with safeguarding training, procedures were in place to refer and safeguard adults and children from abuse. Staff were aware of the procedure to follow. This included referral to the mental health team.
- Consultant cover on labour ward was in line with current guidance and the ratio of midwife to birth ratio was slightly better than the national average.
- In November and December 2017, women received 1:1 care in labour 91% of the time compared to the trust target of 90%.
- All staff spoke positively and were proud of the quality of care they delivered. We observed good team working, with midwives working collaboratively and with respect for each other's roles.

However:



# Maternity

- When we inspected in 2015, staff told us they had not had an appraisal in the preceding 12 months. At this inspection, we found the trust continued not to meet its appraisal target of 90% compliance for nursing and medical staff.
- At the previous inspection, a large number of staff had not received mandatory training in a number of subjects. At this inspection, we found medical staff continued to be non-compliant for mandatory training.
- Nursing staff we spoke with told us that the induction of labour procedures varied depending on the doctor who saw the patient, this meant the induction of labour policy was not followed consistently on both sites at the time of our inspection. Following our inspection the Trust introduced an audit process. Both medical and midwifery staff were not meeting the target for safeguarding training.
- We found several policies were past their date of review and this included the induction of labour policy. Managers were aware of this and taken steps to quickly address this.
- Some staff felt senior managers had not engaged with them sufficiently about proposed changes; including staffing, ward and location rotation.

## Is the service safe?

**Good** 

We rated safe as good because:

- Learning from incidents and investigations was shared with staff at team meetings and individually with their managers. The trust produced a monthly staff update, which included learning from incidents.
- Record keeping was of a good standard; individualised, up to date, and reflected the care provided.
- The safe storage and checking of medicines, including controlled drugs, and medicines refrigerator temperatures were taking place in line with policies and procedures.
- All areas were visibly clean and safety testing of electrical equipment was taking place.
- Although staff did not have specific mental health training, they were aware of how to contact the mental health team.
- Safeguarding procedures were in place to refer and safeguard adults and children from abuse and staff were aware of the procedure to follow.
- Although staff told us they were experiencing a change in shift patterns and asked to work in different wards, in June the midwife to birth ratio was 1:25.67. This was slightly better than the national average of a midwife to birth ratio of 1:26.77 births.
- Consultant cover on labour ward was in line with current guidance.
- In November and December 2017, women received 1:1 care in labour 91% of the time compared to the trust target of 90%.

However,

- Medical staff were non-compliant for mandatory training; were not reaching the trust's compliance target of 90% and had not improved since the 2015 inspection.
- Not all midwifery or medical staff were up to date with safeguarding training.

# Maternity

## Is the service effective?

**Requires improvement** 

We rated effective as requires improvement because:

- When we inspected in 2015, staff told us they had not had an appraisal in the preceding 12 months. At this inspection, we found the trust continued not to meet its appraisal target of 90% compliance for nursing and medical staff. The numbers of inductions and third and fourth degree tears was higher than expected. The trust had recognised this and was taking action.
- The policy on induction of labour was past its review date. Staff told us that care and treatment was not always planned and delivered consistently in line with current evidence based guidance.
- Several other trust policies were past their date of review. However, the trust was aware of this and a policy review group was in place. We were assured by the management team that the out of date policies would be updated quickly.

However:

- Most patient outcomes were in line with or better than national averages
- Newly qualified staff had a period of 'preceptorship', where they received additional support and went through a programme of competencies.
- The hospital had achieved the highest level of the UNICEF Baby Friendly Initiative. UNICEF baby friendly initiative is a global accreditation programme developed by UNICEF and the World Health Organisation to promote breast-feeding and parent/infant relationships.
- Women told us they received their pain relief of choice and in a timely manner.
- Staff had Mental Capacity Act and Deprivation of Liberty safeguards training as part of the adults safeguarding training module.

## Is the service caring?

**Good** 

We rated caring as good because:

- Staff treated people with dignity and respect.
- Staff responded compassionately to patients' pain, discomfort and emotional needs in a timely and appropriate way.
- The bereavement midwife arranged monthly cremation services and supported families following pregnancy loss (under 23 weeks, six days gestation).
- The chaplaincy held annual memorial services for women and their families following pregnancy loss.

## Is the service responsive?

**Good** 

# Maternity

We rated responsive as good because:

- The bed occupancy levels for the 12 months prior to inspection for maternity were consistently better than the England average.
- Since the last inspection the service had improved the availability of specialist midwives to support women's individual needs. The maternity service specialist midwives included safeguarding, bereavement, teenage pregnancies, antenatal screening, diabetes, and infant feeding.
- Staff were clear about the complaints process and action they should take if someone wished to complain.

However:

- The future development of the service was unclear because the trust was waiting for a wider review of maternity service development across the integrated care system.
- Complaints were not completed in a timely manner, or in line with the trust policy.

## Is the service well-led?

**Good** 

We rated well-led as good because:

- There was a clear governance structure in place with regular governance meetings taking place.
- Monthly quality and safety checks took place and these provided assurance that the quality of service was monitored.
- Risks and priorities were identified and the action taken to mitigate these.
- The community midwives engaged with people who used the service to obtain their views. This was to shape the future of the service based on the experiences of patients and those close to them.

However:

- There was not a clear documented vision or strategy for the maternity services. Service leaders told us they were waiting for the outcome of local work with the integrated care system (ICS) before implementing a strategy. However, this meant that there was no interim strategy and staff were unaware of the vision for the service.
- Some staff felt there was disconnect with ward level managers and the senior management team.
- Some staff felt senior managers had not engaged with them sufficiently about proposed changes; including staffing, ward and location rotation.
- We were not assured there was sufficient focus on safeguarding children's training; together with mandatory training of medical staff.
- Complaints were not completed in a timely way and in line with the trust policy timescales.
- Policies were out of date. The trust was aware of this and were working to quickly address the situation.

## Outstanding practice

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

# Maternity

## Areas for improvement

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

# Services for children and young people

Good   

## Key facts and figures

Children's services at Bassetlaw District General Hospital include a 12 bed assessment unit, an eight bed special care baby unit (SCBU) and a children's outpatient department. The children's assessment unit is open from 8am until 9pm, with no patients brought to the department from 7pm, as they will be assessed in the emergency department. Those children requiring an overnight stay are transferred to Doncaster Royal Infirmary.

Bassetlaw District General Hospital children's services had 1,870 attendances between August 2016 and July 2017.

At our last inspection we rated safe as requires improvement. Effective, caring, responsive and well led were rated as good.

At this inspection we inspected the whole core service. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

We visited the children's assessment unit, SCBU and children's outpatient department.

We spoke with eleven members of staff (including medical staff, nursing staff and play staff) and two parents. We also spoke with the service leads and the safeguarding children lead. We reviewed eight sets of records.

## Summary of this service

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

- We rated safe, effective, caring, responsive and well led as good.
- Care and treatment was based on national guidance and the service monitored the effectiveness of care and treatment.
- Staff cared for patients with kindness and compassion, ensuring they involved patients and their families. Feedback we received about the services from patients and their families was positive.
- The service was responsive to the needs of the individual children and young people who used it.
- There were effective governance systems and processes in place. Regular review of the risk register took place.

However,

- We were not assured that the trust's safeguarding team were aware of all safeguarding cases. When practitioners made a referral to the local authority, the referral form stated that a copy should be sent to the safeguarding team. However the safeguarding team were unsure whether they were copied in to every safeguarding referral made to the local authority. There was a plan to introduce electronic referrals, which would automatically make a copy to the safeguarding team.
- Staff had no training around mental health conditions and there were no individual risk assessment tools used to ensure the effective management of children and young people with mental health needs.
- When GP trainees were on call they were responsible for covering gynaecology and obstetrics as well as paediatrics. This was identified on the risk register as it could create work pressures at times of high activity and not all consultants could be on site within 30 minutes. However, this was less of a risk than at our previous inspection, due to the closure of the paediatric inpatient ward overnight.

# Services for children and young people

- There appeared to be a disconnect between ward level staff and the service leads. Some staff told us they did not see the management team.
- Although they were waiting for the outcome of a service review being undertaken with the integrated care system (ICS), there was no documented vision or strategy in the interim and staff were unaware of any vision for the children's service.

## Is the service safe?

**Good**  

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

- Nurse staffing levels had improved since our last inspection with the change of the service from an inpatient unit to a children's assessment unit, with the closure of overnight beds.
- Staff knew how to report incidents and feedback was received at team meetings. We saw evidence of discussion of incidents at governance meetings.
- Staff managed medicines consistently and safely. Medicines were stored correctly, and disposed of safely. Staff kept accurate records of medicines.
- Management of sepsis was good in the patients we reviewed, although specific sepsis documentation was not always completed.
- Staff used a paediatric advanced warning score (PAWS) to identify any deterioration in a child's condition.

However:

- At this inspection, there were still concerns about medical staffing when GP trainees were on the on call rota, as they were responsible for gynaecology, obstetrics and paediatrics. This meant that medical staff might not be available for the children's service when needed. This had been identified on the risk register and was less of a risk than at our previous inspection, due to the closure of the paediatric inpatient ward overnight.
- Although general environment risk assessments had been done previously, there were no individual risk assessment tools used to ensure the safe and effective management of children and young people with mental health needs, prior to an assessment by the child and adolescent mental health service (CAMHS).
- Staff on the assessment unit, where the resuscitation trolley was kept, could not hear the emergency buzzer from the children's outpatients. If a staff member was working alone in the department there was a risk they could not access help in a timely manner. This was raised with the executive team at the time of our inspection, who took steps to put a system in place to remedy the issue.

## Is the service effective?

**Good**   

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

- Care and treatment was planned and delivered in line with current evidence based guidance.
- There was participation in relevant local and national audits.

# Services for children and young people

- Information about children's care and treatment, and their outcomes, were routinely collected and monitored. Outcomes for children and young people who used the service were positive and exceeded the national average.
- Consent to care and treatment was obtained in line with legislation and guidance.
- Clinical educators provided training for staff, with induction and competency packages.
- Staff received regular appraisals, although records showed that only 64% of staff on the children's assessment unit had received an appraisal between April 2016 and March 2017.

However:

- Staff had received no training in caring for children and young people with mental health conditions.

## Is the service caring?

Good → ←

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

- Staff treated children and their families with dignity and respect. They were kind and caring.
- Feedback from parents was positive and they said that staff were friendly and person centred.
- Children and families were involved in their care. We observed staff talking to children in a way they could understand.
- The trust performed about the same as other trusts in the CQC children's survey 2016 for questions relating to caring.
- Nursery nurses were available to provide distraction and support children and families with any anxieties.

## Is the service responsive?

Good ● → ←

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

- The trust was working with commissioners to review children's services to provide the best service for children and young people and to improve outcomes.
- Appropriate child and family friendly facilities were available.
- The service took account of individual needs. Interpreters were used for those families where English was not their first language.
- For those children and young people requiring an overnight admission they had to be transferred to Doncaster Royal Infirmary, a dedicated children's transport service was available between the hours of 4pm and 2am.

## Is the service well-led?

Good ● → ←

# Services for children and young people

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

- There was a clear governance structure in place with regular governance meetings taking place.
- Ward quality dashboards were reviewed at governance meetings.
- The trust had recently set up a Children's and Family board, whose purpose was to be the primary forum for development and implementation of the children and families programme of work.
- Risks identified on the risk register were reviewed regularly.
- Staff were focused on providing the best care they could for children and families.

However:

- There appeared to be a disconnect between the ward level staff and the service leads. There were mixed views on the visibility of the management team and the support given.
- There was not a clear documented vision or strategy for the children's services. Service leaders told us they were waiting for the outcome of local work with the integrated care system (ICS), in which they were actively involved, before implementing a strategy. However, this meant that there was no interim strategy and staff were unaware of the vision for the service.
- Lack of mental health training for staff had not been identified as a risk on the service risk register.
- We were not assured that the safeguarding team had oversight of every safeguarding referral and the trust was not able to assure itself about safeguarding training rates until locally held databases were reviewed.

## Areas for improvement

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



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### Regulated activity

#### Regulation

This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

Regulation 20 HSCA (RA) Regulations 2014 Duty of candour

# Our inspection team

Lorraine Bolam, acting head of hospital inspections, led this inspection. An executive reviewer, Ros Tolcher, chief executive, supported our inspection of well-led for the trust overall.

The team included 10 inspectors, 13 specialist advisers, and 1 expert by experience.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.