



**Notice of a public meeting of
Health, Housing and Adult Social Care Policy and Scrutiny
Committee**

To: Councillors Cannon, Cullwick (Vice-Chair), Doughty (Chair), Mason, Pavlovic, Richardson and Warters

Date: Monday, 26 March 2018

Time: 5.30 pm

Venue: The George Hudson Board Room - 1st Floor West Offices (F045)

AGENDA

1. Declarations of Interest (Pages 1 - 2)

At this point in the meeting, Members are asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

2. Minutes (Pages 3 - 8)

To approve and sign the minutes of the meeting held on 19 February 2018.

3. Public Participation

At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **5:00 pm on Friday 23 March 2018.**

Filming, Recording or Webcasting Meetings

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4. York Teaching Hospital NHS Foundation Trust - CQC inspection report (Pages 9 - 96)

The report provides an overview from the Chief Executive on the Care Quality Commission's latest inspection report for York Teaching Hospital NHS Foundation Trust. It contains feedback on a number of the Trust's sites and services, as well as an overall assessment of the services that were reviewed during the most recent inspection.

5. Mental Health and Demand on Policing (Pages 97 - 134)

This report provides information on the vision of North Yorkshire Police (NYP) in respect to mental health and reducing harm to people at greater risk. It provides general data on mental health demands and the response of policing.

6. Briefing on Priory Medical Group's proposal to relocate services to proposed Burnholme Health Centre
(Pages 135 - 138)

This briefing provides information on the proposal to develop a new Healthcare Centre as one element of a larger multi-agency Community Development scheme including an Older Persons Home, new housing, and relocated community services to form a new "Burnholme Health and Wellness Campus."

7. Work Plan (Pages 139 - 144)

Members are asked to consider the Committee's work plan for the municipal year.

8. Urgent Business

Any other business which the Chair considers urgent.

Democracy Officer:

Name – Becky Holloway

Telephone – 01904 553978

E-mail – becky.holloway@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

 (01904) 551550

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Health and Adult Social Care Policy and Scrutiny Committee**Declarations of interest.**

Please state any amendments you have to your declarations of interest:

- | | |
|-----------------------|---|
| Councillor Doughty | Member of York NHS Foundation Teaching Trust. |
| Councillor Mason | Registered Paramedic
Managing Director of Yorkshire Emergency &
Urgent Care Services Ltd
Proprietor of YorMed, with NHS contracts
Interim CEO of York Blind Society |
| Councillor Richardson | Ongoing treatment at York Pain clinic and ongoing
treatment for knee operation. |

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City of York Council

Committee Minutes

Meeting	Health, Housing and Adult Social Care Policy and Scrutiny Committee
Date	19 February 2018
Present	Councillors Cannon, Cullwick (Vice-Chair), Doughty (Chair), Mason, Pavlovic, Richardson and Warters

57. Declarations of Interest

Members were asked to declare any personal interests not included on the Register of Interests, any prejudicial interests, or any disclosable pecuniary interests that they may have in respect of business on this agenda.

Councillors Cannon, Cullwick and Richardson declared the treatment they were receiving from York Hospital.

58. Minutes

Members received the minutes of the meeting held on 15 January 2018 and the revised minutes of the meeting held on 12 December 2017 (appended).

The Chair reiterated his belief that more detail should be provided within the minutes, specifically in regard to Members' questions, and encouraged Members to raise any concerns they had about specific omissions in the future. It was suggested that greater attention be drawn in the minutes to the meeting webcast.

Resolved: To approve and sign the minutes of the meeting held on 15 January 2018 and the minutes of the meeting held on 12 December 2017 with the agreed amendments.

59. Public Participation

It was reported that there had been one registration to speak under the Council's scheme of public participation, and that one written representation had been received from Ms Gwen Vardigans. The written representation and the officer response (appended) were circulated to members and read out for the benefit of attendees.

Ms Ann Weerakoon asked the following question of the committee: Can the people of York and North Yorkshire be reassured that despite spiralling costs the new Mental Health Hospital will be built and operational by December 2019?

The Chair thanked Ms Weerakoon for her question and explained that the presentation on the new mental health hospital would address the points raised.

60. Update on New Mental Health Hospital

Members received a presentation and update report on the development of plans for a new mental health hospital for York and Selby. Ruth Hill, Director of Operations, Dr Steve Wright, Deputy Medical Director, and Martin Dale, Strategic Project Manager, all from TEWV, were in attendance to deliver the presentation and to respond to questions. Derek Shepherd, from P&HS Architects, provided an interactive digital 3D model of the proposed new building.

The TEWV officers reported that work was ongoing to engage service users and care workers in all aspects of the project including the building design. Plans were currently going through the approval process and assurance had been sought from contractors and builders that the new building would be operational within the timescales given. Discussion with York St John University, the site's neighbours, had been very positive and it was hoped that agreements would be reached regarding shared use of facilities and resources.

During the presentation of the model the following key design aspects were demonstrated:

- Use of materials that drew on traditional aspects of the surrounding area.
- A focal entrance without the need for signage.
- An emphasis on landscaping within drop-off areas to enhance first impressions of the site.
- An open reception area, extending into a more private area, both with drinks facilities and informal seating for visitors, staff and service users.
- Incorporation of natural light through use of sky lights and floor-to-ceiling windows along many of the corridors.
- The building was designed to be at a domestic scale with nothing higher than two-storeys and rooms arranged along single-sided corridors. There was ongoing discussion with service users about use of fabrics, colour schemes and art features.

The Chair thanked the officers for their presentation and invited questions from Members. The following points were made in response to the questions asked:

- The design of bedrooms had been discussed at length, including issues such as position of beds, internal door design, and access for those with mobility problems.

- Observation panels installed around the building would include use of Vistamatic door panes and be designed to cause minimal disturbance to patients.
- In response to user feedback, shared spaces would be flexible for use in different ways (for example, projecting a football match on a large screen or delivering craft sessions).
- It was hoped that mutually beneficial relationships could be built with the site's neighbours and local schools, and that this would support the hospital's integration within the university.
- Different layouts for the site's car parking spaces were being considered and installation of a pedestrian crossing outside the hospital was being looked into.
- The entrance to the safe assessment area would be discreet with internal secure access to the rest of the hospital.
- Community work would continue to take place in hubs closer to people's homes.
- Construction of the building had been planned using the YorBuild model which promoted local job creation and use of the local workforce.
- The hospital was being financed by TEWV and it was envisaged that this would be retained as a hospital for York and Selby in the long term.
- The hospital was scheduled to be completed by December 2019 with an additional six weeks allocated for staff orientation and to ensure the building was fully operational.

Members were impressed by the proposed design and felt it would be helpful to stay abreast of the project.

Resolved: To note the briefing and request an executive summary of the business case for the hospital at the meeting of the committee in May 2018.

Reason: To inform Members of the progress of the new hospital plans.

61. Finance and Performance Quarter 3 Monitoring Report

Members considered the report which analysed the latest performance for 2017/18 and forecasted the financial outturn position for all of the services falling under the responsibility of the Corporate Director of Health, Housing & Adult Social Care. Richard Hartle, Martin Farran, and Terry Rudden were in attendance to present the report and to take questions.

The following information was provided in response to questions from committee members:

- There had been an overspend in the overall budget for adult social care, and fewer savings made than expected, due mainly to an increased demand for services. It was not expected that the level of demand on

services would reduce but it was hoped that better use could be made of available resources. Additional funding for adult social care had been raised through local taxation in line with new national guidelines.

- A higher-than-expected number of people coming into care through hospital admissions had presented a challenge to local services but York had made very positive shifts in reducing the number of transfers in care and should current projections be proved correct, the council would be a much stronger position going forward than in previous years.
- A schedule of maintenance for council-owned houses was ongoing but resources were stretched and a service review was being undertaken to ensure in-house staff had appropriate skills to reduce dependency on external contractors.
- A comment was made regarding the apparent conflict between reductions to voluntary sector funding and the STP's commitment to shift more resources into the community.
- Arrangements for the way public health funding was allocated, were due to change in 2019 and this would replace the existing programme of grants. It was hoped that this would allow for a more robust structure for monitoring and reporting outcomes.
- It was explained that the council supported people with learning difficulties and mental illness into work through a number of contracts held with the voluntary sector, and some further exploratory work was taking place in this area.
- The impact of a new service providing health checks had been positive and the council had been recognised nationally for an app created for people to monitor their health outcomes.
- Following the appointment of a new provider of the York substance misuse service, there would be a new focus on dependency reduction rather than maintaining users on alternatives like methadone

Resolved: To receive and note the report

To request circulation to Members of the following:

- The data-return submitted annually to government specifying the allocation of additional funds raised through taxation for adult social care.
- A written briefing on the reasons for the cessation of a general fund for mental health.
- Details of the council's target capacity for their in-house health check service.
- Details of the funding arrangements for the newly commissioned substance misuse service.

Reason: To keep the committee updated on the latest financial and performance position for 2017-18

62. Work Plan

Members received the Committee's work plan for the municipal year

It was reported that no members of the committee had attended the arranged joint scrutiny meeting to discuss the potential for a children's mental health review and that the Children, Education and Communities Scrutiny Committee would instead address this through a briefing.

Cllr Pavlovic suggested that a verbal briefing he'd received on the Council's work in supporting entrenched rough sleepers would be useful for the committee's consideration at a future meeting and the scrutiny officer agreed to look into arranging this.

There was a discussion about the remit of the committee in considering the implications of changes in the governance arrangements for the North Yorkshire Fire Authority. It was agreed to await the outcome of the decision resting with national government, before deciding on an appropriate course of action.

Two additions were made to the work plan as follows:

- May 2018 - Consideration of the business case for the new mental health hospital
- May 2018 – To receive report on the engagement of York Hospital with Home First

Resolved: To approve the work plan for the municipal year with the above two additions

Reason: To keep the work plan up to date.

Cllr P. Doughty, Chair

[The meeting started at 5.30 pm and finished at 7.20 pm].

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Health and Adult Social Care Scrutiny Committee

26 March 2018

Care Quality Commission (CQC) Report

Patrick Crowley, Chief Executive, York Teaching Hospital NHS Foundation Trust

Purpose of report

This report provides an overview from the Chief Executive on the Care Quality Commission's latest inspection report for York Teaching Hospital NHS Foundation Trust. The full report is also included.

The ratings tables are on pages 11-15 of the CQC report. The section relating to York Hospital is on pages 60-82 of the CQC report.

Introduction & overview

The report contains feedback on a number of the Trust's sites and services, as well as an overall assessment of the services that were reviewed during the most recent inspection visit.

The CQC inspected the Trust as part of its planned inspection programme, carrying out visits between 19-21 September and 17-19 October 2017.

Following that inspection they have given the Trust an overall rating of Requires Improvement.

Summary of ratings:

Area assessed*	Rating
Trust overall	Requires Improvement
York Hospital	Good
Scarborough Hospital	Requires Improvement
Bridlington Hospital	Requires Improvement

*Community services were not reassessed as part of this inspection, and retain a rating of Good overall.

Looking across all of the areas assessed, the majority of the Trust is rated Good and there are evident improvements across our most challenged services, despite the very difficult context we work in. The report also highlights areas where we recognise the need for continuous improvement. These are a reflection of our existing priorities, and we will respond positively to the recommendations.

It is both encouraging and appropriate that the rating for York Hospital and community services is Good, as these services make up the largest proportion of the Trust's overall activity. It is also encouraging to see the many positive findings noted in the CQC's reports for Scarborough and Bridlington Hospitals, despite both sites being given a Requires Improvement rating, particularly as our hospitals on the East Coast continue to face well-documented pressures, specifically the recruitment of medical and nursing staff.

At a time of national attention on emergency services it is great to see improved ratings for both of our Emergency Departments, particularly as during the inspection both departments were seeing a sustained increase in the number of acutely ill patients requiring care.

Once again our services are rated as Good across the board for being caring, and it is a testament to all of our staff that they continue to put patients first, despite the significant pressures they face.

It is incredibly disappointing that our overall rating remains as Requires Improvement, despite improvements made since the last inspection and the fact that the majority of the scores given for our clinical services are Good, with no areas of major concern and no areas rated as Inadequate. Our well led rating is difficult to understand when the majority of the organisation is rated as Good in this regard, and we operate a single management team and structure across the Trust.

The overall rating for the Trust appears to be disproportionately influenced by our most challenged areas, relating to issues we are fully aware of, and much of which is beyond our control. For example, our overall rating in the safe domain relates in large part to our difficulty in recruiting medical and nursing staff, particularly on the East Coast, and our reliance on temporary and agency staffing.

There is also recognition at a national level of the difficulties in delivering services in remote coastal areas, and the East Yorkshire region is amongst the most remote and economically challenged in the country. Our challenges cannot be wholly resolved without better access to staffing and resources.

The report highlights examples of the innovative solutions we have put in place to address some of these challenges in planning the configuration of essential services across a large rural area at a time when resources are strictly limited. The mobile chemotherapy unit, one-stop urology diagnostic service in Malton, and acute medical model in the emergency department in Scarborough are all highlighted in the report and each of these is amongst the first of their type in the country.

I am confident that we continue to provide safe and effective services and this is supported by the many positive comments in the report.





York Teaching Hospital NHS Foundation Trust

Inspection report

York Teaching Hospital NHS Foundation Trust
The York Hospital
Wigginton Road
York
YO31 8HE

Tel: (01904) 631313

www.yorkhospitals.nhs.uk

Date of inspection visit:
19 to 21 September, 17 to 19
October 2017

Date of publication:
xxxx> 2017

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?	Good ●
Are services caring?	Good ●
Are services responsive?	Good ●
Are services well-led?	Requires improvement ●

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

Background to the trust

York Teaching Hospitals NHS Foundation Trust (YTHFT) provides a range of acute hospital and specialist healthcare services for approximately 530,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale - an area covering 3,400 square miles.

The trust operates acute hospital services from three main hospital sites:

- York Hospital
- Scarborough Hospital
- Bridlington Hospital.

The trust also provides outpatient and adult community services providing 2390 outpatient clinics from the hospital sites and an additional 22 community clinics. In addition, the trust provides community-based services in Selby, York, Scarborough, Whitby and Ryedale.

Community inpatient facilities are provided at White Cross Court Rehabilitation Unit, St Monica's Community Hospital, St Helen's Rehabilitation Hospital, New Selby War Memorial Hospital and Malton Community Hospital. Community services for adults including end of life care services are also provided in people's own homes and clinics across the geography of the trust.

Community health services for children, young people and families are no longer provided by the trust and are now provided by the City of York Council.

The trust employs around 8863 staff and has an income of around £495,000,000 for the current financial year 2017/18.

The trust has 52 wards across the three hospital sites; 1,071 inpatient beds, 266 day-case beds, 47 maternity beds and 42 children's beds. Each week the trust runs 2,390 outpatient clinics and around 22 community clinics. (Source: Provider Information Request 2017)

York city and North Yorkshire is a relatively prosperous area compared to the rest of England, although there are pockets of deprivation. However, there are eighteen Lower Super Output Areas (LSOAs) within North Yorkshire, which are amongst the 20% most deprived in England, and fourteen of these are in the Scarborough district.

The Vale of York CCG, Scarborough & Ryedale CCG and East Riding CCG commission the majority of the trust's services, based on the needs of their local populations.

CQC carried out a comprehensive inspection of the trust including community services in March 2015. We rated effective and caring as good and safe, responsive and well led as requires improvement. We rated the trust requires improvement overall and issued requirement notices in regard to compliance with Regulation 10: dignity and respect, Regulation 12: safe care and treatment, 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 service stayed the same since our last inspection. We rated it as requires improvement ● →←

What this service does

York Teaching Hospitals NHS Foundation Trust (YTHFT) provides a range of acute hospital, specialist and community healthcare services. The trust has 52 wards across the three hospital sites and each week the trust runs 2,390 outpatient clinics and around 22 community clinics.

The trust operates acute hospital services from three main hospital sites:

- York Hospital
- Scarborough Hospital
- Bridlington Hospital.

York Hospital is the trust's largest hospital. It has over 700 beds and offers a range of inpatient and outpatient services. It has an Accident and Emergency department and provides acute medical and surgical services, including trauma, intensive care and cardiothoracic services to the population and visitors to York and North Yorkshire.

Scarborough Hospital is the trust's second largest hospital. It has an Accident and Emergency department and provides acute medical and surgical services, including trauma and intensive care services to the population and visitors to the North East Yorkshire coast. The emergency department has a co-located urgent care centre run by a primary medical service provider.

Bridlington Hospital is a satellite hospital of the trust. It provides elective surgical, rehabilitation, and outpatients services to the local Bridlington community and the wider East coast. The hospital has two rehabilitation wards and two surgical wards. There is also the Shephard Day Case Unit and Lawrence Unit for medical elective services. The hospital also has other services on site, such as a minor injuries and GP access centre, the GP Macmillan Wolds Unit, Buckrose Ward and a renal dialysis unit which are run by other providers.

We inspected the medical, surgical, emergency and critical care services at the three acute hospitals; York, Scarborough and Bridlington.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

Where necessary, we take action against registered service providers and registered managers who fail to comply with legal requirements, and help them to improve 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 19 September and 21 September 2017 we inspected the medical, surgical, urgent and emergency and critical care services provided by this trust at its three main hospitals, as part of our continual checks on the safety and quality of healthcare services.

We inspected medical services because this service was rated as requires improvement at two of the three hospital sites, York was rated as good, at our last inspection. Concerns and complaints raised by service users with the CQC as part of monitoring activity indicated that there may be ongoing concerns about the safety and quality of these services with particular regard to safeguarding adults and the safety of hospital discharges.

We inspected surgical services because we received information giving us concerns about the safety and quality of these services. There had been three never events and 24 serious incidents in this service from 1 June 2016 to 31 May 2017. At the last inspection Scarborough surgical services were rated as requires improvement; York and Bridlington were rated as good.

We inspected urgent and emergency services as the departments at both York and Scarborough were rated as requires improvement at our last inspection. Monitoring has shown that the emergency departments have been operating under continuing pressure since our last inspection and the trust has intermittently breached emergency department performance targets. A new model of care had been introduced at the Scarborough emergency department to help alleviate issues caused by inability to recruit to all emergency department consultant vacancies.

We inspected critical care services because the units at both York and Scarborough were rated as requires improvement at the last inspection. The trust had undertaken a lot of work in this area and a new model of medical care had been introduced to mitigate for the shortfall of consultant intensivists, due to the inability to recruit to all of the consultant vacancies.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question 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 and effective as requires improvement, caring and responsive as good.
- Our ratings of two of the three hospitals stayed the same; we rated Scarborough and Bridlington hospitals as requires improvement. Our rating of York Hospital improved, we rated it as good.
- In rating the trust we took into account the current ratings of the seven services not inspected this time.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.
- We rated well-led at the trust level as requires improvement.

Are services safe?

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

- Staff were not always supported to maintain and develop their professional skills. The mandatory training and safeguarding training rates in some services remained worse than the trust target.
- Nurse and medical staffing remained a challenge in some services. There was reliance on bank and agency staff and despite escalation measures, a number of shifts remained unfilled whereby some of the wards worked below planned figures.
- Paediatric patients in the emergency department were not managed appropriately at times which resulted in incidents and children were at risk. The service did not meet intercollegiate guidance for registered sick children's nurses (RSCN).
- We had concerns about the out of hours' medical cover at Bridlington Hospital.
- Not all staff checked equipment in line with trust policy and safety standards.
- The standard of record keeping in the trust was variable. It was not always in line with trust policy and professional standards in the services we inspected.
- Senior staff collected safety information, however, this was not shared with patients and visitors and many staff we spoke with were unaware of the results of the safety monitoring information.

However;

- The trust controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The trust had effective processes in place for the safe management of medicines in most of the services we inspected.
- The trust generally managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Are services effective?

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

- In most services, staff gave patients enough food and drinks to meet their needs and improved their health. They used appropriate feeding and hydration techniques and made adjustments for patients' religious, cultural and other preferences.
- Staff of different professions worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff always had access to up to date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- The trust participated in national and local audits, patient outcomes in a number of national audits showed variable performance in the four core services we inspected. We saw action plans and spoke with leadership teams who understood where performance needed to improve.

However;

- Staff we spoke with in the medical service did not have an understanding of when a mental capacity assessment should take place and were unable to articulate when assessments would be required to allow for nursing interventions to take place. This meant that there was a risk that the mental capacity of patients was not being appropriately considered and patients may be being deprived of their liberty unlawfully.
- The number of staff who had an up to date appraisal was worse than the trust's target in a number of services we inspected. Nursing staff we spoke with did not receive clinical supervision and were unaware if the trust had a clinical supervision policy.

- Pathways, policies and clinical guidelines were not up to date in all the services we inspected. This meant the trust could not be assured that patients received care and treatment that was based on current evidence and national guidance.

Are services caring?

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

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

Are services responsive?

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

- Services were provided and adapted to meet the needs of the local population across the wide geographical area covered. The service provided care at three main hospital locations, York, Scarborough and Bridlington. Some specialist services had been centralised at York and Scarborough respectively.
- The electronic patient record was endorsed with an alert identifier to aid staff caring for vulnerable patients or those with additional needs. We heard of examples from staff where they were able to meet the needs of vulnerable patients, for example, people requiring mental health services, translation services or those with a learning disability.
- The trust had implemented the SAFER (senior review, all patients, flow, early discharge and review) patient flow bundle initiative to improve service efficiency.
- The trust showed variable performance against national standards in urgent and emergency care, referral to treatment times and cancelled operations in surgery.

However;

- Wards had not made some basic changes to reduce potential environmental conflict for vulnerable patients such as those living with dementia.
- The trust did not investigate and close complaints in line with their complaints policy.

Are services well-led?

Our rating of well-led at core service level stayed the same. We rated well-led as requires improvement because:

- There was no record of the date risks were added to the risk register, the date the risk should be reviewed and the controls and mitigating actions recorded were limited and did not always appear to address the cause of the risks.
- The trust had a programme of internal clinical audit, directorate dashboards and ward accreditation to support the monitoring of quality. However, staff we spoke with did not raise these reports or visits with us and we saw no scores or action plans displayed.
- Service pressures and staffing issues were having a detrimental effect on staff morale and wellbeing. Staff in some services told us that they felt undervalued and unsupported.
- Most directorates had individual visions and strategies that linked to the trust's five year strategy. However, the strategy for critical care had still not been finalised. This had been noted at the previous inspection.
- At our last inspection we saw that there was a five year plan to integrate all three trust sites. The plan was now complete. However, we observed that there were still some processes and documentation which were not integrated.

However;

- Most staff we spoke with talked positively about local leadership. The leadership teams had an understanding of the current challenges and pressures impacting on service delivery and patient care.
- There was a supportive and open culture which was focused on learning and improvement.
- Most staff we spoke with were aware of the trust vision and values. We saw these displayed in ward areas. In addition some wards had their own pledges displayed.
- There was evidence of service improvements and innovations to benefit the local population.

York Hospital

Our rating of this hospital improved. We took into account the current ratings of services not inspected at this time. We rated the hospital as good because:

- We rated effective, caring, responsive and well led as good, and safe as requires improvement.
- We rated all of the hospital's eight services as good.
- The ratings of urgent and emergency services and critical care improved since our last inspection, medical care and surgery stayed the same.
- The trust had put a system in place in the emergency department to ensure that patients had an initial assessment on arrival to the department within 15 minutes.
- Nurse staffing levels appeared to have improved in most services. There was evidence of continuing recruitment and the development of nurse associates. When the registered nurse average fill rate was below 100% we saw that on many wards the trust increased the care staff average fill rate to over 100%. Senior managers closed beds when they considered staffing levels were unsafe and translated to a potential risk to patients.
- There had been an improvement in mandatory training and safeguarding training completion in surgery and critical care. Compliance in these two areas was now better than the trust target. Critical care had recruited into the clinical educator post that was vacant at our last inspection.
- Services were planned in a way to meet the individual's needs and the local population. The number of delayed discharges and non-clinical transfers in critical care had improved and were now in line with those of similar units.
- We were told by patients and families during our inspection of positive examples of caring, compassionate care and maintaining privacy and dignity. Patients gave us positive feedback about the care they received. Staff completed a holistic assessment of each individual and understood the importance of emotional support for each patient and their family. We heard of examples from staff where they were able to meet the needs of vulnerable patients.
- There was evidence of good multidisciplinary working.
- Staff we spoke with talked positively about local clinical ward based leadership at York Hospital. The leadership teams had an understanding of the current challenges and pressures impacting on service delivery and patient care.
- Directorates had individual visions and strategies that linked to the trust's five year strategy. Most staff we spoke with were aware of the trust vision and values. We saw these displayed in ward areas.

However:

- Paediatric patients in the emergency department were not managed appropriately at times which resulted in incidents and children were at risk. There was inconsistency in which patients were sent straight to the children's assessment unit and which were seen in the emergency department.

- There continued to be insufficient numbers of suitably skilled, qualified and experienced staff, in line with best practice and national guidance, in relation to number of registered sick children's nurses (RSCN) in the emergency department. The number of RSCNs had reduced from three to two RSCNs.
- Staff we spoke with in medical care did not have an understanding of when a mental capacity assessment should take place and were unable to articulate when assessments would be required to allow for nursing interventions to take place. This meant that there was a risk that the mental capacity of patients was not being appropriately considered.
- Patient outcomes in a number of national audits showed variable performance in the four core services we inspected.
- The hospital showed variable performance against national standards in referral to treatment times and cancelled operations.

See sections on individual services at York Hospital below for more information.

Scarborough Hospital

Our rating of this hospital stayed the same. We took into account the current ratings of services not inspected at this time. We rated the hospital as requires improvement because:

- We rated caring as good, and safe, effective, responsive and well led as requires improvement.
- We rated two of the hospital's eight services as good and six as requires improvement.
- The ratings for urgent and emergency services, medical care, surgery and critical care stayed the same from our last inspection.
- Staff were still not always supported to maintain and develop their professional skills. The mandatory training and safeguarding training rates in urgent and emergency care and surgery remained worse than the trust target. Staff appraisal rates were generally worse than the trust target.
- Nursing and medical staffing did not always meeting planned staffing levels. There was a heavy reliance on bank and agency nursing staff. There was a reliance on locum doctors to fill gaps in the medical rota.
- The emergency department had nurse staffing shortages and employed no registered sick children's nurses (RSCN). This contravened intercollegiate guidance and we had no assurance that all staff had completed enhanced training to mitigate the risks this presented.
- Staff we spoke with in medical care did not have an understanding of when a mental capacity assessment should take place and were unable to articulate when assessments would be required to allow for nursing interventions to take place. This meant that there was a risk that the mental capacity of patients was not being appropriately considered.
- The sepsis clinical guideline used in the service at the time of the inspection was past its review date and required updating.
- Wards had not made some basic changes to reduce potential environmental conflict for vulnerable patients such as those living with dementia.
- The hospital showed variable performance against national standards in urgent and emergency care, referral to treatment times and cancelled operations.
- The trust did not investigate and close complaints in line with their complaints policy. Information provided to us about complaints did not assure us that action had been taken to address staff behaviours or attitudes.
- Service pressures and staffing issues were having a detrimental effect on staff morale and wellbeing.
- It was still not clear what critical care would look like across York and Scarborough hospitals as the service strategy had not been finalised.

However:

- There was evidence of continuing recruitment and the development of additional roles, for example, advanced care practitioners and nurse associates. Senior Managers closed beds when they considered staffing levels were unsafe and translated to a potential patient safety risk.
- There had been a recent agreement with a university for twenty nursing students to attend for placement at the hospital. Staff we spoke with felt this was positive and may lead to recruitment on completion.
- The trust had put a system in place in the emergency department to ensure that patients had an initial assessment on arrival to the department within 15 minutes.
- Services were planned in a way to meet the individual's needs and the local population.
- Patients received care and treatment that was caring and compassionate from staff who were working hard to make sure that patient experience was positive and supportive
- There was effective multi-disciplinary team working to support patients' needs.
- The directorate leadership teams were aware of their challenges and risks and were changing practice and processes in an attempt to tackle them
- Staff reported there had been a move away from resistance and animosity following the coming together of York and Scarborough. In the past 12 months, staff reported a more co-operative working and culture improvement.

See sections on individual services at Scarborough Hospital below for more information.

Bridlington Hospital

Our rating of this hospital stayed the same. We took into account the current ratings of services not inspected at this time. We rated the hospital as requires improvement because:

- We rated safe and well led as requires improvement and we rated effective, caring and responsive as good.
- We rated two of the hospital's four services as good and two as requires improvement.
- The ratings for medical care and surgery stayed the same from our last inspection.
- Nurse staffing remained a challenge. Wards reported staffing vacancies and a reliance on bank and agency staff. Despite escalation measures, a number of shifts remained unfilled and wards worked below planned figures.
- We continued to have concerns about the out of hours' medical cover and the mitigating actions the trust had put in place.
- Wards had not made some basic changes to reduce potential environmental conflict for patients living with dementia.
- Documentation and processes were not standardised across the three hospital sites.

However:

- There had been an improvement in mandatory training and safeguarding training completion. Wards were now better than the trust target.
- There was evidence of continuing recruitment and the development of nurse associates. Senior Managers closed beds when they considered staffing levels were unsafe and translated to a potential patient safety risk.
- Staff reported an improved culture. The visibility of leaders and support they offered was better and staff reported an improvement in cross site communication.
- Staff treated patients with kindness, compassion, and respect. Privacy and dignity was maintained at all times. Patients commented positively about the care they received.

See sections on individual services at Bridlington Hospital below for more information.

Ratings tables

The ratings tables in our full report 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 medical care, surgery and urgent and emergency care throughout the trust and in critical care at York Hospital.

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

Areas for improvement

We found areas for improvement including six breaches of legal requirements that the trust must put right. We found 42 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

Action we have taken

We issued 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 five legal requirements in medical care, surgery, urgent and emergency care and critical care.

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.

Ratings tables

Key to tables

Ratings	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 key question inspected					

* 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

Services				Overall	Overall
Safe	Effective	Caring	Responsive	Well-led	
Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↑ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 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.

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↑ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018
Community	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Overall trust	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↑ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 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.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
York Hospital	Requires improvement →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018
Scarborough Hospital	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018	Good →← Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018
Bridlington Hospital	Requires improvement →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 2018
Overall trust	Requires improvement →← Feb 2018	Good →← Feb 2018	Good →← Feb 2018	Good ↑ Feb 2018	Requires improvement →← Feb 2018	Requires improvement →← Feb 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 York Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018
Medical care (including older people's care)	Good ↑ Feb 2018	Requires improvement ↓ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018
Surgery	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018
Critical care	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018
Maternity	Good Oct 2015	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Services for children and young people	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
End of life care	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients & Diagnostic imaging	Good Oct 2015	Not rated Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Overall*	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 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. At the ratings approval meeting it was agreed to deviate from the aggregation principle for the overall effective rating due to the proportionality of the findings in this domain.

Ratings for Scarborough Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Good ↑ Feb 2018	Requires improvement ↔ Feb 2018
Medical care (including older people's care)	Requires improvement ↔ Feb 2018	Requires improvement ↓ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018
Surgery	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018
Critical care	Good ↑ Feb 2018	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018
Maternity	Requires improvement Oct 2015	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Requires improvement Oct 2015
Services for children and young people	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
End of life care	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients & Diagnostic imaging	Requires improvement Oct 2015	Not rated Oct 2015	Good Oct 2015	Requires improvement Oct 2015	Requires improvement Oct 2015	Requires improvement Oct 2015
Overall*	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 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 Bridlington Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement ↔ Feb 2018	Requires improvement ↓ Feb 2018	Good ↔ Feb 2018	Requires improvement ↓ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 2018
Surgery	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018
End of life care	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Outpatients & Diagnostic imaging	Requires improvement Oct 2015	Not rated Oct 2015	Good Oct 2015	Good Oct 2015	Requires improvement Oct 2015	Requires improvement Oct 2015
Overall*	Requires improvement ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↔ Feb 2018	Requires improvement ↔ Feb 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 community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Community health inpatient services	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Community end of life care	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015
Overall*	Requires improvement Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015	Good Oct 2015

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

Outstanding practice

We found the following outstanding practice:

- Telemedicine was used to ensure that patients who had a stroke received the most appropriate treatment in a timely manner.
- The emergency department was working to improve the patient experience and reduce the pressure on the department by creating care plans staff could refer to for patients who frequently attended.
- The trust's mobile chemotherapy unit was commissioned to provide care and treatment for patients closer to their homes.
- The trust operated a red, amber, green system for water jugs. This allowed staff to easily identify patients who may require further assistance or consideration in regard to their hydration needs.
- We observed that the recruitment of three discharge co-ordinators in the surgical unit at York Hospital had improved the timely discharge of patients and experience.
- Anaesthetists at York Hospital had received an award from the anaesthesia clinical services accreditation (ACSA) in June 2017. This demonstrated a high level of clinical skills and leadership.
- The Urology Directorate had opened 'one stop shop' at Malton Hospital. These meant patients were seen by a consultant and had the necessary tests with a clear plan of care on discharge.
- Some aspects of statutory and mandatory training were being delivered on the critical care unit at York Hospital to make them more relevant for staff and to reflect the types of patients that would be on critical care.
- The Critical Care Outreach Team reviewed patients in ward areas with raised national early warning scores each afternoon with an intensive care consultant.
- There was a focus on research and new ways of working within all areas of the multidisciplinary team in critical care at York Hospital to improve care and treatment for patients.
- In critical care at York Hospital we were provided with several examples of staffing 'going the extra mile' when providing care to patients and their relatives.
- Staff in surgery at Bridlington had been pro-active to raise the response rate to the friends and family test with a better rate than the national average.

Areas for improvement

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

Action the trust MUST take to improve:

We told the trust that it must take action to bring services into line with five legal requirements. This action related to four services.

- The trust must ensure they have evidence to show that complete employment checks for executive staff have been taken in line with the Fit and Proper Persons Requirement

(FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014).

- The trust must ensure that effective and robust systems are in place to support the management of risk and performance.

In urgent and emergency care;

York Hospital

- The trust must ensure that they continue to recruit staff and ensure that there are sufficiently suitably qualified, competent and experienced staff on duty to meet the needs of patients. This includes staff with additional training to treat children in an emergency setting.
- The trust must ensure that ensure that paediatric patients are managed safely and staff are trained in how to manage paediatric patients and situations.
- The trust must ensure that paediatric patients are treated in appropriate places within the ED department due to not having a dedicated paediatric area.

Scarborough Hospital

- The trust must continue to recruit staff and ensure that there are sufficient suitably qualified, competent and experienced staff on duty to meet the needs of patients. This includes staff with additional training to treat children in an emergency care setting and is applicable to both medical and nursing staff.
- The trust must ensure that clinical records are regularly checked to ensure they contain essential patient information including safeguarding risk assessments as well as treatment and care received.
- The trust must ensure that all staff are up to date with all mandatory training.

In medical care;

York Hospital

- The trust must ensure that staff are aware of their professional and legal obligations under the Mental Capacity Act and Deprivation of Liberty Safeguarding requirements.
- The trust must support staff to maintain and develop their professional skills ensuring appraisal rates are in line with the trust target.

Scarborough Hospital

- The trust must ensure that there are sufficient numbers of suitably qualified staff deployed to meet the needs of the patients.
- The trust must ensure that staff are aware of their professional and legal obligations under the Mental Capacity Act and Deprivation of Liberty Safeguarding requirements.

Bridlington Hospital

- The trust must ensure that there are sufficient numbers of suitably qualified staff deployed to meet the needs of the patients.
- The trust must ensure that staff are aware of their professional and legal obligations under the Mental Capacity Act and Deprivation of Liberty Safeguarding requirements.

In surgery;**Bridlington Hospital**

- The trust must review the arrangements for when the resident medical officer (RMO) is off site.

In critical care;**Scarborough Hospital**

- The trust must support staff to maintain and develop their professional skills ensuring appraisal rates are in line with the trust target and clinical education is in line with guidelines for the provision of intensive care services (GPICS) standards.
- The trust must implement a follow up clinic and rehabilitation after critical illness in line with GPICS and National Institute for Health and Care Excellence (NICE) CG83 rehabilitation after critical illness.
- The trust must finalise and share with staff a critical care strategy.

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. This action related to four services.

In urgent and emergency care;**York Hospital**

- The trust should consider completing documentation audits to review the record within the department to identify areas of learning or compliance.
- The trust should consider that patient beds are available in the department whilst awaiting to be admitted to other areas in the hospital.

Scarborough Hospital

- The trust should ensure that RCEM standards are being met and that re-audit is carried out to evidence improvements in performance.
- The trust should ensure that safety checks on resuscitation equipment are checked and recorded daily.
- The trust should continue to work towards reducing the length of time ambulances have to wait to handover patients via the initial assessment team.
- The trust as a whole should work together to look at long term solutions to manage and reduce patient waits of over 12 hours in the A&E department.
- The trust should work towards improving performance for responding to and managing complaints to ensure the policy timescales are being met.
- The trust should ensure that loose oxygen cylinders are stored securely and that the temperature in the medication room remains below 25 degrees.
- The trust senior managers should work towards improving the morale in the department and senior and executive managers should be more visible to front line staff.

In medical care;

York Hospital

- The trust should ensure mandatory training and safeguarding training rates continue to improve and are in line with the trust target.
- The trust should review the mechanisms to gather patient or relative feedback and improve public engagement in the service.
- The trust should consider displaying safety thermometer and other performance/quality indicators in a consistent and user-friendly manner for patient and family reference.
- The trust should ensure the current sepsis guidance is reviewed and ensure it is in line with current evidence based guidance and national recommendations.
- The trust should consider evaluating the use of and compliance with dementia initiatives.
- The trust should consider revisiting directorate risk registers to ensure they have timelines attached to confirm date entered on the register and dates of reviews/updates.

Scarborough Hospital

- The trust should consider refreshing staff awareness on the importance of infection screening for relevant patient cohorts.
- The trust should consider revisiting training around antimicrobial prescribing.
- The trust should consider refreshing staff awareness of the controlled drug policy and requirements for controlled drug checking at ward level.
- The trust should consider displaying safety thermometer and other performance/quality indicators in a consistent and user friendly manner for patient and family reference.
- The trust should ensure the current sepsis guidance is reviewed and in line with current evidence based guidance and national recommendations.
- The trust should consider reviewing current appraisal capture methods and review effectiveness.
- The trust should consider raising awareness of the importance of accurately recording nutrition and hydration intake on food and fluid balance charts.
- The trust should consider taking steps to promote consistency in friends and family test response rates.
- The trust should consider measures to improve MDT communications with patients and family members to ensure they are kept apprised of care planning and management.
- The trust should consider evaluating the use of and compliance with dementia initiatives.
- The trust should consider measures to address perceived obstacles to discharge planning processes and delays to discharge.
- The trust should consider initiatives to reduce the number of patient moves and inter-hospital transfers after 10pm.
- The trust should consider reviewing outlier management specifically the need to transfer patients to a new consultant when outlying.
- The trust should consider steps to resolve issues impacting on staff morale and wellbeing.
- The trust should consider revisiting directorate risk registers to ensure they have timelines attached to confirm date entered on the register and dates of reviews/updates.

Bridlington Hospital

- The trust should consider more robust ways in which learning from incidents can be shared to ward level.
- The trust should consider revisiting training around antimicrobial prescribing.

- The trust should consider displaying safety thermometer and other performance/quality indicators in a consistent and user friendly manner for patient and family reference.
- The trust should consider reviewing senior medical decision making/involvement at local MDTs.
- The trust should consider reviewing current sepsis guidance and bring up to date.
- The trust should consider raising nurse awareness about the timely administration of analgesia when requested by a patient.
- The trust should consider raising awareness of the importance of recording output (as well as input) on fluid balance charts.
- The trust should ensure patients and family members are aware of the remit or any limitations on their care package at Bridlington Hospital.
- The trust should consider reviewing admission criteria for the rehabilitation wards at Bridlington Hospital.
- The trust should consider evaluating the use of and compliance with dementia initiatives.
- The trust should consider reviewing the need for seven day therapy provision on the rehabilitation wards at Bridlington Hospital.
- The trust should consider measures to address perceived obstacles to discharge planning processes and delays to discharge.
- The trust should consider initiatives to reduce the number of patient moves and inter-hospital transfers after 10pm.
- The trust should consider ways to increase presence and visibility of the senior leadership and executive team on the Bridlington site.
- The trust should consider measures to address perceived lack of integration of Bridlington into wider trust agenda.
- The trust should consider steps to resolve issues impacting on staff morale and wellbeing, and,
- The trust should consider revisiting directorate risk registers to ensure they have timelines attached to confirm date entered on the register and dates of reviews/updates.

In surgery;

York Hospital

- The trust should continue its recruitment process to sustain the improvements in registered nurses and health care assistant numbers. There should be ongoing actions to recruit medical staff.
- The trust should consider standardisation of patient documentation across all three trust sites.
- The trust should ensure risk registers are updated in a timely manner.
- The trust should review the actions in regards to hip fracture on the trauma and orthopaedic risk register.
- The trust should consider the implementation of clinical supervision.
- The trust should consider ongoing audit of the World Health Organisations (WHO) 'five steps to safer surgery'.
- The trust should review the referral to treatment times, and actions taken to improve these

Scarborough Hospital

- The trust should continue its recruitment process of registered nurses and health care assistants. There should be ongoing actions to recruit medical staff
- The trust should consider standardisation of patient documentation across all three trust sites.
- The trust should ensure risk registers are updated and risks are reviewed in a timely manner.
- The trust should review the actions in regards to hip fracture on the trauma and orthopaedic risk register.
- The trust should consider the implementation of clinical supervision.
- The trust should consider ongoing audit of the World Health Organisations (WHO) 'five steps to safer surgery'.
- The trust should review the referral to treatment times, and actions taken to improve these.

Bridlington Hospital

- The trust should continue its recruitment process of registered nurses and health care assistants. There should be ongoing actions to recruit medical staff.
- The trust should consider standardisation of patient documentation across all three trust sites.
- The trust should ensure risk registers are updated in a timely manner.
- The trust should consider the implementation of clinical supervision.
- The trust should consider ongoing audit of the World Health Organisations (WHO) 'five steps to safer surgery'.

In critical care;**York Hospital**

- The critical care unit should consider displaying their safety thermometer data for visitors and staff.
- The trust should continue to pursue alternative arrangements for patients requiring non-invasive ventilation who do not require admission to intensive care.

Scarborough Hospital

- The trust should ensure they introduce a strategy to obtain and act on patient and public feedback.
- The trust should continue to deliver care in line with and address the areas where they do not meet Guidelines for the Provision of Intensive Care Services (GPICS) and the Intensive Care Research and Audit Centre (ICNARC) standards.

For more information, see sections on individual services and on regulatory action.

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.

This was our first review of well led at the trust under our next phase methodology. We rated well led as requires improvement because:

- We found that none of the board members had evidence within their personnel file that they had been subject to all the appropriate fit and proper person checks. Therefore we were not assured that the trust was compliant with the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014).
- The board of directors' portfolios covered all key areas. However, the Chief Executive held accountability for human resources, culture, governance and risk and communications. All directors shared responsibility for operational governance.
- The trust was at the end of its five year integration plan following a merger. There were clear indicators that demonstrated a positive direction of travel with integrated leadership and management across this complex multisite organisation. There was an evolving culture supported by the staff friends and family survey results. However it was apparent that the integration journey was still not complete as there was transformational change within the wider system in response to service needs that would impact service provision at the trust.
- The Humber, Coast and Vale (HCV) sustainability and transformation plan was less advanced than others, there were differing views between stakeholders and historically relationships across the system had been poor although these were improving. The trust participated in the leadership, management and development of the HCV STP. The Trust also had formal alliances with Harrogate & District NHS Foundation Trust and Hull & East Yorkshire NHS Trust having worked collaboratively with both trusts for many years. It is an active member of the Operational Delivery Networks including Trauma and Critical Care (that the Trust CEO Chairs) covering the HCV footprint and is working collaboratively with local CCGs on strategic planning through the Systems Transformation Board that the CEO jointly chairs.
- In response to the trust's external well led review in January 2016 it was recommended the board assurance framework (BAF) be simplified, however, the current BAF now lacked the rigour and detail required to provide assurance around risk to the board's strategic objectives.
- The York and Scarborough healthcare system had very significant financial challenges. The board was developing a financial recovery plan in conjunction with NHS Improvement at the time of the inspection. There was a challenging plan to achieve financial sustainability for the wider healthcare system.
- Directorate leaders met with the board staff monthly, the focus alternated between performance, finance and human resources issues. However, we noted that there was no evidence of attendance by the Medical Director at the meetings.
- The board had access to a vast amount of quality information, however, we did not see evidence that the all the data and information was analysed and used by the trust as 'intelligence.'
- We raised concerns with the executive team after the core service inspection regarding poor awareness of processes around the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) in medical services. At the well led inspection we asked a specialist to review practice and we found that there had been no improvement made, and also that senior staff and managers in the directorates were not aware of the issue and our concerns.

- There was limited evidence to demonstrate people were supported to make a complaint about their care or that complaints were investigated as robustly or handled with as much compassion as they could be. The trust only closed 20% of complaints in line with their policy in June 2017.
- In the 2016 staff survey the trust performance was worse than the average for acute and community trusts in England in two of the four indicators around bullying, harassment and equal opportunities for staff from black or other minority ethnic groups (BME). The trust's workforce race equality standards (WRES) draft action plan included planned and action already taken to address this, for example, establishing a bullying and harassment lead and fairness champions in the trust.

However:

- The leadership team were experienced and had the knowledge about the quality of services and the risks to performance.
- Staff in the trust articulated the values of the organisation. There was a culture that supported patient safety. Staff, the executive team, and non-executive directors we spoke with told us that this was a 'red line' that was not crossed, regardless of financial or performance pressures.
- The freedom to speak up guardian was also the safer working guardian in a unique role. The freedom to speak up guardian was supported by a number of fairness champions across the organisation; a team of like-minded staff to champion the cause against violence, harassment and bullying.
- There was an integrated governance structure which clearly articulated information flows to relevant committees and hence to the board. On a day to day basis, escalation from ward to board was done through the directorates and executive committees, who reported to the appropriate assurance group or directly to the board.
- The clinical lead for efficiency, an assistant medical director reviewed all quality impact assessments (QIA). The Carter steering group which was chaired by the chief executive reviewed any QIAs that were assessed as extreme or high risk. Some clinical directors and directorate managers we spoke with were unclear on how the QIA process was completed.
- The information used in reporting, performance management and delivering quality care was accurate and timely. The trust submitted data and notifications to external organisations as required.
- The trust engaged with staff and people who used services to design improvements to meet their needs. Engagement between the trust and external stakeholders was improving.
- The trust had responded to national guidance on learning from deaths and demonstrated it was prepared to learn from the death of patients, and support families and carers through any investigation process.
- There was a focus on continuous learning and improvement at all levels in the organisation, including through appropriate use of external accreditation and participation in research.

York Hospital

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Key facts and figures

York Hospital is one of three main hospitals forming York Teaching Hospitals NHS Foundation Trust. The trust provides acute hospital services to the local population. The trust also provides a range of other acute services from Scarborough and Bridlington Hospitals to people in the wider York area, the north eastern part of North Yorkshire and parts of the East Riding of Yorkshire

York Hospital is the trust's largest hospital. It has over 700 beds and offers a range of inpatient and outpatient services including trauma, intensive care and cardiothoracic services. York Hospital provides urgent and emergency care, medical care, surgery, critical care, maternity, end of life and outpatients and diagnostic services for children, young people and adults primarily to York and the surrounding area, and also serves the people in Scarborough, Whitby and Ryedale areas of North Yorkshire for some services.

We inspected only urgent and emergency care, medical care, critical care and surgery services at this visit.

Summary of services at York Hospital

Good ● ↑

A summary of our findings about this location appears in the overall summary.

Urgent and emergency services

Good ● ↑

Key facts and figures

York Teaching Hospitals NHS Foundation Trust has two Accident and Emergency departments (also known as A&E, emergency departments or EDs). These were at York Hospital and Scarborough Hospital. Although part of the same trust, both departments worked independently and had separate staff and management arrangements apart from one directorate manager who oversaw the two departments.

The emergency department at York Hospital provides a 24-hour, seven-day a week service to the local population. From September 2016 to August 2017 there were 85,905 emergency department attendances, 18% of these were children.

The department has three resuscitation bays, one of which is specially equipped for children. There are 12 cubicles to treat patients with major injuries and illness, the department has an

urgent care centre (UCC) for patients that were triaged to be seen by an emergency nurse practitioner for minor injuries and illnesses. UCC consisted of nine cubicles, including a specified eye cubicle and three cubicles were designed specifically to assess children.

An ambulance bay had been created for patients coming in with an ambulance crew. This consisted of six cubicles where patients were assessed by the streaming nurse on arrival to the department. Patients were then transferred to the different areas of the department where they would be reviewed by the medical team.

There was also an observation bay at the back of the department which allowed up to six patients to be admitted on a short term basis. When the bay was operational a registered nurse from the department was based within the bay.

The department had a large waiting room including a small children play area and triage room. Work was due to commence on restructuring the front area of the department where patients would enter. This would alter the design at the front allowing patients to book in specifically just for ED.

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

We inspected all areas of the department and spoke with 36 members of staff. We spoke with 16 patients and relatives, observed staff delivering care and looked at 15 patient records. We held focus groups and reviewed trust policies and performance information from, and about, the trust.

At the last inspection, we rated three or more key questions for the service as requires improvement so we re-inspected all five questions.

York Hospital was last inspected as part of the comprehensive inspection programme in March 2015. During the 2015 inspection, all five domains were inspected and rated. The service was rated as 'requires improvement' in the safe, responsive and well-led domains and 'good' in effective and caring domains. The service was rated as 'requires improvement' overall.

The main areas of concern from the March 2015 visit and the actions the trust was told they must take were:

- The provider must ensure all patients have an initial assessment of their condition carried out by appropriately qualified clinical staff within 15 minutes of the arrival of the patient at the Accident and Emergency department in such a manner as to comply with the Guidance issued by the College of Emergency Medicine and others in their "Triage Position Statement" dated April 2011.
- The provider must ensure that there are at all times sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients' dependency levels; nursing staff on medical and surgical wards; consultant cover within A&E.
- The provider must address the breaches to the national targets for A&E to protect patients from the risks of delayed treatment and care.

We also said that the trust should:

- Consider reviewing the facilities with regard to; a separate treatment area for children, access to call bells for patients in the majors' area and ensure patients in the waiting area can be seen by reception staff.

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

- We rated effective, caring, responsive and well led as good, and safe as requires improvement
- The service had addressed previous recommendations, namely:
- A system had been put in place to ensure that patients had an initial assessment on arrival to the department within 15 minutes.
- The trust had applied measures to manage the access and flow in the department however due to bed pressures within the hospital, patients stayed in ED for a period of time. Four hour waits targets, patients waiting between four and 12 hours from the decision to admit were variable showing improvements and declines over the past 12 months.
- There was evidence of good multidisciplinary working. A Rapid Response Team provided support to patients to enable them to return home with additional help without needing to be admitted to the hospital.
- Results from Royal College of Emergency Medicine (RCEM) showed mixed performance. However the hospital was identified as performing better in four audits than the England average.
- We were told by patients and families during our inspection of positive examples of caring, compassionate care and maintaining privacy and dignity.
- Patients and families were involved in the decision making on their care in a way that they understood.
- Services were planned in a way to meet the individual's needs and the local population.
- Patients with a learning disability, patients with dementia, and bariatric patients could access emergency services appropriate for them and their needs were supported. Patients needing care and treatment for their mental health needs could access services in a joined up way from within the department.
- There was a vision and strategy for the department and staff worked together in partnership to provide effective leadership.
- The majority of staff enjoyed working in the department and felt listened to. Senior management supported staff and had nominated staff for awards.

However:

- There continued to be insufficient numbers of suitably skilled, qualified and experienced staff, in line with best practice and national guidance, in relation to number of registered sick children's nurses (RSCN). The number of RSCNs had reduced from three to two RSCNs.
- There remained no separate paediatric area for children to be seen and they were mostly always seen by registered nurses (RN). Some staff had completed further training in observing paediatrics in emergency care. We were provided with examples of paediatric incidents when they had been nursed by adult RNs, as a result we were not assured that paediatric care was always managed appropriately.
- Mandatory training regarding children's care was not always completed to the trust's target level of 85%. For example, 40% of medical staff had completed safeguarding level two training and 56% for safeguarding level three. The department identified that nursing staff did not need to complete advanced paediatric life support as paediatric life support was sufficient. However the level of training for paediatric life support was low, 68% for nursing and 37% for medical staff.

- Two children's pathways we looked at were not in date and required to be reviewed.
- There were no formal minutes for meetings that took place between the emergency department paediatric lead and consultant paediatrician. This was an area that the trust told us that they were going to strengthen.

Is the service safe?

Requires improvement ● →←

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

- We saw evidence that the department did not always meet the planned nurse staffing numbers, medical staffing and children's nurse staffing did not meet national guidance. The vacancy rate for nursing staff was 11% and medical staff 6%. Most nurse vacancies had been filled however they were waiting to commence the posts. Some of the post had been filled with student nurses that were not due to qualify until March 2018.
- The number of registered sick children's nurses (RSCN) had reduced since our last visit from three to two RSCNs. The trust was aware that they were not meeting the Royal college of Emergency Medicine Guidelines.
- There were incidents highlighted in how children were triaged and assessed within the department. We saw that paediatric patients were not managed appropriately at times which resulted in incidents and children were at risk. Some staff were not aware of protocols in place and did not follow the trust's sepsis pathway for one paediatric patient during our visit. There was inconsistency in which patients were sent straight to the children's assessment unit and some were sent with no supervising staff member, equipment or appropriate physiological observations.
- There was no specific paediatric area for children to be seen. Paediatric patients were often nursed by adult registered nurses (RN) who had completed further training on paediatric situations. We were provided with examples of paediatric incidents when they had been nursed by adult RNs, as a result we were not assured that paediatric care was always managed appropriately.
- Resuscitation equipment was not always checked daily in line with the trust policy.
- Medical staff did not meet the trust target for all four safeguarding training courses for both adults and children.
- Nursing staff did not meet the trust target for three of the safeguarding training courses, these included both adult and children courses. The target was met for one of the safeguarding children's courses.
- The mandatory training target was not met in relation to paediatric life support and the department did not routinely complete advanced paediatric life support.

However:

- The introduction of the streaming nurse had identified most patients were seen and triaged in 15 minutes. Data identified that there had been an improvement between January and April 2017 and also June 2017. The median time was eight minutes in comparison to the England average of six minutes.
- Staff were encouraged and understood their responsibilities to raise concerns and report incidents. We saw that systems and processes worked together to keep people safe from harm and abuse and where areas for improvement were identified, this was acted upon.

- The amount of black breaches had reduced from January 2017 to April 2017 with a slight increase in May and June 2017. However these figures remained lower than previous months before January 2017.
- Controlled drugs were managed appropriately. Record keeping and balance checks were completed as per trust policy.
- We saw that in four out of six children's records a safeguarding tool was used.
- We saw the department was prepared for a major incident and staff were aware of their roles.

Is the service effective?

Good ● →←

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

- There was evidence of good multidisciplinary working. A Rapid Response Team provided support to patients to enable them to return home with additional help without needing to be admitted to the hospital.
- Results from Royal College of Emergency Medicine (RCEM) audits showed mixed performance. However the hospital was identified as performing better in four audits than the England average. These included:
 - procedural sedation in adults.
 - risk in lower limb immobilisation in plaster cast.
 - audit for vital signs in children.
 - audit for severe sepsis and septic shock.
- Staff had received extra training in managing paediatric situations and attended module courses at university.
- Pain was reviewed effectively; mechanisms were in place to ensure that patients did not remain in pain whilst waiting to see medical staff.
- Staff offered patients food and drinks and monitored patients' nutrition and hydration effectively.
- We saw that staff had an understanding of consent, mental capacity and deprivation of liberty safeguards. Staff gained consent prior to performing care.
- Patients were involved in monitoring and managing their own health. Staff supported patients and provided services to enable independence.

However:

- Some children's pathways were not in date and required to be reviewed.
- From July 2016 to June 2017, the trust's unplanned re-attendance rate to ED within seven days was generally worse than the national standard of 5% and generally worse than the England average.
- York Hospital did not meet any RCEM standard for moderate and acute severe asthma.
- Staff groups did not meet the trust appraisal target of 95%.

Is the service caring?

Good ● →←

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

- Patients told us that they received compassionate care and that staff supported their emotional needs. Patients provided us with positive feedback about their care during our inspection.
- Friends and relatives provided us with positive examples of care.
- We observed staff maintaining the privacy and dignity of patients when providing care.
- We saw evidence that patients and families were involved in care planning. Staff discussed care with patients in a way that they could understand.

However:

- The trust performed worse than the England average in the friends and family test performance.

Is the service responsive?

Good ● ↑

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

- Services were planned in a way to meet the individual's needs and the local population.
- Patients with a learning disability, patients with dementia, and bariatric patients could access emergency services appropriate for them and their needs were supported. Patients needing care and treatment for their mental health needs could access services in a joined up way from within the department.
- Patients knew how to complain and staff knew how to deal with complaints they received. Complaints were investigated and learning was shared with staff.
- The trust had put measures in place to improve the access and flow in the department however due to bed pressures within the hospital, patients stayed in ED for a period of time.
- There had been some improvement in the number of patients who had waited more than 12 hours over the months. However the number varied up and down over the last few months.

However:

- Four hour waits targets, patients waiting between four and 12 hours from the decision to admit were variable. Improvements made had not been sustained over the last 12 months.
- There were no particular waiting areas or requirement for patients with autism attending the department unless families requested for somewhere quiet.
- Although complaints were managed and handled appropriately there was a delay to how long they were investigated and closed. The average time of complaints were not managed in line with the trust's policy.

Is the service well-led?

Good ● ↑

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

- The service had taken action on most of the issues raised in the 2015 inspection. For example, patients had an initial assessment carried out within 15 minutes of arrival and access and flow in the department had improved.
- There was a vision and strategy for the department and work was underway to improve the front of the department to promote ongoing care for the patients.
- The emergency physician in charge and nurse in charge provided leadership and were focused on the current demands within the department to aid patient flow. They had regular discussions with other staff to facilitate patients being moved out of the department. The team reviewed the status of the department every two hours to give an overview of capacity and demand.
- The majority of staff enjoyed working in the department and felt listened to. Senior management supported staff and had nominated staff for awards. Senior management had an open door approach and initiatives were in places to encourage staff to develop ideas.
- Risks were identified on the risk register and reviewed however we noted that one risk was not recorded that we found on inspection. The department were aware that they did not have the correct level of registered sick children's nurses and had provided paediatric training for adult registered nurses.
- Regular meetings were held with the department and ongoing actions and timelines completed. The trust used recognised systems to identify capacity and demand issues within the department. This was reviewed regularly and concerns escalated and managed by the team.
- Processes were in place to ensure that staff were aware of their role in the event of a major incident. Staff had been supported and involved in developing the requirements needed.

However:

- There were no formal minutes for meetings that took place between the emergency department paediatric lead and consultant paediatrician. This was an area that the trust told us that they were going to strengthen.

Outstanding practice

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

Areas for improvement

We found six 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 service at the trust provided care and treatment across three main hospital sites: York Hospital, Scarborough Hospital and Bridlington Hospital. There were 679 medical inpatient beds across the three sites.

The trust had 66,611 medical admissions from June 2016 to May 2017. Emergency admissions accounted for 36,697 (55%), 1,670 (3%) were elective, and the remaining 28,244 (42%) were day case.

Admissions for the top three medical specialties at the trust were:

- Respiratory medicine (12,285)
- Geriatric medicine (9,151)
- Medical oncology (8,608)

The medical service at York Hospital had 469 beds located within 18 wards and units.

York Hospital was last inspected as part of our comprehensive inspection programme in March 2015. During the 2015 inspection, we inspected and rated all five key questions. We rated the service as 'requires improvement' in the safe, key question and 'good' in effective, caring, responsive and well led key questions. We rated the service as 'good overall'.

We decided to inspect the medicine core service to find out if they had addressed the concerns from the previous inspection and to look at the issues raised by our monitoring of the service.

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 this inspection we visited a sample of wards and departments. We spoke with two patients and 25 members of staff. We observed staff delivering care, and looked at 10 patient records and six prescription charts. We reviewed trust policies and performance information from, and about, the trust.

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

- We rated safe, caring, responsive and well led as good. We rated effective as requires improvement.
- Staff were aware of how and when to report incidents, they received feedback and lessons learned were shared. Systems and processes in infection control, medicines management, equipment, patient records and the monitoring, assessing and responding to risk were reliable and appropriate.
- Nurse staffing levels appeared to have improved since the last inspection. When the registered nurse average fill rate was below 100% we saw that on many wards the trust increased the care staff average fill rate to over 100%. Senior managers closed beds when they considered staffing levels were unsafe and translated to a potential risk to patients.
- We observed good multidisciplinary team (MDT) working at the hospital. The trust monitored compliance with the NHS services, seven days a week forum, seven day services priority standards and reported some key achievements in medicine. The service

had developed a number of care pathways and guidelines underpinned by national guidance.

- Patients gave us positive feedback about the care they received. Patients told us that the staff caring and compassionate. Staff completed a holistic assessment of each individual and understood the importance of emotional support for each patient and their family. We heard of examples from staff where they were able to meet the needs of vulnerable patients.
- Services were provided and adapted to meet the needs of the local population across the wide geographical area covered. On the whole average lengths of stay at the hospital were similar to or better than the national averages for elective and emergency admissions.
- Wards had implemented the SAFER (senior review, all patients, flow, early discharge and review) patient flow bundle and discharge liaison officers to improve patient care and flow in the service.
- Staff we spoke with talked positively about local clinical ward based leadership at York Hospital. The leadership teams had an understanding of the current challenges and pressures impacting on service delivery and patient care.
- Directorates had individual visions and strategies that linked to the trust's five year strategy. Staff were aware of the trusts values and we saw these displayed. In addition, some wards had their own pledges displayed.
- Staff emphasised a real strength in local ward based teams. They were proud of the morale on their wards and how staff had risen to challenges. Staff were aware of the risks to their service. These risks were recorded and broadly correlated with our findings during inspection.
- We saw numerous examples of improvements and innovation.

However:

- Staff we spoke with did not have an understanding of when a mental capacity assessment should take place and were unable to articulate when assessments would be required to allow for nursing interventions to take place. This meant that there was a risk that the mental capacity of patients was not being appropriately considered.
- Staff were not always supported to maintain and develop their professional skills. The mandatory training and safeguarding training rates in the service were worse than the trust target and the number of nursing staff in the service who had an up-to-date appraisal was worse than the trust's target.
- The sepsis clinical guideline used in the service at the time of the inspection was past its review date and required updating.
- The initiatives to support the care for patients living with dementia were not fully embedded on the wards and in departments.
- The trust's referral to treatment time (RTT) for admitted pathways for medicine was variable. The latest period, showed 85% of this group of patients were treated within 18 weeks. This was worse than the England average of 90%.
- At the time of the inspection the service had limited mechanisms to gather patient or relative feedback and there was limited clear public engagement.

Is the service safe?

Good ● ↑

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

- All areas we visited were visibly clean and well maintained. Staff followed infection control policies and results from infection control audits were on the whole positive.
- Staff told us they 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. Emergency equipment, such as resuscitation equipment was checked in line with policy.
- We saw that patients had risk assessments completed. National early warning scores (NEWS) were recorded and where necessary patients were escalated appropriately.
- Nurse staffing appeared to have improved from the last inspection. Ward managers detailed the escalation processes involved to deal with nurse staffing shortages and senior managers closed beds when they considered staffing levels were unsafe and translated to a potential risk to patients. When the registered nurse average fill rate was below 100% we saw that on many wards the trust increased the care staff average fill rate to over 100%. This was particularly evident on the medicine for the elderly wards.
- Records were completed in line with trust and professional standards. There was evidence in the records we reviewed of holistic assessment which focused on details other than physical health needs.
- Wards and departments had appropriate systems to ensure that medicines were handled safely and stored securely.
- The service showed a good track record in safety. There had been no never events in the service. Staff understood their responsibilities to raise concerns and report incidents. Staff we spoke with told us they received feedback from incidents.
- The directorates in the service engaged in the trust's mortality review process. Meeting minutes and investigation reports showed detailed review and discussion of individual cases.

However:

- The safeguarding training rate in the service was worse than the trust target; this was highlighted as a concern in our last inspection.
- The out of hours medical cover was limited and some staff we spoke with told us gaps in rotas were unable to be covered on occasions.
- We were aware of one instance prior to the inspection where beds closed in response to staff shortages had been reopened at a time of pressure, although nurse staffing had not been increased.
- Safety thermometer data was not displayed for patient and family reference.

Is the service effective?

Requires improvement ● ↓

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

- The trust had Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) guidance based on the code of practice; however, at the time of the inspection the trust did not have a MCA and DoLS policy. Staff we spoke with did not have an understanding of when a mental capacity assessment should take place and were unable to articulate when assessments would be required to allow for nursing interventions to take place. This meant that there was a risk that the mental capacity of patients was not being appropriately considered. We raised these concerns with the executive team at the end of the inspection and we were not assured at the well led inspection that any improvements had been made
- The number of nursing staff in the service who had an up-to-date appraisal was worse than the trust's target. Staff were not always supported to maintain and develop their professional skills. The majority of staff on ward 34 did not have the required competency to deliver non-invasive ventilation therapy to patients. The clinical nurse educator post on the acute medical unit was vacant.
- Patient outcomes in a number of national audits showed variable performance against standards/benchmarking. In the national audit of inpatient falls the hospital was notably below all four of the aspirational standards. In the lung cancer audit the hospital was similar to the national level for two out of four indicators and worse in two.
- The sepsis clinical guideline used in the service at the time of the inspection was past its review date and required updating.

However:

- The service had developed a number of care pathways and guidelines underpinned by national guidance. All clinical guidance referenced within the service had been reviewed by the clinical effectiveness group. The directorates had an annual audit programme to monitor implemented guidance.
- The stroke audit score had improved from the last inspection.
- Staff assessed patients' nutritional, hydration and pain relief needs and met these in a timely way. They made referrals to specialist staff appropriately.
- There were strong multidisciplinary team (MDT) relationships at the hospital. Nursing staff spoke positively of the working relationship they had with physiotherapy and occupational therapy staff. Members of the MDT attended board rounds and safety huddles to discuss patient needs and care progression.
- The trust monitored compliance with the NHS services, seven days a week forum, seven day services priority standards and reported some key achievements, namely improved medical consultant cover at weekends at York Hospital, improved streaming in stroke services and better access to consultant radiology review on-call.
- Wards displayed information boards detailing trust and ward information and health promotion materials including patient information leaflets and signposting to services.
- Staff requested verbal consent and gave an explanation to patients prior to delivering care.

Is the service caring?

Good ● →←

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

- Staff completed a holistic assessment of each individual patient including physical, emotional and social aspects which impacted on care needs.
- Patients were treated with respect and privacy and dignity was maintained at all times.
- Staff appeared to have developed relationships with their patients and were genuinely committed to meet their needs.
- Staff we spoke with understood the importance of emotional support and tried to meet the particular emotional needs for each patient and their family.
- The trust used 'John's campaign' to help encourage the carers of patients living with dementia to become involved in their loved ones care.
- Ward areas advertised a 'night owl' campaign. This encouraged patients to raise concerns with staff if they had trouble sleeping. Notices were in place reminding staff to be quiet and we also saw 'pledges' from staff displayed on ward boards to ensure lights were switched off in good time.
- The service had a friends and family test response rate which was better than the England average of 25%.

However:

- During the time we spent on the wards we regularly heard call buzzers sounding for a number of minutes before staff were able to attend to the patient.
- The stroke service did not have access to psychological support for patients.

Is the service responsive?

Good ● →←

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

- Services were provided and adapted to meet the needs of the local population across the wide geographical area covered. The service provided care at three main hospital locations, York, Scarborough and Bridlington. Some specialist services had been centralised at York and Scarborough respectively.
- On the whole average lengths of stay were similar to or better than the national averages for elective and emergency admissions.
- Patient flow, discharges and bed capacity issues across the directorate were discussed in daily operational meetings. The service had 18 discharge liaison coordinators across the directorates. These staff were able to assist in the planning and arrangements for patient discharge. The majority of staff told us that this was very helpful in speeding up patient discharge and allowing nursing staff to focus on other duties.
- Wards had implemented the SAFER (senior review, all patients, flow, early discharge and review) patient flow bundle to improve patient care.
- The electronic patient record was endorsed with an alert identifier to aid staff caring for vulnerable patients or those with additional needs. We heard of examples from staff where they were able to meet the needs of vulnerable patients, for example, people requiring mental health services, translation services or those with a learning disability.

- Staff employed by an older person's charity worked at the hospital and had a significant role in the discharge lounge and supporting people on discharge, for example, transporting appropriate patients home, doing shopping for them on route and signposting people to relevant services.
- There were posters and leaflets displayed providing guidance for patients on the complaints process. Staff we spoke with understood the process for managing concerns and how patients or relatives could make a formal complaint. We saw evidence of how learning from complaints was shared in the service.

However:

- Wards had not made some basic changes to reduce potential environmental conflict for vulnerable patients such as those living with dementia.
- From June 2016 to May 2017 the trust's referral to treatment time (RTT) for admitted pathways for medicine was similar to the England average with the exception of October 2016 and January 2017. The latest period, showed 85% of this group of patients were treated within 18 weeks. This was worse than the England average of 90%.
- The trust did not investigate and close complaints in line with their complaints policy.

Is the service well-led?

Good ● →←

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

- Staff we spoke with talked positively about local clinical ward based leadership at York Hospital. The leadership teams had an understanding of the current challenges and pressures impacting on service delivery and patient care.
- The leadership team were aware of the issues within the service and these were discussed at regular cross site meetings. The team we spoke with felt the trust had a strong ward to board structure where information was communicated effectively through the organisation.
- The risks recorded in the service were reflective of those highlighted to us by ward based staff and broadly correlated with our findings during inspection. The leadership teams we spoke with were able to clearly tell us about the risks posed to the department and how these were being addressed.
- Directorates had individual visions and strategies that linked to the trust's five year strategy. Most staff we spoke with were aware of the trust vision and values. We saw these displayed in ward areas. In addition some wards had their own pledges displayed.
- Staff emphasised a real strength in local ward based teams. They were proud of the morale on their wards and how staff had risen to challenges.
- There was evidence of service improvements and local innovations to benefit the local population.

However:

- The service had a programme of internal clinical audit, directorate dashboards and ward accreditation to support the monitoring of quality. However, staff we spoke with did not raise these reports or visits with us and we saw no scores or action plans displayed.

- At the time of the inspection the service had limited mechanisms to gather patient or relative feedback and there was limited clear public engagement. The discharge lounge did not collect any patient or relative feedback.

Outstanding practice

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

Areas for improvement

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

Surgery

Good ● →←

Key facts and figures

York Teaching Hospitals NHS Foundation Trust delivers surgical services over three sites at York, Scarborough and Bridlington Hospitals. Surgical services are directorate specific.

York Teaching Hospitals NHS Foundation Trust offers elective and acute surgical services to a large geographical area.

Surgical directorates were staffed by a wide range of experienced consultants, middle grade and junior doctors, advanced care practitioners (ACPs), registered nurses and health care assistants seven days a week, 24 hours a day.

There are a total of six surgical wards offering a seven day service and one surgical assessment unit which is open between 9am and 9pm Monday to Friday and 10am and 8pm Saturday and Sunday. There are eighteen operating theatres which offer surgical procedures in head and neck, ophthalmic, general surgery and urology, gynaecology, orthopaedics, vascular and breast surgery. There is a discharge lounge to assist in patient flow.

From February 2016 to January 2017 emergency admissions accounted for 12,368, day admissions were 41,574 and 6415 were elective admissions.

At the last inspection, we rated one key question as requiring improvement and four key questions as good. We re-inspected all five key questions.

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

York Hospital was last inspected as part of the comprehensive inspection programme in March 2015. All domains were inspected and rated. The service was rated as good for safe, effective, caring and well led, and requires improvement for responsive.

At our inspection in 2015 we found that services were responsive to patients' individual needs, but there were concerns over waiting times, such as the 18-week referral-to-treatment time (RTT) targets, the achievement of cancer waiting time targets, and the high number of non-surgical patients being cared for on surgical wards, which was having an impact on access and flow.

We saw that optimum staffing levels and skill mix across surgical services were not being sustained at all times of the day and night. However, the trust was mitigating some of this risk by the use of bank/agency staff and the redeployment of other staff. Pressures on the wards had an impact on staff being able to attend statutory and mandatory training.

We were concerned that on ward 16 there were occasions where bays were mixed sex. We told the provider that they must ensure that patients' privacy and dignity is maintained when being cared for in the bays in the nursing enhanced unit based on ward 16.

The service provided effective and evidence-based care and treatment. Staff were seen to be caring and compassionate while delivering care.

In 2015, work was continuing to integrate surgical services and deliver common standards of care across the three hospital sites (York, Scarborough and Bridlington Hospitals). Directorate-level governance arrangements were in place but protocols, guidelines and pathways of care in all three hospital sites were variable and not yet fully established.

We had been concerned that there was not always the proper and safe management of medicines including ensuring that oxygen is prescribed; medicine fridges are checked as per guidelines; learning from audits is shared with staff to identify areas for improvement.

We saw that discharge prescriptions for some medicines were not available when the patient left the hospital, which resulted in medicines being sent by taxi to a patient's home or the patient or relative returning to the hospital to collect them.

During this inspection we visited wards 11, 14, 16, 28, 29 and G1. We also visited the discharge lounge and theatre area. We spoke with 10 patients, three relatives and 24 members of staff. We observed staff delivering care and looked at 14 patient records and prescription charts. We reviewed trust policies and performance information from, and about, the trust.

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

- We rated safe, effective, caring, responsive and well led as good.
- There had been an improvement in nurse staffing levels since our last inspection and evidence of continuing recruitment and the development of nurse associates.
- We saw that wards and theatre areas were visibly clean and staff observed infection prevention and control measures.
- There had been an improvement in the discharge process with the recruitment of three discharge co-ordinators for the surgical unit. Patients did not have to wait so long for their discharge medications.
- There was direct pharmacy support to the wards to support staff in prescribing and review prescription charts. Staff were aware that oxygen should be prescribed except in an emergency.
- Nursing staff said that there was good teamwork and morale had improved.
- Nursing and care staff achieved the trusts target for mandatory and safeguarding training.
- We observed good compassionate care and emotional support.
- We observed good local leadership

However:

- There was difficulty in recruiting medical staff. This was mitigated by the use of locum staff. This had an impact on mandatory and safeguarding training.

- Referral to treatment times had initially improved since our last inspection but then deteriorated in most directorates.
- Staff did not always have access to clinical supervision as part of their learning and development.

Is the service safe?

Good ● →←

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

- Nursing and care staff numbers had increased since our last inspection. There remained active recruitment and the development of nursing associates. Staffing shortfalls were mitigated by use of agency and bank staff. The improvement in nurse staffing meant that mandatory training and safeguarding training met trust targets.
- Staff were encouraged to report incidents. They knew the process and usually received feedback. We heard that staff knew about, and we saw in investigations that the duty of candour was carried out. All serious incidents were discussed at the monthly clinical governance meetings.
- We saw a good quality of record keeping, and staff completed observations of vital signs in a timely manner. There were processes in place which identified patients who deteriorated and there were pathways in place which identified patient risk, such as the use of the world health organisation (WHO) checklists. We saw that staff followed these. Information was shared in safety huddles and at handover.
- Medicines were stored safely. Drug fridges were in the main checked daily and staff knew what to do if temperatures fell out of ranges. Controlled drugs were checked weekly within the trust guidelines.
- We observed that ward and theatre areas were clean. Staff employed appropriate infection prevention and control measures.
- The safety thermometer is used to record the prevalence of patient harms and to provide immediate information and analysis for frontline teams to monitor their performance in delivering harm free care. Each surgical directorate reported on their own data benchmarked against a trust targets. For example the ophthalmology directorate had 100% completion rate of venous thromboembolism (VTE) screening factors against a trust target of 95%.

However:

- There were challenges of recruitment to medical posts in some directorates. This had an impact on staff who had difficulty in accessing mandatory and safeguarding training. This was mitigated by the use of locums.
- Not all documentation was standardised over the three sites, although work on an operative pathway and records was being completed with the intention of being used in York, Bridlington and Scarborough hospitals.

Is the service effective?

Good ● →←

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

- Staff had the skills they required to fulfil their role and used nationally recognised patient pathways.
- We saw that patients had access to adequate diet and fluid and received effective pain relief following surgery.
- The trust participated in national and local audits. From March 2016 to February 2017, all patients at York Hospital had a lower than expected risk of readmission for elective admissions when compared to the England average.
- The proportion of hip fracture patients not developing pressure ulcers was 100%, which falls in the within the best 25% of trusts. The 2015 figure was 97.7%.
- Patient records had evidence of clear multi-disciplinary plans in place, and we observed effective sharing information at daily huddles and at handovers. There was a consultant ward round every day to ensure patients were seen by a senior doctor in a timely manner.
- We saw that consent forms were appropriately signed and that staff understood the relevant consent and decision making requirements and guidance.

However:

- We saw that hip fracture was on the trauma and orthopaedic risk register to be reviewed September 2017. This was because of partial compliance of national institute of health and care excellence (NICE) quality standard 16.
- There were 22 NICE applicable guidelines to be actioned across surgery.
- Although staff appraisal rates had improved since our last inspection, figures still fell below the trust standard.
- Not all staff received clinical supervision due to time constraints.

Is the service caring?

Good ● →←

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

- We saw many examples of compassionate care in the ward and theatre areas. Patients praised staff on their kind and thoughtful delivery of care
- We saw that staff explained procedures and investigations clearly to patients and their relatives.
- Pastoral support was available for patients and families.
- The friends and family test response rate for surgery at York Teaching Hospitals NHS Foundation Trust was 31%, which was better than the England average from July 2016 to June 2017.
- We saw that patients were treated with respect and appropriate dignified care.

Is the service responsive?

Requires improvement →←●

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

- Two surgical directorates had referral to treatment times that were worse than the national average.
- Cancellations of operations had risen in the last two quarters. A last-minute cancellation is a cancellation for non-clinical reasons on the day the patient was due to arrive, after they have arrived in hospital or on the day of their operation. If a patient has not been treated within 28 days of a last-minute cancellation then this is recorded as a breach of the standard and the patient should be offered treatment at the time and hospital of their choice.
- From July 2016 to June 2017, there were 110 complaints about surgery. The trust took an average of 55 days to investigate and close complaints, this was not in line with their complaints policy which stated complaints should take 30 days to investigate and close.

However:

- We saw evidence of individualised care plans in documentation and that patients who were vulnerable received responsive care, for example patients who lived with a learning disability and dementia.
- We saw non-judgmental attitudes towards patients whose life choices had impacted on their health and made referrals to appropriate external agencies.
- One surgical directorate had better than the national average referral to treatment times.
- Over the last two years the number of cancelled operations as a whole was in line with the national average.
- There was a urology 'one stop shop' at Malton community hospital. This allowed for patients to have tests and be seen by a consultant to plan their ongoing care and eliminate the need for multiple attendances in the outpatient department.

Is the service well-led?

Good ● →←

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

- We saw that individual surgical directorates had the trust mission, vision and values underpinned their five year strategies.
- Staff we spoke with told us that they felt able to have open and honest discussion with local management teams. There were e-newsletters available which gave updates on staff changes, awards and other developments.
- Patients were able to feed back their views on the wards via the friends and family test. They were asked whether they would recommend the ward to their friends and family.
- A governance framework was in place in individual surgical directorates to monitor performance, and risks and to inform the executive board of key risk and performance issues. The trust recorded surgical risk registers at a directorate level. We saw that these reflected the risks identified by ward staff and leaders.

- There was evidence of innovation such as the urology directorate 'one stop shop', and the recruitment of discharge liaison co-ordinators.
- We saw that there had been an active recruitment programme and that this had been successful in some wards which were now fully staffed for registered nurses. The trust was to implement the new nurse associate programme to support registered nurses.

However:

- Some risks on directorate risk registers were past their review date.
- At our last inspection we saw that there was a five year plan to integrate all three trust sites. This was now complete. However, we observed that there were still some processes and documentation which remained specific to location.
- There was no ongoing audit of world health organisation (WHO) checklist to safer surgery.

Outstanding practice

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

Areas for improvement

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

Critical care

Good ● ↑

Key facts and figures

York Teaching Hospitals NHS Foundation Trust has two critical care units. The York Hospital site is a combined intensive care unit (ICU) and high dependency unit (HDU). This provides level two (patients who require pre-operative optimisation, extended post-operative care or single organ support) and level three (patients who require advanced respiratory support or a minimum of two organ support) care to adult patients. The second smaller unit is at Scarborough Hospital.

There is a total of 17 beds comprising of; two bays, each with six beds and five single rooms, three of which had separate gowning areas. The unit is staffed to care for a maximum of nine level three and four level two patients.

Intensive Care National Audit and Research Centre (ICNARC) data showed that from 1 April 2016 to 31 March 2017 there were 975 admissions with an average age of 66 years. Sixty one of patients were non-surgical, 20% planned surgical and 19% emergency or unplanned surgical. The average (mean) length of stay on the unit was two days.

A Critical Care Outreach Team provided a supportive role to the wards medical and nursing staff when caring for deteriorating patients and support to patients discharged from critical care. The team was available 24 hours a day, seven days a week.

The critical care service is part of the North Yorkshire and Humberside Critical Care Network.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. At the last inspection two key questions were rated requires improvement, these being responsive and well led. We re-inspected all five key questions during this inspection.

During this inspection we visited the critical care unit. We spoke with six patients, four relatives and 28 members of staff. We observed staff delivering care, looked at eight patient records and prescription charts. We reviewed trust policies and performance information from, and about, the trust. We received comments from patients and members of the public who contacted us directly to tell us about their experiences.

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

- We rated safe, effective, caring, responsive and well led as good.
- We found that all staff had received mandatory training and most had undergone a recent appraisal. The appointment of a clinical practice educator had further supported the learning and development of staff. This fostered an environment focused on improvement, with involvement in research and projects evident from different members of the multidisciplinary team.
- The systems and processes in place for management of medicines, infection prevention and control, patient records and the assessment of patient risks were reliable and followed national guidance.
- Nurse staffing levels and medical care was delivered in line with Guidelines for the Provision of Intensive Care Services 2015 (GPICS) standards and patient outcomes were in line with those of similar units.
- Care was patient focused and individual needs were considered when planning and delivering care. The feedback from patients and relatives we were able to speak with was consistently positive and we were given examples of staff 'going the extra mile' with regards to patient care. Patient diaries and a follow up clinic helped support patients and families following discharge from the unit.
- Access to care was based on patients' needs and beds within the unit were flexed between level two and level three as required. The number of delayed discharges and non-clinical transfers were in line with those of similar units.
- There was strong nursing and medical leadership evident on the unit and within the critical care outreach team. Staff felt supported and valued and morale was high. We observed an open culture within the multidisciplinary team.

However:

- The service did not meet all GPICS standards, for example pharmacy provision and the number of nursing staff with a post registration certificate in critical care nursing. However mitigation and actions to address this had been put in place.
- Safety thermometer data was variable. The results of this were not publically displayed. We also found patient feedback was not displayed on the unit.
- Access and flow had been affected by patients requiring non-invasive ventilation who would normally be cared for on the ward, requiring to be cared for on the unit.
- Whilst the risk register was reflective of the risks we identified, it was felt mitigating actions did not always address the cause of the issue. There were no review dates on the register.
- The service strategy had not been finalised and this had been identified as an issue at the previous inspection.

Is the service safe?

Good ● →←

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

- In the 12 month period preceding the inspection there had been no never events and no serious incidents attributable to the service. There were good systems in place for sharing and learning from incidents.
- We observed good practice in relation to infection prevention and control. All areas were visibly clean and tidy and the rate of unit acquired infections in blood was lower than that of similar units.
- There were good systems and processes in place with regards to the management of medicines. The medicine charts we reviewed had been completed in line with trust and national guidelines.
- The trust target had been exceeded in all areas of statutory and mandatory training. This was an improvement from the last inspection.
- Safeguarding training compliance for staff exceed the trust target and staff demonstrated a good level of knowledge.
- We found evidence of assessment of patient risk with associated documents fully completed. There was a proactive approach to managing patients who were unwell on the wards to ensure clear plans were made for overnight.
- Staffing levels ensured guidelines of the minimum ratio of one nurse to one level three patient and one nurse to two level two patients was always met.
- Medical care was delivered in line with the Guidelines for the provision of intensive care services 2015 (GPICS) standards.
- A thorough multidisciplinary review of the unit's major incident plans had been undertaken in response to the national raised terror threat level.

However:

- Safety thermometer performance was extremely variable from 0% to 100% in the period from July 2016 to July 2017. This data was not publically displayed.

Is the service effective?

Good ● →←

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

- Care was evidence based and the multidisciplinary team were looking at ways to improve patient care and treatment. The unit was actively engaged in research to improve patient care and treatment.
- We found assessment and monitoring of pain and the nutritional status of patients, and care plans to support this.
- There was participation in national audit. Patient outcome data was in line with that of similar units.
- The appointment of a clinical nurse educator had had a positive impact on the unit. There was a focus on learning improvement amongst all the staff we spoke with.

- Consultant intensivist cover was available 24 hours a day and wards rounds took place seven days a week.
- Staff demonstrated a good understanding of the need for consent, where possible this was obtained from patients.
- We observed good multidisciplinary team working which was patient focused. Since the last inspection monthly cross site multidisciplinary team meetings had been established with standard agenda items to share learning and to standardise practice across both sites.

However:

- The number of staff with a post registration certificate in critical care did not meet guidelines for the provision of intensive care services (GPICS) minimum recommendation of 50%. All staff completed the national competency framework for adult critical care nurses and the service was supporting staff available post registration critical care courses.
- At the time of inspection pharmacy support did not meet GPICS standards; however there were plans in place to address this.
- Some staff showed a limited understanding in relation to mental capacity and deprivation of liberty safeguards.

Is the service caring?

Good ● →←

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

- Feedback from the patients and relatives we spoke with was consistently positive. The interactions we observed were kind and compassionate and patient's privacy and dignity was maintained at all times.
- There was a patient centred culture which was apparent from all the members of the multidisciplinary team we spoke with and observed. The introduction of personal and emotional patient diaries further evidenced this.
- Staff recognised the emotional and psychological needs of patients and their relatives and had been involved in a research project to further improve this.
- We found evidence of patient and relatives involvement in the records we reviewed. This was supported by the patients we were able to speak with.

However:

- Whilst feedback from patients was gained in an informal way this information was not displayed.

Is the service responsive?

Good ● ↑

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

- Access to care was based on people's needs. The number of bed days with a delay of more than 8 hours, and the percentage of non-clinical transfers was in line with similar units.

- The follow up care for critical care patients following discharge from hospital was in line with the guidelines for the provision of intensive care services (GPICS) standard. This was an improvement from the last inspection.
- Staff were able to identify and plan care to meet people's individual needs. They felt confident in providing care for patient who may require additional support, for example those with a learning difficulty or living with dementia.
- The unit had only had one formal complaint in the 12 month period preceding the inspection.

However:

- Patients requiring non-invasive ventilation had to be cared for on the unit due to a lack of suitably skilled and qualified staff to care for this patient group on the wards. This was impacting their bed occupancy and flow through the unit.

Is the service well-led?

Good ● ↑

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

- There was clear nursing and medical leadership on the unit and in the critical care outreach team. Staff we spoke with had confidence in these leaders.
- There was a supportive and open culture which was focused on learning and improvement.
- Staff morale was high and all the staff we spoke with were proud of the unit and the work they did.
- There had been a focus on cross-site working and from speaking to staff and reviewing meeting minutes it was evident this had improved.
- The risk register was reflective of the risks to the service and these were discussed along with performance at monthly cross-site leadership meetings which fed in to the trust governance structures
- Staff felt valued and engaged and informed of changes within the trust.
- Patient feedback was sought informally through discussions at the follow up clinic.

However:

- The strategy for the unit had not been finalised and this had been noted at the previous inspection.
- The risk register had no dates and the mitigating actions did not always appear to address the cause of the risks.

Outstanding practice

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

Areas for improvement

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

Scarborough Hospital

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Key facts and figures

Scarborough Hospital is one of three main hospitals forming York Teaching Hospitals NHS Foundation Trust. The trust provides acute hospital services to the local population. The trust also provides a range of other acute services from York and Bridlington hospitals to people in the wider York area, the north eastern part of North Yorkshire and parts of the East Riding of Yorkshire.

Scarborough Hospital is the trust's second largest hospital. It offers a range of inpatient and outpatient services including trauma and intensive care services. Scarborough Hospital provides urgent and emergency care, medical care, surgery, critical care, maternity, end of life and outpatients and diagnostic services for children, young people and adults primarily in the Scarborough, Whitby and Ryedale areas of North Yorkshire.

We inspected only urgent and emergency care, medical care, critical care and surgery services at this visit.

Summary of services at Scarborough Hospital

Requires improvement ● →←

A summary of our findings about this location appears in the overall summary.

Urgent and emergency services

Requires improvement ● →←

Key facts and figures

York Teaching Hospitals NHS Foundation Trust has two Accident and Emergency departments (also known as A&E, emergency departments or EDs). These were at Scarborough Hospital and York Hospital. Although part of the same trust, both departments worked independently and had separate staff and management arrangements apart from one directorate manager who oversaw the two departments.

The ED in Scarborough was a trauma unit. This meant that it treated patients with a wide range of illnesses and injuries including those who have been involved in accidents and incidents. Although it is not a major trauma centre, patients can arrive by foot, road or ambulance. Within the department, there are two distinct areas where patients are treated. The majors department treated patients with serious illnesses or injuries and the resuscitation area treated patients with

serious and life threatening conditions. The department also treated children and young people up to the age of 17.

The minors department that can treat patient with minor injuries such as simple fractures was managed and delivered by another provider and not within the scope of this inspection.

The ED was staffed by a wide range of experienced consultants, middle grade and junior doctors, advanced care practitioners (ACPs), registered nurses and health care assistants seven days a week, 24 hours a day.

The department had a waiting room, triage room, first assessment area with five trolley bays, cubicles area with 11 cubicles, three resuscitation bays (one suitable for children) and a sitting area with six comfortable chairs for patients requiring observation.

Scarborough ED had 55,310 attendances to ED in the last 12 months. Of these, 17% were children.

The main areas of concern from our March 2015 inspection and the actions the trust was told they must take were:

- The provider must ensure that there are sufficient numbers of suitably skilled, qualified and experienced staff, in line with best practice and national guidance, taking into account patients' dependency levels, especially in A & E.
- The provider must ensure all patients have an initial assessment of their condition carried out by appropriately qualified clinical staff within 15 minutes of the arrival of the patient at the Accident and Emergency Department in such a manner as to comply with the Guidance issued by the College of Emergency Medicine and others in their "Triage Position Statement" dated April 2011.
- The provider must ensure that all equipment is tested in a timely manner and in line with the trust's policy, especially checks on fridges and resuscitation equipment.

Our decision to inspect the urgent and emergency care core service was two-fold:

- To follow up the findings from the 2015 inspection where the service was rated 'requires improvement'; and,
- To investigate current intelligence themes around:
 - Serious incidents relating to patient harms;
 - Variable outcomes from national audits;
 - Performance against Royal College of Emergency Medicine and other national standards.
 - Readmission rates and delayed transfers of care;
 - Mandatory training and staff appraisals; and,
 - Registered nurse staffing.

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.

We spoke with seven patients and 12 members of staff. We observed staff delivering care and, looked at 10 patient records. We reviewed trust policies and performance information from, and about, the trust. We received comments from patients and members of the public who contacted us directly to tell us about their experiences.

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

- We rated caring and well led as good, and safe, effective and responsive as requires improvement.
- The department was failing to meet the majority of national standards relating to Accident and Emergency performance including: four hour waits, re-attendance rates, time from decision to admit to admission, median time to treatment and ambulance handover times (however, recent information showed that this was improving).
- Staff were not meeting the trust's mandatory training targets, therefore staff were not up to date with mandatory training. We also identified this at our last inspection.
- Nursing and medical staffing in the department was not always meeting planned staffing levels. There was a heavy reliance on bank and agency nursing staff. There was a reliance on locum doctors to fill gaps in the medical rota and there were concerns about the long term sustainability of consultant cover. Consultant cover was not 16 hours per day as per Royal College of Emergency Medicine (RCEM) guidance.
- Not all staff received annual appraisals.
- Information in clinical records was not consistent or robust and was not subject to regular clinical audit.
- Patients had long waits in the department once a decision to admit them had been made. This was predominantly due to the lack of beds available to admit patients in to the trust, although mental health patients were also affected.
- Information for patients in alternative formats such as large print or braille and other languages was not available.
- Staff in the department reported very low morale and we had concerns about the culture as some staff told us they felt undervalued.

However:

- The department was aware of its problems and risks and had changed practice and processes in an attempt to tackle them, such as by the introduction of new nursing roles to support ambulance handovers and manage the flow of patients through the department.
- Patients experiencing long waits were provided with hospital beds and the department were trialling new ways of working that could improve the experience of patients or improve the efficiency of the department.
- Patients received care and treatment that was caring and compassionate from staff who were working hard to make sure that patient experience was positive and supportive.
- The department was able to meet the physical and emotional needs of patients. Specialist equipment was available for patients with physical disability. There was access to pastoral support for patients of any or no religion.

Is the service safe?

Requires improvement ● →←

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

- The department had nurse staffing shortages and employed no registered sick children's nurses (RSCN). This was in contravention on intercollegiate guidance and we had no assurance that all staff had completed enhanced training to mitigate the risks this presented.
- The department was reliant on agency, bank and locum staff to support staff rosters and there were concerns about the skills and competencies of some of these staff.
- Mandatory training levels were not meeting the trust standard of 85%. This included safeguarding vulnerable people. We identified this as a concern at our last inspection.
- Record keeping in relation to risk assessments, pain scores and comfort rounds needed to improve and we found gaps in information in the records we looked at.
- We had concerns about the assessment and recording of children's safeguarding concerns as relevant assessment documentation was not being used in children's records.
- Resuscitation equipment was not being checked regularly and we found gaps in records. We were not assured that the equipment was being checked daily.
- The medication room was not being temperature checked to ensure non refrigerated medication was being stored at the correct temperature and portable oxygen was not always stored safely.
- The department had not met the Royal College of Emergency Medicine (RCEM) standards in relation to patient waits in the department, including ambulance handover times although this had improved over recent months.

However:

- The department used an established triage system called Manchester triage and experienced staff carried out this process to ensure that patients were seen by the most appropriate person.
- The department was clean and well maintained. There was access to personal protective equipment and toys were cleaned regularly and complied with infection control guidelines.
- All staff took responsibility for reporting incidents and lessons learned were discussed at staff team meetings.
- Patient information was stored in line with information governance guidelines.

Is the service effective?

Requires improvement ● →←

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

- Staff had not consistently recorded pain scores in the records we looked at despite six of 10 patients having suffered an injury. Pain scores were not always recorded, particularly in children's records.
- Results for Royal College of Emergency Medicine (RCEM) were mixed with the department underperforming in three audits.

- The department's re-attendance rate within seven days was worse than the England average.
- The rate of staff appraisal did not meet the trust standard of 85%.
- Low numbers of staff had completed paediatric life support training.
- We found no record of mental capacity assessments being carried out on patients who may have fit the characteristics of fluctuating capacity.

However:

- We saw evidence that the department had pathways for a number of conditions such as sepsis and head injury for both adults and children.
- There was effective multi-disciplinary team working to support patients' needs.
- The department used telemedicine to ensure that stroke patients received treatment in a timely manner, thus improving chances of effective treatment.
- Patients were offered food and drinks during their time in the department.
- Patients we spoke with told us they received pain relief should they request it.

Is the service caring?

Good ● →←

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

- Staff ensured that the privacy and dignity of patients and their families was maintained.
- Patients and their relatives were given information about care and treatment to support decision making. They were also kept informed about tests and planned treatment.
- Patients told us the staff were kind, caring and helpful. They answered questions in language that patients could understand.
- Pastoral support was available for patients and families of any or no religious belief.

However:

- The trust performed worse than the England average in the friends and family test. This information was not available for the ED at Scarborough.
- The trust scored 77% in the most recent PLACE (Patient led assessment of the care environment). This was worse than the national average of 84%.

Is the service responsive?

Requires improvement ● →←

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

- The department was consistently failing to meet Department of Health access and flow standards for four hour waits, 12 hour decision to admit waits and patients leaving the department before being seen.
- Patients had long waits in the department once a decision to admit had been made. This was predominantly due to lack of beds around the hospital.
- Despite seeing the Psychiatric Liaison team quickly, mental health patients had long waits to see the CRISIS team and therefore had to wait in the department for long periods of time.

- There was no written information for patients who required information in alternative formats such as other languages or braille.
- Limited bariatric equipment was available and patients who needed a bed faced a delay as this had to be ordered specifically from a supplier.
- Complaints were not always responded to within the trust's policy timescales. Additionally, information provided to us about complaints didn't reassure us that action had been taken to address staff behaviour or attitude.

However:

- The median time patients waited in the department was better than or similar to the England average from August 2016 to July 2017.
- Patients living with dementia or a learning disability were treated as individuals. Special care was taken to ensure that their needs were met and they were treated as quickly as possible.

Is the service well-led?

Good ● ↑

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

- There was a vision and strategy for the department, including the reconfiguration of service provision and ongoing care for patients who were admitted via the ED. Urgent and emergency care services were in the process of being reconfigured to include new models of working with other specialties. The aim was to ensure the patients were seen in the right place by the right person at the right time. This would allow the team to manage the staffing and bed base in a more effective and efficient way.
- There were governance processes in place to ensure that performance was monitored and managed.
- The trust had a joint risk register for York and Scarborough. Many of the risks were shared. The risks on the register reflected those we saw in the department and there was evidence they were regularly reviewed and mitigation put in place.
- The department had implemented some innovations to manage demand and make more effective use of the space within the department.
- The department had devised a timeline for patients to support the service in meeting the four hour standard. The senior leadership in the department was strong with staff reporting a positive approach to the department.
- The trust had revised their cyber security measures after falling victim to a major cyber-attack in May 2017.

However:

- Some staff told us that they felt undervalued and unsupported. They also told us that morale was very low in the department.
- There appeared to be little joint working with the other ED within the trust and the department worked as a single entity.
- Senior executives from the trust rarely visited the department.
- The department did not engage in any patient experience or survey work other than the national friends and family test.

Outstanding practice

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

Areas for improvement

We found 10 areas for improvement in this service. See the areas for improvement section above.

Medical care (including older people's care)

Requires improvement ● →←

Key facts and figures

The medical care service at the trust provided care and treatment across three main hospital sites: York Hospital, Scarborough Hospital and Bridlington Hospital. There were 679 medical inpatient beds across the three sites.

The trust had 66,611 medical admissions from June 2016 to May 2017. Emergency admissions accounted for 36,697 (55%), 1,670 (3%) were elective, and the remaining 28,244 (42%) were day case.

Admissions for the top three medical specialties at the trust were:

- Respiratory medicine (12,285)
- Geriatric medicine (9,151)
- Medical oncology (8,608)

Scarborough Hospital had 181 beds located across nine wards and units.

- Ann Wright, Graham and Oak wards providing older person's care.
- Chestnut and Cherry wards providing general and acute medical care.
- Beech ward specialising in respiratory care.
- Coronary care unit (CCU) and the stroke unit.
- The site also had a Macmillan chemotherapy unit and an endoscopy suite.

Scarborough Hospital was last inspected as part of our comprehensive inspection programme in March 2015. During the 2015 inspection, we inspected and rated all five key questions. We rated the service as 'requires improvement' in the safe, responsive and well-led key questions and 'good' in effective and caring key questions. We rated the service as 'requires improvement' overall.

We decided to inspect the medicine core service to find out if they had addressed the concerns from the previous inspection and to look at the issues raised by our monitoring of the service.

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 eight wards (inclusive of a surgical ward to review the care of medical outliers) and the Macmillan chemotherapy unit.

We spoke with 27 members of staff (including ward managers, matrons, doctors and therapists), 14 patients and relatives and observed care and treatment being provided. We reviewed 15 care records (including medical notes, nursing documentation and prescription charts).

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

- We rated safe, effective, responsive and well-led as requires improvement. We rated caring as good.
- There continued to be insufficient numbers of suitably skilled, qualified and experienced registered nurses, in line with best practice and national guidance, taking into account patients' dependency levels.
- There was a reliance on staff goodwill, bank and agency workers and ward managers relinquishing managerial shifts to support clinical work.
- A number of registered nurse shifts remained unfilled despite escalation processes and wards worked below assessed levels based on acuity.
- Medical staffing was reliant upon short term and long term locum support at all grades.
- Staff did not always follow trust policy and recognised guidelines for the prescribing of antimicrobials and checking controlled drugs.
- Staff awareness and understanding of the principles underpinning the Mental Capacity Act was variable. There was not a robust approach to the assessment of capacity and staff could not confirm who was responsible for completing such an assessment or how and where this was captured within the patient record.
- The clinical guidance for sepsis management required updating.
- The process for the management and completion of staff appraisals required review as there was significant variation in compliance across the wards.
- The initiatives to support the care for patients living with dementia were not fully embedded however staff made some reasonable adjustments to support vulnerable patient groups on the wards.
- There were a number of patient bed moves between 10pm and 6am.
- There were a number of medical patients being cared for on non-medical wards (outliers). These patients occasionally moved between consultants and this interrupted continuity of care.
- Staff morale and well-being was being compromised due to workforce limitations.
- Service risk registers lacked detail regarding review and updates.

However:

- There had been a marked improvement in mandatory training completion.
- Infection prevention and control audits covering hand hygiene and environmental cleanliness were better than the trust target.
- Staff ensured patients were comfortable and received pain relief in a timely manner.
- Patients commented positively about food choice, quality and service. There were a number of made available to patients to meet individual needs.
- Patients commented positively about the care they received and we observed genuinely kind, compassionate and warm care interactions.
- Staff made changes to care delivery following patient feedback and concerns raised.
- There was evidence of actions taken to account for variable outcomes in local and national audit.
- Local leadership was good and staff reported senior managers were present in clinical areas.

- Staff were aware of the trust vision, strategy and objectives. Staff were also aware of directorate strategies specific to their area of practice. Wards at Scarborough Hospital had developed their own ward based mission statements to reflect their patient cohort.
- Staff reported an improved cultural shift in the previous 12 months.
- There was evidence of service improvements and local innovations to support patient care.

Is the service safe?

Requires improvement ● →←

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

- Registered nurse staffing remained a challenge. There was only one ward (stroke unit) out of eight that reported day registered nurse fill rates above 90% between April and June 2017. There were a number of unfilled vacancies and a reliance on bank and agency staff. Despite escalation measures, a number of shifts remained unfilled whereby the wards worked below planned figures.
- There was a reliance of locum staff to support the medical rota at Scarborough Hospital. There were long and short term locum appointees at all levels across the service.
- Staff did not always complete required infection screening procedures for patients.
- The prescribing of antimicrobials did not always provide a duration of course, stop/start dates or the clinical indications for the prescription.
- Staff were unclear about the controlled drug policy and the necessary stock check requirements.
- The medical review of patients who activated national early warning score (NEWS) trigger levels and required care escalation were not always reviewed in a timely manner.
- Safety thermometer data was not displayed for patient and family reference.
- Staff did not always ensure patient information held on computer was securely stored with access restricted.

However:

- Staff were familiar with the incident reporting system and confident to report incidents. Learning from incidents was shared in emails, newsletters and bulletins.
- Wards reported good hand hygiene and infection prevention and control environmental audit compliance.
- We found patient risk assessments to be completed and reviewed in a timely manner.
- Staff used a number of measures to assess and respond to patient risk and to identify early signs of deterioration.
- There had been an improvement in mandatory training completion. Wards were better than the trust target.
- Staff were aware of key issues involved in safeguarding and understood the referral process.

Is the service effective?

Requires improvement ● ↓

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

- Staff awareness and understanding of the principles underpinning the Mental Capacity Act was variable. The recording of capacity assessments was inconsistently documented in the nursing and medical records.
- The monitoring and recording of nutrition and hydration did not always follow trust policy and best practice.
- Staff did not always provide timely support to patients who required assistance with feeding.
- Staff appraisal rates across the service varied considerably and did not always meet the trust target.
- Patient outcomes in a number of national audits showed variable performance against standards/benchmarking. In the stroke audit (SSNAP), the speech and language domain was rated in the worst band. In the heart attack audit (MINAP), only 18.5% of patients were admitted to a cardiac unit or ward worse than the England average of 55%.
- The sepsis clinical guidance used in the service at the time of the inspection was past its review date and required updating.

However:

- The service had developed a number of local care pathways underpinned by national guidance and were involved in local and national audit to measure patient outcomes.
- The stroke service had developed new care pathways to improve care for this patient group. The service was considered a national exemplar for the provision of acute stroke in small and geographically remote hospitals.
- Patients commented positively about food choice, quality and service.
- Staff recognised the importance of patient comfort and assessed pain regularly. Pain relief was administered in a timely manner.
- Wards displayed health promotion information covering topics such as infection prevention and control. Wards also provided disease specific information booklets, health education material, patient information leaflets and signposting information.
- Staff always asked for patient consent or agreement prior to carrying out any care activities.
- There were strong multi-disciplinary team (MDT) working relationships on all wards. Junior doctors received good clinical supervision although they struggled to attend all study sessions due to workloads.

Is the service caring?

Good ● →←

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

- Patients recommended the service as a place to receive care and treatment.
- Staff were aware of and displayed the NHS 6 C's (compassion, care, communication, competence, courage and commitment) when caring for patients.
- Staff ensured patient privacy and dignity was maintained at all times.
- Patients commented positively about the care they received.

- Patients and family members were involved in care delivery and decision making with their input welcomed and valued.
- Staff considered all elements of care including the physical, emotional and social needs of the patient.

However:

- Friends and family test response rates varied considerably.
- Patients recognised when staff were “stretched” and some family members commented that they received updates on their relatives care from individual professionals and did not receive an overall update.

Is the service responsive?

Requires improvement ● →←

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

- Wards had not made some basic changes to reduce potential environmental conflict for vulnerable patients such as those living with dementia.
- All wards at Scarborough Hospital reported bed moves between 10 pm and 6 am, however numbers varied. For example, CCU reported 95 bed moves from June 2016 to July 2017 whereas Graham and Ann Wright wards reported less than 10 moves.
- Staff reported barriers to the discharge planning process such as a lack of community beds and waiting for psychiatric assessments.
- Bed occupancy was in excess of 95% between June 2016 and June 2017 which is known to impact on the quality of care. There were a number of medical patients being cared for on non-medical wards (medical outliers).
- From June 2016 to May 2017 the trust’s referral to treatment time (RTT) for admitted pathways for medicine was similar to the England average with the exception of October 2016 performance declined to 79% (England average 90%) and January 2017 performance declined to 77% (England average 89%). This had increased to 85% by May 2017 against an England average of 90%.
- From July to September 2017, there were 586 outliers recorded. Staff described how patients being cared for on non-medical wards (medical outliers) occasionally changed consultant and this led to interruptions in care progression while the patient was reviewed by the new receiving team.

However:

- The service had adapted and developed facilities to meet the needs of the local population.
- The hospital average lengths of stay were below or equivalent to the national average except for non-elective patients in respiratory and geriatric medicine.
- The service had implemented the SAFER (senior review, all patients, flow, early discharge and review) patient flow bundle initiative to improve service efficiency.
- The trust had a progressive and developing three year dementia strategy underpinned by national recommendations. This had recently been implemented and was under on-going review.

- Staff used aids and made reasonable adjustments for patients who required additional support as a result of a hearing or visual impairment or disability.
- The service followed the trust complaints procedure. Lessons from complaints were shared with the respective wards, for example, staff responded to patient feedback and concerns by making changes in care at night to reduce patient anxiety and improve patient comfort.

Is the service well-led?

Requires improvement ● →←

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

- The service had not taken action on some of the issues raised in the 2015 inspection. For example, nurse staffing remained a challenge, as did the number of outliers and the number of bed moves patients experienced.
- Service pressures and staffing issues were having a detrimental effect on staff morale and wellbeing.
- The service risk registers did not have any entry dates and lacked evidence of on-going review and update.
- Some mobile computer terminals were not locked/secured posing a potential information governance risk.
- Staff described the IT system as inefficient at times which hindered care management.

However:

- There were individual directorate level visions and strategies. Some wards had developed their own ward based strategy to support care specific to the needs of their patient cohort.
- Staff confirmed support from local clinical leadership was good and there was senior manager presence in clinical settings.
- Staff reported there had been a move away from resistance and animosity following the coming together of York and Scarborough. In the past 12 months, staff reported a more co-operative working and culture improvement.
- Service governance structures mirrored the trust 'ward to board' ethos and staff understood their aligned roles and responsibilities.
- There was evidence of staff and public engagement and local innovations to benefit the local population.

Outstanding practice

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

Areas for improvement

We found 18 areas for improvement in this service. See the areas for improvement section above.

Surgery

Requires improvement ● →←

Key facts and figures

York Teaching Hospitals NHS Foundation Trust delivers surgical services over three sites at York, Scarborough and Bridlington Hospitals. Surgical services are directorate specific.

Scarborough Hospital delivers elective and non-elective surgery over a wide geographical area. The hospital has five operating theatres and 10 wards; Lilac ward has 23 beds for general surgery and gynaecology with an eight bedded surgical assessment unit. Maple ward has 24 beds for gastrointestinal surgery with a six bedded high observation unit. Aspen unit has six beds for day surgery including biopsy procedures and Ash ward has 16 beds for short stay and the first choice for medical outliers to be cared for.

From February 2016 to January 2017, there were 12,368 emergency admissions, 41,574 day admissions and 6,415 elective admissions across the trust. There were 15,099 surgical spells in Scarborough Hospital

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

Scarborough Hospital was last inspected as part of the comprehensive inspection programme in March 2015. All domains were inspected and rated. The service was rated requires improvement overall with safe, responsive and well led rated requires improvement and effective and caring rated as good.

At our inspection in 2015 we found that services were responsive to patients' individual needs, but there were concerns over waiting times, such as the 18-week referral-to-treatment time (RTT) targets, the achievement of cancer waiting time targets, and the high number of non-surgical patients being cared for on surgical wards, which was having an impact on access and flow.

We saw that optimum staffing levels and skill mix across surgical services were not being sustained at all times of the day and night. However, the trust was mitigating some of this risk by the use of bank/agency staff and the redeployment of other staff. Pressures on the wards had an impact on staff being able to attend statutory and mandatory training.

The service provided effective and evidence-based care and treatment. Staff were seen to be caring and compassionate while delivering care.

In 2015 work was continuing to integrate surgical services and deliver common standards of care across the three hospital sites (York, Scarborough and Bridlington). Directorate-level governance arrangements were in place, but protocols, guidelines and pathways of care in all three hospital sites were variable and not yet fully established.

We had been concerned that there was not always the proper and safe management of medicines including ensuring that oxygen is prescribed; medicine fridges being checked as per guidelines and learning from audits being shared with staff to identify areas for improvement. We saw that discharge prescriptions for some medicines were not available when the patient left the hospital, which resulted in medicines being sent by taxi to a patient's home or the patient or relative returning to the hospital to collect them.

During this inspection we visited the operating theatre areas, Ash ward, Maple ward, Lilac

ward and the Aspen unit. We spoke with 25 members of staff, including matrons, ward managers, nursing staff (qualified and unqualified), medical staff (senior and junior grades) and managers. We observed care and treatment for 11 patients and reviewed 12 sets of patient records. Before the inspection, we reviewed performance information about the trust

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

- We rated effective, caring and responsive as good and safe and well led as requires improvement.
- Registered nurse and care staff were not always at optimum levels and we saw that there were a significant number of registered nursing shifts which could not be filled despite active recruitment. This was mitigated by the use of agency staff and those redeployed from other wards.
- Medical staff vacancies were higher than the York Hospital despite active recruitment. This was mitigated by the use of locums.
- Referral to treatment times (RTT) improved following our last inspection, however this had fallen back to below the national average during 2017 in most surgical directorates.
- There was a significant amount of medical staff who had not received safeguarding adults and children's training, and some mandatory training modules which included 'do not attempt cardiopulmonary resuscitation'.
- We saw gaps in record books of checking emergency trolleys and anaesthetic machine log books in theatre areas.
- Staff did not always have access to clinical supervision as part of their learning and development. This was linked to professional revalidation.
- None of the staff groups at Scarborough Hospital met the trust target for appraisals

However:

- We saw that wards and theatre areas were visibly clean and staff observed infection prevention and control measures.
- Nursing staff we spoke with said that there was good teamwork.
- The trust had set up a urology 'one stop shop' at Malton Community Hospital where patients were seen and had appropriate tests carried out and discharged with a clear plan of care prior to going home. This prevented the patient having to attend several appointments.
- Staff we spoke with told us that they felt well supported by local leadership who tried to address the short and long term staffing problems.
- We observed good compassionate care and emotional support.
- Scarborough Hospital had better than the national average for readmissions in all surgical directorates.

Is the service safe?

Requires improvement ● →←

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

- Nursing and care staff numbers remained a challenge despite active recruitment. We saw that there were significant shortfalls in planned and actual shifts filled.

- Medical staff vacancies were worse than at York Hospital. There were notably low compliance rates in adult and children's safeguarding training and some mandatory training modules for medical staff.
- We saw in theatres that there were several gaps of safety checks in the anaesthetic machine log book. The emergency equipment trolleys such as the cardiac arrest trolley, and the difficult to intubate trolley had not always had been checked and the record book had not been signed and dated on frequent occasions in the month prior to the inspection. There were gaps in signatures in the recording book of fridges in theatres, and a personal water bottle stored inappropriately in the theatre fridge.
- Not all documentation was standardised over the three sites, although work on an operative pathway and records was being completed with the intention of being used in York, Bridlington and Scarborough hospitals.
- Not all staff knew of incidents that had occurred outside their directorate.

However:

- Staff were encouraged to report incidents. They knew the process and usually received feedback. All serious incidents were discussed at the monthly clinical governance meetings. During our inspection we saw some evidence at that there was learning and action from the never events.
- We saw that there were pathways which identified patient risk such as the use of the world health organisation (WHO) checklists for safer surgery.
- Medicines were stored safely. Controlled drugs were checked weekly within trust guidelines. There was one ward where there was a gap in the record book, but this was dealt with at the time of inspection. Drug fridges were in the main checked daily and staff knew what to do if temperatures fell out of ranges.
- We observed that ward and theatre areas were clean. Staff employed appropriate infection prevention and control measures.
- We saw a good quality of record keeping and observations of temperature, pulse, respirations and blood pressure completed in a timely manner and audited. There were processes in place which identified patients who deteriorated. We saw these in use.

Is the service effective?

Good ● →←

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

- Staff used nationally recognised patient pathways and the trust participated in national and local audits.
- From March 2016 to February 2017, patients at Scarborough Hospital had a better than expected risk of readmission for elective admissions when compared to the England average.
- The proportion of hip fracture patients not developing pressure ulcers was 100%, which falls in the within the best 25% of trusts. The 2015 figure was 97.7%.
- We saw that patients had effective pain relief following surgery and access to adequate diet and fluids.

- Patient records had evidence of clear multi-disciplinary plans in place, and we observed effective sharing information at daily huddles and at handover. There was a consultant ward round every day to ensure patients were seen by a senior doctor in a timely manner.
- Seven day services had been identified as a priority for the trust 2017/2018. The four priority clinical standards for seven day services in hospitals were planned to be achieved by ensuring a review of patients within 14 hours of admission to hospital, ensuring timely access to diagnostics, access to consultant delivered interventions and on-going consultant directed reviews.
- Staff understood the principles of the mental capacity act and how this linked to consent issues. We saw that consent forms were appropriately signed and that staff understood the relevant consent and decision making requirements and guidance
- Patient information leaflets were clear and adhered to the accessible information standard. This means that patient information is produced in an easy to read format.

However:

- We saw that hip fracture was on the trauma and orthopaedic risk register to be reviewed September 2017. This was because of partial compliance of National Institute for health and care excellence (NICE) quality standard 16.
- No staff groups in surgery at Scarborough Hospital were compliant with the trust target for appraisals.
- Not all staff received clinical supervision due to time constraints.
- Although they met national standards, not all patient documentation and pathways were in the same format across all three trust sites.

Is the service caring?

Good ● →←

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

- We saw examples of compassionate care in the ward and theatre areas. Patients praised staff for being kind despite the high activity of the wards
- We saw that staff explained procedures and investigations clearly to patients and their relatives.
- Patient records had individualised care plans, which involved the patient in their planning. We saw some evidence in care records that communication with the patient and their relatives was maintained throughout the patient's care.
- Pastoral support was available for patients and families.
- The friends and family test response rate for surgery at Scarborough Hospital was 30%, which was about the same as the England average from July 2016 to June 2017.

However:

- During our inspection, we observed and heard from patients that call bells were not always answered promptly, and although patients knew the staff were busy they felt frustrated, as it could be a toileting issue.

Is the service responsive?

Requires improvement →←●

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

- Cancellations of operations had risen in the last two quarters.
- Two surgical directorates were worse than the national average for referral to treatment times.
- Some patients we spoke with said they rarely saw the same member of staff consistently. Staff we spoke with understood the need to assess and deliver care to their patients in a holistic manner, but this could be constrained by the acuity of the wards.
- From July 2016 to June 2017, there were 110 complaints about surgery. The trust took an average of 55 days to investigate and close complaints, this was not in line with their complaints policy which states complaints should take 30 days to investigate and close.

However:

- The overall length of stay for elective surgical patients was better than the England average.
- One surgical directorate had better than the national average referral to treatment times.
- We saw evidence of individualised care plans in documentation and there were systems in place so patients who were vulnerable received responsive care, for example patients who lived with a learning disability. The trust had a dementia strategy.

Is the service well-led?

Requires improvement . ● →←

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

- At our last inspection we saw that there was a five year plan to integrate all three trust sites. This was now complete. However, we observed that there were still some processes and documentation which remained specific to different locations.
- We saw that there was still some cultural disconnect between the trusts three sites and staff perceptions of Scarborough Hospital was that it was more aligned to Bridlington Hospital than York Hospital.
- We were told that there were monthly walk arounds by a member of the executive team and a governor in different areas, but not all staff felt that the senior management team were visible in clinical areas.
- Ward meetings were often planned but had to be cancelled due to staffing shortages and patient acuity. We did not see any minutes for these meetings.
- Band seven staff in theatre areas worked in the clinical numbers and some staff we spoke with felt there was no overall leadership on the wards.
- Some risks on the directorate risk registers were out of date for review.
- Staff we spoke with told us consistently that they did not get the breaks with the staffing situation and over time this had an impact on their wellbeing. Staff now got paid for overtime accrued as it was not possible to take time back.
- At the time of the inspection there was no ongoing audit of World Health Organisation (WHO) checklist for safer surgery.

However:

- A governance framework was in place in individual surgical directorates to monitor performance, and risks and to inform the executive board of key risk and performance issues.
- We saw that individual surgical directorates had the trust mission, vision and values underpinning their five year strategies.
- Clinical leaders in the directorates told us they had oversight of all incidents and met with matrons and ward sisters to discuss these.
- Staff we spoke with told us that they felt well supported by local leadership who tried to address the short and long term staffing problems
- A surgical steering group had been developed to help share information and investigations. Staff told us that they felt this was positive as there had not been overall cross site forum before. These meetings alternated between sites.

Areas for improvement

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

Critical care

Requires improvement ● →←

Key facts and figures

York Teaching Hospitals NHS Foundation Trust has two critical care units, one at York Hospital and one at Scarborough Hospital. The intensive care unit (ICU) at Scarborough Hospital provides level two (patients who require pre-operative optimisation, extended post-operative care or single organ support) and level three (patients who require advanced respiratory support or a minimum of two organ support) care.

The unit has seven beds; two bays one with four beds, one with two beds and one single room. The unit is staffed to care for a maximum of six level three patients.

Intensive Care National Audit and Research Centre (ICNARC) data showed that from 1 April to 31 December 2016 there were 301 admissions with an average age of 62 years. Seventy percent of patients were non-surgical, 26% emergency or unplanned surgical and 4% planned surgical. The average (mean) length of stay on the unit was two days.

A critical care outreach team provides a supportive role to the wards medical and nursing staff when caring for deteriorating patients and support to patients discharged from critical care. The team is available 24 hours a day, seven days a week.

The critical care service is part of the regional critical care operational delivery network.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. At the last inspection four key questions were rated requires improvement and one rated as good. We rated safe, effective, responsive and well led as requires improvement and we rated caring as good. We re-inspected all five key questions during this inspection.

During this inspection we visited the critical care unit. We spoke with two patients and 17 members of staff. We observed staff delivering care, and looked at three patient records and four prescription charts. We reviewed trust policies and performance information from, and about, the trust.

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

- We rated safe and caring as good, and effective, responsive and well led as requires improvement.
- The service had not taken action on some of the issues raised in the 2015 inspection. For example, the unit still did not have a clinical educator which was not in line with the guidelines for the provision of intensive care services (GPICS) standard and the service had not undertaken patient or relative surveys or any public engagement. At the time of this inspection, it was still not clear what critical care would look like across York and Scarborough hospitals, as the service strategy had not been finalised.
- The risk register was not reflective of all the risks in the service. There was no record of the date the risks were added to the risk register, the date the risk should be reviewed and the controls and mitigating actions recorded were limited and did not always appear to address the cause of the risks.
- The rehabilitation after critical illness service was limited and was not in line with GPICS or the National Institute for Health and Care Excellence (NICE) CG83 rehabilitation after critical illness. The service did not have access to patient and relative support groups.
- Staff were not always supported to maintain and develop their professional skills. The number of nursing staff who had an up-to-date appraisal was worse than the trust's target. The service did not meet GPICS recommendations for the number of nurses that had a post registration award in critical care nursing.
- Senior staff acknowledged that service improvement and innovation was limited on the unit and the pace of change was slower at Scarborough than in critical care at York Hospital.

However:

- The service had taken action on some of the issues raised in the 2015 inspection. For example, medical staffing was now in line with GPICS, mandatory training rates were better than the trust target and there had been a focus on cross-site working which had improved.
- Systems and processes in safety, infection control, medicines management, equipment, patient records and the monitoring, assessing and responding to risk were reliable and appropriate.
- Care and treatment was planned and delivered by a cohesive multidisciplinary team in line with current evidence based guidance.
- All the feedback from patients and relatives was positive about the way staff treated them.

Is the service safe?

Good ● ↑

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

- The service had taken action on the issues raised in the 2015 inspection. For example, medical staffing was now in line with guidelines for the provision of intensive care services

(GPICS) and mandatory training and safeguarding training rates were better than the trust target.

- The service showed a good track record in safety. There had been no never events and two serious incidents. Staff understood their responsibilities to raise concerns and report incidents. Staff we spoke with told us they received feedback from incidents.
- Systems and processes in infection control, medicines management, equipment, patient records and the monitoring, assessing and responding to risk were reliable and appropriate. The approach to managing patients who were unwell on the wards was good and ensured clear treatment plans were made.
- Nurse staffing levels ensured guidelines of the minimum ratio of one nurse to one level three patient and one nurse to two level two patients was always met.
- The service held critical care specific morbidity and mortality meetings.

However:

- The unit was not compliant with health building notice (HBN) 04-02. The constraints of the environment and non-compliance with national building standards were recorded on the service's risk register which was in line with GPICS.
- The rate of agency nurse use on the unit was not in line with GPICS standards.

Is the service effective?

Requires improvement ● →←

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

- The service had not taken action on some of the issues raised in the 2015 inspection. For example, the unit still did not have a clinical educator which was not in line with the guidelines for the provision of intensive care services (GPICS) standard.
- Staff were not always supported to maintain and develop their professional skills. The number of nursing staff who had an up-to-date appraisal was worse than the trust's target.
- Staff on the unit were working to complete the national competency framework for adult critical care nurses. At the time of the inspection no-one in the service had oversight of the completion of these competencies
- Information provided by the trust showed that 25% of nurses in the service had a post registration award in critical care nursing. This did not meet GPICS minimum recommendation of 50%.
- The service participated in national audit and patient outcomes were variable when compared with similar units.

However:

- Care and treatment was planned and delivered in line with current evidence based guidance.
- We observed patient centred multidisciplinary team working. Since the last inspection monthly cross site multidisciplinary team meetings had been established with standard agenda items to share learning and to standardise practice across both sites.
- Staff assessed patients' nutritional, hydration and pain relief needs and met these in a timely way.

- Staff showed an understanding of the mental capacity act, deprivation of liberty safeguards and consent.
- A consultant in intensive care medicine was available and completed a ward round seven days a week. This was in line with GPICS recommendations.

Is the service caring?

Good ● →←

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

- All the feedback from patients and relatives was positive about the way staff treated them.
- We observed all staff responded to patients' requests in a timely and respectful manner.
- Patients were supported, treated with dignity and respect, and were involved in their care.
- All staff communicated in a kind and compassionate manner with both conscious and unconscious patients.
- Staff recognised the emotional and psychological needs of patients and their relatives.

However:

- Whilst feedback from patients was obtained informally through receiving thank you cards and letters, this information was not displayed on the unit.

Is the service responsive?

Requires improvement ● →←

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

- The rehabilitation after critical illness service was limited and was not in line with guidelines for the provision of intensive care services (GPICS) or the National Institute for Health and Care Excellence (NICE) CG83 rehabilitation after critical illness.
- The service did not have access to patient and relative support groups.
- There was no overnight stay facility for relatives of patients in the unit.
- From July 2016 to June 2017, the trust's critical care bed occupancy was higher than the England average.
- The rate of non-clinical transfers was worse than similar units; however, this had improved since our 2015 inspection.
- At the time of the inspection, it was not clear what critical care services would look like in the future across York and Scarborough hospitals.

However:

- The number of bed days with a delay of more than 8 hours was better than similar units and the non-delayed, out-of-hours discharges to the ward were in line with similar units.
- The unit had received no formal complaints from July 2016 to June 2017.
- Staff took account of, and were able to meet people's individual needs including patients living with dementia and those with a learning disability.

Is the service well-led?

Requires improvement ● →←

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

- Leadership of the service was not in line with guidelines for the provision of intensive care (GPICS) standards.
- The strategy for the unit had not been finalised and this had been noted at the previous inspection.
- The risk register was not reflective of all the risks in the service. There was no record of the date the risks were added to the risk register, the date the risk should be reviewed and the controls and mitigating actions recorded were limited and did not always appear to address the cause of the risks.
- The service had not undertaken patient or relative surveys or any public engagement.
- At the time of the inspection the unit did not have regular staff meetings.
- Senior staff we spoke with acknowledged that service improvement and innovation was limited on the unit and the pace of change was slower at Scarborough than in critical care at York Hospital.

However:

- There had been a focus on cross-site working and from speaking to staff it was evident this had improved since the last inspection.
- Staff we spoke with were aware of the importance of being open and honest and were proud of the team they worked in and of the care they were able to give to patients and their families.
- Information and data relating to performance and safety was collated and shared with

Areas for improvement

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

Bridlington Hospital

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Key facts and figures

Bridlington Hospital is one of three main hospitals forming York Teaching Hospitals NHS Foundation Trust. The trust provides acute hospital services to the local population. The trust also provides a range of other acute services from York and Scarborough hospitals to people in the wider York area, the north eastern part of North Yorkshire and parts of the East Riding of Yorkshire.

Bridlington Hospital provides medical, surgical, end of life and outpatients and diagnostic services for people across the Bridlington and East Driffield area of East Yorkshire. The hospital has two rehabilitation wards, one surgical ward and two day units. The Community Midwife Team is based at Bridlington Hospital. The hospital also has a minor injuries and GP access centre, a GP MacMillan wolds unit, a ward and a renal dialysis unit that are run by other providers.

We inspected only, medical care and surgery services at this visit.

Summary of services at Bridlington Hospital

Requires improvement ● →←

A summary of our findings about this location appears in the overall summary.

Medical care (including older people's care)

Requires improvement ● →←

Key facts and figures

The medical care service at the trust provided care and treatment across three main hospital sites: York Hospital, Scarborough Hospital and Bridlington Hospital. There were 679 medical inpatient beds across the three sites.

The trust had 66,611 medical admissions from June 2016 to May 2017. Emergency admissions accounted for 36,697 (55%), 1,670 (3%) were elective, and the remaining 28,244 (42%) were day case.

Admissions for the top three medical specialties were:

- Respiratory medicine (12,285)
- Geriatric medicine (9,151)
- Medical oncology (8,608)

Bridlington Hospital had 59 beds located across three wards:

- Johnson ward (a 28 bed older person's rehabilitation unit).
- Waters ward (a 24 bed older person's rehabilitation unit. Only 11 beds were open at the time of our inspection).
- Lawrence ward (an ambulatory care day treatment unit).
- The site also provided endoscopy services attached to the Shepherd day unit.

Bridlington Hospital was last inspected as part of our comprehensive inspection programme in March 2015. During the 2015 inspection, we inspected and rated all five key questions. We rated the service as 'requires improvement' in the safe and well-led key questions and 'good' in effective, caring and responsive key questions. We rated the service as 'requires improvement' overall.

We decided to inspect the medicine core service to find out if they had addressed the concerns from the previous inspection and to look at the issues raised by our monitoring of the service.

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 three wards and the endoscopy unit.

We spoke with 16 members of staff (including ward managers, matrons, doctors and therapists), six patients and relatives and observed care and treatment being provided. We reviewed 10 care records (including medical notes, nursing documentation and prescription charts).

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

- We rated safe, effective, responsive and well-led as requires improvement. We rated caring as good.
- There continued to be insufficient numbers of suitably skilled, qualified and experienced staff, in line with best practice and national guidance, taking into account patients' dependency levels.
- There was a reliance on staff goodwill, bank and agency workers and ward managers relinquishing managerial shifts to support clinically.
- A number of registered nurse shifts remained unfilled despite escalation processes and wards worked below establishment figures.
- Despite actions taken to address concerns around patient harms due to falls and pressure ulcers, they remained the highest contributor to reported serious incidents.
- Staff awareness and understanding of the principles underpinning the Mental Capacity Act were not embedded. There was not a robust approach to the assessment of capacity and staff could not confirm who was responsible for completing such an assessment or how and where this was captured within the patient record.
- Admission criteria for the rehabilitation wards at Bridlington Hospital was not always complied with therefore some inappropriate patients were placed on the rehabilitation wards.
- Staff considered the rehabilitation process could be more efficient with better senior medical decision making, a removal of interruptions in therapy brought about as a result of no weekend cover and improved flow by addressing discharge obstacles.

- The initiatives to support the care for patients living with dementia were not fully embedded however staff made some reasonable adjustments to support vulnerable patient groups on the wards.
- There was a lack of senior leadership presence and visibility on the Bridlington Hospital site.

However:

- There had been a marked improvement in mandatory training and staff appraisal completion rates.
- Local leadership was good and there was matron presence on site part-time. Ward managers were aware of how to escalate concerns within the management structure.
- Staff were aware of the trust vision, strategy and objectives. Staff were also aware of directorate strategies specific to their area of practice. Wards at Bridlington Hospital had developed their own ward based mission statements to reflect their patient cohort. Staff reported a positive cultural shift in the previous 18 months.
- There was evidence of actions taken to account for variable outcomes in local and national audit.
- During this inspection, patients commented positively about the care they received and we observed genuinely kind, compassionate and warm care interactions between staff and patients.

Is the service safe?

Requires improvement ● →←

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

- Registered nurse staffing remained a challenge. Wards reported staffing vacancies and a reliance on bank and agency staff. Despite escalation measures, a number of shifts remained unfilled whereby the wards worked below planned figures.
- There continued to be a number of patient harms including serious incidents attributable to falls and pressure ulcers.
- Documentation standards were not always in line with recognised national guidelines. The prescribing of antimicrobials did not always provide a duration of course, stop/start dates or the clinical indications for the prescription.
- Wards did not always meet the trust benchmarking target in national early warning score (NEWS) compliance audits to monitor patients at risk of deteriorating.
- Learning from incidents and investigation was not shared consistently with staff on wards.
- Day to day medical cover on the wards was provided by locum middle grade staff. Staff reported there were no doctors providing cover for the medical wards on site after 8pm. Nursing staff raised concerns about this however there was no evidence to suggest this impacted on patient safety.
- Safety thermometer data was not displayed for patient and family reference.

However:

- Staff were familiar with the incident reporting system and confident to report incidents.

- Staff identified falls and pressure ulcer reduction to be key priorities for patient safety. There was work being progressed by the falls steering group and the tissue viability team.
- We found patient risk assessments to be completed and reviewed in a timely manner.
- There had been an improvement in mandatory training completion (including safeguarding training). Wards were better than the trust target.
- The service had taken steps to raise the awareness of sepsis recognition, care and management.
- Local medicines audits were carried out by the pharmacy department in line with local policy and national standards.
- The skill mix of consultant grades (48%) was higher than national average (42%).
- Hand hygiene compliance rates and methicillin resistant staphylococcus aureus (MRSA) screening was better than the trust benchmarking standard.
- The endoscopy suite at Bridlington was accredited by the Joint Advisory Group (JAG) on Gastrointestinal Endoscopy, a recognition of competence against national quality standards.

Is the service effective?

Requires improvement ● ↓

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

- Staff awareness and understanding of the principles underpinning the Mental Capacity Act was lacking.
- There was confusion about accountability and responsibility for capacity assessments and staff were unclear where such capacity assessments were captured within the patient record.
- Patients were at risk of having their liberties deprived as there was a lack of assurance relating to capacity assessments.
- There was a lack of senior medical decision making input at multi-disciplinary team meetings.
- The sepsis clinical guidance used in the service at the time of the inspection was due for review in December 2016 and did not reference current National Institute for Health and Care Excellence (NICE) guidelines.
- Patients considered pain relief could be administered in a more timely way.

However:

- The service had developed a number of local care pathways underpinned by national guidance and were involved in local and national audit to measure patient outcomes. The outcomes from the audits were reported from Scarborough and York hospitals.
- Patients commented positively about food choice, quality and service. We found patients had access to drinks at all times and documentation supporting food and fluid intake was recorded accurately.
- Staff appraisals were completed annually and the service had developed induction checklists for new and temporary staff members. Although below the trust target of 95% (88% at the time of the inspection), managers were confident in meeting the trust target by year end.

- There were strong multi-disciplinary team (MDT) working relationships between therapists and nursing staff.
- The service was currently working with the medical teams covering Bridlington to review job plans and cover arrangements in line with seven day working.
- Wards displayed health information and healthy living literature for patients which included disease specific information and signposting on support groups.

Is the service caring?

Good ● →←

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

- Staff treated patients with kindness, compassion, and respect. Privacy and dignity was maintained at all times.
- The therapists were motivational and encouraging with patients carrying out physical therapies.
- There were real efforts made on the rehabilitation wards to encourage family participation in the recovery process.
- Patients commented positively about the care they received.
- Patients and family members were involved in care delivery and decision making including MDT meetings with their input welcomed and valued.
- Staff considered all elements of care including the physical, emotional and social needs of the patient.

However:

- Friends and family test response rates varied although recommendation rates were good.
- Patients recognised when staff were busy and care could not always meet their preferences.
- Some family members were unclear as to the remit and limitations of care that could be provided at Bridlington Hospital.

Is the service responsive?

Requires improvement ● ↓

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

- The criteria for admission to the rehabilitation wards was not always adhered to when there were bed pressures.
- Wards had not made some basic changes to reduce potential environmental conflict for patients living with dementia.
- There was an increasing length of stay reported on wards at Bridlington Hospital for non-elective patients.
- Between June 2016 and May 2017, the referral to treatment times (RTTs) were similar to England average.
- From June 2016 to June 2017, bed occupancy rates ranged from 72% to 95% on the medical wards at Bridlington Hospital.

- Staff considered the interruption of rehabilitative therapies at weekends could potentially impact on patient progression and flow through the service.
- Staff reported barriers that had an impact on the discharge planning process.
- There were a number of bed moves inter-hospital transfers and patient moves after 10pm. From September 2016 to August 2017 29 patients were moved after 10pm, this was worse than at our 2015 inspection.

However:

- The service had adapted and developed facilities to meet the needs of the local population. This was particularly evident with the ambulatory/day care services and the mobile chemotherapy unit.
- The trust had a progressive and developing three year dementia strategy underpinned by national recommendations. This had recently been implemented and was under on-going review.
- The trust provided reasonable adjustments for patients who required additional support as a result of a learning difficulty or disability.
- Response to complaints was timely and there was evidence of learning from patient concerns.

Is the service well-led?

Requires improvement ● →←

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

- There was a lack of senior leadership and executive team presence and visibility.
- Staff considered Bridlington attracted less focus than the acute sites at Scarborough and York.
- Staff at Bridlington felt isolated from wider trust developments at times.
- Service pressures and staffing issues were having a detrimental effect on staff morale and wellbeing.
- The service risk registers did not have any entry dates and lacked evidence of on-going review and update.

However:

- Local leadership, namely ward managers and matron support, was good.
- Each service directorate had their own vision and strategy. Staff were aware of these and had developed their own ward based vision statements specific to their patient cohort.
- Staff reported an improved culture in the last 18 months with improving cross-site communications and endeavours to unify documentation.
- Service governance structures mirrored the trust 'ward to board' ethos and staff understood their aligned roles and responsibilities.
- Staff ensured confidential patient information was stored securely and was only accessed and/or shared with relevant personnel in line with local policy and information governance guidelines.
- There was evidence of staff and public engagement activities.

- There had been some positive improvement projects and innovations to benefit the local population.

Outstanding practice

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

Areas for improvement

We found 22 areas for improvement in this service. See the areas for improvement section above.

Surgery

Good ● →←

Key facts and figures

York Teaching Hospitals NHS Foundation Trust delivers surgical services over three sites at York, Scarborough and Bridlington Hospitals. Surgical services are directorate specific.

Bridlington Hospital offers elective surgical services to a large geographical area.

From February 2016 to January 2017 there were eight emergency admissions 3,439 day admissions and 1,269 elective admissions at Bridlington Hospital. Patients with complex conditions are treated at the trust's other sites, Scarborough Hospital or York Hospital.

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

Bridlington Hospital was last inspected as part of the comprehensive inspection programme in March 2015. All domains were inspected and rated. The service was rated as good overall. Effective, caring, responsive and well led were rated good and safe was rated as requires improvement.

At our inspection in 2015 our concerns were that optimum staffing levels and skill mix across surgical services were not being maintained at all times of the day and night. However, the trust was mitigating some of this risk by the use of bank/agency staff and the redeployment of other staff. Pressures on the wards had an impact on staff being able to attend statutory and mandatory training.

We saw that the resident medical officer (RMO) was available on site 24 hours a day, seven days a week. However, in an emergency the RMO was required to accompany the patient to Scarborough Hospital, which meant that there was no doctor on site at this time.

The world health organisation (WHO) checklist, safer steps to surgery was not always completed: this was particularly the case with the debrief section.

In 2015 work was continuing to integrate surgical services and deliver common standards of care across the three hospital sites (York, Scarborough and Bridlington hospitals). Directorate level governance arrangements were in place but protocols, guidelines and pathways of care in all three hospital sites were variable and not yet fully established.

During this inspection we visited the two wards; Lloyd ward and Kent ward. We also visited the theatre area. We spoke with 10 patients, three relatives and 10 members of staff. We observed

staff delivering care, looked at eight patient records and prescription charts. We reviewed trust policies and performance information from, and about, the trust.

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

- We rated safe as requires improvement, and effective, caring, responsive and well-led as good.
- From July 2016 to June 2017, the trust reported two incidents classified as never events for surgery, both incidents occurred at Bridlington Hospital. We saw that the never events had been fully investigated and appropriate actions taken. Learning from these never events had led to changes in practice.
- Nursing staff said that there was good teamwork and morale had improved. We observed good local leadership.
- Nursing and care staff had generally achieved the trusts target for mandatory and safeguarding training.
- We observed good compassionate care and emotional support.

However:

- The resident medical officer (RMO) accompanied patients if they required transfer to Scarborough Hospital. That meant that there was no doctor on site at that time.
- Medical staff had difficulty in recruitment. This was mitigated by the use of locum staff but it had an impact on mandatory and safeguarding training rates.
- Staff did not always have access to clinical supervision as part of their learning and development.
- Some processes and documentation were not yet integrated over all three hospital sites.

Is the service safe?

Requires improvement ● ↓

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

- We saw there was a pathway for the management of unstable post-operative patients who required transfer to Scarborough Hospital for high dependency care. This involved the resident medical office (RMO) accompanying the patient on the transfer. We were told that whilst the RMO was off site any risk was mitigated by the onsite presence of the night nurse practitioner who had received advanced life support training.
- Despite active recruitment there was evidence of many unfilled shifts for registered nurses and care staff. We were not able to break down the figures provided by the trust for Bridlington Hospital.
- There were challenges of recruitment to medical posts in some directorates. This had an impact of staff having difficulty in accessing mandatory and safeguarding training which was below the trust target in medical and dental staff. This was mitigated by the use of locums to allow access to training.

- Bridlington Hospital had two never events which had been fully investigated. However, not all staff we spoke with had knowledge of the actions which had been put in place.
- Not all documentation was standardised over the three sites, although work on an operative pathway and record was being completed with the intention of being used in York, Bridlington and Scarborough hospitals. Some pathways had been devised for use by resident medical officers and it was unclear whether these had been ratified by the trust.

However:

- The hospital had a policy for the reporting of incidents, near misses and adverse events. Staff reported on the hospital's electronic reporting system and those we spoke with knew how to do this.
- We saw a good quality of record keeping and observations of temperature, pulse, respirations and blood pressure completed in a timely manner and audited. There were processes in place which identified patients who deteriorated and we saw staff followed them. There were pathways which identified patient risk such as the use of the world health organisation (WHO) checklists.
- Medicines were stored safely. Drug fridges were in the main checked daily and staff knew what to do if temperatures fell out of ranges.
- We observed that ward and theatre areas were clean. Staff employed appropriate infection prevention and control measures. Staff told us that they had all the equipment required to undertake safe treatment and care.
- Nursing staff were compliant in most of the mandatory training modules.

Is the service effective?

Good ● →←

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

- Staff used nationally recognised patient pathways and the trust participated in national and local audits.
- Trauma and orthopaedics, urology and upper gastrointestinal surgery patients at Bridlington Hospital all had a better than expected risks of readmission for elective admissions when compared to the England average.
- The proportion of hip fracture patients not developing pressure ulcers was 100%, which falls in the within the best 25% of trusts. The 2015 figure was 97.7%.
- We saw that patients had effective pain relief following surgery and access to adequate diet and fluids.
- Patient records had evidence of clear multi-disciplinary plans in place and we observed effective sharing information at daily huddles and at handover. There was a seven day physiotherapy service at Bridlington Hospital.
- We saw that staff had access to information on the trust intranet to ensure that staff had access to current evidence based information.
- We saw that consent forms were appropriately signed and that staff understood the relevant consent and decision making requirements and guidance.
- Staff understood the principles of the mental capacity act and how this linked to consent issues. We spoke to staff on the wards who told us they knew the process for making an

application for requesting a Deprivation of Liberty Safeguard (DoLS) for patients and when these needed to be reviewed.

However:

- We saw that the national hip fracture audit was on the trauma and orthopaedic risk register to be reviewed September 2017. This was because of partial compliance of national institute of health and care excellence (NICE) quality standard 16.
- Although staff appraisal rates had improved since our last inspection, figures were still worse than the trust target.
- Not all staff received clinical supervision due to time constraints.

Is the service caring?

Good ● →←

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

- We saw many examples of compassionate care in the ward and theatre areas. Patients praised staff on their kind and thoughtful delivery of care.
- We saw that patients were cared for in a dignified way and their privacy respected at all times.
- We saw that staff explained procedures and investigations clearly to patients and their relatives.
- Pastoral support was available for patients and families.
- The friends and family test response rate for surgery at Bridlington Hospital response rate of 65% was notably better than the England response rate of 29%.

Is the service responsive?

Good ● →←

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

- We saw evidence of individualised care plans in documentation and that patients who were vulnerable had responsive care, for example patients who lived with dementia.
- From April 2016 to March 2017 the average length of stay for elective patients was better than the England average.
- One surgical directorate had better than the national average referral to treatment times.
- Over the last two years the number of cancelled operations as a whole was in line with the national average.

However:

- From July 2016 to June 2017, there were 110 complaints about surgery. These were not broken down by site the trust took an average of 55 days to investigate and close complaints, this was not in line with their complaints policy, which stated complaints should take 30 days to investigate and close.

Is the service well-led?

Good ● →←

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

- We saw that individual surgical directorates had the trust mission, vision and values underpinned their five year strategies.
- There was a nursing strategy 2017 to 2020 to which registered nurses and carers had contributed
- We observed that there was good and effective local management.
- A governance framework was in place in individual surgical directorates to monitor performance, and risks and to inform the executive board of key risk and performance issues.
- There was evidence of innovation such as the urology directorate 'one stop shop' clinic introduced at Malton community hospital.

However:

- Some risks on directorate risk registers were out of date for review.
- Despite active recruitment there was still a problem in the recruitment of nursing and care staff which led to a number of shifts left unfilled. This was mitigated by the use of bank and agency staff.
- At our last inspection we saw that there was a five year plan to integrate all three trust sites. This was now complete. However, we observed that there were still some processes and documentation which remained specific to different locations.
- At the time of the inspection there was no ongoing audit of World Health Organisation (WHO) checklist for safer surgery.

Outstanding practice

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

Areas for improvement

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

Regulatory action

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)

[This guidance](#) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 5 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>a. This regulation applies where a service provider is a health service body.</p> <p>How this regulation was not being met;</p> <ul style="list-style-type: none"> No board member had evidence within their personnel file that they had been subject to all the appropriate fit and proper person checks. Issues identified included; a lack of photographic identification, a lack of evidence that a person could work in the UK, no record of qualifications, and limited examples of up to date disclosure and barring service checks being recorded.
Treatment of disease, disorder or injury	<p>Regulation 9 (1) (2a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>2. The care and treatment of service users</p>

	<p>must—</p> <ol style="list-style-type: none"> a. be appropriate, b. meet their needs, and c. reflect their preferences. <p>3. Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <ol style="list-style-type: none"> a. designing care or treatment with a view to achieving service users' preferences and ensuring their needs are met; <p>How this regulation was not being met;</p> <ul style="list-style-type: none"> • There was no dedicated paediatric area in the York emergency department and children were not always cared for in areas appropriate to their needs. • The Scarborough rehabilitation after critical illness service was limited and was not in line with guidelines for the provision of intensive care services (GPICS) or the National Institute for Health and Care Excellence (NICE) CG83 rehabilitation after critical illness. • The strategy for the critical care service at Scarborough had not been finalised and this had been noted at the previous inspection.
Treatment of disease, disorder or injury	<p>Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) 2014</p> <ol style="list-style-type: none"> 1. Care and treatment of service users must only be provided with the consent of the relevant person. 2. Paragraph (1) is subject to paragraphs (3) and (4). 3. If the service user is 16 or over and is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Act*. 4. But if Part 4 or 4A of the 1983 Act** applies to a service user, the registered person must act in accordance with the provisions of that Act.

	<p>5. Nothing in this regulation affects the operation of section 5 of the 2005 Act*, as read with section 6 of that Act (acts in connection with care or treatment).</p> <p>* Mental Capacity Act 2005 ** Mental Health Act 1983</p> <p>How this regulation was not being met;</p> <ul style="list-style-type: none"> • Across medical services at all three hospitals, patients were at risk of having their liberties deprived, as there was a lack of assurance relating to mental capacity assessments. • Staff we spoke with did not have an understanding of when a mental capacity assessment should take place and were unable to articulate when assessments would be required. • Mental capacity assessments were inconsistently documented in the nursing and medical records. • There was confusion about accountability and responsibility for capacity assessments and staff were unclear where such capacity assessments were captured within the patient record.
Treatment of disease, disorder or injury	<p>Regulation 12 (1) (2a, c,) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <ol style="list-style-type: none"> 1. Care and treatment must be provided in a safe way for service users. 2. Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include— <ol style="list-style-type: none"> a. assessing the risks to the health and safety of service users of receiving the care or treatment; c. ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely; <p>How this regulation was not being met;</p> <ul style="list-style-type: none"> • There were gaps in emergency department clinical records at Scarborough, regarding child

	<p>safeguarding risk assessments, national early warning scores and other risk assessments.</p> <ul style="list-style-type: none"> • Emergency department staff, Medical and nursing, (York and Scarborough) were not meeting trust targets for mandatory training including a number of adult and children safeguarding courses. The paediatric life support training target was not met and the department did not routinely complete advanced paediatric life support. • There were examples of paediatric incidents in the emergency departments where paediatric patients were not managed appropriately. • There was no medical presence onsite at Bridlington Hospital when the resident medical officer (RMO) needed to accompany patients requiring emergency transfer to another hospital.
Treatment of disease, disorder or injury	<p>Regulation 17(1) (2a) of The Health and Social Care Act 2008 (Regulated Activities) 2014,</p> <ul style="list-style-type: none"> • Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. • Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to— <ul style="list-style-type: none"> a. Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). <p>How this regulation was not being met;</p> <ul style="list-style-type: none"> • The current board assurance framework lacked the rigour and detail required to provide assurance around risk to the board's strategic objectives. • The board was developing a financial recovery plan in conjunction with NHS

	<p>Improvement at the time of the inspection. There was a challenging plan established to achieve financial sustainability for the wider healthcare system. We did not see evidence that the all the data and information available to the board was analysed and used by the trust as 'intelligence.'</p> <ul style="list-style-type: none"> • Senior staff and managers in the directorates were unaware of the concerns CQC raised with the executive team following the core service inspection regarding poor awareness of processes around the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) in medical services.
Treatment of disease, disorder or injury	<p>Regulation 18(1) (2a, b) of The Health and Social Care Act 2008 (Regulated Activities) 2014,</p> <ol style="list-style-type: none"> 1. Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part. 2. Persons employed by the service provider in the provision of a regulated activity must— <ol style="list-style-type: none"> a. receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform, b. be enabled where appropriate to obtain further qualifications appropriate to the work they perform. <p>How this regulation was not being met;</p> <ul style="list-style-type: none"> • The emergency departments did not always meet the planned nurse staffing numbers, medical staffing and children's nurse staffing did not meet national guidance. The number of registered sick children's nurses (RSCN) did not meet the Royal college of Emergency Medicine Guidelines. • Medical services at Scarborough and Bridlington were unable to fill all nursing

shifts, despite escalation measures meaning that wards worked below planned figures.

- There was a reliance of locum staff to support the medical rota at Scarborough Hospital. There were long and short term locum appointees at all levels across the medical service
- Medical service staff, at York Hospital were not always supported to maintain and develop their professional skills. The majority of staff on ward 34 did not have the required competency to deliver non-invasive ventilation therapy to patients. The clinical nurse educator post on the acute medical unit was vacant and appraisal rates were worse than the trust target.
- The critical care service at Scarborough did not have a clinical educator which was not in line with the Guidelines for the Provision of Intensive Care Services (GPICS) and staff were not always supported to maintain and develop their professional skills. The number of nurse appraisals was below trust target. Only 25% of nurses in the service had a post registration award in critical care nursing. This did not meet GPICS minimum recommendation of 50%.

This section is primarily information for the provider

Our inspection team

This inspection was led by Lorraine Bolam, CQC interim head of hospital inspection. An executive reviewer, Alex Gild, chief financial officer, supported our inspection of well-led for the trust overall.

The team included three CQC inspection managers, six CQC inspectors, 15 specialist advisers, and one 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.

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Mental Health and Demand upon Policing

York Health, Housing and Adult Social Care Policy and Scrutiny Committee

26th March 2018

The Police and Crime Commissioner (NYPCC) and North Yorkshire Police (NYP) are deeply committed to caring about vulnerable people, and to improving the response to their needs, with a particular focus on reducing harm to people at greater risk. Our vision in respect of mental health is threefold:

- Those people coming into contact with NYP, whose mental health is a presenting issue, get the earliest possible intervention at the lowest appropriate level to help promote recovery
- Improve services, reduced demand and keep people safe, well and avoid inappropriate contact with NYP as a consequence of poor mental health
- Reduced repeat calls for service where mental health is a component, by focusing on identifying unmet needs and working with others to address them

To achieve these objectives, it is vital to have an improved understanding of the scale and nature of the issues being faced. Mental health issues affect all aspects of life and no single agency can hope to address its complex nature alone. Although it is often seen as a health issue, its consequences impact upon every public service. The police service often encounters people at the highest level of risk and need, where other services appear unable to provide the requisite assistance. Described below is our combined response to those specific questions raised within your originating report sent to PCCs & Chief Constables and our endeavours to set-out the evidence and narrative to portray an insight into the challenge being faced, both locally and nationally.

General data on mental health demands

Mental health forms a core part of policing business (*Adebowale, 2017*) through the police duty to preserve life. Estimates indicate that 20-40% of operational policing demand includes some component of mental

health issue. This is entirely consistent with figures from the Adult Psychiatric Morbidity Survey¹ showing that around 17% of people over 16yrs old have a common mental disorder, and supporting evidence that a similar proportion are symptomatic but do not fulfil full diagnostic criteria (*McManus et al 2009*). It is important to remember that people affected by mental health issues will fall within all categories of involvement: as victims, witnesses, suspects and other contacts (such as missing persons, suicidal people etc.).

In addition, there is extensive evidence that:

- 90% of the prison population have one or more mental health conditions, and 70% have two or more (*Singleton et al., 1998*)
- Women with a mental health condition are 10x more likely to be a victim of crime than the general population (men are 7x more likely) (*At Risk, Yet Dismissed, MIND, 2013*)
- Mentally ill people are four times more likely to be a victim of violence than the general population, and 25% have been attacked in the past year (*Lancet, 2012*)
- Around 45% of people with a serious mental illness were victims of (any) crime in the preceding year. Nearly a fifth (18%) were victims of an assault; and 23% were victims of a household theft or criminal damage (*At risk, yet dismissed, MIND, 2013*)
- Mental/emotional health was the most common main concern in ChildLine counselling sessions in 2016/17 (ChildLine delivered 295,202 counselling sessions in 2016/17 - a 55% increase since 2009/10).
- Approx. 80% of missing people are experiencing some form of mental illness (*Gibb & Woolnough, 2007*)
- Following its pilot research during 2015-16 with 1,500 young people, where mental health issues were an over-riding concern, the North Yorkshire Youth Commission included mental health as a priority for further research which was undertaken during 2017-18. Over 3,000 young people have been engaged during this time and the North Yorkshire Youth Commission continue to work with North Yorkshire Police to influence their approach in this area, this

¹ <https://digital.nhs.uk/catalogue/PUB21748>

has included being involved in the Connect training project for frontline officers.

It is therefore perhaps helpful to consider the issues associated with policing and mental health through the lens of the “i4R Model”, developed by NYP in 2016 as part of the “Connect – Mental Health Partnership” with the University of York, College of Policing and Tees Esk and Wear Valleys NHS Foundation Trust and sponsored through the Police Knowledge Fund (report enclosed). The model identifies five key areas where agencies can improve in respect of vulnerability:

- **Identification** of vulnerability, through training, raising awareness, enhancing partnerships and developing screening tools
- **Recording** of relevant information in a terminology that is commonly understood between (and accessible by) partners
- **Response** using appropriate internal and external resources in an intelligent way, to ensure the lowest appropriate, least restrictive intervention at the earliest possible opportunity
- **Referral** to agencies able to provide the correct, longer-term support and management
- **Review** to ensure residual risks and needs are understood and effectively managed, and that there is identifiable ownership of responsibilities

Identification

As the police and many other commissioned services (e.g. Supporting Victims – North Yorkshire’s equivalent to Victim Support, provided by an in-house team) are not experts in mental health, it is extremely difficult for officers to consistently identify whether someone with whom they are in contact is experiencing mental health issues.

The presentation of a person in distress, or in need, can have compound causes and the police cannot be expected to accurately determine the underlying causes without expert advice from the outset. However, there are strong indications from a number of data sources that the number of people encountered by police who have one form or another of mental health issue is increasing. The reasons underpinning this are complex and undoubtedly include an element of better awareness by officers. However, the rising trend in detentions under s.136 Mental Health Act 1983 (MHA) over recent years strongly points towards this

relating to increased prevalence, rather than simply being an artefact of improved identification.

Recording

➤ *Incidents*

The primary mechanism for police recording of incident-specific data in relation to mental health is set out by the Home Office through National Standards for Incident Recording (NSIR). This clearly defines that a “Mental Health Qualifier” must be used *“to endorse an incident involving a person who has, or appears to be suffering from, a mental disorder or mental impairment including learning difficulties”*. This seems completely unambiguous, but has been interpreted in several ways, with vigorous debate on how this should be applied.

In essence, there are two opposing viewpoints:

- The first, and literal, interpretation is that an incident should be marked with a Mental Health Qualifier if there is the simple involvement of any person, whether as victim, suspect, witness or other contact (such as being a missing person, suicidal person, someone detained under s.136 MHA etc.) who has or appears to have a mental health issue. This approach recognises that police are not mental health professionals and cannot diagnose someone’s condition or how that might affect their behaviour.
- The counterview is that there must be a causal link between the person’s mental health condition and their involvement in the incident.

In 2015, NYP officially adopted the former position, as it would be a logical fallacy to expect police to attribute causality to a person’s involvement based upon their underlying mental health, and there is no necessity in the NSIR definition to do so. Furthermore, the involvement of a person with mental health issues (regardless of whether those issues may be related to the incident) may determine that a modified response is required to take account of any vulnerability.

➤ *People*

Police systems can use a range of “Warning Markers” to denote risk or need-based information about a person, and the pertinent markers in this instance are MENTAL DISORDER, SUICIDAL or SELF-HARM. The presence of such markers helps officers to identify potential

vulnerabilities or risks relevant to the subject's presentation. This information is also available to our Supporting Victims team, and factors into their need assessment process and whether they refer victims into the mental health services commissioned by the PCC (such as mental health triage nurses within the Force Control Room or counselling services) or into existing NHS mental health services.

There are very rigorous (and arguably archaic) requirements before these markers can be applied to a person's Police National Computer (PNC) record, including a requirement for a diagnosed condition. A mental health diagnosis is sensitive personal data and subject to rules of patient confidentiality and is therefore unlikely to come into the purview of police. Forces are able to use local records management systems to record Warning Markers, but there are no defined standards for when markers should be applied. There is a fundamental lack of consistency, which NYP has sought to address by creating a set of definitions and requirements for utilisation, which could easily be adopted as a national standard to address this deficit.

➤ *Partner Systems*

NYP and NYPCC commissioned services have invested considerable resource in engaging in operational integration with partner agencies to assess information and intelligence relating to potentially vulnerable people, in order to manage their calls for service with the lowest appropriate intervention from the most relevant service at the earliest possible juncture. Although great strides have been taken, with mental health nurses embedded in NYP's police control room and able to access police and NHS data, this journey is far from complete.

Operational integration in this way is a highly effective technique for improving services and outcomes for vulnerable people, but is beset with frustrating challenges. NYP and NYPCC have invested to provide this functionality, despite it being of equal benefit to NHS partners in helping patients. Perhaps the most frustrating, is the matter of information governance, which is rife with ambiguity and impediment and is likely to become more difficult with the introduction of the General Data Protection Regulations in May 2018. It has been stated that public services should be brave in their approach to sharing information about vulnerable people, but bravery is no substitute for a clear, practical legal framework to enable operational information sharing to help keep people safe and well.

Response

The toolkit for police officers when engaging with mentally-vulnerable people is very limited, and often coercive. Largely, s.135 & s.136 MHA are the only available powers to intervene and they have significant limitations. The optimal solution is to integrate police, health and social care services in an operational response capability, but this is frequently (and erroneously) seen as being a benefit to policing, rather than a benefit to vulnerable citizens.

Mental health crisis services are frequently not commissioned to provide an urgent response to people experiencing mental distress in the community, with a 4hr response being a common target for the highest priority cases and, outside of crisis situations, lower priority cases/prevention often being inadequately resourced. As a consequence, there have been a number of innovative solutions (inc. "Street Triage") commissioned by police / PCCs to address this commissioning deficit. Whilst these provide extremely valuable assistance, they are frequently primarily resourced from policing budgets, rather than those held by partners. Moreover, when health and social care partners do contribute, the funding is often short term, meaning the sustainability of such services can be deeply problematic, often with PCCs stepping in to make up shortfalls. This in turn can put pressure on partnership relationships.

Historically, the police take an incident-based approach to business, rather than adopting a person-centred model. This has resulted in a focus on responding to symptoms, instead of identifying and addressing causes. Every contact with the police is a result of unmet need, but this is often lost in the emphasis on risk, which is largely centred on risk to the organisation in the event of an adverse outcome. There is suspicion that the prevalence of mental distress in policing situations is so high that many staff across all services have become desensitised to it, tuning-out mental illness as a distracting complication that clouds the issue in hand, rather than potentially being the underlying cause of to the situation facing them. Given the overwhelming evidence that indicates the linkages between mental health issues, substance misuse and criminality, there is a compelling argument to take a different approach to traditional criminal justice solutions in addressing behavioural issues.

There is excellent evidence that links the presence of adverse childhood experiences (ACEs) and earlier-life trauma to mental health issues (*Dube et al. / Preventive Medicine 37 (2003) 268–277*). Similarly, there is further evidence that approx. 25% of the prison population has ADHD

(Young et-al, *A meta-analysis of the prevalence of attention deficit hyperactivity disorder in incarcerated populations, Psychological Medicine. 2015*) – whether diagnosed or otherwise – and that people who are untreated have significantly increased susceptibility to criminal, suicidal and / or antisocial behaviours. Effective treatment has been demonstrated to reduce criminality in this population (*Lichtenstein et al., 2012*). To an extent, this has already been acknowledged by the introduction of Mental Health Treatment Requirements, but the uptake rate of <1% of eligible cases due to issues with probation services has been pitiful.

An alternative may be to allow the consensual psychological assessment of people entering police custody for the first time, along with a screening for ADHD, in an effort to identify potential causal factors underlying their behaviours. This would incur cost at the front-end, but the whole-system savings and improved quality of life (let alone reductions in future offending) have potential to provide a considerable return on investment. In financially straitened times, there is limited discretionary spend available for innovation. However, this is an under-explored area which may be worth researching.

Referral

As already stated, every contact with police is as a consequence of unmet need, but the organisation's processes translate this into assessment of risk. In doing so, much of the emphasis is centred on risk to the organisation, which can result in factious approaches instead of emphasis on addressing exigency.

Every year, police generate many thousands of social care referrals for children and adults nationally. However, there is little academic evidence of the effectiveness of this process, or the motivation for referrals. This is reflected by discussion with professionals within NYP. The propensity to attribute blame to public services when adverse incidents occur has led to illogical attitudes to risk. It is recognised that referrals do not necessarily result in a change to the levels of risk or need for the subject (*HMIC - In harm's way: The role of the police in keeping children safe, p.68, July 2015*), but there are apocryphal indications that staff belief submitting a referral acts to transfer some risk from the officer to the recipient. Such efforts to transfer risk, rather than address needs, are contrary to the interests of all concerned.

Moreover, often a person is passively “signposted” to another service but it then rests on the individual to take up that service. Analysis of our Street Triage data indicates 88% of those seen over a 6 month period (April 2017 – Sept 2017) were known to TEWV, 11% were not known to TEWV and that 45% of those known to TEWV did not have an active care plan in place, so it is highly likely that many do not access services successfully, thus failing the person and perpetuating the problem for all concerned. There is also clear evidence from the Pathways Project that when people are actively supported into appropriate services, the outcomes can be far more positive for both service users and service providers.

Data Integrity

Police IT systems have been largely designed to fulfil crime investigation and intelligence requirements, rather than to deliver performance data on mental health and vulnerability. This presents significant challenges in extracting and analysing information. Despite crime constituting just 17% of police demand (College of Policing, 2015), systems have yet to adapt to the changing nature of policing.

In relation to mental health, the focus of performance measurement has historically been around the utilisation of powers of detention under s.136 MHA. However, this makes up only a tiny fraction of policing activity in respect of mental health. NYP is assessing the feasibility of introducing a vulnerability screening tool as a preface to all form-based encounters. This would greatly enhance the evaluation of needs and risks, provide much better management information, assist in making meaningful referrals, and consequently provide higher-quality services to vulnerable people.

Current data for s.136 MHA tends to focus upon throughput. In NYP, the volume of s.136 MHA detentions is very small, but the collective resource requirement that sits behind each incident is much greater. Using police and partner data, NYP is seeking to identify the actual impact of s.136 MHA upon policing in terms of risk (transportation and retention at the suite), resource (the total resource deployment to allow the s.136 MHA detention) and repeats (trend analysis).

An initial snapshot of 4 months data shows that in NYP, staff were involved in taking 95 different individuals on 114 occasions to a Health-Based Place of Safety, which included 19 repeat visits with one individual being transported 6 times. For 46 of those 114 occasions a

police vehicle was used to transport the individual. Whilst it is not at present viable to break-down the specific actions of each of the police resources used, it can be noted that a total of 505 resources were deployed on those 114 occasions for a total period of 1,019 hours. The intention is to use this approach to build a more complete picture of s.136 MHA on resource demand, and options upon how NYP can seek to reduce demand through alternative pathways.

Given the deficits in data-capture mechanisms, and the broad range of circumstances that can present to police, NYP is seeking to understand mental health demand in a different way, by calculating the additional resource requirements required to deal with incidents where mental health is a presenting issue. The last two months data relating to incidents where mental health presents most frequently (Concern for Safety, Missing Persons, Domestic Incidents, Anti-Social Behaviour, Nuisance and Violence) has been analysed. This has allowed differentiation (in terms of operational resource hours) between incidents with and without Mental Health tags on NYP's command and control system.

It is apparent that in each of the areas analysed, the total police resource time spent is greater when mental health is a presenting issue. This can then be translated into an actual policing resource cost that reflects the additionality linked to mental health. Whilst this is limited to only the initial deployment of policing resources, an initial estimate for NYP for these five areas equates to an additional resource cost of around £500,000 per annum (Table 1).

Table 1: Data in hours, and converted to approximate cost. Note: Data for January 2018 shows increases in recording of mental health-qualified incidents, following an audit of the month's data.

Concern for safety												
Month	Volume	Volume tagged MH	Resource	Resource tagged MH	Hours spent	Hours spent MH	% volume MH	% Resource MH	% hours MH	Av response time non MH	Average Response time MH	Estimated additional cost MH per mth
Dec-17	1101	279	2696	857	2224:00	1016:00	25.3%	31.8%	45.7%	1:05:50	3:38:30	£21,921.43
Jan-18	1041	470	2543	1259	2215:00	1262:00	45.1%	49.5%	57.0%	1:40:08	2:41:06	£16,785.71
Missing Person												
Month	Volume	Volume tagged MH	Resource	Resource tagged MH	Hours spent	Hours spent MH	% volume MH	% Resource MH	% hours MH	Av response time non MH	Average Response time MH	Estimated additional cost MH per mth
Dec-17	162	38	537	210	931:00	424:00	23.5%	39.1%	45.5%	3:07:47	11:09:28	£9,500.00
Jan-18	164	51	518	255	798:00	476:00	31.1%	49.2%	59.6%	2:50:58	9:20:00	£11,839.29
Domestic Incident												
Month	Volume	Volume tagged MH	Resource	Resource tagged MH	Hours spent	Hours spent MH	% volume MH	% Resource MH	% hours MH	Av response time non MH	Average Response time MH	Estimated additional cost MH per mth
Dec-17	500	54	1280	170	1335:00	195:00	10.8%	13.3%	14.6%	2:16:48	3:36:40	£2,565.00
Jan-18	498	132	1104	327	1166:00	367:00	26.5%	29.6%	31.5%	1:36:16	2:46:49	£5,657.14
Violence												
Month	Volume	Volume tagged MH	Resource	Resource tagged MH	Hours spent	Hours spent MH	% volume MH	% Resource MH	% hours MH	Av response time non MH	Average Response time MH	Estimated additional cost MH per mth
Dec-17	545	35	1765	133	2286:00	184:00	6.4%	7.5%	8.0%	3:51:25	5:15:26	£1,812.50
Jan-18	515	106	1469	371	2104:00	592:00	20.6%	25.3%	28.1%	2:56:09	3:35:06	£10,070.00
ASB Nuisance												
Month	Volume	Volume tagged MH	Resource	Resource tagged MH	Hours spent	Hours spent MH	% volume MH	% Resource MH	% hours MH	Av response time non MH	Average Response time MH	Estimated additional cost MH per mth
Dec-17	930	23	2188	67	1025:30	48:00	2.5%	3.1%	4.7%	1:03:04	2:05:13	£821.43
Jan-18	949	53	1966	145	964:00	114:00	5.6%	7.4%	11.8%	0:53:44	2:09:03	£2,366.07
Annual cost extrapolated from data												
	Concern for safety	Missing persons	Domesic Incident	Violence	ASB Nuisance	Total						
Dec-17	£263,057.14	£114,000.00	£30,780.00	£21,750.00	£9,857.14	£439,444.29						
Jan-18*	£201,428.57	£142,071.43	£67,885.71	£120,840.00	£28,392.86	£560,618.57						
Average	£232,242.86	£128,035.71	£49,332.86	£71,295.00	£19,125.00	£500,031.43						

*Jan included some data cleansing of incidents application of tags were applied

The PCC and NYP are clear that the above data is only what has been possible to evidence to date, but that the actual amount is likely to be much higher, and that therefore this estimate of cost is an absolute minimum. This is mainly restricted by the ability and practicality of officers assessing a mental health need and recording this as part of their report as outlined above. NYP's approach is to refine and develop this approach in order to identify methods of how we can more effectively manage and reduce this demand.

Identifying the split between legitimate and non-legitimate mental health demand

There are various ways to define the split between “*legitimate and non-legitimate demand*” on policing; some of which involve value judgements. Therefore, it would be useful to consider the meanings of the terms.

The primary role of the police is the protection of life and this is reinforced by Article 2 European Convention on Human Rights (ECHR). As a principle, if there is no immediate threat of harm to any person or to property, or a crime in progress, then it should not be a police responsibility to manage calls for service in respect of identified mental distress. However, it is often impossible to establish whether that is the case without actual attendance.

North Yorkshire Police’s position in this respect is clear:

As a principle, the police should not be the default response for patients experiencing mental distress. Officers are not mental health experts, and their involvement can have a seriously detrimental effect on the patient’s mental state by giving an appearance of criminalising them. Our primary responsibilities are the protection of life and property, prevention and detection of crime and maintaining order.

However, there are many situations involving mentally distressed people where there is a potential for harm that requires a policing intervention, or where it is not immediately apparent that there are mental health issues involved. Indeed, policing powers can often be the only available means to safely resolve an incident. We must exercise these powers in a sensitive, safe and proportionate way, involving healthcare professionals to ensure the safety and wellbeing of patients throughout.

Police officers responding to an incident involving someone with mental health issues should prioritise the welfare and safety of all those involved, including the patient, and seek guidance from healthcare professionals at the earliest opportunity.

A Police Officer’s legitimacy in mental health cases is predicated on the need of an individual and the lawful authority of the Police in line with legislation. Their legitimacy in cases related to s.136 MHA is most often, therefore, without question. However, whilst there has been much emphasis on police use of s.136 MHA, it is arguably far more common

for police to encounter people in distress in their home where no such power exists. There is therefore a crisis of legitimacy in the use of police in relation to mental health issues and crises occurring in someone's home, where the need may be undeniable, but the lawfulness of their actions is in doubt.

It was posited in the Sessay case (*R (Sessay) v South London and Maudsley NHS Foundation Trust [2011] EWHC 2617 (QB)*) that the Mental Health Act was effectively perfect legislation, and while that may be true from a legal perspective, its practical application - if someone who is non-compliant but has mental capacity, in their home and in need of care - is woeful.

In many areas, including North Yorkshire, the difficulties of securing the intervention of Approved Mental Health Professionals², magistrates and legal advisers out-of-hours mean it is practically impossible to obtain a s.135(1) MHA warrant in a timeframe that enables effective and lawful action to keep someone safe. This creates a dilemma for officers, whose sworn duty to protect life and obligation under Article 2 ECHR conflicts with the absence of lawful authority to intervene in someone's home if they have capacity.

Such circumstances were reportedly witnessed by Sir Paul Beresford MP in 2014, which led to his submission of a Private Members Bill on 15th October 2014 requesting amendments to s.136 MHA. The Bill was unsuccessful, and although there were amendments to the MHA in December 2017, this critical omission of a power of detention in a person's home remains. The anomalous effect is that officers retain the duty to act, but without any lawful authority. Officers are duty-bound to provide assistance, which can result in mentally vulnerable people being criminalised – or potentially requiring restraint by officers – as a means to get them help. Authorised Professional Practice on Mental Health, published by the College of Policing, tacitly acknowledges this paradox by intimating that officers may have to rely upon “*the doctrine of necessity*”, which relates to extra-legal actions by state actors, and is a wholly inadequate solution to an everyday issue. This must be addressed at the earliest opportunity to provide officers with the legal basis to fulfil their responsibilities and ensure that people in distress are treated with dignity and respect in a prompt and lawful manner.

² Out of normal hours, there are usually only 2 social care professionals / AMHPs covering all social work demands across the entirety of the county, provided by the Emergency Duty Team.

Other health and welfare-related demands which fall outside core police functions

The question of what is a core police function is critical to understanding this issue. Overall, and in addition to duties prescribed in legislation or common law, the role of the police is broadly defined as:

- protecting life and property
- preserving order
- preventing the commission of offences
- bringing offenders to justice.

This is a broad spectrum that is capable of interpretation to include almost all potential deployments. Therefore, it is arrantly difficult to quantify what might constitute activity relating to non-core functions.

Once frequently cited example is the issue of remaining with mental health patients at hospital whilst they await assessment, lest they decide to abscond before being seen. Some people regard this as a flagrant misuse of police time, however it is a function that no other involved party is empowered to fulfil. Preventing someone who may have suicidal ideation or acute healthcare needs from going missing is central to protecting life, and there are no other services with policing powers or capabilities competent to undertake that role.

The case of *Webley (Webley v St George's Hospital NHS Trust & Anor, Court of Appeal - Queen's Bench Division, February 14, 2014, EWHC 299)* articulated the police duty of care in this respect, which is broadly described as requiring a competent, capable, willing and able person who has been briefed of relevant risks to accept a transfer of responsibility to their care. There are very few circumstances where these responsibilities can be carried out by others, unless the person is either detained under the MHA, lacks capacity or is already an in-patient.

Police officers are regularly put in a position where they transport patients to hospital, where ambulance attendance cannot be secured in a timely fashion. Again, one may argue that this is encompassed within the duty to protect life, but each instance is contingent upon the facts of the situation. Obtaining empirical data in this respect is fraught with difficulty, and ambulance service performance information may not be wholly congruent with policing data.

As a consequence, NYP is endeavouring to improve recording of requests for ambulance attendance, so that there is independent information available to assist in evaluating operational performance. As

part of this approach, we are working to establish a tri-service protocol in partnership with Yorkshire Ambulance and North Yorkshire Fire and Rescue Service to understand and manage demand in a more integrated way.

Unlawful Detentions in Police Custody

There have been occasions where a person was held in police custody for the purpose of assessment under the Mental Health Act, in circumstances where there the grounds for detention had lapsed. Changes to s.136 MHA in December 2017, which now mean that it may be a tactical option to detain a person whilst already in custody, should largely address this issue. However, there are still occasions where a person is at such an elevated level of emotional arousal that there are no secure health-based facilities to safely continue the patient's detention for assessment and / or treatment other than police custody.

Only forensic mental health units provide such a level of security, but there are no pathways for patients into forensic mental health direct from custody. These services are commissioned by NHS England, who similarly do not operate an accessible out-of-hours facility to help resolve operational issues with highly vulnerable people. Again, this is a critical deficit in health commissioning, where the police have no option but to be responsible for the risks of caring for extremely unwell patients.

Partnership Working

In North Yorkshire, there are for the most part, excellent working relationships between the PCC, police and health partners, but effectiveness is constrained by fragmented service commissioning, which has created an environment where agencies compete against each other not to deliver services. Additionally, there are significant challenges in accessing and reconciling data from the multitude of involved agencies to evaluate outcomes for people. The reliance on "exclusion criteria" to justify why agencies will not provide help to extremely vulnerable people is seen as unconscionable. The complexity is increased since there is no single authority with the ability to unify commissioning and delivery of services in a whole-system approach (*Smith & Solar, 2017*).

The Police and Crime Commissioner has commissioned a Mental Health Force Control Room (FCR) Triage service in its entirety since 2016,

which consists of Mental Health nurses monitoring calls and providing advice and support to staff and officers on the ground when they are interacting with a person in mental distress or crisis and triaging accordingly. The PCC also funds Mental Health Street Triage (ST) teams in York and Scarborough, which work on the front-line with NYP, attending live incidents where mental health is an influencing factor. This means a person in distress is assessed by a mental health professional at the scene of an incident and where appropriate given the relevant support and aftercare.

In York, there is a partnership agreement between NYPCC and TEWV that (where resources allow) Street Triage supports NYP in managing its demand around Mental Health. The ability of ST nurses to build rapport with individuals in crisis and de-escalate situations has been evidenced through feedback from officers and through academic evaluation by University of York (*Irvine, Allen & Webber. 2016*).

TEWV Street Triage and FCR Triage nurses have remote access to patient records, enabling them to establish the risks and vulnerabilities of individuals coming into contact with police and to respond accordingly. The impact of these services on diverting individuals away from Criminal Justice can be seen through the reduction of custodial detentions under s.136 MHA. Being able to receive advice from FCR nurses and knowing that Street Triage teams will soon be in attendance supports officers to feel more confident in managing mental health-related calls. The volume of incidents supported through these initiatives show that in quarter 1 and 2 of 2017/18, the FCR nurses triaged a total of 1,282 Mental Health related occurrences; Scarborough Street Triage teams triaged 308 Mental Health occurrence and York Street Triage 153 occurrences.

Although there is some evidence to suggest these services positively impact on s.136 MHA detentions, there is still a gap in our understanding of their impact on other emergency services (e.g. the impact on A&E attendance, ambulance service and Crisis Teams). It is also unclear of the impact on the individuals who come into contact with the Street Triage and FCR Triage teams and what this has meant for them in terms of increased care and support. The partnership agreement with York is also a challenge due to lack of resources (i.e. staffing issues), meaning delivery of the service has been inconsistent. NYP is currently working with CCG and TEWV colleagues to review service specifications and outcome/impact information.

The PCC and NYP are also working closely with Together for Mental Wellbeing - a national charity - addressing the underlying causes of vulnerability and mental distress with the aim of improving the collective response to excluded individuals experiencing mental distress coming into contact with the police and / or emergency services. This “York Pathways Project” is a multiagency approach to supporting those with complex needs, and brings partners together to collectively consider how to manage risk and offer support. With effect from April 2018, PCC will be commissioning this service in its entirety with a focus on those placing the highest demand on NYP in York. Evidence to-date suggests that the service has reduced demand across blue light/emergency services with one year post referral information identifying reductions in contact for Crisis (70%), Police (28%), Ambulance (21%), and Emergency Department (21%).

North Yorkshire has a large and diverse geography and the PCC and NYP are trying to work with partners through the Crisis Care Concordat (CCC) to develop a consistent approach to addressing this demand across the County. This has proved challenging due to differing priorities, but partners are committed to introduce governance that includes joint chairing arrangements between the PCC and CCG. There are also a number of other partnership initiatives the PCC and NYP are involved in to support this demand and improve the response to vulnerable individuals coming into contact with the police, including alternative places of safety, of which there is one in York (Save Haven) commissioned through TEWV to be open out of hours, 7 days a week for individuals in distress or nearing crisis.

Concluding Remarks

In recognition of the importance of evidence-based approaches in mental health, NYP has developed excellent relationships with academia:

- The N8 Police Research Partnership³ is a collaboration of 8 northern research universities and 11 police forces, with which NYP has worked closely to enhance understanding of mental health and policing. At NYP’s request, the topic of policing and mental health is being considered as the key research theme for 2018.
- Through the Police Knowledge Fund, NYP, University of York, College of Policing and Tees, Esk and Wear Valleys NHS

Foundation Trust undertook the £1m Connect – Mental Health research collaboration to provide a clearer understanding of the issues, and to develop training for staff.

- PhD studentship with University of York to evaluate Mental Health Triage in North Yorkshire.
- A rapid evidence synthesis of police-related mental health triage interventions, conducted by University of York

In recognition of this, following a recent PEEL Effectiveness inspection NYP was cited by HMICFRS for good work in respect of mental health. However, there remains much to be done and both NYP and the Police and Crime Commissioner are committed

Annexes

Annex 1 – Urgent Care Services available in York and Selby

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Urgent Care Services available in York & Selby

There are a number of urgent care services available to individuals in mental health distress in the York & Selby locality. These services include the following:

- Crisis Resolution and Intensive Home Treatment Team
- Access and Wellbeing Team
- Mental Health Street Triage Team
- Section 136 Suite – Health Based Place of Safety
- Force Control Room – Mental Health Triage Service
- Emergency Department Psychiatric Liaison
- Safe Haven at Clarence Street
- Adult Inpatient Wards

Below is an overview of each of these services with an indication of the level of referrals to each of the elements within the past 12 month.

Crisis Resolution and Intensive Home Treatment Team

This service is based at Peppermill Court in York.

The Crisis Resolution and Intensive Home Treatment Team will:

- Appropriately triage and provide rapid assessment within 4 hours to individuals across Adult Mental Health services that are experiencing a mental health crisis.
- Assertively engage individuals, carers and their families. There is an expectation that an individual will engage in the assessment process and be informed of the referral to the CRHT

- Act as a gateway to mental health services, rapidly assessing individuals with acute mental health problems and referring as necessary to the most appropriate agency which may include in-patient areas
- Provide multi-disciplinary community based treatment 24 hours a day, 7 days a week
- Remain involved with the service user until the acute episode is resolved and there is no longer a role for the CRHT. The CRHT will ensure that any appropriate services that lead towards continued recovery will be facilitated.
- Where hospitalisation is necessary, be actively involved in the Purposeful Inpatient Admission Process (PIPA) at the earliest possible stage and aim to provide intensive home treatment to support the discharge process.
- Help build and maximise service user resilience by introducing and teaching a variety of self-management skills
- Work collaboratively with all Community Intervention Teams and referrers regarding all support available.
- Facilitation and attendance to Section 136 detentions in some areas and liaison with Street triage teams and liaison psychiatry teams
- No admission can be made to an in-patient bed without an assessment by CRHT staff to consider the best option to minimise both short and long term harm to the individual within their recovery. This will include those assessed and consequently detained under the Mental Health act 1983. The only exemption from this is recall under a Community Treatment Order (C.T.O.).

Access to the Crisis services in TEWV is available 24 hours per day. All referrals will be triaged in line with agreed Trust wide processes. This will direct individuals to the most appropriate service identified to meet their needs.

It is important that an individual is made aware of the intention to refer to a CRHT and that referrers are clear as to why they are doing so in order that the CRHT can work collaboratively with an individual. It is also expected that for self-referrals the crisis team clearly discusses consent and assesses capacity to engage. There may be occasions when an individual may not be able to consent to assessment and/or chose to engage with the CRHT for various reasons.

Staff will:

- Provide telephone advice to the referrer to inform care and treatment and then may;
- Provide a rapid response, face to face assessment within 4 hours.
- Signpost to alternative services.

Intensive home treatment will provide a range of co-produced and specific interventions, in the community, with the goal of stabilising well-being and promoting recovery. All interventions will be worked through in a collaborative manner placing importance on basic human connectedness and trust.

Access to intensive home treatment to be determined based on any of the following:

- Distress level
- Impact on functioning
- Potential for harm...

...As experienced by the individual or anyone in their support network, requiring a response that is:

- Face to face, within timescales agreed by assessor, referrer and service-user, not later 24 hours from the point of referral
- Frequent
- Available to access 24 hours a day, seven days a week

Aims of Involvement

To:

- Reduce acute distress
- Minimise potential for immediate harm
- Improve functioning
- Provide alternative to hospital admission

- Facilitate hospital discharge through step down support
- Problem solve acute social or interpersonal crisis

An integral role of the CRHT's is to facilitate early discharge from acute Inpatient wards for service-users who continue to experience acute mental health problems, but no longer require continued hospitalisation. These individuals would benefit from intensive home treatment/ community support and whereby risks are collaboratively assessed, considered and reduced via a therapeutic plan. This may involve joint working with community intervention teams and other relevant teams along with the provision of a 7 day follow up in line with national guidance. Where intensive home treatment can be facilitated the CRHT will arrange to see the individual within 24 hours of discharge from the ward and/or commencement of intensive home treatment.

Referrals →Crisis Team

Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Total
245	146	188	179	169	144	148	147	178	153	170	172	2039

Access & Wellbeing Team

This service is based at Huntington House.

In January 2017 the Single Point of Access (SPA) model was redesigned and a new locality-wide Access to Mental Wellbeing Services (AMWS) team was formed. This team was formed using resource from SPA and the Primary Care Mental Health team. The new service is responsible for the triage and assessment of all new routine referrals into mental health services and where appropriate will offer brief interventions to service users.

The service has the following aims:

- To provide a consistent access point for routine referrals from GPs and all other health and social care professionals for individuals who may require support from adult and older people's mental health care services.
- To minimise gaps between mental health service providers, including between primary and secondary care services and between statutory and non-statutory services.
- To ensure service users receive a timely response to a referral being made.
- To prevent service users from being redirected between several services without being assessed and agreed needs identified.

The Access and brief intervention service will:

- Operate between the hours of 09.00 and 17.00, Monday to Friday. During these hours clinical staff will be on duty to support delivery of the service.
- Redirect service users and referrers to crisis services outside of these hours.
- Work as part of a multi-disciplinary team, encouraging shared team decision making, where possible using a consensus approach
- Take ownership of a referral until the most appropriate support for the service user has been ascertained
- Have detailed knowledge of potential services available, including statutory and non-statutory services.
- Develop close working links with services available to service users, including statutory and non-statutory services
- Maintain a flexible, person centred response.
- Provide timely clinical decisions to professionals from a wide range of services.
- Effectively triage referrals to determine the urgency of assessment. Timely triage and assessment will add value for the service user by ensuring their referral is accurately signposted to the right service for support
- Support effective sharing networks and working relationships across Health & Social Care.
- Be responsive to peaks in demand.

- Provide a service that promotes hope and optimism for all individuals as well as promoting an individual’s meaning and purpose, their sense of connectedness, their sense of identity away from their current difficulties, and supports individuals to feel empowered.
- Collaboratively agree the outcomes of the assessment and priorities for intervention with the individual
- Following completion of assessment, co-author plans of care wherever possible, or at least develop a plan in collaboration with the service user
- Ensure all the information collected and recorded regarding the referral is recorded on an electronic system for the next worker to open and build on.

Referrals → Access & Wellbeing Team

Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Total
264	307	222	306	258	259	190	356	313	199	289	236	3199

Street Triage Team

The Street Triage service is a partnership between North Yorkshire Police and Tees, Esk and Wear Valleys NHS Foundation Trust, with mental health nurses working 12 hours daily. The funding for this service in York & Selby is part of the block contract with Vale of York CCG. When police are called to an address or incident and believe that an individual involved has a mental disorder, learning disability or substance misuse problems, they contact the nurses to carry out an assessment. The nursing assessment informs further care planning, ascertaining whether the person needs to be held under s136 and if not, whether follow up from mental health, social or substance misuse services is required.

Research suggests that joint working between mental health care provider organisations and the police force could substantially reduce the number of people being subjected to Mental Health Legislation. The potential beneficial outcomes include reduced

distress to service users, better utilisation of professional skill mix, cost savings to police, healthcare and local authority services and improved sign-posting and provision of appropriate interventions to this population of individuals.

Referrals → Street Triage Team

Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Total
-	13	36	46	24	25	24	8	5	19	30	39	269

Section 136 Suite – Health Based Place of Safety

This facility is based at Peppermill Court and is attached to the offices of the Crisis Resolution and Home Based Treatment Team.

Section 136 of the Mental Health Act 1983 provides a police officer with the power to remove someone found in a public place who, in the officers opinion:

- has a mental health condition
- is in need of care or control
- requires a place of safety for their own interests or for the protection of others.

If an individual is placed on a Section 136 police work together with mental health services to share information and ensure that the individual is taken to a place of safety. The individual will be supported by a mental health nurse while they wait to be assessed by medical staff and an approved mental health professional.

Of the 136 admissions to the 136 suite over the 12 month period, 37 were formally admitted to an inpatient service and 18 agreed to an informal admission following assessment.

Admissions → Section 136 Suite

Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Total
13	9	11	14	12	7	5	13	12	9	16	15	136

Force Control Room – Mental Health Triage

This service is based within the Force Control Room at Fulford Road Police Station. The service is provided by TEWV and is commissioned by North Yorkshire Police. The service commenced as a pilot in January 2016 and increased to a full service from May 2106.

Objectives of Mental Health Triage

- Any member of the public experiencing mental health distress coming into contact with a Police Officer should be triaged by a Mental Health Professional that holds the skills and knowledge to manage the issues at the earliest opportunity
- Enhance the provision of Mental Health Services
- Reduce the number of unnecessary detentions under Section 136 of the MHA 1983
- Reduce number of repeat attenders to the Accident and Emergency department
- Offer an alternative service to attending A&E or accessing NHS 111 telephone service.
- Promote suicide prevention and actively support self-harm reduction.

- Work as part of the evolving Urgent Care Service, including early intervention, diversion from A&E, out of hours GPs, Urgent Care centres and police custody
- Reduce unnecessary pressures on partnership agencies, including Police, A&E and GP Practices.
- Provide training and advice regarding mental health issues to FCR staff and Police Officers
- Further strengthen communication and partnership working
- Improve Service User experience

Delivery of service

A Mental Health practitioner is based In FCR (12 hours a day, 7 days week) providing a mental health triaging service for North Yorkshire, in addition to the two existing street Triage services in Scarborough and York

The service is staffed 12 hours per day, 7 days a week

North Yorkshire Police areas are shown as York/Selby, Scarborough/Ryedale, Hambleton/Richmondshire and Harrogate/Craven.

The main cities and towns within these areas are as follows: York/Selby – Tadcaster

Scarborough/Ryedale – Malton, Filey, Pickering, Whitby.

Hambleton/Richmondshire – Catterick, Stokesley, Northallerton, Richmond, Bedale, Thirsk, Easingwold.

Harrogate/Craven – Ripon, Knaresborough, Boroughbridge, Skipton.



Anything outside of this area referred by police in alternative areas will not be covered by MH triage team unless the person being referred is within the NYP boundaries.

Being based within the force control room will enables staff to provide rapid triage response to individuals with mental health needs either by contacting their staff who are able to respond or by providing advice, guidance and information directly to police, dispatchers and FCR staff.

The practitioner will also be able to provide information and advice from clinical records and where required speak directly to the individual and take an appropriate course of action which may include, signposting to another service, book an assessment for mental health via primary or secondary care services or in an urgent situation request for a face to face crisis assessment by the relevant Crisis Team/Street Triage team or signpost back to the police if it is felt that the person requires further police involvement.

This service will provide a first response which will triage people of all ages, whether they have learning disability, personality disorder, substance misuse, or mental health issues at the first point of contact with the police and prior to a decision to detain a person under the Mental Health Act.

The Band 6 clinician will not be dispatched from FCR, but will aid in triaging the information and organising with the relevant mental health teams across North Yorkshire for staff to go out to support the police (where possible) or provide further assessment.

Referrals → Force Control Room

Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Total
264	185	164	199	214	228	211	152	165	178	219	180	2359

Approved Mental Health Professionals

All community mental health services responding to mental health crisis work closely with the CYC Approved Mental Health Professionals (AMHP) service. The York AMHP service consists of 13 mental health social workers who play a vital role in supporting people in mental health crisis. AMHPs have a crucial role in making urgent decisions about the least restrictive and most suitable context in which people receive care and treatment, playing a vital, statutory role in protecting people's human rights and promoting the principles of the Mental Health Act Code of Practice (2015). In addition to their statutory role York's mental health social workers undertake complex case work, supporting those most at risk of further mental health crisis and risk of admission.

Emergency Department Liaison

York Liaison Mental Health Team is operational 24 hours a day, 7 days a week within The York Hospital (York Teaching Hospitals Trust) and comprises a multi-disciplinary team of professionals. The team provides specialist mental health services to adults aged 16 and over who present at or are an in-patient at The York Hospital, and have a diagnosed or suspected mental health problem.

The Liaison team operates a single point of access for all referrals from York Hospital for patients attending York ED (all ages) and for inpatient wards for patients aged 16-65 years.

York LMHT has 3 main roles

- 24 hours a day, 7 days a week providing Self-harm and Mental Health assessments to York ED for all patients aged 16 years and above
- 8am-8pm, Monday to Sunday providing Self-harm assessments to all YH inpatients aged 16 years and above
- 8am – 8pm, Monday to Sunday providing biopsychosocial assessments, management advice, treatment and brief intervention to all YH inpatients aged 16 to 65 years



York LMHT also works alongside a Substance Misuse Clinical Nurse Specialist for all Substance misuse referrals from York Hospital, 3 days/ week – liaison team covers this work out of hours and when this team member is not available.

York LMHT also work alongside the CAMHS Team (patients aged <16 years), with the duty CAMHS Liaison team member embedded within the Liaison Team 1pm – 9pm. This role is provided by the on call Psychiatry Trainee outside these hours, with supervision from the on call Senior CAMHS Clinician.

YLMHT will also provide supervision, teaching and support for multidisciplinary professionals working within YH, with individual link roles developed as required.

In-patients in YH aged 65 years and above with mental health needs (NOT including Self-Harm assessments) will continue to be assessed and managed by the Older persons Liaison team which is provided by York Hospital.

The York LMHT consists of a Team manager, Advanced Nurse Practitioner, Substance Misuse Clinical Nurse Specialist, and a part-time Consultant Liaison Psychiatrist, supporting a number of front-line Mental Health Practitioners working across the age range whilst also developing areas of special interest.

Referrals → Emergency Department Liaison

Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Total
273	226	244	184	203	167	182	216	192	161	203	227	2478

CAMHS Crisis Service

The trust has recently set up a CAMHS crisis service across the locality.

The service aims to provide rapid response, prompt assessment and, where appropriate, intensive time-limited interventions for children and young people up to the age of 18, who are experiencing an acute mental health or emotional crisis which is acutely affecting their functioning. The Service aims to work with people experiencing severe emotional/mental health difficulties in the least restrictive environment, consistent with the need for their own safety and the safety of others. The Service can be provided in a range of settings and offers a genuine alternative to the traditional response of in-patient care or acute hospital admission. The priority of the Service is for the Young person to remain at home, wherever possible. Within the Trust, priority has been given to the promotion of this ethos, however access to in-patient services can be negotiated if this is felt to be in the best interest of a young person.

The main components of the service are:

- 1.To provide a 7 day, 10am-10pm (proposed 24/7 in the longer term) response to Children and Young People who present in the catchment area of the York and Selby , Harrogate, Scarborough and Northallerton mental health services and who are experiencing an emotional/ mental health crisis.
2. Referral can be made by anyone who has concerns that a child, young person is experiencing a mental health crisis.
3. Every child, young person who is experiencing a mental health crisis will be offered a mental health assessment that focuses on the current risk and a management plan, which will include short term interventions.
4. For Children and Young People, where there is a known risk of admission to in-patient services and to facilitate discharge, the team may provide flexible , short term interventions (maximum 8 weeks) in order to minimise the need for hospitalisation or further mental health crisis.

5. The Team will work with Locality Acute Foundation Hospital Trusts to prevent unnecessary admissions to acute services. The team will also provide assessment to young people admitted to hospital with an ongoing physical condition who may be experiencing psychological difficulties.

30 Clarence Street

City of York Council drove the refurbishment project between January and June 2017 which saw Sycamore House turn into a new community based mental health offer. This includes the building for 'The Haven' £326k and the revitalised community space at 30 Clarence street. (£178k of DoH 'health based places of safety' funding, plus £148k of CYC capital funding)

York Mind and York Pathways have office space in the building. The synergy between these organisations and the services operating from the ground floor, are helping facilitate even closer working relationships between the sector, the council and the NHS to both respond to and prevent mental health crisis.

Safe Haven

The Haven at 30 Clarence Street is collaboration between TEWV, CYC and Mental Health Matters and offers a welcoming, safe, comfortable, non-judgmental and non-clinical environment. The Haven will be able to provide information and emotional support if individuals are in crisis or they feel they are heading towards a crisis situation. The service is open 6pm – 11pm everyday including bank holidays and weekends.

Individuals can come just for a cup of tea and a chat, or can access one-to-one emotional support from trained mental health professionals. They also offer help in creating staying well and crisis plans, and support visitors to access other services and organisations that may be useful to them.

The service works closely with GPs, Community Mental Health Teams, Crisis Teams, A&E Mental Health Liaison Teams, Police and Ambulance Services, Street Triage, and other front-line healthcare professionals to ensure that people in emotional distress have a safe, supportive Haven to go to, with appropriate mental health support available.

People using The Haven will also be supported by the 24/7 helpline, which offers access to emotional support and information even when The Haven is closed.

The service had a staged opening from October 2017 with limited opening times and now operates during the hours stated above. The numbers of visitors to the haven are increasing accordingly and the initial feedback is very positive.

Self-Referrals → Safe Haven

Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Total
-	-	-	-	-	-	-	0	7	11	11	30	59

Adult Inpatient Wards – Ebor & Minster Ward

This service is based at Peppermill Court. Peppermill Court is the Adult Acute Inpatient facility in York, which was created following the closure of Bootham Park in October 2015. Having previously been a Dementia unit, Peppermill Court was substantially refurbished to provide two 12 bedded Wards, Minster (male) and Ebor (female) which opened in October 2016. Each Ward has 12 bedrooms and day spaces, offices and clinical facilities to operate independently of one another. The unit has shared space which incorporates visiting rooms, an Occupational Therapy Suite (including ADL kitchen) and the Healthy Living Service (which includes a Gym).

There is a single entry to the unit which has a staffed reception during day time hours.

The aims and objectives of the service are:

- To provide a compassionate, purposeful, person centred and recovery focused service to individuals who may be at their most vulnerable or experiencing their darkest times.
- Provide single sex inpatient environments which enables care to be contemporary and meet privacy and dignity needs.
- Using the Purposeful In-Patient Admission process we will develop individualised and co-created care plans, with specific goals and interventions.
- Implement interventions according to the care plan that promote recovery and restore mental health. All interventions will help the individual to be independent, improve their coping abilities and prevent further relapse.
- Provide an inclusive service which uses the experiences and opinions of people who use our service and their carers, to minimise the impact of mental health problems.
- Working with partners in the Third Sector to provide a socially inclusive service which promotes recovery, independence and self-determination.

Ebor Ward (Female Acute Inpatient) → Admissions / Discharges / Bed Occupancy

	Admissions	Discharges	Bed Occ %		Admissions	Discharges	Bed Occ %		Admissions	Discharges	Bed Occ %
Mar 17	7	10	98.39	Jul 17	15	13	87.37	Nov 17	16	12	90.00
Apr 17	5	9	93.61	Aug 17	14	13	82.53	Dec 17	13	18	79.30
May 17	11	16	96.51	Sep 17	8	8	86.11	Jan 18	14	14	84.14
Jun 17	14	15	90.83	Oct 17	11	13	69.35	Feb 18	15	16	94.64

Minster Ward (Male Acute Inpatient) → Admissions / Discharges / Bed Occupancy

	Admissions	Discharges	Bed Occ %		Admissions	Discharges	Bed Occ %		Admissions	Discharges	Bed Occ %
Mar 17	13	15	97.31	Jul 17	15	12	93.28	Nov 17	13	16	88.33
Apr 17	14	15	91.67	Aug 17	13	14	92.74	Dec 17	17	17	72.58
May 17	10	17	98.12	Sep 17	21	21	91.39	Jan 18	19	17	91.94
Jun 17	10	17	99.17	Oct 17	20	12	93.01	Feb 18	15	21	81.85

Mental Health and Housing

Maintaining a home from which to build a rewarding life can be difficult for those at most risk of mental health crisis. City of York Council currently provide a grant to York Housing Association to provide 4 housing related support schemes for people who need this level of support to prevent crisis and potential hospital admission.

As part of the recent review of the grant to these schemes a number of case studies were presented which highlighted the effective work being done. One example presented was of a person on a community treatment order at risk of recall to hospital, who has been supported through bereavement, problems with alcohol, financial difficulty and potential exploitation from members of the community all of which could have triggered a relapse without such housing with support.

Partners including CYC, NHS, community, voluntary and independent sectors are working together to review our approach to mental health housing with a view to ensuring those with the most complex needs have access to housing with support to prevent recurring crisis and to ensure better, earlier access to tenancies with support for those who would benefit.

Prevention of Mental Health Crisis

CYC have invested in a range of mental health and well-being activities aimed specifically at helping maintain people and improve their mental health in the community and avoid mental health crisis. This is in addition to the universal wellbeing services such as local area coordination and social prescribing which contribute to mental wellbeing.

In July 2017 CYC awarded a three year £80k per year contract to York Mind, in partnership with six local organisations, to deliver a bespoke range of activities to support individuals' mental health and wellbeing across the city of York. York Mind is working in conjunction with Converge, St Nick's, York Carers' Centre, York LGBT Forum, Sunshine Changing Lanes and Kindlewoods. Activities run across the year, with staggered start dates and include guided learning such as mindfulness, vocational courses, facilitated peer support, green exercise, woodland well-being sessions, social events, and support groups.

The programme provides a wide range of activities that people with mental ill-health can access to give them “places to go, and things to do” which can support them in their recovery. It all fits squarely within the early intervention and prevention agenda that we are promoting within the city-wide Mental Health Strategy. A Service User Steering Group helps ensure that service users are at the centre of monitoring the quality and relevance the programme and can help shape appropriate adjustments as and when feedback dictates.

Some examples of feedback from people attending some of the activities

York Carers Centre – Caring for Carers’ Wellbeing

- Laughter with the tears. I would need to reread my notes to recall everything. Each week I’d leave feeling built up and less isolated and very grateful to the organisers.

Sunshine Changing Lanes – courses on Conflict Resolution, and Anxieties and Fears

- A number of techniques to assist me – active listening, ‘I’ messages, non-blaming languages and volcano vents. Excellent workshop.
- I think the whole weekend has been brilliant! Its set out in an amazing way especially in one block weekend instead of it been weekly. The intensity of it works well.
- Given tool box and skills to understand my needs and feelings and other needs and feeling. I felt safe to open into the group.
- The course has been amazing in so many ways increasing awareness in errors of thinking.
- Everything beyond words can’t describe how much positivity and care went into making SCL it has touched me and changed my life.

St Nick's Cycling

- I always feel better after my walking and cycling sessions at St Nicks. It keeps me coming. I can tell I'm fitter and feel loads better.
- St Nicks helps me feel responsible for myself and gives me a routine that I can own.
- St Nicks has helped me greatly in various ways. I would be very sad if St Nicks didn't run any groups. It has helped me in my recovery since coming out of hospital.

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Briefing Paper for the Health, Housing and Adult Social Care Policy and Scrutiny Committee

“Priory Medical Group proposal to relocate services to proposed Burnholme Health Centre”

Background to Proposals

The Burnholme Campus which is the focus of this proposal is situated in the Heworth ward of York, adjacent to the Hull Road Ward where approximately 40% of Priory Medical Group patients live. The indices of Multiple Deprivation show that both wards are in the 20% most deprived areas in the country. Health as well as economic deprivation is of particular concern.

Mental Health condition registers are above average in these wards, with limited access to community services. The current Mental Health Provider (TEWV) has expressed an interest in improving access to community services, including co-location of services in a community health care setting including the Burnholme Campus.

Substance Misuse and Alcohol Misuse rates for the City of York are concentrated in these wards. The recent introduction of shared care primary care support with the current Substance Misuse Provider (Lifeline) has resulted in an Outstanding CQC rating for our “Care of vulnerable adults” in the Heworth Ward and we aspire to extend this to the Hull Road Ward with increased premises capacity.

The Tang Hall Lane and Park View Surgeries serve a higher than practice average number of older patients (>75 years) and also have the highest proportion of patients with Long Term Conditions.

National lottery funding was secured for this locality to fund projects focussed on social deprivation. A similar investment in premises from which to provide health and care services is now required.

The Vale of York Clinical Commissioning Group and City of York Council have described their vision for Integrated Hub based care provision across the City of York. Our proposals for Burnholme meet this vision located in the area of greatest patient need.

Integration of Care Providers

Priory Medical Group is working closely with a multitude of Health and Social Care providers and support for Burnholme development has been voiced by key providers including:

- City of York Council (CYC)
- York Training Foundation Hospital Trust (YTFHT)
- Tees, Esk, and Wear Valley Mental Health Trust (TEWV)
- York Integrated Care Team (YICT)
- Nimbuscare Limited (A GP Alliance of Priory Medical Group, Haxby Group Practice, Unity Health and My Health)

Summary of the Burnholme Proposal

Our proposal focuses on the development of a new Healthcare Centre as one element of a larger multi-agency Community Development scheme including an Older Persons Home, new housing, and relocation of community services (Library, Community Church, sports and social centres) into a single, easy to access and convenient site. The vision for the site is the creation of the “Burnholme Health and Wellness Campus” delivering a range of integrated public, private, community and voluntary activities and services. These functions will support each other and contribute to improved health and holistic wellbeing for the local community. The campus will become the focal point for a far wider range of care services than are currently available.

The Healthcare Centre will enable a fundamental and transformative expansion in the range and delivery of services provided to patients including but not limited to;

- Greater access to patient centred technologies to improve self-management thereby creating sustainable primary care capacity.
- access to a wide range of high quality integrated Clinical Services
- the transition of services from hospital based to community-based
- the consolidation of 2 GP surgeries into a single fit for purpose centre releasing resources to improve patient care
- The creation of an Urgent Care centre serving 35000+ patients as part of transformation of urgent care across primary and secondary care.
- expansion of existing Integrated Care Team services with potential to save the local health economy in excess of £2.5m per annum if adopted across Vale of York patient area

Physically the Healthcare Centre will be a 3 or 4 storey building at the heart of the campus and will share access to facilities for financial efficiency. The building will be designed to allow for future growth of services and be configured with internal flexibility to allow for the changes to and evolution of the services provided. Space within the building has been identified and allocated to the delivery of integrated Pharmacy services to the community.

Which surgeries and patients will the proposal affect?

Our proposal is centred on the relocation of the Heworth Green, Tang Hall Lane and Park View surgeries with staff and services consolidated into the new Healthcare Centre. Of wider impact will be the consolidation of Urgent Care Services into the site which will initially support patients of Rawcliffe Surgery, Victoria Way Surgery and Fulford Surgery, with the potential to expand into a multi-disciplinary Urgent Care Centre for the East side of York with the potential to deliver services beyond Priory Medical Group.

Surgery	Patients Registered	%'age of Priory Group
Tang Hall Lane	5,804	10.0%
Park View	3,877	6.7%
Heworth Green	10,552	18.3%
TOTAL	20,203	35.0%

Our proposal is aligned with the NHS GP Forward View and the VoY CCG's Interim Estate Strategy which reflects the CCG's vision for the 5 Year Forward View of the NHS. This proposal meets the key objective plans including:

- Consolidation of existing estate as part of Primary Care Reform.
- Creation of a whole system Urgent Care Centre.
- Improving Access to Self-Management through the creation of the PMG Patient Lounge concept.
- Expansion and relocation of the York Integrated Care Team enabling expansion of the successful Priory Hub (at this site to cover the East side of York) to improve care of the Elderly Population and reduce hospital admissions
- Create premises capacity to develop improved access to Mental Health services with the potential for co-location of community mental health services and resources.
- Co-location with CYCs Integrated Wellness Service to improve access to health coaching and links to the whole system Prevention Strategy.

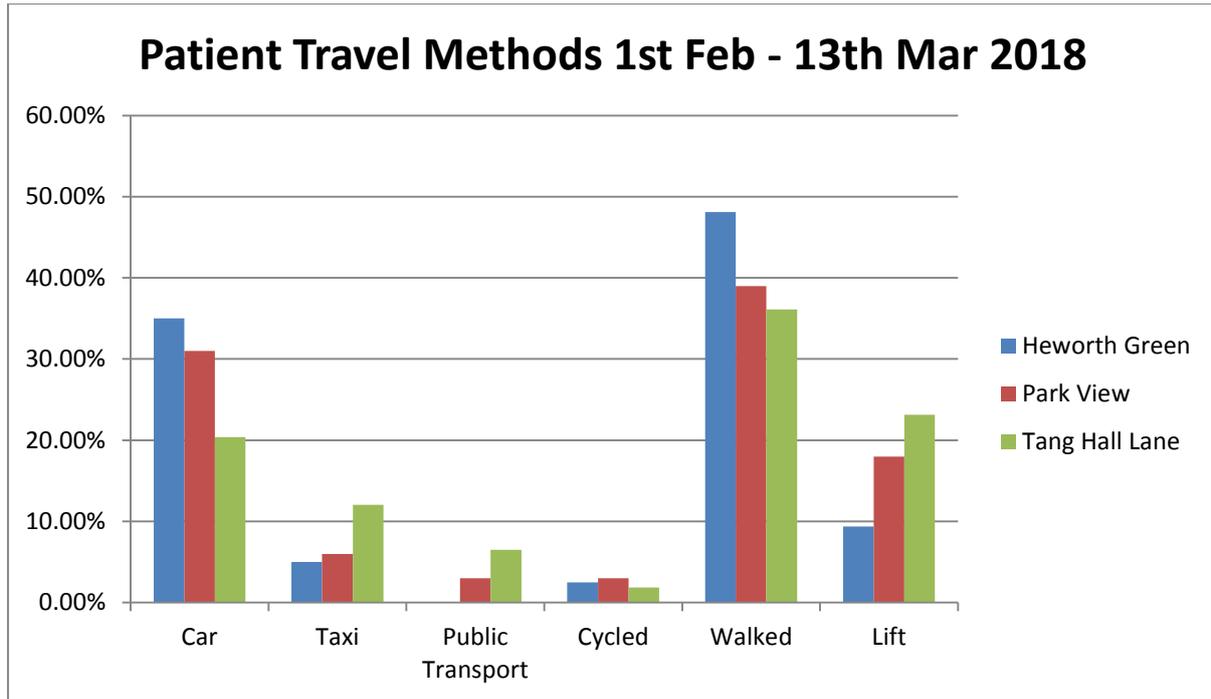
Service User Engagement

The Practice has engaged in the public consultation exercise around the Burnholme Project since 2012. This has included public meetings and attendance at community based open days (the Big Local) illustrating the Healthcare Element of the Burnholme Project. Senior members of the Practice Management team have been meeting regularly with both City of York Council and Vale of York CCG members to ensure the proposal remains in line with the City's Health and Social Care Integration and Transformation strategy.

Key members of the practice Burnholme proposal team have met with Ward Councillors to understand their views and to communicate the proposal on a face to face basis.

The Practice is also working with Healthwatch to identify health inequalities that could be addressed or could arise through the relocation of services.

The Practice will continue to engage with patients, PPG and other stakeholders, seeking and responding to queries, views and suggestions for future developments. This will be via local media, website, surgery based and social media communication channels. An ongoing survey has been running since the start of February 2018 to hear what patients think of our proposal. We specifically wish to establish patient's transportation needs and how they currently access the impacted surgeries. These are summarised below:



The Practice is in the process of forming a specific Burnholme Patient Participation Group which is distinct from routine PPG activity. A cohort of patients has offered their input to the process and will form the basis of our consultation group. Co-design of the Burnholme proposal from both service providers and services users is essential to the sustainability and resilience of Primary Care services on the East side of York.

Patient expectation and need has changed dramatically over the last decade and Burnholme provides an ideal opportunity to shape services to meet current and future patient and staff requirements.

Health, Housing & Adult Social Care Policy & Scrutiny Committee

Work Plan 2017-18

20 June 2017	<ol style="list-style-type: none">1. Attendance of Executive Member for Housing & Safer Neighbourhoods2. Attendance of Executive Member for Health & Adult Social Care3. Annual report of HWBB4. Six-monthly Quality Monitoring Report – residential, nursing and homecare services5. Update on decisions taken on smoking cessation and their impact.6. CCG Task Group Scoping Report7. Work Plan 2017/188. Urgent Business – New Mental Health Hospital Update
25 July 2017	<ol style="list-style-type: none">1. End of Year Finance & Performance Report. Health<ol style="list-style-type: none">2. Be Independent end of year position3. Report on The Retreat action plan following CQC inspection.4. Safeguarding Vulnerable Adults Annual Assurance reportHousing<ol style="list-style-type: none">5. Introduction to Safer York Partnership6. Report on new Community Safety Strategy. 7. Work Plan 2017/18 Information Reports Annual Report of Tees Esk & Wear Valleys Foundation Trust (AGM 19th July)

<p>13 September 2017</p>	<ol style="list-style-type: none"> 1. 1st Quarter Finance & Monitoring Report <p>Health</p> <ol style="list-style-type: none"> 2. Consultation on Mental Health Strategy for York. 3. Update report on York Hospital's financial situation <p>Housing</p> <ol style="list-style-type: none"> 4. Update Report on Implications of Homelessness Reduction Act 5. Update report on fire safety and housing <ol style="list-style-type: none"> 6. Work Plan 2017/18
<p>3 October 2017</p> <p>CANCELLED</p>	<p>Health</p> <ol style="list-style-type: none"> 1. Future Focus <p>Housing</p> <ol style="list-style-type: none"> 2. Review of Allocations Policy & Choice-based Lettings 3. Update Report on Housing Revenue Account Business Plan. 4. Work Plan 2017/18 <p>Information reports</p> <ul style="list-style-type: none"> • Further update report on community service provision • Annual Report of Chair of Teaching Hospital NHS FT

	<ul style="list-style-type: none"> • Annual Report of Chair of Yorkshire Ambulance Service • Annual Report of Chair of Vale of York CCG
15 November 2017	<p>Housing</p> <ol style="list-style-type: none"> 1. Update Report on Housing Revenue Account Business Plan. <p>Health</p> <ol style="list-style-type: none"> 2. Healthwatch six-monthly performance update 3. York Hospital Winter Plan Briefing Presentation 4. Future Focus programme 5. Work Plan 2017/18 <p>Information reports</p> <ul style="list-style-type: none"> • North Yorkshire Fire & Rescue Service
12 December 2017	<ol style="list-style-type: none"> 1. 2nd Qtr Finance and Performance Monitoring Report <p>Health</p> <ol style="list-style-type: none"> 2. HWBB six-monthly update report. 3. Update Report on progress of Humber, Coast and Vale Sustainability and Transformation Partnership. 4. Implementation of Recommendations from Public Health Grant Spending Scrutiny Review <p>Housing</p>

	<ul style="list-style-type: none"> 5. Update report on homelessness 6. Work Plan 2017/18
15 January 2018	<p>Health</p> <ul style="list-style-type: none"> 1. Update report on The Retreat Improvement plans 2. Six-monthly Quality Monitoring Report – residential, nursing and homecare 3. Update Report on Elderly Persons’ Homes. <p>Housing</p> <ul style="list-style-type: none"> 4. Housing Registrations Scrutiny Review – Implementation Update 5. Review of Allocations Policy & Choice-based Lettings 6. Work Plan 2017/18
19 February 2018	<ul style="list-style-type: none"> 1. New Mental Health Hospital Update Report and Presentation 2. 3rd Quarter Finance & Performance Monitoring Report 3. Work Plan 2017/18
26 March 2018	<ul style="list-style-type: none"> 1. York Teaching Hospital NHS Foundation Trust report on latest CQC inspection 2. Update report on increase in mental health crisis call handled by NY Police 3. Report on Priory Medical Group proposals to relocate services to proposed Burnholme Health Centre. 4. Work Plan

23 April 2018	<ol style="list-style-type: none"> 1. Homeless Strategy 2. Update Report on Actions Against Community Safety Plan Targets 3. Work Plan 2017/18
23 May 2018	<ol style="list-style-type: none"> 1. New mental health hospital business case 2. Report on engagement around Home First strategy 3. Healthwatch six-monthly performance update 4. Work Plan 2017/18

June: HWBB Annual report including Review of Health and Wellbeing Strategy and Update on new mental Health Strategy (TBC)

On Going Issues

CCG Recovery Plan

Better Care Fund

Healthy Child Service (Service launch in June. Data to measure trends and KPIs)

Report at a future date on North Yorkshire and York Suicide Prevention Group (Agreed January 2017)

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