

York Teaching Hospital NHS Foundation Trust

Quality Report

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

Ratings

Overall rating for this trust

Requires improvement 

Are services at this trust safe?

Requires improvement 

Are services at this trust effective?

Good 

Are services at this trust caring?

Good 

Are services at this trust responsive?

Requires improvement 

Are services at this trust well-led?

Requires improvement 

Summary of findings

Letter from the Chief Inspector of Hospitals

We inspected the trust from 17 to 20 March 2015 and undertook unannounced inspections on the 30 and 31 March 2015 and the 11 May 2015. We carried out this comprehensive inspection as part of the CQC's comprehensive inspection programme.

We inspected the following core services:

- The York Hospital – urgent and emergency care, medical care, surgical care, critical care, maternity care, children's and young people's services, end of life care, outpatient services and diagnostic imaging.
- Scarborough Hospital – urgent and emergency care, medical care, surgical care, critical care, maternity care, children's and young people's services, end of life care and outpatient services and diagnostic imaging.
- Bridlington Hospital - medical care, surgical care, end of life care and outpatient services and diagnostic imaging.
- Community Health Services – including:
 - Community health inpatient services at White Cross Court Rehabilitation Unit, Archways Intermediate Care Unit, St Monica's Community Hospital, New Selby War Memorial Hospital, Malton Community Hospital and Whitby Community Hospital Community end of life care
 - Community health services for children, young people and families
 - Community health services for adults
 - Community end of life services

Overall, the trust was rated as requires improvement. Safety, responsiveness and well led were rated as requires improvement. Effective and caring were rated as good.

The trust leadership had generally been stable over the last few years but had recently seen some changes: two appointments had been made, a chief operating officer in 2015 and in the latter part of 2014 a new director of nursing. A new chairman was to start in April 2015. The trust was half way through a five year integration plan following the acquisition of Scarborough and North East Yorkshire NHS Trust and had also acquired community services in 2011. These acquisitions had considerably

increased the size and complexity of the Trust. At the time of inspection, as part of its programme of continued improvement, the trust was in the process of reviewing its governance and reporting arrangements.

Our key findings were as follows:

- Care and treatment was delivered with compassion and patients reported that they felt they were treated with dignity and respect.
- Patients were able to access suitable nutrition and hydration, including special diets. Patients were satisfied with their meals and said that they had a good choice of food and sufficient drinks throughout the day.
- We found the hospitals were visibly clean, hand-washing facilities and hand cleaning gels were available throughout the services and we saw good examples of hand hygiene by all staff. The last episode of MRSA septicaemia was more than 500 days prior to the inspection.
- The provider was unable to consistently provide safe staffing levels across the trust. There were shortages of: nursing staff on some medical and surgical wards; consultant cover within A & E; and community inpatient staff. The trust was actively trying to recruit to the majority of these roles.
- There was additional concerns regarding the operation of ward 24, the winter pressures ward at York district hospital, which was often reliant on a majority of hospital bank and agency workers to staff it.
- Patients were not always protected from the risks of delayed treatment and care as the national targets for A & E, referral-to-treatment time targets, and achievement of cancer waiting time targets were not being achieved.
- There were concerns that patients arriving in both A & E departments did not receive a timely clinical assessment of their condition.
- The trust was not achieving its own target of 75% compliance with mandatory training which included safeguarding training.
- The trust had no mortality outliers. However, the Summary Hospital-level Mortality Indicator (SHMI) for Scarborough hospital of 107 was higher than both the Trust overall (102) the England average (100) in June

Summary of findings

2014. At York hospital for the same period the indicator was 98. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

- There was no hospital-wide pain team at Scarborough; the critical care unit staff supported patients requiring pain management in-house. We were told that staff, including the consultant intensivists, were experienced and able to competently manage work relating to pain management.
- Protocols, guidelines and pathways of care in all three hospital sites were variable and not yet fully established.
- There had been significant work to develop services to support the needs of people living with dementia.
- The design and environment of the contraceptive and sexual health service clinic at Monkgate in York did not allow for full confidentiality.
- There were 10,000 records not completely secured at one of the trust's community locations.
- Governance arrangements and assurance that issues had been identified and acted upon in a timely manner required improvement.
- The culture within the trust was, in the main, positive and open. Staff wanted to work more collaboratively across the three acute hospitals and community and felt that this area was improving. There were however, some frustrations voiced by staff especially at the Scarborough and Bridlington hospitals regarding the acquisition and lack of senior leadership and presence on site.

We saw several areas of outstanding practice including:

- The appointment of a senior paediatric specialty trainee 'quality improvement fellow' for one year has led to improvements such as the use of technology in handover sessions, with further plans for development of electronic recording of clinical observations and the PAWS assessment.
- We saw positive partnership working with and support from CAMHS in York, which ensured that the acute inpatient wards had seven-day support. The community nursing team also had a CAMHS nurse specialist allocated to the team who provided psychological support for families and staff.

- The trust had developed non-cancer pathways to support quality care for patients who were at the end of life. Specific innovations included pathways for patients with COPD and heart failure and included working on advance care planning initiatives to ensure patients' preferences and choices were clear.
- The innovative way in which central venous lines were monitored, which included a central line clinical pathway. The critical care unit were finalists for an Institute for Healthcare Improvement (IHI) safety award for this pathway.
- The medical service had an innovative facilitating rapid elderly discharge again (FREDA) team, which provided multidisciplinary support and rehabilitation to elderly outlying patients.
- Ward 25, an integrated orthopaedic and geriatric ward, worked closely with the A&E department, and actively identified elderly patients with a fractured neck of femur, to speed up flow to the ward and on to theatre, had demonstrated positive outcomes of speedier rehabilitation and reduced length of stay, with the majority of patients returning to their usual place of residence.
- Phlebotomy outreach clinics in the local community, have led to improved access to the service.
- Availability of pathology services in the oncology outpatient department, meant that up-to-date blood results were available for patients when they saw the consultant in clinic. Treatment changes were based on up-to-date information.

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

Importantly, the trust must:

For York hospital:

- 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.
- 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 including;

Summary of findings

nursing staff on medical and surgical wards; consultant cover within A & E; and registered children's nurses on ward 17 and other clinical areas where children were treated..

- ensure there are suitable arrangements in place for staff to receive appropriate training and appraisals in line with Trust policy, including the completion of mandatory training, particularly the relevant level of children and adult safeguarding training and basic life support so that they are working to the up to date requirements and good practice.
- address the breaches to the national targets for A & E, referral-to-treatment time targets, and achievement of cancer waiting time targets to protect patients from the risks of delayed treatment and care.
- ensure that patients' privacy and dignity is maintained when being cared for in the bays in the nursing enhanced unit based on ward 16.

For Scarborough hospital:

- 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, on the medical and surgical wards, operating department practitioner (ODP) cover within theatres, radiology and senior medical cover in relation to cross-site working. Additionally within critical care the provider must ensure staffing levels are adequate to ensure clinical education, unit management, clinical coordination, continuity of care, and effective outreach.
- ensure that there is adequate access for patients to pain management and dietetic services within critical care.
- ensure improvements are made in the 18 week referral to treatment time target and cancer waiting times so that patients have access to timely care and treatment.
- ensure that staff, especially within medicine, outpatients & diagnostics and critical care, complete their mandatory training, and have access to necessary training, especially basic life support, mental capacity and consent (Outpatients and diagnostic staff), safeguarding vulnerable adults and safeguarding children.

- ensure that pathways, policies and protocols are reviewed and harmonised across the trust, to avoid confusion among staff, and address any gaps identified.
- ensure that patient flow into and out of critical care is improved, specifically in relation to delayed discharges, delayed admissions, running at high capacity and non-clinical transfers out of the unit.
- 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.
- ensure that there is a clear clinical strategy for both critical care and outpatients and diagnostics and that staff are engaged in agreeing the future direction and involved in the decision-making processes about the future of the service.

For Bridlington hospital:

- 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 relation to staffing of the medical and surgical areas.
- review the uptake and monitoring of training, and ensure that staff are compliant with mandatory training requirements, especially in the areas of moving and handling, fire safety, safeguarding vulnerable adults, and safeguarding children.

For community services:

- ensure 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 for community inpatient services.
- review the uptake and monitoring of training, and ensure that staff in community services are compliant with mandatory training requirements.
- ensure that patient records are fully secured when stored.
- review arrangements to support community staff working alone to ensure their safety.

In addition there were actions the trust should take and these are listed at the end of each of the individual location and community service reports.

Professor Sir Mike Richards

Summary of findings

Chief Inspector of Hospitals

Summary of findings

Background to York Teaching Hospital NHS Foundation Trust

York Teaching Hospital 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 provides community-based services in Selby, York, Scarborough, Whitby and Ryedale. Trust-wide there are approximately 1,170 beds, over 8,700 staff and a turnover of approximately £442,612m in 2013/14.

The Indices of Multiple Deprivation indicates that York is the third least deprived city (out of the 64 largest cities in the UK) and is the 87th least deprived borough out of the 326 boroughs in the UK. North Yorkshire is a relatively prosperous county compared to the rest of England, although there are pockets of deprivation. Eighteen Lower Super Output Areas (LSOAs) within North Yorkshire are amongst the 20% most deprived in England. Fourteen of these LSOAs are in the Scarborough district (around Scarborough and Whitby), two in the Craven district (around Skipton), one in the Selby district and one in the Harrogate district.

Bridlington is in the East Riding of Yorkshire and has a relatively high deprivation indices compared with other parts of the East Riding. The annual death rates in the Bridlington and Driffield area, at 11.9 deaths per 1,000 people, are higher than the East Riding average of 10.0 deaths per 1,000 people. Bridlington North has the highest annual death rate and the East Wolds and Coastal area has the lowest annual death rate, at 15.4 deaths per 1,000 people and 8.2 deaths per 1,000 people respectively. (Annual District Death Occurrence files & Vital Statistics [Office for National Statistics] & Exeter System).

Major disease and illness is more prevalent in the Bridlington and Driffield area than in the East Riding as a whole. For example, coronary heart disease, affects 6.1% of patients in the Bridlington and Driffield area compared with the 4.7% East Riding average. There is the same prevalence in the Bridlington and Driffield area and the East Riding for dementia, which has a 0.4% prevalence

rate in both areas. The most prevalent chronic illness in the Bridlington and Driffield area is hypertension, which affects 16.8% of patients. (Quality and Outcomes Framework, NHS Information Centre).

The trust formally acquired Scarborough & North East Yorkshire NHS Trust from 1 July 2013. It also took over the management of most of the community based services in the Selby, York, Scarborough, Whitby and Ryedale areas in April 2011. There is a five year integration plan in place: 2012 - 2017. It is a university teaching trust and an integral part of Hull York Medical School.

We inspected all three acute hospitals and most community services (see below) as part of the CQC comprehensive inspection programme.

York Hospital is the York Teaching Hospitals NHS Foundation 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. There are 12 operating theatres in the main theatre suite and six operating theatres in the day unit.

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. There are five operating theatres and approximately 300 beds.

Bridlington Hospital is a satellite hospital of the acute hospital in Scarborough. It provides elective surgical, rehabilitation, and outpatients services to the local Bridlington community and the wider East coast. The hospital has two rehabilitation wards Waters and Johnson. Lloyd ward and Kent ward are the surgical wards. There is also the Shephard Day Case Unit and Lawrence Unit for medical elective services. The hospital

Summary of findings

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.

Community inpatients facilities were provided at White Cross Court Rehabilitation Unit, Archways Intermediate Care Unit, St Monica's Community Hospital, New Selby War Memorial Hospital, Malton Community Hospital and Whitby Community Hospital. The number of beds in each hospital varied from 12 to 29. Community services for adults with long-term conditions were also provided in people's own homes and clinics across the geography of the Trust.

Community health services for children, young people and families included a range of services delivered to people in the City of York and in parts of North Yorkshire. Core services included health visiting, school nursing, and a contraceptive and sexual health service. These services were complemented by specialist teams.

Community palliative and end of life care services were delivered within people's own homes with access to the acute trust, neighbouring trusts and hospices. Care was delivered by community GPs, hospital doctors, nurses, community nurses, specialist palliative care nurses, healthcare assistants and allied health professionals.

Our inspection team

Our inspection team was led by:

Chair: Stephen Powis, Medical Director, Royal Free Hospital, London

Head of Hospital Inspections: Adam Brown, Care Quality Commission

The team included CQC inspectors and a variety of specialists including medical, paediatric and surgical consultants, junior doctors, senior managers, nurses, midwives, palliative care nurse specialist, a health visitor, allied health professionals, children's nurses and experts by experience who had experience of using services.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

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

The inspection team inspected the following eight core services at both York hospital and Scarborough hospital:

- Urgent and emergency
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity and family planning

- Services for children and young people
- End of life care
- Outpatient and diagnostic services

At Bridlington hospital we inspected the four core services which were provided on this site: medical care, surgery, end of life care and outpatient and diagnostic services.

We also inspected community services which included:

- Community inpatients at White Cross Court Rehabilitation Unit, Archways Intermediate Care Unit, St Monica's Community Hospital, New Selby War Memorial Hospital, Malton Community Hospital and Whitby Community Hospital.
- Community adult services
- Community children's services
- Community end of life care

These are reported on separately.

Summary of findings

Prior to the announced inspection, we reviewed a range of information that we held and asked other organisations to share what they knew about the trust. These included the clinical commissioning groups (CCG), Monitor, NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), Royal Colleges and the local Healthwatch.

We held listening events in Scarborough on the 12 March 2015, where 12 people attended and in York on the 16 March 2015 where 17 people attended and shared their views and experiences of the Trust. As some people were unable to attend the listening events, they shared their experiences via email or telephone. We also attended additional local groups to hear people's views and experiences.

We held focus groups and drop-in sessions with a range of staff including nurses and midwives, junior doctors, consultants, allied health professionals including physiotherapists and occupational therapists. We also spoke with staff individually as requested. We talked with patients and staff from ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We carried out the announced inspection visit between 17 and 20 March 2015 and undertook an unannounced inspection in the evening on 30 March and the 31 March 2015 at York and Scarborough hospitals. A further unannounced to Scarborough was undertaken on the 11 May 2015.

What people who use the trust's services say

The results of the CQC Inpatient Survey 2013 showed the trust performed around the same as other trusts for all questions.

The Cancer Patient Experience Survey results for 2014/2014 for inpatient stays showed the trust was in the top 20% for 18 indicators and within the middle 60% of other trusts for the remaining indicators. There were no indicators within the bottom 20% of trusts.

Results of the Patient-Led Assessments of the Environment (PLACE) 2014 showed that the trust scored for cleanliness 99 (the England average was 98), food 85 (the England average was 90), privacy, dignity and wellbeing 82 (the England average was 87) and for facilities 94 (the England average was 92).

Between March 2013 and October 2014 the trust performed better than the national average in the Friends and Family test results for the percentage of people who would recommend the service to others apart from the months September 2013 and October 2014.

Written complaint numbers have remained at a consistent level for a number of years. An increase in the figures 2012/13 is explained by the merger of York and Scarborough, bringing the two sets of complaints data together in a single figure from that point onwards.

The local Healthwatch reported that the themes coming out of engagement with local people about the trust. The main themes were that 79% of people who responded felt they were treated with kindness and respect; 70% felt their treatment needs were met and 79% felt the services kept them safe from harm.

Facts and data about this trust

There are 12 locations registered with CQC of which ten are hospitals associated to this teaching trust, three of which would be classified as acute district general hospitals, three community hospitals with two Rehabilitation Hospital. There are also a number of Satellite Renal Units.

In 2013/14 there were approximately 1,171 beds trust-wide of which:

1103 General and acute

44 Maternity

24 Critical care

Summary of findings

In 2013/14 there were approximately 7,210.30WTE (whole time equivalent) staff working within the Trust of which:

709.95 Medical

2098.15 Nursing

4402.20 Other

For 2013/14 the trust had a revenue budget of £442,612m with a full cost of £443,566m and a deficit of £951k.

Data provided by the Trust indicated that there were over the last year:


- Electives & Day cases: 73,000

- Emergency Admissions: 50,000
- Outpatients: 780,000
- Births: 5,000
- Community Contacts: 112,000
- ED Attendances: 188,000

The trust was last inspected by CQC in July 2013. We inspected maternity and accident and emergency (A & E) services in both Scarborough and York hospitals. York hospital was compliant with the regulations however Scarborough A&E department required improvement. We re-inspected the A&E department in December 2013 and found it to be compliant.

Summary of findings

Our judgements about each of our five key questions

| | Rating |
|--|--|
| <p>Are services at this trust safe?</p> <p>Summary</p> <p>Incidents were reported, however staff confirmed that feedback and learning was incidents required improvement. Safeguarding training for staff was below the required levels set by the Trust. Nurse staffing was recognised as a significant risk to the organisation, especially within Scarborough hospital. There were also role specific staffing issues across the Trust, for example A&E consultants. There were also concerns about the management and staffing of the winter pressures ward at York hospital.</p> <p>Duty of Candour</p> <ul style="list-style-type: none"> • The Board were aware of the Duty of Candour and received regular briefings. • There was a “Being Open” policy in place. • Training and presentations had been provided for staff along with posters and information about being open with patients and the duty of candour. • Staff we spoke with were aware of the requirements of Duty of Candour. • Staff were requested to record in writing in patient’s notes and the Datix incident reporting system when patients had been spoken with and written to. <p>Safeguarding</p> <ul style="list-style-type: none"> • The safeguarding strategy was underpinned by safeguarding policies and procedures. • There were named leads for children’s and adult services, including at Trust Board level. The chief nurse had safeguarding as part of their portfolio of responsibilities and staff reported that safeguarding was given more priority than previously. • There were quarterly updates to the Board via the Quality and Safety board committee. • The chief nurse was the nominated lead for safeguarding at Board level. Both adult and children’s safeguarding teams were aligned under the chief nurse. A senior lead for safeguarding was appointed and commenced full time in post on 1 October 2014. There was a designated nurse for safeguarding children, a | <p>Requires improvement </p> |

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named doctor for child protection, and a consultant paediatrician lead for Looked After Children. In addition there were two named nurses for children and lead nurses for both adult safeguarding and learning disability.

- There was a full time named midwife for child protection across YTHFT based at Scarborough Hospital supported by a half time midwifery child protection advisor based at York Hospital.
- There was safeguarding training available for staff but in many areas there was poor completion especially level 2 training. The overall compliance rates for 2013-14 were: Level 1 (e-learning for every staff member) 59% compliance; Level 2 (face to face for all staff who work with children & young people, and adults who are parents or carers) 36% compliance; and Level 3 (face to face training for all staff who work predominantly with children, young people & families) 70% compliance
- Safeguarding “Prevent” training was on the risk register as most areas were not on target to achieve the required training level in 2014/15.
- There was representation from the Trust on the Child sexual exploitation group which was a sub-group of the Children’s Safeguarding Board.
- Policies had recently been rewritten and circulated for consultation. These included the Safeguarding Children Policy and the Allegations of Abuse or Neglect Against YTHFT Employees Policy & Procedure

Incidents

- There has been one never event reported as wrong site surgery at Scarborough Hospital in general surgery.
- Of all the serious incidents (SIs) requiring investigation slips, trips and falls accounted for 38% and pressure ulcers grade 3 for 33% of incidents.
- 94% of all incidents were reported with no or low harm.
- The trust was reporting fewer incidents per 100 admissions than the England average. Our analysis indicated that this was not statistically different.
- Rate of falls increased overall between July 2013 and January 2014. From April 2014 the number of falls ranged from 214 per month to 282 except in November 2014 when they dropped to 179 falls.
- The trust was performing worse than the national average for the development of pressure ulcers. The prevalence rate for grade 3/4 pressure ulcers was consistently above the national average accounting for 79% of all serious incidents reported,

Summary of findings

although there had been a steady decrease throughout the year. The occurrence of newly developed pressure ulcers from July 2013 onwards was overall consistent until a significant rise to 65 in January 2015.

- There had been improvements in the rate of catheter urinary tract infections, which had decreased in July 2013, then remaining low throughout the year.
- Incidents were reviewed at a senior management group on a weekly basis which included the medical director and chief nurse.
- There was an SI committee that met monthly to review SIs and was chaired by a member of the consultant body.
- There was an electronic reporting system in place for incidents and staff were aware of how to use this. Staff reported that they were confident in using the system. However, most staff said that on an individual level feedback and learning was inconsistent.
- Some learning was shared across services from incidents, and discussions had at governance and ward meetings. However, we found actions from incident investigations were not always timely or led to changes in practice.

Staffing

- There was a nursing and midwifery strategy in place which dovetailed with patient experience, patient safety and infection and prevention control. The first year of the strategy included the development of nursing care indicators for the Trust. The first quarterly report of which had just been presented to Board.
- Since the acquisition there had been a growth in substantive consultants, reducing reliance on some locum appointments and significant investment in nursing posts (£5.2m post-acquisition).
- Trust-wide the staffing concerns were low numbers of junior medical staff, nursing vacancies, especially on the Scarborough site and some dependency on locums. At the time of the inspection there were 42 nurse vacancies at Scarborough hospital (30 on the wards and 12 in outpatients) and 56 vacancies at York (all ward-based).
- Staff were unable to tell us if their establishments were based on the use of an acuity tool. Board papers indicated that the staffing establishment was set on the number of beds on each ward.
- Nurse staffing issues were most acute during the day, with some wards falling below an 80% fill rate for RNs.
- Where low numbers of RNs were evident, the trust tried to provide greater numbers of healthcare assistants (HCAs),

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although this was not always possible. This was reflected in the staffing figures. For example, The elderly wards 23, 26 and 35 at York hospital had RN fill rates of 79.3%, 75.1% and 73.2 % respectively, with 97.6%, 111.9% and 117.2% fill for HCAs.

- There was additional concerns regarding the operation of ward 24, the winter pressures / escalation ward at York district hospital, which was often reliant on a majority of hospital bank and agency workers to staff it. The budgeted establishment was 17.6 whole time equivalent (WTS) Registered Nurses (RNs) and there were only 9.6 WTE RNs in post. Some of the temporary staff had been in post since this ward opened as an escalation ward which helped to mitigate the risk of staff not being familiar with the ward or the policies and procedures.
- Additionally where wards showed an over 100% fill rate for care staff this was due to the enhanced supervision requirement of some patients.
- There was a workstream in place to review the role of healthcare assistants and what enhanced roles they may develop to support registered nurses, for example, observations and taking blood sugars.
- The trust had recently introduced advanced care practioner roles: there were two working in the acute medical unit at York; one in elderly medicine at York; six recently trained to work in A&E (four of which were in Scarborough). There were a further 12 staff on the training programme.
- Data for August 2014 to March 2015 showed that staff had been moved 157 times from Bridlington to ensure that wards at Scarborough had sufficient staffing levels.
- Wards and departments had planned and actual staff numbers on display.

Are services at this trust effective?

Services within the trust were rated as good for delivering effective care. Policies and pathways were based on NICE and other best practice guidelines, and were available to staff and accessible on the trust's intranet site. The trust had no mortality outliers. We witnessed strong and respectful multidisciplinary team (MDT) working during our inspection, and this was corroborated by feedback from all disciplines spoken with.

Good



Evidence based care and treatment

Summary of findings

- We saw that National Institute for Health and Care Excellence (NICE) guidance, The Royal Colleges' guidance and other national best practice guidance was disseminated to departments with, in many instances, a lead clinician taking responsibility for ensuring implementation.
- Staff we spoke with were aware of NICE and other guidance that affected their practice and were able to talk to us in detail about patient treatment pathways.
- National audits were contributed to as expected, and we were given evidence of changes made by specialities in response to their outcomes.
- We saw that the departments were adhering to local policies and procedures. Staff we spoke with were aware of how they affected patient care.
- The trust had a standard operating procedure in place for Ionising Radiation (Medical Exposure) Regulations.
- The diagnostic imaging department carried out quality-control checks on images to ensure that imaging met expected standards.

Patient outcomes

- The trust had no mortality outliers. However, the Summary Hospital-level Mortality Indicator (SHMI) for Scarborough hospital of 107 was higher than both the Trust overall (102) the England average (100) in June 2014. At York hospital for the same period the indicator was 98. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.
- Patients arriving in the A & E departments did not receive a timely clinical assessment of their condition. The trust was not working to the College of Emergency medicine guidelines regarding clinical triage of patients arriving in the departments. Figures supplied by the trust showed that only 44% of patients were clinically assessed within 15 minutes at York. This was also highlighted to the Trust as a concern at Scarborough.
- Patients who walked into the A & E department at both Scarborough and York, or who were brought by friends or family, were directed to a receptionist. Once initial details had been recorded, patients were asked to sit in the waiting room while they waited to be assessed by a nurse. If the receptionist thought that their injury or ailment was a minor one, they would wait to see an emergency nurse practitioner. Some of these patients were not clinically screened or triaged at all.

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- We raised this as concern with the Trust at the time of the inspection. At Scarborough hospital the trust had implemented a nurse led streaming service between 8am to 10pm each day: figures indicated that between 1 April 2015 - 10 May 2015 52% of patients had been seen by a clinician within 15 minutes of arrival.
- National audit results for patient outcomes were the same as or better than national averages for most services. For example, the York hospital results for the Myocardial Ischaemia (heart attack) National Audit Project (MINAP) for 2013/14 were better than national averages for most indicators. There were some other areas that indicated a deterioration in service such as the Sentinel Stroke National Audit Programme for the Scarborough hospital.
- Overall, the trust had a shorter length of stay than the England average for both elective and non-elective admissions, and overall, medical re-admission rates were better than England averages. However, Scarborough hospital had a longer stay than the England average for non-elective medical admissions.
- The Trust's outcomes for Patient Reported Outcome Measures (PROMS) between April 2013 and December 2014 for hips, knees and groin hernia repair showed that the percentage of patients who had improved following each procedure was in line with the figures reported nationally.
- The follow-up to new ratio for appointments at the Trust was consistently worse than the national average from September 2013 to April 2014: York Hospital has performed worse than average with Bridlington and Scarborough performing better than the national average throughout the same period. No further national data was available at the time of the inspection. There was no hospital-wide pain team at Scarborough hospital; the unit staff supported patients requiring pain management in-house. We were told that staff, including the consultant intensivists, were experienced and able to competently manage work relating to pain management.

Multidisciplinary working

- We witnessed strong and respectful multidisciplinary team (MDT) working during our inspection, and this was corroborated by feedback from all disciplines spoken with.
- Daily ward rounds were carried out in which the clinical care of every patient was reviewed by members of the multidisciplinary team, which were led by the consultant managing the patient's care.

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- Staff told us that there was effective communication and collaboration between teams, which met regularly to identify patients requiring visits or to discuss any changes to the care of patients.
- Discharge letters were sent to the patient's GP and a copy of the letter provided to the patient.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Consent forms identified the procedure to be undertaken and its associated risks. There were documented records of the healthcare professional responsible for consulting the patient, and the forms also included patient signatures to indicate that they were providing consent to undergo any proposed procedure.
- All patients we spoke with told us that they had been asked for their consent before surgery. They said that the risks and benefits had been explained to them and they had received sufficient information about what to expect from their surgery.
- Staff had readily accessible guidance and information, and knew who to contact for advice and support if needed.
- Staff demonstrated a good understanding of consent, mental capacity and best interest decisions, and accessed training through an e-learning platform.
- This was illustrated, for example, on Ward 37 at York, the elderly mental health assessment ward. The ward regularly had significant numbers of patients with limited mental capacity, confusion and often challenging behaviour. Ward 37 was a locked ward, and all patients were assessed for mental capacity on admission to seek consent to remain on a locked ward.
- Deprivation of liberty safeguards (DoLS) were in place for patients who lacked capacity to consent.

Are services at this trust caring?

Summary

We found that services provided at the trust were caring and compassionate. Patients confirmed that they were treated with dignity and respect, that they were involved in their care decisions and felt generally well informed.

Analysis of patient feedback and surveys showed that on the whole patients were satisfied with the care and treatment at the trust.

Compassionate care

Good



Summary of findings

- We observed positive, kind and caring interactions between staff and patients on wards, clinics and in patients' homes.
- Call bells on the wards were mostly answered promptly and were in reach of patients who needed them.
- Patients told us that, although staff were very busy, the standard of care they had received was good and all their clinical needs had been met.
- The NHS Friends and Family Test recommendation rate was consistently above the England average between March 2013 and November 2014 except for two months which were September 2013 and October 2014. The Friends and Family Test requires all patients, after discharge from hospital, to be asked: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?
- The trust performed around the same as other trusts in relevant questions in the CQC's Inpatient Survey 2013.
- The cancer patient experience survey results for 2013/2014 for inpatient stays showed the trust was in the top 20% nationally for 18 out of 34 questions with the remainder similar to other trust nationally.
- The Patient-led Assessments of the Care Environment (PLACE) for both 2013 and 2014 indicated that the Trust performed worse than other trusts in relation to privacy, dignity and wellbeing with scores of 82 and 83% compared with the England average of 88 and 87%

Understanding and involvement of patients and those close to them

- Patients reported that they felt able to talk to staff about any concerns, either about their care, or in general.
- We saw that staff discussed care issues with patients and relatives where possible and these were generally clearly documented in patient notes.

Emotional support

- We observed members of staff who were responsive to and supportive of patient's emotional needs. For example, we observed nurses, play specialists and other staff providing emotional care and support to children who were upset.
- There was a bereavement service which was easily accessible.
- There were services available that patients could be referred to, for example, counselling services, psychologists and mental health teams.

Are services at this trust responsive?
Summary

Requires improvement



Summary of findings

We found that staff were responsive to people's individual needs. However, the trust was failing to meet the national waiting time targets, such as the 18-week referral to treatment time (RTT) target, the A&E target and the achievement of cancer waiting times.

Surgery had systems in place to plan and deliver services to meet the needs of local people, including the provision of a newly designed surgical ward and assessment unit at Scarborough hospital. For critical care services service and strategic planning was at an early stage and there was a lack of certainty in terms of the future design of the service and the immediate mitigating actions in terms of delayed discharge, delayed admissions and high capacity.

There were effective processes in place to support patients with learning disabilities and a dementia strategy which was being refreshed. Some patients raised concerns about being nursed in mixed-sex accommodation on the nursing enhanced unit.

Information about the trust's complaints procedure was available for patients and their relatives. However, the siting of the PALS was not responsive to people's needs. PALS staff did not have immediate access to a private space and were seeing some patients and carers in a corridor.

Service planning and delivery to meet the needs of local people

- The majority of the trust's services were commissioned by three clinical commissioning groups based on the needs of the local populations.
- The major challenge for the trust was to provide medical care services for an increasing elderly population, which was expected to increase significantly over the next five years. There was also expected to be a significant service requirement for the management of dementia and other long-term conditions.
- The trust had identified that reconfiguration, particularly of the acute medical beds, was required to meet patient needs. The reconfiguration was in progress, and some changes had already been implemented.
- There was also a review of the surgical provision and work was in progress to deliver more elective cases at Bridlington hospital to help relieve the pressure on beds in Scarborough. Orthopaedic surgery had been developed in Bridlington and there were plans to reconfigure ophthalmology services.
- As part of the Theatres and Anaesthetics Directorate, the critical care units of at York Hospital and Scarborough Hospital were officially merged in April 2013. We found that the more practical aspects of the merger, particularly in terms of joint working, did

Summary of findings

not start until September 2014 or later. It was evident that the changes were relatively new and were still becoming embedded. We discussed, and requested documentation, around service planning and there was evidence of early discussions about critical care services for both York Hospital and Scarborough Hospital.

- The executive team highlighted specific areas that required development to meet the needs of local people, for example the Scarborough obstetric and paediatric services.
- The trust had introduced 'Operation Fresh Start' at Scarborough, an initiative to improve patient flow and allow managers to make decisions about the number of patients requiring beds who were admitted to the hospital. Ward-level discharge liaison officers were in post to facilitate the process of patient discharge and a patient flow manager had recently been appointed. Staff told us that the system was making a difference.

Meeting people's individual needs

- There was a board lead for equality and diversity: a non-executive director with the executive lead as the director of corporate development.
- For patients who did not speak English, or who had other communication difficulties there were a number of interpreting services available which included: by telephone; face-to-face; sign language. There was also typetalk, hearing loops and document translation to braille/audio/CD.
- A learning disability nurse was available to support patients with learning disabilities in acute settings. Staff were available to work with patients who needed extra support. For example, some patients were able to attend mock appointments and be supported by the learning disability team, who explained appointment and diagnostic processes to help to allay people's fears and phobias.
- Patients we spoke with told us that their care was individualised, and we observed discussions around care and treatment, and documentation that demonstrated this.
- Staff told us they had access to information about different cultural, religious and spiritual needs and beliefs.
- Staff reported that they sometimes had difficulty in answering buzzers, and felt that patients were at times "queuing for the toilet", or unable to be sat out of bed for meals, as staffing numbers were too low.
- Male and female patients were being cared for in the same bay in the nursing enhanced unit based on ward 16 at York hospital.

Summary of findings

The unit consisted of two six-bedded bays, which allowed closer observation of level one dependency patients. Three female patients raised concerns with us about being nursed in mixed-sex bays.

- As part of the enhanced recovery programme in orthopaedics, patients were involved in the preparation and planning before admission, pre-operative assessment, recovery and early mobilisation. This meant that patients were better prepared to manage when they were back at home.
- There were two stoma nurses and an upper gastrointestinal specialist nurse who provided advice and support for patients during their pathway of care. Nurses saw patients in a clinic and provided follow-up care at home.

Dementia

- There was a dementia strategy in place for 2013 – 2015 with work to update the strategy for 2016 – 2019 to be completed by November 2015.
- The re-design of a pathway of care for patients with dementia had been completed and was in use by medical staff when a patient was admitted acutely to AMU, surgery or orthopaedics across both acute sites.
- Work had been undertaken by the Nursing Documentation Steering Group in the design of essential care plans. This includes a revised COMFEE tool and care plan for communication, for use with all patients with dementia or cognitive impairment. The care plan was being piloted on ward 26 at York hospital, White Cross Court and Ann Wright Ward.
- There were Commissioning for Quality and Innovation (CQUIN) results for quarter one and two of 2014/15 that indicated that the Trust had achieved the successful implementation of the dementia pathway overall but there were challenges within the surgical and orthopaedic directorates, where compliance with the pathway required improvement. The CQUINs included: the number of patients admitted over 75 years as an emergency admission who were reported as having a known diagnosis of dementia or clinical diagnosis of delirium, or who have been asked the dementia case finding question (achieved 90.6%); the number of the above patients reported as having had a diagnosis assessment including investigations (achieved 100%) and the number of above patients referred for further diagnostic advice in line with local pathways agreed with commissioners (achieved 100%).

Summary of findings

- York hospital had a Mental Health Assessment Liaison Team (MHALT) who reviewed patients with dementia and provided clinical input five days per week. This team provided a standard assessment of patients with dementia.
- Scarborough hospital has recently had approval for the implementation of a MHALT nursing team. A band 7 and three band 6 nurses commenced in post in January 2015.
- There was a standardised assessment of function related to the assessment by an allied health professional (AHP) but this had yet to be implemented. The AHP's used an assessment tool but it was not standardised across the Trust.
- Both the dementia pathway and delirium pathway provided standardisation of assessment on admission.
- The forget me not flower symbol as an identifier for patients living with dementia had been in use in Scarborough Hospital for some time.
- As part of the national dementia CQUIN the trust captured feedback from carers. This was then reviewed and actions implemented. The patient information booklet titled "This is about me" for use by staff across the trust was changed as a result of feedback. Out of 43 carers contacted 36 said they felt supported by staff.
- From April 2014 to November 2104 a total of 1,119 staff completed dementia level 1 and 186 staff completed level 2 training.
- There were senior clinical leads for dementia; an assistant director of nursing and an elderly care clinician.
- There has been work undertaken in relation to improving the inpatient environment on both acute sites. This has included the refurbishment of wards 37 and 23 on the York site and Oak ward at Scarborough. The refurbishment of ward 37 was in accordance with Stirling University dementia good design principles. All three wards are care of the elderly and had a high number of patients admitted with dementia.

Access and flow

- Acute flow and capacity compromised the quality of care at times, especially at Scarborough hospital and in a number of services, for example A&E, cancellations of surgery, and care within the acute medical unit at York hospital.
- Once patients were within the treatment areas of A&E at York, their initial needs were responded to in a timely manner. However, there were delays of over an hour in nurse assessment for ambulance patients. This was caused by crowding in A&E, mainly due to difficulty admitting patients to wards. There was little evidence of an effective or co-ordinated

Summary of findings

hospital-wide approach to improving patient flow through the department. In the year leading up to our inspection, the department had been unable to meet the national target of admitting or discharging 95% of patients within four hours.

- Patients who had been referred by GPs to the acute medical unit at York sometimes had to use a ward waiting room, which regularly overflowed into the corridor. Ward records showed that there had been up to five patients waiting, at any one time, in the corridor in the two weeks prior to the inspection. This had been exacerbated by the need to change the use of 10 beds on the adjacent ward, which had been used by AMU for frail elderly patients, into winter pressure beds.
- Bed occupancy levels were consistently above the England average which may have added to the flow and capacity problems within the hospitals.
- The trust was failing to meet the national waiting time targets, such as the 18-week referral to treatment time (RTT) target, the A&E target and the achievement of cancer waiting times.
- The surgical directorate was not meeting its targets for the 18-week RTT pathway in five of the eight surgical specialties.
- Between April and December 2014, there were 334 elective operations cancelled at York hospital at the last minute for non-clinical reasons. The main non-clinical reason for cancellation of elective surgery was a lack of available beds (NHS England, 2014).
- The Scarborough critical care service was running at a consistently high occupancy rate of 100% and above. For example, over the New Year of 2014, the unit had run at between 100% and 104% capacity. At high capacity, some patients were transferred and managed by a member of the outreach team on the post-anaesthetic care unit (PACU). Ideally, according to national guidance, occupancy rates should be between 80% and 85%.
- The Scarborough critical care service was a significant outlier in terms of non-clinical transfers out. We were informed that a business case had been submitted relatively recently to increase the bed capacity on the unit to deal with delayed discharges, delayed admissions, high running capacity and non-clinical transfers out.

Learning from complaints and concerns

- The Trust's Patient Experience Team was within the Chief Nurse's directorate. There was a lead nurse for patient

Summary of findings

experience and they were supported by the head of patient experience. The team had three main functions: handling concerns and complaints; Patient Advice and Liaison Service (PALS) and patient and public involvement (PPI).

- Information and learning from complaints was presented to the Board's Quality and Safety committee on a quarterly basis.
- The chief nurse was leading a piece of work to further develop themes and tracking of complaints alongside identifying any services / wards that had high levels of complaints.
- The trust had recently started to display patient experience boards which included "You said, we did.." information as part of its feedback to patients and visitors about improvements made following concerns raised.
- PALS staff were observed to have a caring and supportive approach with a good telephone manner. However, the siting of the PALS was not responsive to people's needs. PALS staff were seeing patients and carers in a corridor. Where possible the staff told us they found a private space and could pre-book a room if the meeting was planned.

Are services at this trust well-led?

Governance arrangements and assurance that issues had been identified and acted upon in a timely manner required improvement. Corporate level risks and the Board Assurance Framework (BAF) were presented to the Board as indicated from the papers within the private (part two) Board minutes of September 2014. However, not all significant concerns identified during the inspection were highlighted as risks. Additionally, during the inspection, staff we spoke with had difficulty in locating the BAF. . The trust was however, reviewing its governance structures and developing a new BAF. The urgency to act on concerns and ensure that lessons were learnt required improvement.

Staff were mostly positive regarding the leadership of the organisation and had seen the chairman, chief executive and some non-executives. However, some staff on the Bridlington site in particular, felt that the acquisition of the hospital had not been well managed and that there was a disconnect between the executive trust team and staff working in Bridlington. Staff told us they felt less regarded and less important than at other sites.

There was a clearly articulated vision and strategy for the Trust and an ongoing five year integration plan following the acquisition of Scarborough & North East Yorkshire NHS Trust.

In the main the culture was open and transparent. There were a number of examples of innovation, improvement and sustainability.

Requires improvement



Summary of findings

Vision and strategy

- The trust had a clear ultimate objective to “Be trusted to deliver safe, effective healthcare to our community” supported by a set of values and four locally agreed standards to: improve quality and safety; develop and enable strong partnerships; create a culture of continuous improvement and: improve our facilities and protect the environment.
- The vision, values and objectives were set out in documents. Senior management were able to describe the vision and objectives.
- The trust acquired both Scarborough & North East Yorkshire NHS Trust and community services for the wider York catchment and the north-eastern part of North Yorkshire in 2012 and 2011 respectively.
- A five year integration plan 2012-2017 had been developed to manage the acquisition process. The trust was midway through the integration, which was taking place in stages, and most recently had seen the integration of the critical care services across the two hospital sites.
- The trust indicated that at the time of the acquisition both organisations had a lack of investment in services and estate, together with management instability; different cultures, inconsistent leadership & disenfranchised staff; poor governance, and difficulty in recruiting medical, nursing and specialist staff.
- Some of the community health services, remained in transition as contracts were being renegotiated with local commissioners. The trust had in place a lead director for community services to further develop and improve the momentum of that integration.
- There were clinical alliances with other organisations, especially Harrogate and District NHS foundation trust and Hull and East Yorkshire hospitals NHS Trust.
- There was also a strategic plan in place for the trust for 2014-19. Within it there was a summary of key developments going forward for most of the services within the trust.
- There was a patient safety strategy in place for 2014-16 which focussed on six specific areas: ensuring constancy of care; reduction of harm; reduction of mortality; end of life care; infection prevention and control and; action on areas of frequent harm.
- Progress and delivery of the strategies and plans were monitored through the Board and its supporting committees.

Summary of findings

- The development of directorate strategies was variable, for example staff were able to articulate the surgical services strategy but staff in critical care were unsure as to the future direction of their service.

Governance, risk management and quality measurement

- A review of the governance of the organisation was ongoing at the time of the inspection to strengthen the governance framework. This was expected to be completed by the end of March 2015. The work was being led by the Chief executive with involvement from the non-executive directors.
- Corporate level risks and the Board Assurance Framework (BAF) were presented to the Board as indicated from the papers within the private (part two) September 2014 Board minutes. However, not all significant concerns identified during the inspection were highlighted as risks. Additionally, during the inspection, staff we spoke with had difficulty in locating the BAF. Responsibilities and accountabilities for the management of risk were being reviewed and were articulated within the existing BAF and risk register. The arrangement of the BAF dated September 2014 was planned to fit with the Director's portfolios. Senior staff who we interviewed in the main understood their roles and responsibilities. However, responsibilities regarding risk were not set out explicitly within the risk strategy.
- At the time of inspection, we were unable to fully understand the structure of the assurance framework both in terms of documentary evidence and from interviews with staff.
- The corporate risk register reflected the risks in the service risk registers. However, not all risks we identified were on the risk register. For example during the inspection we were informed that a new urgent care centre (run by another provider) was opening adjacent to the emergency department at Scarborough Hospital two weeks after the inspection. The service shared the same reception and initial screening staff with the ED. At the time of the inspection there were no formally agreed standard operating procedures or formally agreed contracts in place; training was proposed to take place during the week that the unit opened. In addition the agreed opening was during the Easter bank holiday. The trust's governance had not highlighted this to be a risk to the organisation, and there was no risk mitigation plans in place. We fed back to the Trust our concerns during the inspection and wrote to the trust requesting further assurances regarding the safety of service element run by the Trust which included evidence of training

Summary of findings

and additional staffing. Evidence from the trust and unannounced inspection indicated that most but not all staff had been trained and that during the day an ED nurse was allocated to deliver the initial screening of patients.

- At the time of the inspection we raised concerns regarding a possible theme for some of the headache/head injury incidents reported at both York and Scarborough A&E departments. The executive were aware of the incidents. However, a themed review had not been completed to ascertain whether there were systematic failures in the streaming and clinical assessment of these patients.
- Following the inspection the trust, in a letter dated 27 March 2015 informed us that the reports for the specific incidents had been completed and have been reviewed by the Serious incident group. Some actions have already been implemented and we were told that none of the cases related to the process for streaming and clinical assessment.
- Following the inspection there was a further serious incident recorded at Scarborough hospital in relation to a head injury which was being investigated by the Trust.
- Executive directors had recognised that their most significant risk was staffing vacancies, especially within the Scarborough site. Work had latterly being progressed to develop alternative posts and to recruit overseas.
- At the time of inspection there were external reviews ongoing concerning the governance of obstetrics and paediatrics at Scarborough following serious incidents.
- Data collection to analyse and monitor where improvements to services could be made required improvement. For example recording and analysing whether a person's choice of preferred place of care at the end of life was achieved and the accurate recording of mandatory training figures.
- Risks have been highlighted within the estate and significant investment to address this has been delivered, especially on the Scarborough site. There was evidence of a ward replacement programme (for example Lilac ward at Scarborough hospital), car parking, theatre refurbishment, engineering resilience and backlog maintenance.
- There was comprehensive performance information available at board level which contained a full range of information.
- There was a weekly safety meeting at director level which received information regarding serious incidents, deaths and complaints. In addition there was in place a Serious Incident committee which reviewed all root cause analyses of incidents and held a log of the outstanding recommendations and actions.

Summary of findings

- There was a good focus on quality. There was a Quality and Safety board committee with structures below to support delivery. This separate board committee allowed time for Board members to scrutinise in detail the safety measures and quality data.
- There was a system of clinical audit. The Audit committee were exploring how this could be strengthened to provide quantifiable assurance similar to internal audit processes.
- There was a range of other committees and groups sat below Board levels which provided assurance upwards to the Board.

Leadership of the trust

- Senior leadership at the trust had been stable for a long period of time, but had recently seen some changes: two appointments had been made, a chief operating officer and in the latter part of 2014 a new director of nursing.
- The senior team were able to articulate the challenges facing the trust and identify actions to be taken.
- The chief executive had an open door policy and also held surgeries with the chief nurse for staff to attend.
- The non-executive directors were visible within the organisation, through both the committee structure and lead responsibilities for certain areas or sites.
- Staff were mostly positive regarding the leadership of the organisation and had seen the chairman, chief executive and some non-executives. However, some staff on the Bridlington site felt that the acquisition of the hospital had not been well managed and that there was a disconnect between the executive trust team and staff working in Bridlington. Staff told us they felt less regarded and less important than at other sites.
- Staff told us they felt that the outpatients departments were often forgotten about when the executive team visited Scarborough Hospital because most visits were to the wards rather than other departments.
- Staff working in the Scarborough Hospital did not feel that they were part of the York Teaching Hospitals Foundation Trust. They felt that integration with the trust had left them “as the poor relation”. Staff on the whole did not feel that the acquisition had been managed well, more a takeover without taking into consideration existing structures and staff concerns.
- The trust was strengthening its management of staff sickness / absence and performance. There was a new personal development review structure in place which was based on the Trust’s values and objectives.
- Within nursing services there were regular nurse leadership forums, a yearly nursing and midwifery conference.

Summary of findings

- There were board leads for community services. A director had been appointed to focus on the development of community services over a three year period
- The leadership of the Trust appeared to be internally focussed. There was little evidence of looking beyond the trust for ideas and new ways of working.

Culture within the trust

- There was an open and supportive culture throughout the trust, the majority of staff were positive regarding the culture and visibility of the executive staff. However, there were some criticisms about lack of presence of the senior management at both Scarborough and Bridlington hospitals.
- Staff at all levels stated that the clinical integration of the different sites was not yet fully achieved and that cultural & performances differences remained. In the main, staff at Scarborough and Bridlington identified that policy and system changes would be implemented using practice from York Hospital rather than those in place at Scarborough or Bridlington. A frequent comment was the 'York way' when implementing change.
- Staff working in community services also raised similar concerns regarding the integration with in the trust insomuch as the provider was very much focussed on acute services.
- There was investment in organisational development to support continuous improvement.
- In order to gain a greater insight into staff experience the chief nurse had undertaken a pilot of a Cultural Barometer, during September – December 2014. The analysis of this data was being shared with the wards to help them improve aspects such as communication and team working. Consideration was being given to rolling out this barometer across all inpatient areas.

Fit and Proper Persons

- The trust had undertaken a fit and proper person assessment on all executive and non-executive staff, and were midway through checks on all other directors and senior managers.
- We were provided with the files for all executive and non-executive staff. We reviewed seven of these files, and all had appropriate checks carried out. We checked files of existing and newly recruited staff and the checks were of the same standard. Non-executive directors also went through a similar process.

Summary of findings

- The trust had developed a policy for the Fit and Proper Person Requirement. The policy stated the fitness of directors would be reviewed on a regular basis to ensure they remained fit for their roles.

Public engagement

- There was evidence of public engagement by the trust
- The vision, values and objectives were set out in documents and widely disseminated throughout the hospitals and community services. They were also on the trust's website.
- Public and patient involvement and experience was under review and included a restructuring of the department.
- Governors of the trust were well engaged. Governors were active within groups across the trust and had a representational role across the geography which the Trust covered.
- There was an active foundation trust membership of over 12,400. There were regular newsletters to members and invitations to events about specific elements of the trust's work.
- There was a patient experience team which was being strengthened. The team covered the patient and liaison service (PALS), friends and family test, and patient experience.
- The trust participated in national patient surveys and gained qualitative information through active user reference and support groups across the Trust including: Renal Patient & Carer Reference group; Maternity Services Liaison group; Eye Clinic Partnership group; York District Cancer Partnership group; Older People's Liaison group; Stroke Patient and Carer group and the York Limbless Support group.

Staff engagement

- A number of trust-wide mechanisms have been developed to engage with staff. These included a staff reward and recognitions programme; a weekly email bulletin; staff briefing from the CEO to managers which was then cascaded to other staff; "Staff Matters" which was a monthly magazine for staff; leadership workarounds.
- The chief nurse had implemented a "Blue Thursday" which involved nurse managers, one day a month working within a clinical area.
- A listening event for RNs had been held and feedback had indicated that the RNs felt disengaged. As a consequence there was investment in the band 7 RNs with a focus on leadership. There was a sister's action and support group and a professional nurse leaders forum.

Summary of findings

- There were some examples of staff evidence / concerns being used to make changes within the trust.

Innovation, improvement and sustainability

- The trust had a cost improvement programme (CIP) in place. Quality impact assessments had been carried out by a clinician. A new consultant had been appointed to continue this role but they had not taken up post at the time of the inspection.
- Staff appeared focussed on delivering good quality care for their patient group and all those interviewed appeared passionate about quality as a driving force.
- 64% of all staff within the trust who responded to the NHS staff survey felt they were able to contribute towards improvements at work. This was worse than the England average of 68%.
- Innovation and improvement was a part of the staff awards process and examples were highlighted in staff newsletters and on notice boards within the hospital corridors for public to read.
- The trust had developed non-cancer pathways to support quality care for patients who were at the end of life. Specific innovations included pathways for patients with COPD and heart failure and included working on advance care planning initiatives to ensure patients' preferences and choices were clear.
- The trust had developed a mandatory end of life care training programme for medical, nursing and care staff that addressed issues identified through audit, feedback and observation. For example, the trust had identified that conversations about DNA CPR decisions were not happening or being recorded as they should. As a result, the trust has identified the need for advance communication skills training specific to these types of conversations and were developing training to meet those needs.
- In York, we saw a range of good examples of positive working arrangements within CAMHS to support acute paediatric services. We saw close working relationships between acute and mental health clinicians with responsive CAMHS support for various scenarios such as self-harm, chronic fatigue and eating disorders. We were told that CAMHS provided a seven-day service to the inpatient ward; this is unusual for a district general hospital setting. The community nursing team had a CAMHS specialist nurse placed with the team who provided the staff with supportive psychological supervision sessions.
- The SCBU at Scarborough had introduced and developed the role of the band three neonatal support worker. They had worked with Edexcel to develop a diploma that allowed the support worker to perform additional neonatal roles. The

Summary of findings

course also included components for maternity and paediatrics so that these staff could help in these areas. The SCBU manager explained how other units were showing an interest in this development.

- The Children's directorate manager explained that they were proud of the work children's services had put into the development of a dedicated website for the children's acute and community services. We saw the offline draft version of the website, which will include a range of support and information for children, young people and families.
- Critical care in York had developed processes for the monitoring of central lines, which included a central line clinical pathway. The unit were finalists for an Institute for Healthcare Improvement (IHI) safety award.
- Within critical care in York a flow chart had also been introduced as part of the weekly ward round, specifically focussing on mental capacity. The flow chart included a best practice checklist, contact information and a prompt for checking if deprivation of liberty safeguards authorisation was required or not.
- The surgical directorate had a dedicated clinical simulation theatre at York used for simulating anaesthetic, paediatric and obstetric emergencies. This allowed teams to rehearse events.
- The trust had commissioned the development of a new 31-bed surgical ward and assessment unit – Lilac Ward at Scarborough. This was the first ward nationally to have been built using an evidence-based, best practice design solution called 'repeatable rooms'. The design of the four-bedded bays made efficient use of space while maximising the distance between bed heads. It also maximised the visibility of external landscaping to patients and the visibility of patients to nursing staff.
- The trust had developed the Bridlington site to deliver elective orthopaedic surgery and there were plans to expand this further by looking at other elective surgery that could be safely relocated to Bridlington.
- Within medicine there were a number of examples of innovation, improvement and sustainability, such as the FREDA team facilitating rapid discharge for elderly patients; the creation of a dispensing pharmacy within AMU to improve patient flow; the development of a fractured neck of femur pathway including the orthopaedic /elderly integrated ward developed to care for patients to improve rehabilitation, minimise length of stay and improve the number of discharges back to usual place of residence and 'Perfect week'. Perfect

Summary of findings

week was a week when all staff and stakeholders strived to ensure all systems operated perfectly and then used the learning to develop 'Operation Fresh Start': This included the development of an early warning trigger tool to identify wards where problems were occurring and the development of a discharge liaison team. An additional pharmacy discharge team had also recently been established in Scarborough, which had improved medicines reconciliation on admission, speeded up the response to discharge prescriptions, and helped reduce critical medicine omissions. An early warning trigger tool had also been developed to identify wards where problems were occurring.

- The elderly medical strategy included work towards the development of community schemes, such as hubs and care home in-reach schemes. An example of this was already in place, and involved working with a nursing home that provided interim placements for patients who were not ready for active rehabilitation. For example, patients who were non-weight bearing for a period of time: they could be transferred to a less clinical environment in the nursing home until they were able to weight bear. Patients would then be transferred back to Bridlington Hospital for proactive rehabilitation with a planned expected date of discharge.
- The York A&E department was undertaking a six-week pilot project to investigate the effectiveness of an ambulatory care unit. This was aimed at rapidly diagnosing and treating patients presenting with conditions such as non-cardiac chest pain, deep venous thrombosis and infections requiring intravenous antibiotics. It was hoped that, by treating them in the unit, an admission to a hospital ward could be avoided.
- The trust had secured an agreement with St Catherine's Hospice at Scarborough to have access to nurse-led beds for patients who were likely to die within the next seven days. This created choices for patients in the last days of life when the hospice would not normally be an option. This project was recognised as best practice by Hospice UK and had been reported in the Telegraph on 20 January 2015 as a new way of providing care and choice.
- Community services were a national pilot site (Better Care Fund initiatives) for the development of community hubs to support the delivery of care nearer to home. Two multidisciplinary community hubs, based at Malton and Selby, had been

Summary of findings

established to support seven-day assessment for residents of care homes; this enabled early intervention and reduced the need for crisis intervention or unnecessary admission to hospital.

- Within community inpatient services we observed an excellent and highly professional allied health professional (AHP) team working at well-integrated levels with all other staff for the benefit of patients. Staff were encouraged to make suggestions and good links were reported with the university, further informing and stimulating AHP practice. Discharge pathways were clearly defined and there were attempts to resolve delays caused by social services working through referrals by ensuring that those patients likely to need long-term care were identified early following admission and the referral sent through at that point.
- The child and adolescent sexual health (CASH) service was in the process of being re-accredited for the national quality award 'You're Welcome' (the Department of Health's quality criteria for young people friendly health services). The CASH service used a 'sexual exploitation tool book'. This included a pro-forma that was completed for all people under the age of 18 and that took into consideration Gillick competency and Fraser guidelines

Overview of ratings

Our ratings for York Hospital

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

Our ratings for Bridlington hospital

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|------------------------------------|----------------------|-----------|--------|------------|----------------------|----------------------|
| Medical care | Requires improvement | Good | Good | Good | Requires improvement | Requires improvement |
| Surgery | Requires improvement | Good | Good | Good | Good | Good |
| End of life care | Good | Good | Good | Good | Good | Good |
| Outpatients and diagnostic imaging | Requires improvement | Not rated | Good | Good | Requires improvement | Requires improvement |
| Overall | Requires improvement | Good | Good | Good | Requires improvement | Requires improvement |

Overview of ratings

Our ratings for Scarborough hospital

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

Our ratings for Community health services

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|----------------------|-----------|--------|------------|----------|---------|
| Community health services for adults | Requires improvement | Good | Good | Good | Good | Good |
| Community inpatient services | Requires improvement | Good | Good | Good | Good | Good |
| Community end of life care | Good | Good | Good | Good | Good | Good |
| Community services for children and young people | Requires improvement | Good | Good | Good | Good | Good |
| Overall | Requires improvement | Good | Good | Good | Good | Good |

Overview of ratings

Our ratings for York Teaching Hospital NHS Foundation Trust

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

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients and diagnostics.

Outstanding practice and areas for improvement

Outstanding practice

- The innovative way in which central lines were monitored, which included a central line clinical pathway. The York critical care unit were finalists for an Institute for Healthcare Improvement (IHI) safety award.
- The medical service at York had an innovative facilitating rapid elderly discharge again (FREDA) team, which provided multidisciplinary support and rehabilitation to elderly outlying patients.

Areas for improvement

Action the trust MUST take to improve

For the trust overall:

- The provider must ensure that people who used the service and others are protected against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from carrying on the regulated activity.
- The provider should, in partnership with the wider health and social care community, consider how the high proportion of delayed transfer of care due to patients awaiting care packages in their own home (37%) or waiting for nursing home placement or availability (22.1%) could be improved.

For York hospital:

- 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; registered children’s nurses on ward 17 and other appropriate clinical areas, and radiologists.

- The provider must ensure there are suitable arrangements in place for staff within the medicine and surgery, outpatient and diagnostic services to receive appropriate training and appraisals in line with trust policy, including the completion of mandatory training, particularly the relevant level of children and adult safeguarding training and basic life support so that they are working to the up to date requirements and good practice.
- The provider must address the breaches to the national targets for A & E, referral-to-treatment time targets, and achievement of cancer waiting time targets to protect patients from the risks of delayed treatment and care.
- The provider 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.

For Scarborough hospital:

- 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, on the medical and surgical wards, children’s wards and other appropriate clinical areas, operating department practitioner (ODP) cover within theatres, radiology and senior medical cover in relation to cross-site working. Additionally within critical care the provider must ensure staffing levels are adequate to ensure clinical education, unit management, clinical coordination, continuity of care, and effective outreach.
- The provider must ensure that there is adequate access for patients to pain management and dietetic services within critical care.

Outstanding practice and areas for improvement

- The provider must ensure improvements are made in the 18 week referral to treatment time target and cancer waiting times so that patients have access to timely care and treatment.
- The provider must ensure that staff, especially within medicine, outpatients & diagnostics and critical care, complete their mandatory training, and have access to necessary training, especially basic life support, mental capacity and consent (outpatients and diagnostic staff), safeguarding vulnerable adults and safeguarding children.
- The provider must ensure that pathways, policies and protocols are reviewed and harmonised across the trust, to avoid confusion among staff, and address any gaps identified.
- The provider must ensure that patient flow into and out of critical care is improved, specifically in relation to delayed discharges, delayed admissions, running at high capacity and non-clinical transfers out of the unit.
- 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.
- The provider must ensure that there is a clear clinical strategy for both critical care and outpatients and diagnostics and that staff are engaged in agreeing the future direction and involved in the decision-making processes about the future of the service.

For Bridlington hospital:

- 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 relation to staffing of the medical and surgical areas.
- The provider must review the uptake and monitoring of training, and ensure that staff at Bridlington Hospital are compliant with mandatory training requirements, especially in the areas of moving and handling, fire safety, safeguarding vulnerable adults, and safeguarding children.

For Community Services:

- The provider must ensure there are sufficient numbers of suitably skilled, qualified and experienced staff for community services, in line with best practice and national guidance, taking into account patients' dependency levels.
- The provider must review the uptake and monitoring of training, and ensure that staff in community inpatient services are compliant with mandatory training requirements.
- The provider must ensure that patient records are fully secured when stored.
- The provider must review arrangements to support staff working alone in the community to ensure their safety.

In addition there were actions the trust SHOULD take and these are listed at the end of each of the individual location and community service reports.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|---|
| Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12(1), (2)(a), 2(b) & 2 (e) HSCA (RA) Regulations 2014 Safe care and treatment.</p> <p>How the regulation was not being met: The provider had not taken proper steps to ensure that each service user was protected against the risks of receiving care or treatment that is inappropriate or unsafe as they had not when planning and delivering the care reflected published research evidence and guidance issued by the appropriate professional and expert bodies as to good practice.</p> <p>The trust was not ensuring effective patient flow into and out of critical care, specifically in relation to: delayed discharges, delayed admissions, running at high capacity and non-clinical transfers out of the unit.</p> <p>The trust was not ensuring that there is adequate access for patients to pain management and dietetic services within critical care.</p> <p>Not all equipment was tested in a timely manner and in line with the trust's policy, especially checks on fridges and resuscitation equipment.</p> <p>This was in breach of Regulation 9(1)(b)(iii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12(1), (2)(a), 2(b) & 2 (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

This section is primarily information for the provider

Requirement notices

The provider must take action to ensure that all patients in A & E 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 address the breaches to the national targets for A & E, referral-to-treatment time targets, and achievement of cancer waiting time targets to protect patients from the risks of delayed treatment and care.

The provider must ensure that patient flow into and out of critical care is improved, specifically in relation to: delayed discharges, delayed admissions, running at high capacity and non-clinical transfers out of the unit.

The provider must ensure that there is adequate access for patients to pain management and dietetic services within critical care.

The provider must ensure all equipment is tested in a timely manner and in line with the trust’s policy, especially checks on fridges and resuscitation equipment.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Regulation 18(1) HSCA (RA) Regulations 2014 Staffing.

This section is primarily information for the provider

Requirement notices

How the regulation was not being met: The provider had not taken the appropriate steps to ensure that, at all times, there are sufficient numbers of suitably skilled, qualified and experienced persons employed for the purposes of carrying on the regulated activities.

This was in breach of Regulation 9(1)(b)(iii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 the A & E;
- registered children's nurses on children's wards, and other appropriate clinical areas;
- radiologists;
- community inpatient services.

Regulated activity

Regulation

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 (1), (2)(b) & (2) (e) HSCA (Regulated Activities) Regulations 2014 Good governance.

How the regulation was not being met: People who used the service and others were not protected against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to

This section is primarily information for the provider

Requirement notices

enable the registered person to identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from carrying on the regulated activity.

We found that the trust did not have a clear clinical strategy for both critical care and outpatients & diagnostics and that staff we spoke with did not feel engaged in agreeing the future direction.

We found that not all pathways, policies and protocols were reviewed and harmonised across the trust.

This was in breach of Regulation 10(1)(b) & (2) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 (1), (2)(b) & (2)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider must take action to ensure that the governance and risk management arrangements are strengthened to ensure risks are identified and acted upon in a timely manner.

The provider must ensure that there is a clear clinical strategy for both critical care and outpatients and diagnostics and that staff are engaged in agreeing the future direction and involved in the decision-making processes about the future of the service. The provider must ensure that pathways, policies and protocols are reviewed and harmonised across the trust, to avoid confusion among staff, and address any gaps identified.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18(2)(a) HSCA (RA) Regulations 2014 Staffing.

This section is primarily information for the provider

Requirement notices

How the regulation was not being met: The provider did not have suitable arrangements in place in order to ensure that persons employed for the regulated activity are appropriately supported in relation to their responsibilities to enable them to deliver care and treatment to service users safely and to an appropriate standard including by receiving appropriate training, professional development, supervision and appraisal.

This was in breach of Regulation 23(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider must ensure there are suitable arrangements in place for staff to receive appropriate training and appraisals in line with Trust policy, including the completion of mandatory training, particularly the relevant level of children and adult safeguarding training and basic life support so that they are working to the up to date requirements and good practice.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulation 10(1) and 10(2)(a) HSCA (RA) Regulations 2014 Dignity and respect.

How the regulation was not being met: The provider did not so far as was reasonably practicable, make suitable arrangements to ensure the dignity and privacy of service users. This was in breach of Regulation 17(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 10(1) and 10(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

The provider 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 at York hospital.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18(2)(a) HSCA (RA) Regulations 2014 Staffing.

How the regulation was not being met: The provider did not have suitable arrangements in place in order to safeguard service users as persons employed for the regulated activity were not appropriately supported when working alone in the community.

This was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider must review arrangements to support staff working alone in the community to ensure their safety.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 (2)(c) HSCA (Regulated Activities) Regulations 2014 Good governance.

This section is primarily information for the provider

Requirement notices

How the regulation was not being met: People who used the service and others were not protected against the inappropriate sharing of patient records as they were not kept securely.

This was in breach of Regulation 20(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider must ensure that patient records are fully secured when stored, specifically within the school nursing records.