Care Quality Commission

Sherwood Forest Hospitals NHS Foundation Trust

Quality Report

King's Mill Hospital
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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?	Requires improvement
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

In 2013, the trust was identified nationally as having high mortality rates and it was one of 14 hospital trusts to be investigated by Sir Bruce Keogh (the Medical Director for NHS England) as part of the Keogh Mortality Review in July that year. After that review, the trust entered special measures.

We chose this hospital because they represented the variation in hospital care according to our new intelligent monitoring model. This looks at a wide range of data, including patient and staff surveys, hospital performance information, and the views of the public and local partner organisations. Using this model, Sherwood Forest Hospitals Foundation Trust was considered to be a high risk trust.

We carried out an announced visit on 24 and 25 April 2014 and unannounced, out-of-hours visits on 29 April and 9 May 2014.

Our key findings were as follows:

- Safety of services were inadequate. In A&E, the equipment maintenance programme and process was insufficient. Medicines storage was not as good as it should be. Incident reporting in some areas was below standards. Record keeping on patients must be better.
- Effectiveness of the services could be improved if guidance in some areas was made clearer. Some care pathways should be improved.
- Caring was good in this hospital.
- The service could be more responsive if delays in discharge were improved. Response to complaints was often delayed.
- Leadership from the trust could be improved. Timely progress with plans and actions would be helpful. Feedback to staff following incidents cold also be improved. Some staff felt less engaged than others.

We saw several areas of outstanding practice including:

King's Mill Hospital

A&E

Outstanding practice:

- Supported learning and training materials developed within the department. For example, the department specific induction training programme; and junior doctors felt extremely well supported in the department.

Maternity and family planning services:

Outstanding practice:

- Multidisciplinary team working across disciplines and roles throughout the directorate. This was extremely effective, and evident in directorate teams.
- Delivery rates for women were better than national rates. This included higher rates of normal deliveries and lower rates of emergency caesarean sections compared to national figures.
- Smoking reduction and cessation work with women during their pregnancies delivered very good results.
- Gynaecology ward, ward 14, was well led. Staff were obviously passionate about the care and service they provided.

Children and young people services:

Outstanding practice:

- Multidisciplinary team working across disciplines and roles throughout the directorate. This was effective and evident in directorate teams.
- Links with regional paediatric networks and neighbouring trusts worked effectively.

Newark:

Surgery

Outstanding practice:

- The systems and processes in place in the pre-operative assessment department. The department was very efficient and utilised their skill mix.

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

Medicine

- The trust must ensure that accurate record keeping is maintained with regard to people's observations and hydration.

Summary of findings

- The trust must ensure that accurate record keeping is maintained on drug administration charts so people receive the appropriate care and treatment for their needs.
- The trust must ensure that all staffs have the competence to recognise when a person is deteriorating so appropriate care is provided.
- The trust must ensure that there are secure systems for storing medicines and that people are given medicines according to their prescription.
- The trust must ensure that all people have an effective and current care plan that meets their individual needs and provides appropriate guidance for staff to be able to meet their needs.

Surgery

- The provider must ensure there is full medical support for all surgical specialties, in particular vascular services.
- The provider must ensure mandatory training and appraisals take place to ensure all staff are appropriately trained and have up-to-date knowledge
- The trust must ensure actions taken and lessons learned are shared with staff at all levels.

Maternity

Must improve:

- Emergency resuscitation equipment boxes must be checked and audited regularly.
- Staff mandatory training and appraisals must be completed to meet trust targets.

Children &Young People

Must improve:

- Staff mandatory training and appraisals must be completed to meet trust targets.

Newark Hospital:

The provider had not “reflected where appropriate, published research evidence and guidance issued by the appropriate professional and expert bodies as to good practice in relation to such care and treatment.”

The provider “must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity”.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Sherwood Forest NHS Foundation Trust

Sherwood Forest Hospitals NHS Foundation Trust provides healthcare services for a population of 418,000 people across Nottinghamshire (Mansfield, Ashfield, Newark and Sherwood), and parts of Derbyshire and Lincolnshire. The trust provides comprehensive district general and acute hospital services across two sites. King's Mill Hospital, in Sutton-in-Ashfield, consists of 623 beds and 14 operating theatres. Newark Hospital has 35 beds and two operating theatres, a minor operations room and a minor injuries unit. The trust also provides community and outpatient services at Mansfield Community Hospital and Ashfield Health Village.

The trust is registered to provide the following Regulated Activities:

- Diagnostic and screening procedures
- Family planning
- Management of supply of blood and blood derived products
- Maternity and midwifery services
- Nursing care
- Surgical procedures
- Termination of pregnancies
- Treatment of disease, disorder or injury.

Staffing

- The trust employs around 3,800 whole time equivalent (WTE) staff. Its annual sickness absence rate of 4.9% is the highest of the eight acute trusts in the East Midlands.
- Sherwood Forest Hospitals NHS Foundation Trust was formed in 2001, and gained Foundation Trust status in 2007. The trust board is relatively new, with half of the executive directors appointed in 2013, and all of the non-executive directors appointed in May 2013.
- The trust provides services for a population of 418,000 across Nottinghamshire (Mansfield, Ashfield, Newark and Sherwood), as well as parts of Derbyshire and Lincolnshire. It is a medium sized trust for inpatient and outpatient services, relative to the rest of England. General medicine and gynaecology are the largest inpatient specialties, while trauma and orthopaedics (T&O), and ophthalmology are the largest for outpatients. In Nottinghamshire, 4.5% of the population belong to non-white ethnic minorities; smoking in pregnancy is the single largest health-related concern in the trust's local area.
- The trust provides comprehensive district general and acute hospital services across two sites. King's Mill Hospital, in Sutton-in-Ashfield, consists of 623 beds and 13 operating theatres. Newark Hospital has 35 beds and two operating theatres, as well as a minor operations room. It also provides community and outpatient services at Mansfield Community Hospital and Ashfield Health Village. King's Mill Hospital includes a 24-hour emergency department. Newark Hospital has a minor injuries unit & urgent care centre, and a wide variety of clinics headed by specialist consultants and nurses.

Our inspection team

Our inspection team was led by:

Chair: Gillian Hooper, Director of Quality and Commissioning (Medical and Dental), Health Education England

Team Leader: Tim Cooper, Head of Hospital Inspections, Care Quality Commission

The team had 34 members, including CQC inspectors, managers and analysts, experts by experience who have personal experience of using or caring for someone who uses the type of service we were inspecting, and medical and nursing clinical specialists.

Summary of findings

How we carried out this inspection

We visited King's Mill, Newark and Mansfield Community Hospitals during our inspection. We have included the Mansfield Community activity as part of the King's Mill Hospital report, identifying, where appropriate, the site to which our findings refer.

We inspected this hospital as part of our in-depth hospital inspection programme. The trust was placed in special measures following an investigation in June 2013 led by Sir Bruce Keogh, for NHS England, into the quality of care and treatment provided by trusts that were persistent outliers on mortality indicators. A follow-up visit was carried out in December 2013.

We chose this hospital because they represented the variation in hospital care according to our new intelligent monitoring model. This looks at a wide range of data, including patient and staff surveys, hospital performance information, and the views of the public and local partner organisations. Using this model, Sherwood Forest Hospitals Foundation Trust was considered to be a high risk trust foundation trust.

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 always inspects the following core services at each inspection:

- Accident and emergency
- Medical care (including older people's care)
- Surgery
- Intensive/critical care
- Maternity and family planning
- Children's care
- End of life care
- Outpatients

Before visiting, we reviewed a range of information we hold about the hospital, and asked other organisations to share what they knew about the hospital. We carried out an announced visit on 24 and 25 April 2014 and unannounced, out-of-hours visits on 29 April and 9 May 2014.

During our visit we held focus groups with a range of staff, including health care assistants, nurses, allied health professionals, non-executive directors, senior staff, junior doctors, trust governors, non-clinical staff and consultants. We talked with patients and staff at the three hospitals, from a range of wards, theatres, outpatient departments, minor injuries and the A&E department. We observed how people were being cared for, and talked with carers and/or family members. We reviewed personal care or treatment records of patients. We held two listening events in Mansfield and Newark, where members of the public shared their views and experiences of the hospitals.

We also met with the full group of non-executive directors, who were all in the trust that day. Additionally we observed the trust board meeting which also met on the day of our inspection.

What people who use the trust's services say

Since April 2013, patients have been asked whether they would recommend hospital wards to their friends and family if they required similar care or treatment, the results of which have been used to formulate NHS Friends and Family Tests (FFT) for Accident & Emergency and Inpatient admissions. The trust can be seen to be performing below the England average for the Inpatient tests and above for A&E. The trust had a higher response for Inpatient data than for A&E.

Inpatient FFT, October 2013 – January 2014

The trust has scored below the England average for three of the four months reported, January 2014 scored the highest with 76. The number of responses were high October through to December then dropped to half in January at 418 responses.

A&E FFT, October 2013 – January 2014

Summary of findings

Compared to the England averages the trust has scored above the average for three of the four months with January being the lowest at 56. The trust received lower responses from October to December, compared to January when they received 720 responses.

During our visit to the trust, we spoke with many people using the services, both as patients and as carers or relatives of patients. We also held two public listening events on 24 April in Newark and Mansfield. Approximately 70 people joined us at both events to share their views and experiences of the trust.

Facts and data about this trust

The trust was selected for inspection as it was one of the 14 hospital trusts investigated during The Keogh Mortality Review and as an example of a 'high risk' trust.

Sherwood Forest Hospitals NHS Foundation Trust was formed in 2001 gaining Foundation Trust status in 2007. It provides services for a population of 418,000 across Nottinghamshire (Mansfield, Ashfield, Newark and Sherwood) as well as parts of Derbyshire and Lincolnshire.

The trust provides comprehensive district general and acute hospital services across two sites. King's Mill Hospital, in Sutton-in-Ashfield, consists of 623 beds and 13 operating theatres. The smaller Newark Hospital has 35 beds and 2 operating theatres as well as a minor operations room. It also provides community and outpatient services at Mansfield Community Hospital and Ashfield Health Village.

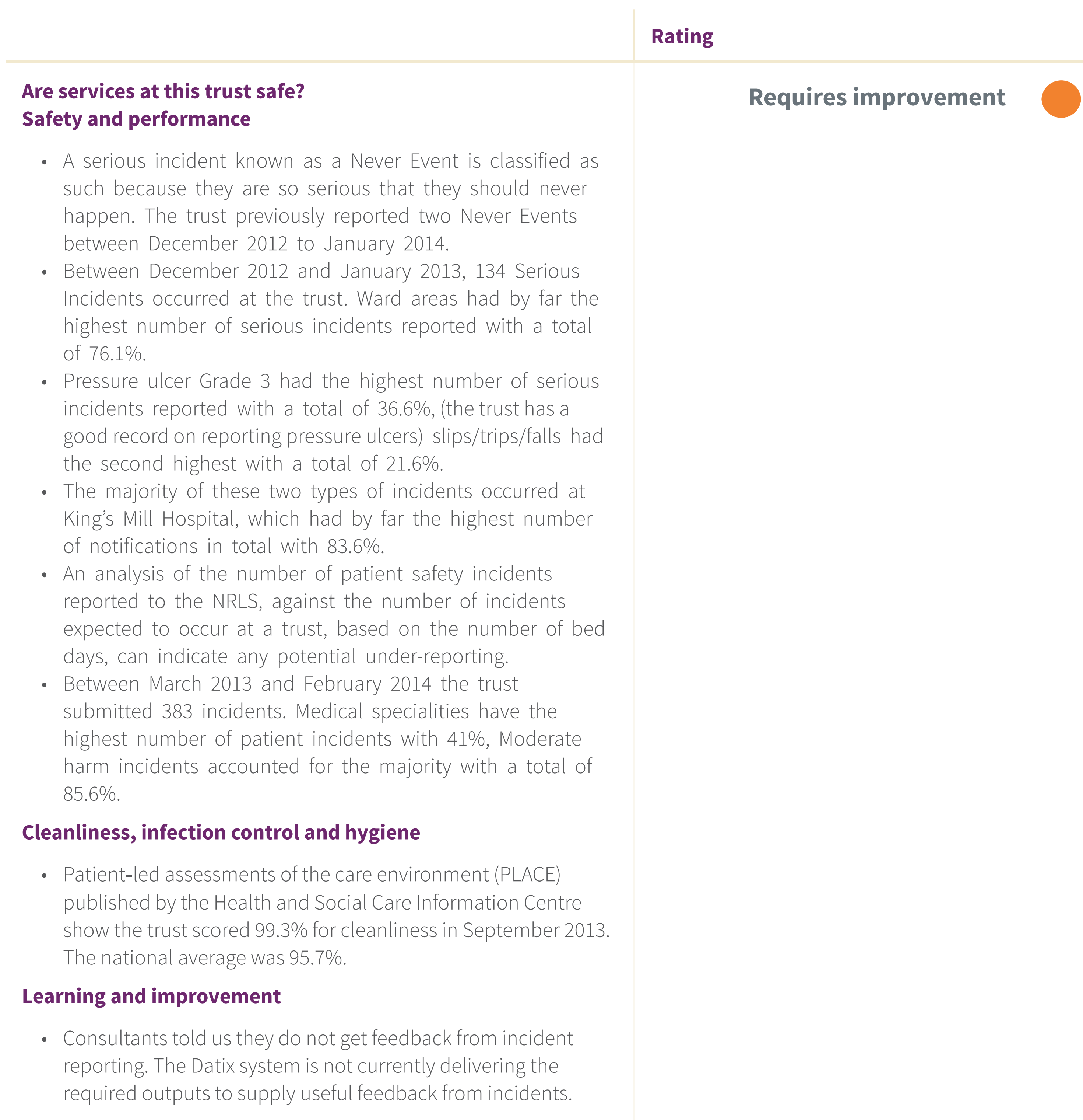
The Trust Board is relevantly new with half of their executive directors having being appointed in 2013 and all of the non-executive directors were appointed in May 2013.

King's Mill Hospital includes a 24 hour emergency department. The facility undertakes assessment and treatment of accident and emergency patients and has a designated children's area with the King's Treatment Centre offering outpatient appointments in clinics with a contemporary environment.

Newark Hospital has a Minor Injuries Unit & Urgent Care Centre which offers immediate assessment and treatment for suspected broken bones, infections and non-traumatic joint pain with a wide variety of clinics are available at the hospital all headed by specialist consultants and nurses.

Summary of findings

Our judgements about each of our five key questions



Rating

Are services at this trust safe?

Requires improvement

Safety and performance

- A serious incident known as a Never Event is classified as such because they are so serious that they should never happen. The trust previously reported two Never Events between December 2012 to January 2014.
- Between December 2012 and January 2013, 134 Serious Incidents occurred at the trust. Ward areas had by far the highest number of serious incidents reported with a total of 76.1%.
- Pressure ulcer Grade 3 had the highest number of serious incidents reported with a total of 36.6%, (the trust has a good record on reporting pressure ulcers) slips/trips/falls had the second highest with a total of 21.6%.
- The majority of these two types of incidents occurred at King's Mill Hospital, which had by far the highest number of notifications in total with 83.6%.
- An analysis of the number of patient safety incidents reported to the NRLS, against the number of incidents expected to occur at a trust, based on the number of bed days, can indicate any potential under-reporting.
- Between March 2013 and February 2014 the trust submitted 383 incidents. Medical specialities have the highest number of patient incidents with 41%, Moderate harm incidents accounted for the majority with a total of 85.6%.

Cleanliness, infection control and hygiene

- Patient-led assessments of the care environment (PLACE) published by the Health and Social Care Information Centre show the trust scored 99.3% for cleanliness in September 2013. The national average was 95.7%.

Learning and improvement

- Consultants told us they do not get feedback from incident reporting. The Datix system is not currently delivering the required outputs to supply useful feedback from incidents.

Summary of findings

- The trust employed a safeguarding lead, who had a good overview of issues, and ensured appropriate staff training, investigation and response. The lead was working on raising awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards across the trust.

Systems, processes and practices

- The pharmacy service was generally good across the trust's acute services. We found that there was no pharmacy cover for maternity or day case surgery.
- It was a particular concern in the day case unit, as medical patients were allocated to the wards as 'outliers', when there were no beds available on medical wards. Senior pharmacy managers told us that medicines reconciliation on admission followed national recommendations by the National Institute for Health and Care Excellence (NICE) and the National Patient Safety Agency (NPSA).
- The trust's audit data showed that more than 95% were completed, which is the required standard, but the trust did not meet the 90% target for this to be done within 24 hours.
- There was good pharmacy support to the emergency assessment unit (EAU), including some weekend cover, with other direct admission areas having pharmacy support Mon-Fri 9am-5pm. Pharmacists carried out full medicines reviews for acute kidney injury trigger patients, and this was linked to the mortality outliers work.
- Chemotherapy drugs, mainly used in the treatment of cancers, were manufactured on site for individual patients in an aseptic suite (completely sterile environment). This area had recently had a quality assurance inspection with positive outcomes. Staff were concerned that the air handler was old and they could no longer get replacement parts. This was on the trust's risk register, and there were contingency plans for drugs to be supplied by other local hospitals in the case of a failure.
- All new pharmacy staff received training in reporting incidents. The number of medicines incidents was increasing, but the number associated with harm was stable, which indicated a good reporting culture. Missed doses were reported as incidents, and this is considered good practice. The medicines management committee considered trends and produced bulletins with learning issues for staff. An additional notice was produced following a 'never event' involving the misadministration of a medicine. 'Never events' are reportable incidents that are so serious they should never happen. The

incident review took place with significant pharmacist input, and changes in practice were established. The trust was in the process of implementing changes following another medicines related 'never event'.

- A pharmacist was a member of the trust resuscitation group. There were concerns about the resuscitation boxes and there were plans to replace these with trolleys.

Monitoring safety and responding to risk

- The current staff sickness rate, 4.9%, is well above the England rate (4.2%), and above that of the old East Midlands SHA (Strategic Health Authority), which was (4.5%) for April 2012 to March 2013. Latest data suggests this has fallen to 4.6%; but these data are not yet nationally published and so are not yet available.
- Hospital consultants told us there were unfilled posts in key departments, such as radiology, A&E and elderly care, due to difficulties in recruitment. They told us there were previously nine consultants in radiology, while now there were six substantive posts. Acute medicine was funded for eight, but has four. There were seven A&E consultants, but funding for 11.
- Consultants told us
- “Elderly care has lost two to Nottingham”.
- ” Recruitment to consultant posts is really a problem, and no one knows how to tackle it”.
- “Managerial review of secretarial grading led to some of the best secretaries leaving, so the consultants now do some of their work”.
- “The last Keogh review ended in nurses leaving the trust, because they did not like the increased paperwork and tick boxes”.
- Recruitment to consultant posts is difficult but the Trust told us they have engaged specialised recruitment agencies to assist. International recruitment and workforce planning has identified the need to create new roles to support the reduction in Doctors in training
- Junior doctor staffing levels on the wards had improved, but they (junior doctors) felt that staffing levels in general were a risk.
- Senior staff were concerned that there were insufficient contingency plans for times of high acuity and activity; people were kept safe, but quality could suffer. There was a huge amount of goodwill in the trust.

Summary of findings

- Patient flow seems to be continually increasing; EAU wards are frantic – with too many patients and not enough staff. There is poor use of GP pathways. A lot of changes are taking place in A&E. Capacity and flow meetings are a lot stronger now, and there are risk assessments before patients are moved.
- Consultants were worried that King's Mill Hospital would be increasingly downgraded (they perceive that this has already happened to some extent, with vascular surgery and trauma going to Nottingham), and this would make it even more difficult to recruit staff. Acute physicians now attend the medical assessment unit (MAU) daily. Consultants felt they were a resource that was not used by the trust; often they know the answers, but no one asks them.
- There were security staff employed to monitor safety in the premises throughout the day and night. Staff were employed by another company under a service level agreement with the trust. Staff patrolled the grounds and internal areas. There were also closed circuit cameras. A security officer remained in the office in A&E, which was their central base and another was located at all times in the King's Mill Hospital Treatment Centre, as there is 24-hour access to the hospital here. Staff contacted security officers by phone when they needed support. There were also panic buttons in the wards, which linked to the security offices.
- Staff fed back locally to security staff on any concerns, but there were no formalised trust systems. Security staff recorded incidents in a security log book, and then completed paper incident report forms. They sent the forms to the trust. However, staff we spoke with did not know how incidents were transferred to the trust's electronic reporting system so that they could be incorporated into the organisational management of risks.
- We were concerned that incidents in A&E were under-reported in the trust. The lack of co-ordinated reporting systems between the trust and the security contractors could have been a contributory factor to this under-reporting.

Anticipation and planning

A&E

- A&E at King's Mill Hospital was clean, and staff followed hand hygiene procedures. The environment was generally safe, with a 24-hour security presence, but there was not a safe and effective system in place for identification and monitoring of equipment for repair. Staff had a good understanding of the incident reporting system. However, some incidents had not been reported and improvement opportunities had been

missed. There was no systematic method for capturing and sharing learning across the team or the wider organisation. Not all medicines were stored appropriately, and some equipment was out of date or not fit-for-purpose. Staffing levels were, at times, below that expected especially at night and in the children's department.
- The minor injuries unit at Newark Hospital was clean, and staff followed hand hygiene procedures. There was sufficient equipment available, and a safe and effective system was in place for its maintenance and repair.
- There may not be sufficient medical staff in the department, and the trust had not responded effectively to an identified risk relating to trauma patients.

Medicine

- Although we found the medical care wards to be clean and well maintained, we found that the numbers of nursing staff were variable. Incidents were reported, but staff teams were not consistently aware of what preventative actions could be used to reduce the risk of harm to people. The introduction of the performance boards across the wards was seen as positive by staff, but not all staff were fully aware of the significance of the issues reported on them. Regular audits were being carried out on the main risk areas, and the medical care wards had a number of areas of concern. Staff training was variable across the wards in meeting the trust's targets, and we found poor record keeping with regard to people's observations and also on some drug administration charts. People may not have been receiving the appropriate care and treatment for their needs, as their records were not always clear and current. We also found specific concerns about the staff's ability to recognise when a person was deteriorating, and the quality of recording of people's observations. Secure medicines management systems were not in place on one ward, and people were not always given medicines according to their prescription.

Surgery

- Surgery services were provided in a clean and hygienic environment in line with recognised guidance, which helped protect patients from the risk of infection, including hospital-acquired infections. Staff have a good understanding of the incident reporting process, but did not always receive feedback as to what action was taken and what lessons were learnt.

Summary of findings

- Newark: Surgery services were provided in a clean and hygienic environment in line with recognised guidance, which helped protect patients from the risk of infection, including hospital-acquired infections.

Critical care

- The critical care service provided safe care. There were effective systems in place to report incidents, and staff were aware of what to report and how to do this. Incidents were monitored and reviewed, and appropriate action taken to reduce the risks to patients. Staffing levels were appropriate for the needs of patients. There were appropriate procedures to prevent and control infections, and to safely manage medicines.

Maternity

- The maternity service provided safe care. Midwifery and medical staffing levels were appropriate for the numbers of births at the unit. Staff reported incidents, which were monitored and regularly reviewed. The service had appropriate procedures in place to prevent and control infections, and to manage medications. Wards and departments were spacious and well maintained.
- We found that appropriate equipment was available to ensure safe care. Sealed resuscitation equipment boxes were supplied to individual wards and clinics by the trust resuscitation team. This meant that the maternity service, along with other trust services, could not ensure that resuscitation equipment boxes were routinely checked to guarantee that all equipment worked safely.

C&YP

- The children and young people services provided safe care. Staffing levels were adequate, and the directorate was in the process of recruiting additional nursing and medical staff. Incidents were reported and investigated, and learning was shared with directorate staff. The service had appropriate procedures in place to prevent and control infections, and to manage medications. Wards and departments were spacious, well equipped for patients, and were mostly well maintained.
- Sealed resuscitation equipment boxes, including adult resuscitation boxes, had been supplied to individual children and young people services wards and clinics by the trust resuscitation team.

EOLC

Summary of findings

- The trust had not implemented guidelines, protocols or documentation to all wards that provided end of life care.
- There was no trust-wide, co-ordinated multidisciplinary training in end of life care.

Outpatients

- Outpatients departments were clean, and staff washed their hands before attending to patients. There were staff shortages, which had led to cancelled clinics or lack of chaperones at King's Mill Hospital. The trust had identified shortfalls in radiology staffing and outsourced work to maintain service levels. Patient records were primarily paper files, which sometimes caused a problem when Newark patients received treatment at King's Mill Hospital. Not all staff had received their mandatory training; however, most staff had received their training in safeguarding adults and children. Staff knew how to report incidents and were encouraged to do so. There was evidence that changes in practice had been implemented following incidents.
- Newark: Newark outpatients departments were clean, and staff washed their hands before attending to patients. Patient records were primarily paper files, which sometimes caused a problem when patients' records were not available at time of their appointment, as their notes were at King's Mill Hospital. Staff knew how to report incidents and were encouraged to do so. Not all staff in the directorate governing outpatients had completed their mandatory training.

Are services at this trust effective?
Using evidence-based guidance
Performance, monitoring and improvement of outcomes

Requires improvement

- Junior doctors told us there were frequent delays when waiting for blood tests to be carried out or for the results to be returned. They reported poor communication and inadequate reasons given. Doctors had raised this as a concern.
- Radiology was reported to us as a challenge to get basic investigations. Out of hours CT (CAT scan) cover has only just been put in place
- Training has been implemented, but there does not seem to be measurement to check that staff are applying it and improving care as a result.

Staff, equipment and facilities

- Consultants told us they had no control over budgets and it would help to "lift" the place if they could have some influence over resources. Service leads go to the board to discuss funding.
- Junior doctors told us that the computer system was very slow in most areas, and hindered their effective working. This had been raised as a concern.
- Senior staff told us they felt supported by their managers, and received appraisals. Staff generally had protected time for professional development, although this was not consistent across all staff groups and areas. However, the trust's appraisal rate was 73.65% in March 2014, while its target was 80%; planned care and surgery was 67.34%, and emergency care and medicine 71%.
- Senior pharmacy managers told us there was a robust validation process in place for new pharmacy staff, and they monitored antimicrobial prescribing carefully.
- The pharmacy service was viewed to be generally good across the three sites. Concern was raised that that there is no pharmacy cover for the maternity service or day case wards. The lack of pharmacy service to the day case unit was of particular concern, as they are currently taking medical outliers.

Multidisciplinary working and support

- Consultants told us they felt part of a fantastic workforce; they enjoyed their jobs and wanted to stay at the trust. They found the staff teams supportive of each other and said, "the nurses at King's Mill are really great!"
- Junior doctors expressed widespread praise for supportive consultants, with the exception of those in radiology.

A&E

- The department did not have appropriate care pathways available for staff to use, and there was a risk that treatment might not be in line with evidence-based guidance.
- Newark: There was not an effective, evidence-based pathway in place for patients arriving at the unit with life threatening conditions.
- There was no evidence of collaborative working with the trust's emergency department team based at King's Mill Hospital.

Medicine

- Care was provided in line with national best practice guidelines, but the trust did not participate in all the national clinical audits they were eligible to take part in. Due to inconsistent

record keeping, particularly regarding people's fluid intake, effective care was not provided, because accurate records were not kept to ensure that staff were able to monitor people's condition. The trust had responded to higher than average deaths from infection and stroke, to reduce the level of risk to people. There was evidence of progress to providing seven day a week services, but this had not been consistently achieved across the medical care service. Not all staff said they were supported effectively, and there were limited opportunities for regular supervision from managers.

Surgery

- Clinical management guidelines were reviewed and acted upon to ensure patients' needs were met. However, staff training was not always carried out to ensure staff were competent and had best practice knowledge to effectively care for and treat patients. Monthly audits were carried out regarding patient safety, patient experience and the environment.
- Newark: Clinical management guidelines were reviewed and incorporated into local guidance to ensure patients' needs were met. However, staff training was not always carried out to ensure staff were competent and had best practice knowledge to effectively care for and treat patients.

Critical Care

- The critical care service provided effective care. Care and treatment was delivered in line with current standards and nationally-recognised evidence-based guidance. The staffing and operation of the unit was in line with 'Core Standards for Intensive Care Units' published by the Faculty of Intensive Care Medicine and the Intensive Care Society.

Maternity

- The maternity service provided effective care. The percentage of normal deliveries within the maternity service was significantly higher than the national percentage. Rates for elective (planned) and emergency caesarean sections were lower than national figures, particularly the trust's emergency caesarean section rate. Good rates of smoking reduction had been consistently maintained by women throughout their pregnancies. The Sherwood Birthing Unit was jointly led by midwives and consultants, which provided effective, managed care. Most staff were positive about the multidisciplinary team approach to the provision of care. There was mutual respect between staff in different roles and teams throughout maternity services.

Summary of findings

C&YP

- Effective care was provided in children and young people services. The majority of staff were positive about the provision of care. There was a multidisciplinary approach to care, and staff respected colleagues in different roles and disciplines. However; staff mandatory training and appraisal rates had not met the trust target percentages.

EOLC

- Medical staff did not have clear guidance about providing end of life care.

Outpatients

- There were a wide range of clinics, with most patients receiving their appointments within target times. Staff were competent. Multidisciplinary working was especially evident and effective at Mansfield Community Hospital.
- Newark: There were a wide range of clinics, with most patients receiving their appointments within target times. Staff were competent.

Are services at this trust caring?
Involvement in care and decision-making

Good

- The trust has a policy on self-medication that supports patients in maintaining and regaining independence and management of their health condition. Staff were aware of the policy and self-administration of medicines was taking place on wards at King's Mill Hospital, though not widely. There was no facility to support patients with self-medication at Mansfield Hospital, despite the wards being for rehabilitation of those leaving acute care and being able to move home.
- The trust had plans to promote self-medication for insulin, medicines taken by people with Parkinson’s Disease, and on elderly care wards.

Trust and communication
Emotional support

A&E

- The majority of patients we spoke with were complimentary about the care they received. We saw that people were treated with dignity and respect.
- Newark: The patients we spoke with were very positive about the service at the minor injuries unit. They told us that they were seen promptly, and that communication was good.

Summary of findings

- Chaplaincy and bereavement services were available at Newark Hospital to support patients and their relatives.

Medicine

- Patients told us that the staff were caring, kind and respected their wishes. We saw staff's interactions with people were person-centred and unhurried. Staff were kind and caring to people and treated them with respect and dignity. Most people we spoke to during the inspection were complimentary and full of praise for the staff looking after them. The data from the hospital's patients' satisfaction survey, Friends and Family Test, showed that the medical care wards performed above average for the hospital.

Surgery

- Patients and relatives we spoke with told us that they felt they had received good quality care, and were informed of any treatment required. Patients told us that they felt their privacy and dignity were respected.
- Newark: Patients we spoke with told us that they felt that they received good quality care and were informed of any treatment required.

Critical care

- Patients were treated with compassion, dignity and empathy. Patients and their relatives were involved in decisions about their care and treatment. Patients were offered appropriate emotional support during their stay in the intensive therapy unit and afterwards. We did witness one occasion when, during a crisis in a neighbouring bed space, a conscious individual with a tracheostomy appeared frightened and received no reassurance or explanation from staff.

Maternity

- Most women were complimentary about the care they had received from maternity services. Throughout our inspection we observed that staff treated women with compassion, dignity and respect. The CQC maternity service survey 2013 reported that the trust's maternity service was rated at 8.9 out of 10 by women for their experience of care during labour and birth, which was similar to results from other trusts.

Summary of findings

C&YP

- We saw professional and compassionate care delivered to patients. Parents we spoke with were very complimentary about the service provided. Feedback received by the services from patients and families had been mostly positive.

EOLC

- Throughout our inspection we witnessed patients being treated with compassion, dignity and respect. We saw that call bells were answered promptly, and patients and their families we spoke with told us “staff are very kind”. Care and comfort rounds were carried out regularly to ensure patients were well cared for. We found that most of the patients we reviewed had chosen to stay at King’s Mill Hospital for their care.
- We looked at patient records and found they were not always completed sensitively. The reasons for allowing a natural death were not always clear, and at times inappropriate.

Outpatients

- Patients were treated with compassion, dignity and respect. We observed staff providing care and comfort rounds to ensure patients had food and drink, and transport arrangements. Emotional support was available in specific clinics when needed.
- Newark: Patients were treated with compassion, dignity and respect. We observed staff providing care and comfort rounds to ensure patients had food and drink, and transport arrangements. Emotional support was available from nursing staff.

Are services at this trust responsive?

Requires improvement

Meeting people’s needs

Vascular surgery had been transferred to Nottingham, 20 miles away. An interventional radiologist also left, so that he could continue with the work he wish to do.

Vulnerable patients and capacity

Access to services: Leaving hospital

- Consultants told us there were problems with discharges into the community, causing the wards to clog up, and affecting MAU and ED. MAU should not take patients for stays of more than 48 hours, but because of the block at ward level this often stretches to periods of up to 10 days.
- Half of medicines given to patients on discharge from the hospital were supplied direct by the wards (from the supply

allocated to each patient), and three-quarters were supplied in less than three hours. The main delay was in getting prescriptions written. There were plans in place for trained pharmacists to write discharge scripts, with medical staff then checking and signing them, to speed up discharge.

Learning from experiences, concerns and complaints

- Each board meeting started with a patient story, sometimes presented by the patient themselves supported by staff. We did not find clear evidence of how learning from patient stories was shared across the trust.
- There were no obvious signs in the King's Mill Hospital reception area to direct people on how to make a comment or complaint. A sign above the door to the Patient Advice and Liaison Service (PALS) said 'customer services'.
- The trust appointed an interim head of complaints about a year ago for a three-month period, and that person was still in post. The complaints department has been reorganised and there was a streamlined process to manage complaints, and ensure that the divisional matrons respond to them. The head of complaints met weekly with matrons, to go through the complaints and review any delays. The complaints team liaised with the wards, and met patients on the wards themselves, to resolve complex concerns. There was a computerised system tracking complaints and flagging required timescales for response.
- The trust's approach to managing complaints promoted meetings between staff and complainants (local resolution meetings). In the period January to March 2014, 40% of these were to help resolve re-opened complaints. Occasionally, members of the complaints team would attend, to support staff in the process. A local resolution meeting 'tool kit' or protocol set out clearly how such a meeting was organised. The meeting was recorded digitally onto a disc, which was sent to the complainant following the meeting. This meant that we were not able to examine the records relating to local resolution meetings. The trust had escalation procedures in place for managing staff delays in responding to complaints, or non-attendance at resolution meetings.
- The head of complaints prepared a monthly report for the director of nursing, whose quarterly patient experience report to the board included complaints data. We looked at the reports for October to December 2013 (quarter 3), and January to March 2014 (quarter 4). The trust was breaching its timeframe of 40 days in which to respond to a complaint, and this had increased from 15% in quarter 3, to over 50% in quarter 4. This

was despite a continued reduction in the number of complaints received (although number per patient contact was not available). The reports presented sections on 'trends and themes', but these were superficial and did not describe any trends. The report on quarter 4 provided informative examples of learning to date and actions planned. However, these did not relate to the 'main themes' identified.

- Although staff were encouraged to resolve complaints as they arose, there had been little staff training in managing complaints. The interim head of complaints post will be advertised shortly as a permanent post, which will have responsibility for developing appropriate training.

A&E

- Staff were responsive to the needs of patients. Information was available, along with translation services for patients for whom English was not their first language. Plans for leaving hospital were begun early and specialist teams were available to support early discharge. Complaints were responded to in line with trust policy. However, the trust's performance with regard to the four hour waiting time was inconsistent and below the 95% national target.
- Newark: Services at the minor injuries unit met people's needs. Information was available to patients about their treatment, and how to make a complaint or offer a compliment.

Medicine

- Problems with the effective discharge of people were highlighted across the medical care department, from both staff and people we spoke to. Whilst the trust had implemented a dementia care strategy, there was more work to do in terms of effective care planning and staff competency to provide person-centred dementia care. The trust had systems in place to investigate complaints and compliments.

Surgery

- We found that staff were responsive to people's individual needs; however, we found that there were often delays in discharge, which impacted on patients needing to be cared for in recovery after their operation. We also found that the trust was not always meeting the 18 week deadline for treatment. However, there were waiting list initiatives which were helping to meet some of the demand.

Summary of findings

- Newark: We found that staff were responsive to people's individual needs. Appropriate assessments were carried out to ensure patients were able to provide valid consent before their planned surgery.

Critical care

- The critical care service responded to meet patient's needs. Staffing ratios in the intensive therapy unit were in line with national guidance, and staffing was flexible to meet changing demands. Staffing in the critical care outreach team (CCOT) had been increased in response to a rise in the use of the team. Discharges from the intensive therapy unit were appropriately managed, though there were recognised delays.

Maternity

- The maternity service responded to meet people's care needs and planned the allocation of midwifery staff according to the requirements of the service. Staff used translators and translation services to meet the needs of women whose first language was not English. Complaints were responded to in line with the trust complaints policy.

C&YP

- Dedicated services for children and young people were provided, including a nursing outreach team for community-based care, and a children's diabetes nurse specialist. Links with local and regional children and young people services were excellent and worked well. The services had received numbers of complaints which were in line with other Trust specialties.

EOLC

- There were no formal arrangements in place with all the services to ensure that all stages of the discharge process were available for patients requiring a fast track discharge. There had been no audit to demonstrate how many patients were discharged to their preferred place of care, or the time it took to discharge patients.

Outpatients

- Most patients had access to outpatient services within national guidelines. However, some patients found difficulty getting follow-up appointments, as the demand for some clinics could not be met by the service. Telephone reminder systems were only available to those patients who had mobile phones.

Summary of findings

- There had been long waiting times for people attending appointments in some clinics; the trust had responded by reviewing the delays and capacity in the clinics.
- Newark: Most patients had access to outpatient services within times set by national guidelines. Telephone reminder systems were only available to those patients who had mobile phones.
- Patients did not get the opportunity to choose Newark Hospital in the 'choose and book' system provided to them by their GP, even though this was their preference and the services were available.
- Staff aimed to deal with complaints as they occurred, to prevent them being escalated to a formal complaint. Where formal complaints had been made, the trust had not always responded within their own policy guidelines.

Are services at this trust well-led?
Vision, strategy and risks

Requires improvement

- The trust's vision, 'Quality for All', aimed to improve patient, carer and staff experience. Listening events took place during October 2013, and feedback was gained through surveys, the trust's Patient Advice and Liaison Service (PALS), and via the online site 'NHS choices'.

Governance arrangements

- The board assurance framework provides a structure and process that enables the trust to focus on risks that might get in the way of achieving strategic objectives. It identifies key controls to manage and mitigate those risks, and enables the trust board to gain assurance about the effectiveness of the controls.
- It is aligned with the corporate risk register and to five key strategic priorities concerning patient experience, safety, quality care, recruiting staff, financial sustainability and relationships with stakeholders.
- At the board of directors meeting in December 2013, the board were presented with a governance and assurance framework paper, with a proposed new committee structure and trust management board. An underlying principle was to enable the board to be more proactive in its ways of working. A transition plan was presented to the board in January 2014.
- As a Foundation Trust, the trust has a council of governors, responsible for representing the interests of the trust members and partner organisations. Governors hold the non-executive

directors (NEDs) to account for the performance of the board of directors and the trust, to ensure that it acts in line with its objectives, and under the terms of its authorisation with Monitor (the sector regulator for health services in England).

- The trust's governors had a wide range of experience, including staff governors, and there was a relatively new lead governor. The chair had spent time working with and supporting the governors, and a governor development programme started in 2014. This programme included the provision of basic information, such as staff terms and conditions, and organisational performance targets and management. The chief executive agreed that there should already have been a rolling programme for new starters containing this sort of information.
- We spoke with ten governors who were all very pleased with the level of information, but expressed the view that they should have had this support much earlier. They were beginning to be able to challenge the non-executive directors, requesting progress reports on pieces of work, and were beginning to function as a council. One said, "we're there to make sure they deliver and we're now on the way to being able to do that".
- Governors told us there was a more open culture at the trust than previously, and staff were actively encouraged to raise concerns without fear of blame. However, they expressed concerns that service changes were implemented without coherent operational plans, which threatened sustainability. They also told us that feedback from the trust on the direction of commissioning was limited.
- We observed non-executive directors (NEDs) being appropriately challenging in a board meeting, commenting on the level of data and its analysis, and requesting benchmarks for outcomes and timescales in relation to certain projects. Discussion of the patient experience report did not look at what worked well, in order to learn from it, or to focus on the shortfalls to action improvement.

Leadership and culture

- Staff at different levels in different roles told us that the trust was a good place to work, very friendly and supportive. Junior doctors told us that it was a good place for training.
- Following an unsettled period and interim appointments, the trust appointed a permanent chief executive officer in May 2013, and a permanent chair in June 2013. The board of

directors was strengthened by the appointment of a permanent medical director and a temporary strategic adviser. The medical director had been employed part-time on an interim basis, but was due to take up a full-time permanent post in July 2014.

- There was a collective responsibility for clinical leadership, quality and patient safety shared by the director of nursing and current medical director. They were both aware of organisational issues, and clinical concerns across the trust (but none specific on the risk register). There were plans to advertise for an additional post at director level to support the medical director. Other directors, including the director of nursing and the director of strategic planning and commercial development, were also carrying key vacancies in their teams.
- The medical director and senior managers were not well known to consultants we spoke with, although the chief executive was. There was a lack of clarity about where the 'hotspots' were and why. All staff need to know this.
- The appointment of a temporary strategic financial adviser to the board was to increase the coherence of longer-term financial planning, linking into the 'Better Together' programme, which brings together local NHS and social care organisations, and relevant partners, to review and shape future health and social care services in Mid-Nottinghamshire. The trust's medical director and director of strategic planning & commercial development were on the 'Better Together' programme board.
- In response to the challenge from the Keogh review, and the follow-up visit by NHS England in 2013, the committee structure was revised, establishing a Newark hospital management board that sits with the divisional management boards. These all report to a trust management board (TMB), which meets monthly, one week before the board of directors meeting and is chaired by the chief executive.
- The governance arrangements at Newark Hospital had been re-defined to ensure that clinical services were part of the overall trust governance arrangements. The service director and clinical consultant links with the trust's medical director. The director of nursing had been more focused on King's Mill Hospital. One in four executive meetings are held at Newark. Division directors and general managers are held to account across both sites. There has been more surgical managerial activity than medical, in respect of Newark. Staff at Newark Hospital were not aware of the governance arrangements.
- The planned changes in joint surgery, and trauma and orthopaedics (T&O) at Newark Hospital affected 11 staff (eight permanent and three locums). The chief executive told us no

Summary of findings

one would be made redundant. He also felt staff had been kept well informed of proposed changes. Staff governors and partner organisations had also been briefed. There would be an emphasis on outpatient and diagnostic expertise, with the aim to encourage further activity. Staff we spoke with at Newark Hospital were not clear on the future plans.

- We met with the six non-executive directors, who had all been appointed since May 2013. They told us that the recent re-configuration of sub-committees would assure quality from an operational focus. The new governance structures had come into effect this month. The aim was to create a culture of personal accountability and responsibility at all levels of the organisation, with particularly clear lines of accountability. The new risk assessment and board assurance/accountability frameworks identified clear ownership of risks, so the appropriate executive member was held to account. To support the board, a development programme started in February 2014, including internally and externally delivered sessions on aspects such as working with stakeholders, appraisals, and the 'Quality for All' strategy.
- NEDs had been on formal and informal ward visits over the last few months, with the executives. The NEDS told us that their presence ensured the focus of the board was on quality over finance, and they gave examples of increasing priorities in certain areas of care. They felt their relationship with the governors was developing positively.

Patient experiences, staff involvement and engagement

- Senior staff told us they felt the trust was a good place to work, and that after a period of workforce change, things were more settled. Staff felt well supported by the chief executive and chair, and appreciated that they worked shifts on the wards. They encouraged staff to put solutions into action, and new practices were finally in place after years of proposals. Staff felt there were still challenges with effective consultation and communication in the trust, and a lack of forward planning.
- In the 2013, NHS Staff survey – in which the key findings for this trust compared them most favourably with other acute trusts in England – included the proportion of staff agreeing their role made a difference to patients, those experiencing discrimination, being provided with equal opportunities for career progression, and levels of motivation at work. The trust compared least favourably in the proportion of staff suffering work-related stress, those experiencing violence from others, or feeling pressure to attend work when unwell, and in effective communication between staff and senior management.

- At Newark Hospital none of the staff we spoke with on the wards or in theatres knew what they would be doing next, once surgery no longer took place there: “we keep asking”. Many staff in different departments felt they did not have effective leadership, and local managers were unable to influence wider decisions affecting them. Staff told us that Newark incidents were used as examples of poor practice in training sessions, which they found unprofessional and demoralising.

Learning, improvement, innovation and sustainability

- The trust board was still developing and had not yet been in place for a year. It was only just beginning to emerge from being driven by external regulators, and executives felt there was far more strategic work to be done in the coming year. A buddying arrangement with another trust was being established.
- Following the Keogh review, the trust was put under special measures by Monitor in July 2013, which appointed an improvement director to oversee the improvement plan. NHS England carried out a desktop review and a one day announced visit in December 2013. The panel assessed 23 groups of actions, with six recorded as ‘assured’ and 17 as ‘partly assured’. None were found to be ‘not assured’.

A&E

- There were some examples of good leadership within the department, especially for supported learning and training materials developed within the department. However, there was a lack of shared strategy or vision, and a lack of co-ordinated risk-based improvement planning.
- Newark: Although the trust had recently introduced a “Quality for All” programme, focused on shared values and behaviours, none of the staff we spoke with in the unit were aware of this initiative. There was no operational management link with the emergency department at King's Mill Hospital, and no evidence of shared learning or practice. Staff were unclear about governance arrangements for the unit in relation to the trust’s senior managers.

Medicine

- The medical care service was well-led at a ward level, with evidence of effective communication within staff teams, and the implementation of information boards to highlight each ward’s performance. The visibility and relationship with the board was less clear for junior staff, not all of whom had been made aware of recent trust-wide initiatives.

Surgery

Summary of findings

- There was some good leadership at local levels within the surgery services, and staff felt well supported by their managers. The trust had plans in place to stabilise the senior management team, and a clinical governance framework was also in place, which at the time of our inspection, was being strengthened. Staff were not always supported and developed through the appraisal system. A new strategy had been implemented for the values and behaviours of employees.
- Newark: There was good leadership at local levels within the surgery services at Newark Hospital. However, there were no clear reporting structures for clinical governance to the senior management team and how the departments received feedback. Staff were not always supported and developed through the appraisal system.

Critical care

- The critical care service was well-led. There were clear management and governance structures in place. Key risks were identified and managed by staff and managers. Risks were regularly monitored and reviewed, and effective action was taken to reduce or resolve risks.

Maternity

- Maternity services had clear management and governance structures in place within obstetrics and gynaecology. Key risks were identified and managed by maternity services staff and senior managers. These were regularly monitored and reviewed at local, directorate and divisional levels. Staff spoke positively about their work and were aware of the trust's overarching vision. Staff told us they felt part of the drive to ensure the strategy and plans for improved patient care were delivered.

C&YP

- There were management and governance structures in place for children and young people services. However, some staff told us that they felt the services sometimes lacked trust-wide visibility. Key risks were identified, reviewed and managed by staff and senior managers. Staff were proud to work for the children and young people services within the trust. We found children and young people services provided good care.

EOLC

- Staff relied on end of life experience within their own teams, and occasionally from other wards. Staff saw the provision of good end of life care as a priority; however, there was little in the way of guidance, protocols or documentation available from the trust.
- There had been very little engagement with the staff about end of life care until March 2014, whereby the staff on the four end of life pilot wards had an opportunity to help develop the guidance for patient care in the last days of life.

Outpatients

- Staff perception of the leadership was positive; they thought that directors were approachable and listened to their concerns. The vision for the trust had recently been introduced and had not been embedded.
- Staff at Mansfield Community Hospital had high regard for their colleagues, and this was demonstrated by the effective multidisciplinary team working and the delivery of their services. However, the influence of Mansfield Community Hospital team in policy and governance decisions was not evident.
- Newark: Newark Hospital service provision was changing; staff said that they did not have a voice, and they had not been consulted about the changes. The new trust vision had not been embedded at the hospital. Staff communication between Newark Hospital and King's Mill Hospital showed, at times, a lack of respect for each other. Staff culture within Newark Hospital was supportive.

Overview of ratings

Our ratings for King's Mill Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Good	Good	Good
Maternity & Family planning	Good	Good	Good	Good	Good	Good
Children & young people	Good	Good	Good	Good	Good	Good
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients	Requires improvement	Not rated	Good	Requires improvement	Good	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Newark Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Not rated	Good	Good	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients	Requires improvement	Not rated	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

Overview of ratings

Our ratings for

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

Notes

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

Outstanding practice and areas for improvement

Outstanding practice

King's Mill
A&E

Outstanding practice:

- Supported learning and training materials developed within the department. For example, the department specific induction training programme; and junior doctors felt extremely well supported in the department.

Maternity and family planning services:

Outstanding practice:

- Multidisciplinary team working across disciplines and roles throughout the directorate. This was extremely effective, and evident in directorate teams.
- Delivery rates for women were better than national rates. This included higher rates of normal deliveries and lower rates of emergency caesarian sections compared to national figures.
- Smoking reduction and cessation work with women during their pregnancies delivered very good results.
- Gynaecology ward, ward 14, was well led. Staff were obviously passionate about the care and service they provided.

Children and young people services:

Outstanding practice:

- Multidisciplinary team working across disciplines and roles throughout the directorate. This was effective and evident in directorate teams.
- Links with regional paediatric networks and neighbouring trusts worked effectively.

Newark: Surgery

Outstanding practice:

The systems and processes in place in the pre-operative assessment department. The department was very efficient and utilised their skill mix.

Areas for improvement

Action the trust MUST take to improve

King's Mill:
A&E

Regulation 9

The provider had not ”reflected where appropriate, published research evidence and guidance issued by the appropriate professional and expert bodies as to good practice in relation to such care and treatment”.

Regulation 10

- The provider did not have an effective system to “regularly assess and monitor the quality of the services provided”.

Regulation 10 (1) (a)

- The provider did not effectively operate systems to “identify, assess and manage risks relating to the health, welfare and safety of service users and others”.

Regulation 10 (1) (b)

- The provider had not made changes to the treatment or care provided in order to reflect information, of which it is reasonable to expect that a registered person should be aware, relating to – “(i) the analysis of incidents that resulted in, or had the potential to result in, harm to a service user, and
- (ii) the conclusions of local and national service reviews, clinical audits and research projects carried out by appropriate expert bodies”

Regulation 10 (2) (c) (i) (ii)

Regulation 22

The provider “must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity”.

Regulation 22

Regulation 16

Outstanding practice and areas for improvement

The provider "must make suitable arrangements to protect services users and others who may be at risk from the use of unsafe equipment by ensuring that equipment provided for the purposes of the carrying on of a regulated activity is -

1. Properly maintained and suitable for its purpose

Regulation 16 (1) (a)

Medicine

The trust must ensure that accurate record keeping is maintained with regard to people's observations and hydration.

The trust must ensure that accurate record keeping is maintained on drug administration charts so people receive the appropriate care and treatment for their needs.

The trust must ensure that all staffs have the competence to recognise when a person is deteriorating so appropriate care is provided.

The trust must ensure that there are secure systems for storing medicines and that people are given medicines according to their prescription.

The trust must ensure that all people have an effective and current care plan that meets their individual needs and provides appropriate guidance for staff to be able to meet their needs.

Surgery

The provider must ensure there is full medical support for all surgical specialties, in particular vascular services.

The provider must ensure mandatory training and appraisals take place to ensure all staff are appropriately trained and have up-to-date knowledge

The trust must ensure actions taken and lessons learned are shared with staff at all levels.

Maternity

Must improve:- Emergency resuscitation equipment boxes must be checked and audited regularly.- Staff mandatory training and appraisals must be completed to meet trust targets.

C&YP

Must improve:

- Emergency resuscitation equipment boxes must be checked and audited regularly. Must ensure that all children and young people services wards and departments are stocked with paediatric emergency resuscitation equipment boxes.
- Staff mandatory training and appraisals must be completed to meet trust targets.

Newark:
MIU

Regulation 9

The provider had not "reflected where appropriate, published research evidence and guidance issued by the appropriate professional and expert bodies as to good practice in relation to such care and treatment."

Regulation 10

- The provider had not made changes to the treatment or care provided in order to reflect information, of which it is reasonable to expect that a registered person should be aware, relating to – "(i) the analysis of incidents that resulted in, or had the potential to result in, harm to a service user, and
- (ii) the conclusions of local and national service reviews, clinical audits and research projects carried out by appropriate expert bodies".

Regulation 10 (2) (c) (i) (ii)

Regulation 22

The provider "must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity".

Regulation 22