

The Mid Yorkshire Hospitals NHS Trust

Quality Report

Trust Headquarters
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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.

Summary of findings

Letter from the Chief Inspector of Hospitals

We carried out a focused inspection on 30 October 2017 to follow up on warning notice issued to the Trust in June 2017. This identified concerns and areas for improvement in the medical division at Pinderfields and Dewsbury and District hospitals.

The background to the warning notice is that we carried out a follow-up inspection from 16 to 19 May 2017 to confirm whether The Mid Yorkshire Hospitals NHS Trust (MYNHST) had made improvements to its services since our last inspection in June 2015. We also undertook unannounced inspections on 11 and 22 May and 5 June 2017. The inspection took place as part of our comprehensive inspection programme.

To get to the heart of patients' experiences of care and treatment we always ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well led? Where we have a legal duty to do so, we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

At our inspection in May 2017, we found that the trust had improved in some areas, particularly within community services. However, it remained rated as 'requires improvement' overall, with safe, effective, responsive, and well-led rated as 'requires improvement', and caring rated as 'good'.

Following our inspection we issued a warning notice to the Trust in regard to breaches of regulations within the medical care directorate at the Pinderfields and Dewsbury and District hospital sites. The warning notice was issued on 19 June 2017 and identified the following concerns and areas for improvement:

- There was a lack of suitably skilled staff taking into account best practice, national guidelines and patients' dependency levels.
- There was a lack of effective escalation and monitoring of deteriorating patients. There was also a lack of effective assessment of the risk of patients falling.

- The use of extra capacity beds and late night bed moves caused the privacy and dignity of patients being nursed in bays where extra capacity beds were present to be compromised.
- There was a lack of effective monitoring and assessment of patient's nutritional and hydration needs to ensure these needs were met.
- There was a lack of robust assessment of patients' mental capacity in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

We carried out an unannounced visit to the trust on 30 October 2017 to check on progress that had been made against our warning notice. This focused on the specific issues we had raised and found the following areas of improvement:

- Staffing fill rates had generally increased across medical wards at both hospitals sites. The trust also had medium and long-term plans in place to recruit further nurse and healthcare support staff.
- We saw that national early warning (NEWS) scores were consistently recorded and escalated for patients we reviewed. An audit programme had also been commenced to further monitor and improve compliance.
- We saw that falls risk assessments were consistently completed for patients we reviewed. An audit programme had also been commenced to further monitor and improve compliance.
- Fluid and nutrition charts at Pinderfields were generally completed appropriately. An audit programme had also been commenced to further monitor and improve compliance.
- The use of extra capacity beds had significantly reduced since the time of our initial inspection. Bed moves after 10.00pm had also significantly reduced and were now recorded as incidents. This had resulted in a positive impact on the privacy and dignity of patients receiving care.

Summary of findings

- The trust had increased awareness of mental capacity with staff via learning materials and visits from the safeguarding team. Mental capacity 'champions' had been identified in ward areas and an audit programme was scheduled to begin.

However;

- Staffing remained challenging in some areas, with some wards not meeting the 80% fill rate.
- Fluid and nutrition charts for patients we reviewed at Dewsbury were not fully completed.

- It remained difficult to easily identify in the medical and nursing records where an assessment of capacity had been made/documented. The documentation surrounding capacity assessments varied according to the care pathway and lacked consistency. We saw that the majority of patients requiring capacity scoring or assessment did not have completed documentation.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to The Mid Yorkshire Hospitals NHS Trust

The Mid Yorkshire Hospitals NHS Trust is an integrated trust, which provides acute and community health services. The trust serves two local populations; Wakefield, which has a population of 355,000 people, and North Kirklees with a population of 185,000 people. The trust operates acute services from three main hospitals – Pinderfields Hospital, Dewsbury and District Hospital and Pontefract Hospital, as well as having some community services. In total, the trust had approximately 961 general and acute beds, 60 beds in Maternity and 35 in Critical care beds. The trust also employed 6,962 staff.

We carried out a comprehensive inspection of the trust between 16-19 May 2017. This included unannounced

visits to the trust on 11 and 22 May, and 5 June 2017. We inspected the three main hospital sites as well as community services which included community adult, inpatient and dental services. The inspection took place as part of our comprehensive inspection programme.

At the May 2017 inspection, we found that the trust was in breach of regulations. We issued a warning notice to the trust in regard to specific breaches within the medical care directorate at the Pinderfields and Dewsbury and District hospital sites. We also issued requirement notices against other breaches we identified in respect of wider trust services.

Our inspection team

Our inspection team was led by:

Head of Hospital Inspections: Sandra Sutton, Care Quality Commission

The team included four CQC inspectors.

How we carried out this inspection

Prior to the unannounced inspection, we reviewed the trust's action plans to address the warning notice and progress against these plans up to 25 October 2017. We carried out unannounced visits to Pinderfields and

Dewsbury and District hospital and visited medical wards. We interviewed members of staff, observed how people were being cared for, and reviewed patients' records of personal care and treatment.

What people who use the trust's services say

- In the CQC Inpatient Survey 2015, the trust performed about the same as other trusts for all of the questions.
- The trust's Friends and Family Test performance (percentage recommended) was generally about the same as the England average between March 2016 and February 2017. In latest period, February 2017 trust performance was 97% compared to an England average of 96%.
- In the Cancer Patient Experience Survey 2015 the trust was in the top 20% of trusts for three of the 34 questions, in the middle 60% for 20 questions and in the bottom 20% for 11 questions.
- The trust performed similar to the England average in the Patient-Led Assessments of the Care Environment (PLACE) 2016 for assessments in relation to Cleanliness, Food and Facilities. For Privacy/dignity/wellbeing the trust performed worse than the England average.

Summary of findings

Facts and data about this trust

In total, the trust had approximately 961 general and acute beds, 60 beds in Maternity and 35 in Critical care beds. The trust also employed 6,962 staff. The trust had approximately 7596 whole time equivalent staff which included 856 medical staff, 2,226 nursing staff and 4514 other groups of staff.

The trust had total revenue of over £505 million in 2016/17. Its full costs were over £543million and it had a deficit

of over £8 million. During 2016/2017, the trust had 245,330 emergency department attendances, 141,103 inpatient admissions, and 722,632 outpatient appointments.

Across the trust, there were 54,683 surgical admissions between December 2015 and November 2016.

Emergency admissions accounted for 18,777 (34.3% %), 30,317 (55.4% %) were day admissions, and the remaining 5,589 (10.2% %) were elective across the surgical division of the Mid Yorkshire Hospitals NHS Trust.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>Assessing and responding to patient risk</p> <ul style="list-style-type: none">• During our inspection in May 2017 we identified concerns that patients with high national early warning scores (NEWS) were not appropriately monitored or escalated for medical attention. This was a particular concern on the medical wards we visited at Dewsbury. We also identified concerns that patient falls risk was not appropriately considered or documented.• In regard to NEWS, the trust had implemented a weekly audit programme to monitor compliance. This included auditing 10 patient records per ward via spot checks and use of the trust's electronic patient scoring system to monitor when NEWS scores were completed on time. A five day 'Rapid Process Improvement Workshop' focused on the process for high NEWS scoring patients at Dewsbury was also scheduled to take place week commencing 13 November supported by the Trust's Kaizen Promotion Office.• Audit results at the time of our unannounced visit demonstrated an improvement in performance against the trust target of 85% of observations being completed on time at Dewsbury. This had risen from an average of 74.5% in mid-September 2017 to 90.0% by mid-October 2017. The trust had found variable performance in audit of patients having 'normal parameters' documented within records to demonstrate when higher NEWS scores were within normal ranges for patients (for example, patients with known respiratory problems). Work on this was ongoing by senior staff and a 'sticker' system was being trialled to note 'normal parameters' in patient records. Work was also ongoing on developing a modified early warning scoring system specifically for patients with known respiratory needs.• During our inspection at Dewsbury we were shown records for five patients with an elevated NEWS score of four or above across the medical wards we visited. We conducted case reviews of these patients and saw that they had evidence of appropriate escalation of high NEWS scores, and appropriate care plans being put in place. For example, patients had been referred to senior medical staff for review and had documented treatment plans and escalation parameters in their records. Staff were able to articulate why this was important to ensure safe patient care.	

Summary of findings

- In regard to falls, the trust has implemented 'Falls Friday' to focus attention on falls risk assessments being completed. This was monitored via a weekly survey of matrons to identify the number of patients that had a reassessment of the falls risk documentation completed on Friday or had an assessment completed less than one week previously. The data is based on review of a sample of five random patient notes on each ward area for which they have responsibility.
- Data from audits identified an improvement in documentation completion since July 2017 in the medical service. In July there was 89.0% compliance, 97.8% compliance in August, 96.2% in September, and 93.9% to date in October. The trust had identified a deterioration in scores following completion of the trust's acute hospital reconfiguration programme. This had involved ward reorganisation and the treatment of acutely ill patients being transferred to the Pinderfields site. In response, this had been escalated to the divisional senior nursing team and ward performance was reported weekly to all divisional senior nursing teams. In addition, the Deputy Head of Nursing had contacted all ward managers and matrons for those areas achieving less than 100% compliance to inform them of the improvement expectations.
- During our unannounced inspection we reviewed 14 sets of patient records at Pinderfields and 17 at Dewsbury. We found that 100% of falls documentation was appropriately completed.

Staffing

- During our inspection in May 2017, we identified concerns that there were insufficient numbers of appropriately trained staff to care for patients at the Pinderfields and Dewsbury site.
- Data provided by the trust showed that there had been an overall increase staffing numbers since the warning notice was served. Staffing in post had increased by 17 whole time equivalents (WTE), which included 14.8 WTE nurse staff. The trust had also confirmed posts and starting dates for an additional 23.9 WTE and 23.53 WTE in September and October 2017. Non-registered staffing had also increased in this period, with an additional 34.8 WTE health care assistants in post.
- The trust had held four nurse recruitment events for nurses since May 2017 and had another event planned for January 2018. This included a specific event focusing on recruitment to the medical nursing workforce. In addition, the trust had also held 20 recruitment events for non-registered staff. The events had been successful in identifying applicants.

Summary of findings

- The trust had committed to an international recruitment campaign in order to attract further applicants to nursing posts. This was being developed and was expected to result in increased staffing from international nurses by late 2018.
- The trust completed a review to explore the attrition rates of newly qualified nurses within the first 12 months of joining the Trust. This was due to be presented to an executive committee in November 2017 and included recommendations for retaining staff.
- The medical wards displayed planned and actual nurse staffing levels for each shift.
- At the time of our May 2017 inspection, the trust-planned nurse to patient ratios was based on one registered nurse per eight patients. At Dewsbury, this ratio was met on all the wards we visited. At Pinderfields, we found that staffing did not meet this ratio on wards 41, 42 and 43. However, the trust did confirm to us that following the acute hospital reconfiguration in September 2017, a new workforce model was implemented. This is based on the dependency and acuity of patients, with planned ratios varying across the medical wards based on the number of beds, dependency and acuity of patients. For example, the planned ratio for Gate 43 on the day of inspection was 1:10.3 WTE (day) and 1:13.7 WTE (night).
- Ward managers and matrons had taken on clinical duties to lessen the impact on patients. The matter was also escalated for additional support if needed.
- The division graded staffing fill rates using a 'RAG' (red/amber/green) rated scale with wards filling at over 80% being classified as 'green'.
- Data from the trust's safer staffing reports showed that between July and September 2017 daytime nurse staffing levels had been steady at an average of 77% at Pinderfields. This included an increase in the number of wards achieving a 'green' rating from one at the time of our previous inspection during this period. Healthcare assistant staffing also increased from 95% to 102% in this period. Night time nurse and healthcare assistant staffing was above 90% in each month.
- Daytime nurse staffing levels at Dewsbury had increased from 70% in July to 85% in September. Healthcare assistant staffing also increased from 102% to 109%. Night time nurse and healthcare assistant staffing was nearly 100% in each month.

Are services at this trust effective? **Nutrition and hydration**

Summary of findings

- During our inspection in May 2017, we identified that there was a lack of effective monitoring and assessment of patient's nutritional and hydration needs.
- The trust had implemented 'MUST Monday' to focus attention on nutrition and hydration. This was monitored via a weekly survey of matrons to identify the number of patients that had a reassessment of the MUST documentation completed on Monday or had an assessment completed less than one week previously. The data was based on review of a sample of five random patient notes on each ward area for which they had responsibility.
- Data from audits identified an improvement in documentation completion since July 2017 in the medical service. In July there was 81.3% compliance, 97.8% compliance in August, 96.1% in September, and 96.4% to date in October. The trust had identified a deterioration in scores following completion of the trust's acute hospital reconfiguration programme. In response, this had been escalated to the divisional senior nursing team and ward performance was reported weekly to all divisional senior nursing teams. In addition, the Deputy Head of Nursing contacted all ward managers and matrons for those areas achieving less than 100% compliance to inform them of the improvement expectations.
- During our unannounced inspection, we reviewed 14 sets of patient records at Pinderfields and 20 at Dewsbury. At Pinderfields, we found that 86% (12) of fluid charts were completed fully and 93% (13) of food charts were completed accurately. At Dewsbury, we found that 30% (6) had been fully completed. The remaining charts had some omissions, including a lack of daily intake totals and dates.
- The nutrition nursing team had begun conducting ward-based audits during patient meal times on the wards. The audit covers the use of red jug/trays, assistance required during meal times, protected meal times and compliance with policy, and the use of food diaries as appropriate. These audits showed poor compliance with standards.
- In response, ward manager audits now included a section on nutrition/hydration and this was due to start being collected in December 2017. The division of nursing had put out a directive for all ward managers to assist with meal times together with ward staff. The quality improvement team released a training pack to the division of medicine, which outlined how to use the nutritional dashboard on the trust's electronic patient monitoring system to incorporate patients with increased nutritional risk into the morning safety brief.

Summary of findings

- We found all patients had access to a drink. These were within appropriate cups for patient need and within reach. We observed meal service on two wards and this was carried out in an efficient, calm and timely manner. When nurse staffing was stretched, staff reported that they had access to hospital volunteers who had received training to support patients during meal times.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- During our inspection in May 2017, we identified that there was a lack of robust assessment of patients' mental capacity in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).
- The trust's safeguarding team had conducted 45 ward visits between June and September 2017 to provide advice and guidance on DoLS and MCA issues. In addition, audits of a new care plan for vulnerable adults were now being completed. Where these were identified as incomplete, the trust told us that direct feedback was provided to ward managers so that improvements could be made
- Dedicated MCA 'champions' were being identified for each ward to lead on MCA issues and raising awareness with staff. The first leads' meeting was due to take place on 30 October 2017. Laminated MCA 'pocket guides' had also been distributed to all staff.
- The trust planned a further audit of clinical records to review entries relating to consent and patient's mental capacity to consent. A review exploring in greater depth the impact of the acute hospital reconfiguration on DoLS processes was also planned. These were expected to be completed by January 2018.
- We saw that staff considered capacity issues during daily safety huddles (SAFER meetings) and that capacity issues were highlighted on ward handover sheets.
- However, it remained difficult to easily identify in the medical and nursing records where an assessment of capacity had been made/documentated (where applicable). The documentation surrounding capacity assessments varied according to the care pathway and lacked consistency.
- The completion of aligned mental acuity testing documents to assist in building a picture around consent and capacity issues was variable. In three (21%) of the fourteen records we reviewed at Pinderfields these were incomplete. At Dewsbury, three

Summary of findings

(21%) of fourteen patients we reviewed had complete abbreviated mental scoring test documentation. On a further two occasions, this had been carried out, but the plan of care or the score of the test was not evident.

- We reviewed the records of four patients at Pinderfields who were subject to a 'Care Plan for Vulnerable Patient' or a Deprivation of Liberty Safeguard. In all four there was evidence of a capacity assessment and in three, relevant DoLS documentation was located in the medical records. Three patients at Dewsbury (14%) had either a mental capacity test or a detailed cognitive assessment carried out by a nurse from the Rapid Elderly Assessment Care Team (REACT).

Are services at this trust caring?

Compassionate care

- During our inspection in May 2017, we found that the use of extra capacity beds and late night bed moves caused the privacy and dignity of patients being nursed in bays where extra capacity beds were present to be compromised.
- At the time of our unannounced inspection, we saw that patients privacy and dignity was now much more respected and there were no extra capacity beds in use. Staff reported how there had been improvements in the management of extra capacity patients and their throughput into the actual bed base/designated bed spaces since the inspection. We saw that staff were able to deliver care that respected the privacy and dignity of patients.
- The trust has developed a standard operating procedure (SOP) for patients cared for in extra capacity beds to ensure that patient centred, compassionate care was maintained.
- The SOP also included a template letter from the trust chief executive that was provided to patients in extra capacity beds, and other patients in their bay. This letter provided an explanation and apology to patients affected by extra capacity bed spaces.
- The trust had developed a process whereby the 'start' and 'end' time of patients being nursed in extra capacity beds could be monitored. This was to ensure that patients did not remain in these beds longer than necessary so that their care needs could be adequately met.
- During our May 2017 inspection patients told us that their privacy and dignity was impacted on by late night bed moves. At the time of the unannounced inspection, the trust had

Summary of findings

introduced new guidelines for out of hour's non-clinical patient transfer. This meant that there were more robust processes in place to protect the privacy and dignity of patients from being moved for non-clinical reasons after 10pm.

Are services at this trust responsive?

Access and flow

- During our inspection in May 2017, we had concerns about the use of extra capacity beds and late night bed moves after 10pm.
- The trust was now involved in a system discharge group to allow a system wide approach to admission and discharge planning to be considered. This included representatives from local authorities, clinical commissioning groups, and NHS Improvement. This had allowed the trust to reduce all routine use of extra capacity beds at the time of our unannounced inspection.
- The trust reported that extra capacity beds had not been used throughout September 2017, and had last been used on one occasion on 3 October 2017 when three beds were opened for a four hour period. Authority to open extra capacity beds was required from executive level.
- The trust had introduced new guidelines for out of hour's non-clinical patient transfer. This included the need to report any such moves after 10pm as incidents and to include them in daily night matron reporting. This was then reviewed at the next morning's bed meeting.
- Data provided by the trust showed that between September and October 2017 there had been five reported non-clinical bed moves after 10pm. Of these, one was reclassified as clinically necessary on investigation and four remained under investigation.

Outstanding practice and areas for improvement

Areas for improvement

Action the trust **MUST** take to improve

- Continue work to ensure that there are suitably skilled staff available taking into account best practice, national guidelines and patients' dependency levels.
- Continue work to ensure that there is effective monitoring and assessment of patient's nutritional and hydration needs to ensure these needs are met.
- Continue work to ensure that there is a robust assessment of patients' mental capacity in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

Action the trust **SHOULD** take to improve

- Continue work to ensure that there is effective assessment of the risk of patients falling.
- Continue work to ensure that the privacy and dignity of patients being nursed in bays where extra capacity beds are present is not compromised.
- Continue work to ensure that there is effective escalation and monitoring of deteriorating patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

11(1) Care and treatment of service users must only be provided with the consent of the relevant person.

Why there is a need for significant improvements:

- It remained difficult to identify in the medical and nursing records where an assessment of capacity had been made/documented.
- Mental scoring, capacity assessment and DOLS documentation was not always completed.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

14(1) The nutritional and hydration needs of service users must be met.

Why there is a need for significant improvements:

- The majority of food and fluid charts we reviewed at Dewsbury were not completed.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

18(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.

Why there is a need for significant improvements:

- Average nurse fill rates remain below 80% on some wards.

This section is primarily information for the provider

Requirement notices

- Nurse to patient ratios were not always maintained in line with trust guidance.