

Barnsley Hospital NHS Foundation Trust

Inspection report

Gawber Road
Barnsley
South Yorkshire
S75 2EP
Tel: 01226 730000
www.barnsleyhospital.nhs.uk

Date of inspection visit: 17 to 19 October, 15 to 17
November 2017
Date of publication: 14/03/2018

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

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

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

Ratings

Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

Summary of findings

Background to the trust

Barnsley NHS foundation trust provides a range of acute hospital services to the Barnsley area which has an estimated population of 236,000.

The trust operates acute hospital services from one main hospital site: Barnsley hospital.

The trust employs around 3,500 people and has an annual income of around £173 million.

The trust provides a full range of acute clinical services. Barnsley hospital has 18 wards and 319 inpatient beds. The hospital has 26 day case beds, 47 maternity beds, 13 critical care beds and 20 beds for children and young people. It has an emergency department and provides acute medical and surgical services, including intensive care services to the population and visitors to the Barnsley and South Yorkshire area.

Health in Barnsley is affected by local deprivation, which is higher than the England average. Nearly one fifth (10,500) of children live in poverty. In 2015, Barnsley was the 39th most deprived local authority area of the 326 in England. This signifies that the area was in the 20% most deprived areas in the country. The health profile showed a number of indicators, such as life expectancy, smoking related deaths and levels of obesity were worse than the national average.

Barnsley clinical commissioning group (CCG), commission the majority of the trust's services, based on the needs of their local population.

CQC carried out a comprehensive inspection of the trust in July 2015. We rated effective, caring and responsive as good and safe and well led as requires improvement. We rated the trust requires improvement overall and issued requirement notices in regard to compliance with Regulation 12: safe care and treatment and Regulation 18: staffing. The trust put action plans in place, which have been implemented and monitored by CQC.

Overall summary

Our rating of this trust improved since our last inspection. We rated it as Good ● ↑

What this trust does

Barnsley NHS foundation trust provides a range of acute hospital services to the Barnsley area which has an estimated population of 236,000. The trust operates acute hospital services from one main hospital site, Barnsley hospital, and employs around 3,500 people and has an annual income of around £173 million.

The trust provides a full range of acute clinical services. It has an emergency department and provides acute medical and surgical services, including intensive care services to the population and visitors to the Barnsley and South Yorkshire area.

We inspected the medical, surgical, urgent and emergency and children and young people services at Barnsley hospital.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

Summary of findings

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

What we inspected and why

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

Between 17 October and 19 October 2017 we inspected the urgent and emergency, medical, surgical and children and young people services provided by this trust, as part of our continual checks on the safety and quality of healthcare services.

We inspected urgent and emergency services as the department was rated as requires improvement at our last inspection. Two requirement notices were issued at our last inspection for Regulation 18, staffing and Regulation 12, safe care and treatment. Monitoring has shown that the emergency departments have been operating under continuing pressure since our last inspection and the trust has intermittently breached emergency department performance targets.

We inspected medical services because we received information giving us concerns about the safety and quality of these services. Concerns and negative feedback raised with the CQC by service users as part of monitoring activity indicated that there may be ongoing concerns about the safety and quality of medical services with particular regard to patient falls and patient pathways. One requirement notice was issued at our last inspection for Regulation 12, safe care and treatment.

We inspected surgical services because this service was rated as requires improvement at our last inspection. One requirement notice was issued at our last inspection for Regulation 12, safe care and treatment. There had been three serious venous thrombo-embolisms (VTE) in the last 12 months and high bowel mortality identified through our intelligence.

We inspected children and young people services because this service was rated as requires improvement at the last inspection. Two requirement notices were issued at our last inspection for Regulation 18, staffing and Regulation 12, safe care and treatment.

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

What we found

Overall trust

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

- We rated effective, caring, responsive and well-led as good and safe as requires improvement.
- In rating the trust we took into account the current ratings of the five services not inspected this time.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.
- We rated well-led at the trust level as good.

Summary of findings

Are services safe?

Our rating of safe stayed the same although we saw improvement in the safe domain in both medicine and surgery. We rated it as requires improvement because:

- The provision of safe care for adults and children with mental health conditions was not robust. Environmental and patient risk assessments were not consistently undertaken or actioned. We saw areas of risk that the trust addressed when we raised this with them following the unannounced inspection.
- At the time of our inspection, we were not assured that there were processes in place for the safe and effective management of sepsis in children. There was no specific documented pathway for staff to follow and despite there being sepsis information on the early warning score documentation this did not include all the red flags and there was no variation for different ages of children. However, following our unannounced inspection the trust produced a paediatric policy and pathway that now needs to be embedded in practice.
- There remained a number of nursing staff vacancies across the trust, notably the provision of registered sick children's nurses (RSCN) in the emergency department had improved but after midnight still did not meet the Royal College of Emergency Medicine Guidelines. Staffing levels had improved in orthopaedics since the last inspection and medical staffing had improved, notably in the emergency department.
- We were not assured that the children's safeguarding team had an oversight of all safeguarding cases, as there was no effective reporting system in place to report to this team. The safeguarding training data provided by the trust was not broken down for staff in specific areas, so we could not confirm who had appropriate levels of training.
- Mandatory training in key skills was available to all staff and the uptake was generally good but medical staff training figures was significantly under the trust target of 90%.
- Records standards were generally of a good and consistent standard but this was not always the case in the emergency department.
- Temperature monitoring of medicines storage rooms was inconsistent.

However;

- Staff recognised and managed patient incidents well. There was a proactive approach to infection prevention and control, medicines were managed well and equipment was appropriately checked.
- Staff responded appropriately to the deteriorating patient and interventions were timely.

Are services effective?

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

- There was evidence of good multidisciplinary working. Staff with specialist skills and knowledge worked well together to benefit patients.
- Appraisals for both medical and nursing staff were above the trust target.
- We saw that staff had an understanding of consent, and gained consent prior to performing care.
- Care and treatment was based on national guidance and there was evidence of the effectiveness of this through participation in national and local audits, reviews of outcomes and actions taken to improve services.
- Patients told us their pain was well-managed. Staff made sure patients had enough to eat and drink to meet their needs and improve their health, although the menus were not fully child friendly.

Summary of findings

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support adults experiencing mental ill health and those who lacked capacity to make decisions about their care.
- Since the last inspection, laparoscopic surgery services had been established and the trust was monitoring audit outcomes.
- The ophthalmology and orthopaedic services were participating in the Get It Right First Time quality improvement initiative and initial feedback from an external review for ophthalmology was positive.

However;

- Staff had not received specific training to help them support children and young people with a mental health condition.
- Staff on the children's ward had not received any training to use equipment to provide high flow nasal oxygen and staff had to be moved from the neonatal unit to care for those patients. Plans were in place to introduce this training.
- There were some issues with trainees in respiratory medicine relating to the training and support they received. The senior management team were aware of these issues and were working with Health Education England and with the respiratory team to improve the training and support for junior doctors in this speciality.
- At the time of the inspection, some but not all of the surgical specialties had dedicated time for a clinical education / clinical audit meeting.

Are services caring?

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

- Patients told us that they received compassionate care and that staff supported their emotional needs. Play specialists were available to alleviate children's anxieties. Patients provided us with positive feedback about their care during our inspection.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and relatives we spoke with told us they felt well informed by doctors and nursing staff about their condition, treatment options and plan of care.
- Spiritual and pastoral support was available to patients from the hospital chaplaincy service.
- There was one example of staff arranging a brass band to play for a patient at the end of life as it had been a major part of their life.
- The trust's friends and family test (FFT) response rate was around the England average and showed consistently positive results.

However:

- We saw examples of patient care being completed in the corridor in the emergency department with no curtains or area for privacy provided. This was supported by the response from two of the six patients who said they did not want to be sitting in the corridor of the department. One patient felt that being cared for in the corridor impacted on their privacy and dignity.

Are services responsive?

Our rating of responsive stayed the same overall; however in surgery it was noted to have improved and had outstanding features such as the use of technology and a proactive approach to understanding the needs of patients. We rated responsive as good because:

Summary of findings

- Services were planned in a way to meet the individual's needs and the local population.
- Children's services were actively involved with the local Accountable Care System to plan care to reflect the needs of the local community. Waiting times for treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The trust had applied measures to manage access and flow in the emergency department, these included providing consultants with the autonomy to admit patients through a strategy called 'nine steps' which created a clear pathway to be followed by clinicians.
- There had been some improvements in meeting the Department of Health's target of 95% of patients to be admitted, transferred or discharged within four hours of arrival in the emergency department. The trust's own target of 94% was met for both quarter one and two in 2017.
- The number of patients waiting between four and 12 hours from the decision to admit until being admitted had reduced significantly since December 2016 and was better than the England average. No patients had waited over 12 hours since January 2017.
- Patients knew how to complain and staff knew how to deal with complaints they received. Complaints were investigated and learning was shared.
- There was a lead nurse for dementia and a learning disability liaison specialist nurse. We saw that reasonable adjustments were made.
- Between August 2016 and July 2017, the trust's referral to treatment time (RTT) for admitted pathways for surgery was slightly better than the England average with a stable trend over the 12 months. The RTT for ophthalmology had particularly improved following the transfer of the service to the trust earlier in the year.
- Since the last inspection, there had been changes to the configuration of surgical services to improve patient flow and reduce length of stay. Between June 2016 and May 2017, the average length of stay for elective and non-elective surgical patients was better than the England average.
- Staff embraced the use of technology. A new IT clinical management system was in place. This contributed to improved and accessible information to manage clinical care. People's individual needs and preferences were central to the planning and delivery of tailored services. Since the last inspection, managers had made changes to the configuration of services to improve patient flow and reduce length of stay.
- The ophthalmology and orthopaedic services were participating in the Get It Right First Time quality improvement initiative and initial feedback from an external review for ophthalmology was positive.

However;

- Despite the measures in place to manage flow through the hospital, we observed long waits for some patients referred directly to the acute medical unit from GP's.
- Six nursing staff we spoke with on three surgical wards with medical outlying patients told us they did not always know which consultant was responsible for which patient despite a daily list with this detail being circulated.

Are services well-led?

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

- We found effective leadership throughout the services at ward level and above. Senior leadership had been strengthened since the last inspection. Staff spoke highly of their line managers and told us they felt listened to.

Summary of findings

- The clinical business units had a clear strategy, which was linked to the trust's strategic plan and aimed to meet the needs of the local population.
- We found a positive culture with staff being open, honest, and willing to share information with us on inspection. Staff were loyal to the organisation, but were prepared to challenge leaders if they thought patient safety was compromised. We found good relationships between staff and they told us they pulled together to overcome challenges.
- There was an effective governance structure in place supported by detailed performance reporting and risk management. Managers monitored performance and used the results to help improve care. Risks that could not be managed locally were escalated to the relevant clinical business units' risk register. Risks could be escalated further to the corporate risk register if necessary.
- There was a comprehensive monthly performance report for the clinical business units, which included robust performance measures and information about the quality of patient care. The report enabled the senior management team to have oversight of any areas where performance was lacking and required improvement and areas in which improvements had been made.
- We found evidence of good engagement with patients and carers, staff and local organisations to plan and manage services. There was effective collaborative working with partner organisations.
- The chief executive was relaunching the staff engagement group to address the variance in staff engagement across the trust.
- We found a culture of continuous improvement and service development. There was a commitment to developing staff and improving services for patients.

However;

- The children's service did not have clear assurance that staffing on the children's ward was appropriate as they did not use an acuity tool to assess staffing needs and were not using Royal College of Nursing (RCN) guidance for recommended ratios of staff to patients.

Ratings tables

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

Outstanding practice

We found examples of outstanding practice in urgent and emergency services and surgery.

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

Areas for improvement

We found areas for improvement including three breaches of legal requirements that the trust must put right. We found 17 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality. For more information, see the areas for improvement section of this report.

Summary of findings

Action we have taken

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

Our action related to breaches of three legal requirements in urgent and emergency care and children and young people services.

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

What happens next

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

Outstanding practice

We found the following outstanding practice:

- The ED dashboard allowed the full hospital to review the capacity and demand of the hospital. It showed real time information and showed how many patients were in the department waiting to be seen and in which area of ED. The dashboard estimated the attendance rates per hour and then populated the actual patient attendances.
- The introduction of patient pathways into ED such as 'nine steps' allowed improved flow through the department and gave autonomy to staff to admit or discharge patients appropriately. The percentage of patients waiting between four and 12 hours had significantly reduced from 15% to 1%.
- Managers supported their staff and encouraged training. The service was upskilling healthcare assistants to take on more clinical work under the supervision of qualified nurses and we saw staff were enthusiastic and positive about these opportunities.
- Staff embraced the use of technology. A new IT clinical management system was in place. This contributed to improved and accessible information to manage clinical care. People's individual needs and preferences were central to the planning and delivery of tailored services. Since the last inspection, managers had made changes to the configuration of services to improve patient flow and reduce length of stay.
- The ophthalmology and orthopaedic services were participating in the Get It Right First Time quality improvement initiative and initial feedback from an external review for ophthalmology was positive.
- Actions in response to clinical risk included setting up task and finish groups led by consultants to manage specific conditions such as venous thromboembolism (VTE) and acute kidney injury (AKI).

Areas for improvement

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

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

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

Summary of findings

In urgent and emergency services;

- The trust must ensure that patients with a mental health condition are risk assessed for their mental health needs, self-harm or suicide and are cared for in a safe environment that has been appropriately risk assessed.
- The trust must ensure that staff are appropriately trained to support patients who attend the department with mental health conditions.
- The trust must ensure that all children's records are completed with relevant safeguarding information.
- The trust must continue to appropriately recruit staff (specifically registered sick children's nurses) and ensure that there are sufficiently suitably qualified, competent and experienced staff on duty to meet the needs of patients.

In medical services;

- The trust must continue to improve its patient pathways and patient flow through acute medical services from the emergency department and into the acute medical unit (AMU) through to discharge. This must include ensuring that there is a process in place to measure, monitor and take action to reduce waiting times for patients to be handed over to the AMU by paramedic staff.

In children and young people's services;

- The trust must ensure that safeguarding referral processes are consistent with trust policy.
- The trust must ensure that staff on the children's ward have received appropriate training on the use of equipment to provide high flow nasal oxygen.
- The trust must ensure that children and young people with a mental health condition are risk assessed for their mental health needs, self-harm or suicide and are cared for in a safe environment that has been appropriately risk assessed.

Action the trust SHOULD take to improve:

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future or to improve services. Three of these actions were trust-wide and the remainder related to the four services we inspected.

Trust-wide:

- The trust should further develop its work to improve diversity and equality across the trust and at board level.
- The trust should continue to refine the effectiveness of the corporate risk register.
- The trust should ensure that there is a system in place to measure, monitor and manage the room temperatures where medicines are stored to comply with the manufacturer's recommendations.

In urgent and emergency services;

- The trust should ensure that medical staff complete mandatory training to meet the trust's set standard of 90%.
- The trust should ensure that intentional rounding documents are completed on patients that are in the "majors" part of the department.
- The trust should ensure that for patients who are cared for in corridor spaces, clinical procedures are completed in a way that is respectful of the person's dignity and wishes.

In medical services;

Summary of findings

- The trust should ensure that it always takes patient acuity into account when assessing nurse staffing levels on all medical wards and that it continues to explore ways to mitigate staffing shortages to ensure patients receive safe care.
- The trust should ensure that there are effective measures in place to clearly communicate to nursing staff on non-medical wards which consultant is responsible for the care of each outlying medical patient.
- The trust should continue to ensure that improvements are made to support the educational experience for junior doctors, especially in respiratory medicine.

In surgical services;

- The trust should ensure that those surgical specialties without dedicated time for clinical education / clinical audit feedback establish regular meetings.
- The trust should ensure that medical staff meet the requirements for safeguarding training.
- The trust should consider a standard agenda template for department team meetings in surgery services that demonstrates communication of quality of care, patient experience and patient safety issues.

In children and young people's services;

- The trust should ensure that policies and guidelines are reviewed and updated.
- The trust should be assured that there is appropriate staffing relevant to both the age and acuity of patients utilising a recognised acuity tool.
- The trust should ensure that staff are appropriately trained in caring for children and young people with mental health conditions.
- The trust should ensure that all relevant staff are trained to the appropriate safeguarding level.
- The trust should ensure that their new paediatric sepsis policy and pathway is embedded in to practice.

Is this organisation well-led?

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

Our rating of well-led at the trust improved. We rated well-led as good because:

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. They recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation.
- The board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation. They worked hard to make sure staff at all levels understood them in relation to their daily roles and they promoted the well-being of staff. They prioritised high-quality, sustainable and compassionate care.
- There was a five year trust strategy (2014–2019) in place which linked to the vision and values of the trust. The board had identified that much of the strategy was either complete or national changes made it less relevant; therefore a

Summary of findings

new three year strategic plan was in development to be launched in March 2018. In addition, we saw a draft of a new three year clinical strategy being developed for completion by March 2018. The trust was involving clinicians, patients and stakeholders in the development of the strategy and it was linked into the wider health economy of the South Yorkshire and Bassetlaw Accountable Care System.

- Feedback from external stakeholders to CQC indicated that there were positive collaborative relationships to develop and deliver services to meet the needs of the population.
- Senior leaders made sure they visited all parts of the trust and there was a formal feedback loop to the board's committees to discuss challenges that staff and the services faced; and actions taken were fed back to the staff within the services.
- Information technology systems were used effectively to monitor and improve the quality of care; new ones were also being developed and implemented by the trust.
- The trust had a structure for overseeing performance, quality and risk; there were board committees in place to manage trust business together with three operational clinical business units (CBUs). The committees and CBU structures worked to the same formats for governance. There was clear accountability within each board committee. However, on interviewing the leadership teams of the CBUs this was less evident; staff could not effectively articulate who was accountable for each of the CBUs. Executives attended the non-executive led board committees and held a monthly performance management day when they met with the CBU leads to ensure performance was on track and if not what remedial actions were being taken to improve it. This gave board members greater oversight of issues facing the trust and they responded when services needed more support.
- The leadership team worked well with the clinical leads and encouraged CBUs to share learning across the trust.
- Leaders were visible and approachable. The executive team had acknowledged that engagement was an area for improvement and changes were being made; there was a new staff engagement strategy developed in 2017. People's views and experiences were gathered and acted on to shape and improve the services.
- The board reviewed performance reports that included data about the services, at board level, within the committee structure and the CBUs. CBU leads were invited to attend the committees to discuss areas of challenge and to provide updates on what actions were being taken.
- The trust was committed to improving services by learning from when things went well and when they went wrong, and by promoting training, audit, research and innovation. This promoted staff empowerment to drive improvement.

However:

- Board members were aware that work was required to further strengthen the effectiveness of the corporate risk register. The recorded risks on the corporate risk register for October 2017 were not in alignment with what senior staff told us was 'on their worry list'. An earlier version of the risk register provided a better indication of the risks highlighted by staff and what we found on inspection.
- Board members recognised that they had work to do to improve diversity and equality across the trust and at board level.
- There were not robust arrangements in place for monitoring children's safeguarding or to support patients with mental health needs including making sure that hospital managers discharged their specific powers and duties according to the provisions of the Mental Health Act 1983. Since raising concerns at the unannounced inspection in October 2017 the trust had taken action to address these.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018

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

Ratings for Barnsley Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Medical care (including older people's care)	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Requires improvement ↓ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018
Surgery	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Critical care	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Services for children and young people	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Requires improvement ↔ Mar 2018
End of life care	Good Jan 2016	Good Jan 2016	Outstanding Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Outpatients and Diagnostic Imaging	Good Jan 2016	N/A	Good Jan 2016	Requires improvement Jan 2016	Good Jan 2016	Good Jan 2016
Maternity and Gynaecology	Good Jan 2016	Good Jan	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Overall*	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018

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

Barnsley Hospital

Gawber Road
Barnsley
South Yorkshire
S75 2EP
Tel: 01226 730000
www.barnsleyhospital.nhs.uk

Key facts and figures

Barnsley Hospital has 18 wards and approximately 320 inpatient beds. The hospital has 26 day case beds, 47 maternity beds, 13 critical care beds and 20 beds for children and young people. It provides a full range of acute clinical services to the local population including:

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

From August 2016 to July 2017 the trust had:

- 83,371 A&E attendances
- 351,392 outpatient attendances
- 60,168 inpatient admissions
- 967 deaths

From July 2016 to June 2017 the trust had:

2,937 baby deliveries

Summary of services at Barnsley Hospital

Our rating of these services improved. We rated them as good.

A summary of services at this hospital appears in the overall summary above.

Urgent and emergency services

Good ● ↑

Key facts and figures

Barnsley Hospital has one accident and emergency department (also known as A&E, emergency department or ED). The emergency department at Barnsley Hospital is a category one and recognised trauma unit providing 24-hour, seven-day a week service to the local population. In 2016/17 the trust had 83,544 attendances at its Urgent and Emergency Care department, an average of 229 patients attending per day. The percentage of patients attending aged under 16 was 21% (over 17,500 attendances) of the total attendance. The proportion of A&E attendances at this trust that resulted in an admission was higher than the England average for 2016/17.

Patients that attended the department were triaged to identify where best to be treated. At the front of the department was an assessment hub which consisted of cubicles where adult patients could be assessed and triaged and then asked to wait in the appropriate places. GP rooms and emergency nurse practitioner rooms were available for patients to be treated accordingly.

Construction work was underway at the front of the building to change the way patients would access ED, which would commence in December 2017. This would involve patients attending ED to be assessed by a primary care nurse (a nurse who has undergone further training to assess for minor injuries, illnesses and medical conditions). More assessment rooms were being built for patients to be assessed by primary care nurses to identify if their needs could be met without accessing the main ED. If patients were not appropriate to be treated by the primary care nurses, they would book into reception and follow the pathway into ED.

Any children attending the department would go straight into the paediatric ED. The paediatric department was primarily run by registered sick children's nurses (RSCN) between the hours of 7am and midnight and supported by adult registered nurses at other times. The department had its own waiting room and six cubicles to assess and treat children. The trust had submitted a bid to co-locate the paediatric unit with the children's assessment unit in a new built building next to the main ED. We were informed after the inspection that the trust had been successful in securing the bid and a project would be underway to commence the changes.

The department had a resuscitation area for patients that were unstable and critically unwell. The area had five bays, one of which was assigned specifically for children and had the appropriate equipment.

Two cubicle spaces were used to accept patients arriving by ambulance. Patients would be seen in the cubicle and have routine tests performed. They would then be moved to the relevant part of the department.

There were 11 cubicle spaces to treat patients with major injuries or illness, commonly known as majors. These also included two specific cubicles that were used for continuous monitoring and a room that had two door accesses which could be used for patients with mental health needs or infection control restrictions. Due to limited cubicle space in majors some corridor space was assigned for specific patient areas around the hub of majors.

A clinical decision unit (CDU) was based in the department which had two bays consisting of four bed spaces in each. Two bed spaces in each bay could be utilised into four chair spaces and this was flexed to meet the demand in the unit. There were also two single rooms in the unit, one specifically for patients with end of life care needs. There was also a quiet room which was utilised as a mental health room for patients waiting for assessments.

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

Urgent and emergency services

We inspected all areas of the department and spoke with 37 members of staff. We spoke with 14 patients and relatives, observed staff delivering care and looked at 14 patient records. We held staff focus groups and reviewed trust policies and performance information from, and about, the trust.

At the last inspection, we rated two domains for the service as requires improvement. We re-inspected all five domains at this inspection.

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

The main areas of concern from the July 2015 visit where actions must be taken by the trust were:

- Patients not entering the ED by ambulance did not have an initial assessment undertaken by a suitably qualified healthcare professional in accordance with national guidance.
- There were insufficient numbers of nurses competent in the care of children deployed in the Emergency Department and the children's clinical areas.

We also said that the trust should;

- Review processes to enable staff to receive mandatory training on a regular basis.
- Confirm guidance to staff, based on best practice, as to the recording of verbal consent by patients in the clinical record.
- Review sign language interpretation availability for patients whose main or only means of communication is British Sign Language (BSL).

Summary of this service

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

The service had addressed previous recommendations, namely:

- Patients that did not attend ED by ambulance now had an initial assessment undertaken by a suitably qualified healthcare professional in accordance with national guidance.
- The department had increased the number of registered sick children's nurses (RSCN) from three to nine nurses. RSCN's worked from 7am to midnight. At other times, paediatric patients were assessed and triaged by adult registered nurses. The trust was aware that it was not meeting the Royal College of Emergency Medicine Guidelines which states that one RSCN should be in place per shift.
- A bid submitted by the trust had been accepted to co-locate the paediatric ED department and children's assessment unit together where staffing would be reviewed. No timescales were provided by the trust for when this will be commenced.
- A process was in place to review mandatory training for nurses. There had been improvements to the percentages of staff complying with training. However, further work was required to ensure that medical staff completed mandatory training.
- A process was in place for the recording of verbal consent in a patient's clinical record when requiring minor surgery in the department.

Urgent and emergency services

- The department had reviewed sign language interpretation availability and a database was accessible for staff to use. The trust was also engaging with the deaf community to use a video link interpreting tool.

Is the service safe?

Requires improvement   

Our rating of safe stayed the same although we saw some improvements. We rated it as requires improvement because:

- We saw evidence in the department that patients with mental health conditions were not risk assessed. Rooms used primarily for patients with mental health needs were not risk assessed and staff reported they would not document any risk assessment. We found that there were ligature points in the room and in five records there was no specific risk assessment for mental health needs, self-harm or suicide.
- The number of registered sick children's nurses (RSCN) had increased since our last visit from three to nine RSCNs. The RSCNs worked from 7am to midnight, at other times paediatric patients were cared for by an adult registered nurse. The trust was aware that they were not meeting the Royal College of Emergency Medicine Guidelines which states that one RSCN should be in place per shift.
- Medical staff training figures were consistently under the trust compliance target of 90%. These included infection control at 44%, fire safety at 52%, information governance at 46% and safeguarding adults at 52%.
- Safeguarding information was not always completed on the paediatric assessment form to identify if there were any concerns or not. Three records out of five did not contain the information which would alert staff if any safeguarding should be escalated.
- The standard of records was variable. Some risk assessments were completed fully and some were not completed. For example, we saw in three records in the majors department that intentional rounding documentation had not been completed appropriately. Four sets of notes in CDU showed patients had been monitored appropriately.

However;

- The department had implemented an assessment hub where patients were triaged on their arrival to the department and received the required investigation prior to seeing medical staff.
- Adult registered nurse staffing was appropriate with a vacancy rate of 3% and medical staff had increased since our last inspection from 8.8 whole time equivalent consultants to 11.
- Nursing staff training figures were consistently above or near the trust target. These included infection control, fire safety, information governance and safeguarding children at 87%.
- Controlled drugs were managed appropriately. Record keeping and balance checks were completed as per trust policy. Medicines could be given by patient group directions (PGD) to allow patients to receive medicine in a timely manner.
- The majority of equipment was serviced appropriately and resuscitation trolleys were checked most days. Incident reporting was encouraged and staff received feedback.

Is the service effective?

Good   

Urgent and emergency services

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

- There was evidence of good multidisciplinary working. An urgent care therapy team provided support to patients to enable them to return home with additional help to facilitate an earlier discharge.
- Appraisals for both medical and nursing staff were above the trust target of 90% with medical staff compliance at 100%.
- Staff received clinical supervision daily by having a daily debrief session at the end of each shift to discuss any situations or incidents.
- Junior staff received weekly training sessions to increase knowledge and support for managing various patients' conditions.
- Pain was reviewed effectively and mechanisms were in place to ensure that patients did not remain in pain whilst waiting to see medical staff. This included the use of patient group directions (PGD) that nurses could use to administer pain relief.
- Staff offered patients food and drinks and monitored patients' nutrition and hydration effectively.
- We saw that staff had an understanding of consent, mental capacity act and deprivation of liberty safeguards. Staff gained consent prior to performing care.
- Patients were involved in monitoring and managing their own health. Staff supported patients and provided services to enable independence.

However:

- Staff had not received any mental health training to care for patients with mental health conditions. Following the inspection the department had acted on this and was working with the local mental health trust to facilitate training in this area.
- Between August 2016 and July 2017, the trust's unplanned re-attendance rate to ED within seven days was generally worse than the national standard of 5% but generally better than the England average. The performance fluctuated up and down during the year, mainly between 6 and 7%.

Is the service caring?

Good ● → ←

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

- Patients told us that they received compassionate care and that staff supported their emotional needs. Patients provided us with positive feedback about their care during our inspection.
- We saw evidence that patients and families were involved in care planning. Staff discussed care with patients in a way that they could understand.
- The majority of patient care was provided in the cubicle areas and privacy and dignity was maintained. Of those cared for in the corridor, four out of six patients we asked did not mind sitting on a trolley in the corridor waiting to be seen by a doctor.
- The trust's friends and family test (FFT) data fluctuated around the England average of 88% of respondents saying they would recommend the department with some months performing better and worse. The latest data showed that in September 2017, 90% would recommend the department.

Urgent and emergency services

However:

- We saw examples of patient care being completed in the corridor with no curtains or area for privacy provided. This was supported by the response from two of the six patients who said they did not want to be sitting on a trolley in the corridor of the department. One patient felt that it impacted on their privacy and dignity to sit within the corridor space.

Is the service responsive?

Good   

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

- Services were planned in a way to meet the individual's needs and the local population. Ongoing changes to the department were based on the demand and need for patient requirements.
- The trust had applied measures to manage the access and flow in the department, these included providing ED consultants with the autonomy to admit patients into the hospital. The department had implemented a strategy called 'nine steps' which created a clear pathway to be followed by clinicians to admit patients into the hospital.
- The hospital worked together to facilitate the flow in the department. A full capacity protocol could be escalated short term when there were extreme operational pressures within the department. Clear criteria identified when the protocol should be used.
- There had been some improvements in meeting the Department of Health's target of 95% of patients to be admitted, transferred or discharged within four hours of arrival. The trend had improved for the majority of time since December 2016 and met the 95% target in July 2017. For the majority of months, the target achieved was higher than the England average. The trust had its own target set by NHS Improvement which lowered the percentage each quarter that needed to be reached. The trust's own target was met for both quarter one and two in 2017, which was set at 94%.
- Patients knew how to complain and staff knew how to deal with complaints they received. Complaints were investigated and learning was shared with staff.
- Patients with a learning disability, those requiring a wheelchair and bariatric patients could access emergency services appropriately and their needs were supported through reasonable adjustments.
- The number of patients waiting between four and 12 hours from the decision to admit until being admitted had reduced significantly since December 2016 and was better than the England average. The percentage had reduced from 15% to 1% in August 2017. There had been no patients that waited over 12 hours since January 2017.

Is the service well-led?

Good  

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

- The department had strengthened the leadership and direction for all the staff by increasing the amount of senior nurses. Senior staff were aware of the risks and completed audits to identify where improvements had been made or were still required. The nurse and consultant in charge worked together on each shift to enable the patient flow to be monitored. An additional lead nurse was available to provide support and have an overview of the full department.

Urgent and emergency services

- Regular meetings were held within the department to monitor clinical quality, performance, assess risk and to respond to concerns. Actions and timelines related to these areas were completed. The trust used recognised computer systems to identify patient flow and capacity within the department. This was reviewed regularly and was used to assess when appropriate protocols needed to be activated.
- There was a vision for the department and work was underway to improve the front of the department to allow better access for patients attending and to stream patients for appropriate care, such as, being assessed by primary care nurses.
- The department supported the team to attend training on a weekly basis; senior staff members covered the department for a period of time to release staff. This allowed staff members to access the dedicated training.
- The majority of staff enjoyed working in the department and felt listened to. The department had gone through a period of low morale which had been identified within the staff survey. As a result the senior executive team had spent time with staff and had candid conversations in how to improve their morale. This resulted in the weekly training sessions to support staff.
- Risks were identified on the risk register and these were reviewed, and any mitigation recorded. The risks were reviewed monthly and discussed at the wider clinical business unit meeting.

However:

- Paediatric staffing was not identified as a risk on the risk register until September 2017 when it was collated as a high risk and mitigation added, such as escalation of staffing concerns. In addition, our concerns regarding the safety and management of patients with mental health conditions had not been recognised as a risk.

Outstanding practice

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

Areas for improvement

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

Medical care (including older people's care)

Good   

Key facts and figures

Medical care services at Barnsley Hospital were managed within the Clinical Business Unit for medicine (CBU1). The hospital has a total of 227 medical inpatient beds located across 13 wards.

The trust had 80,537 medical admissions between June 2016 and May 2017. Emergency admissions accounted for 39,640 (49%) 4,813 (6%) were elective, and the remaining 36,084 (45%) were day case.

During this inspection we visited the following medical wards: Ward 16 (Discharge Ward), Ward 17 (Cardiology), Ward 18 (Respiratory), Ward 19 and 20 (Care of the elderly), Ward 21 (Gastroenterology), Ward 22 (Diabetes/endocrinology), Ward 23 (Escalation), Ward 24 (Chemotherapy), Ward 29 (Primary Investigation Unit), Acute Medical Unit (AMU), Short Stay Ward (SSW), Coronary Care Unit (CCU), Acute Stroke Unit (ASU). We also visited the Endoscopy Unit and the Acute Medical Assessment Clinic (AMAC) which provided ambulatory care.

At the last inspection in July 2015, medical care was rated overall as good. Safe was rated as requires improvement and all other domains were rated as good. We inspected all five domains at this inspection.

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

Before the inspection, we reviewed the information about this service and information requested from the trust.

During the inspection visit, the inspection team spoke with 28 patients and relatives, and 67 staff including doctors, nurses, therapists, health care assistants, lead nurses, matrons, administrative assistants and student nurses. We looked at 24 patient records and 20 prescription charts.

Summary of this service

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

- Medicines were now safely managed: Oxygen was prescribed in line with national guidance and medicines reconciliation was completed in 24 hours.
- All ward areas we visited appeared visibly clean and well organised. Staff complied with good practice in relation to infection prevention and control. Equipment was in good working order and safety tested.
- The service managed patient incidents well. The trust was the seventh highest reporter of incidents in England using the National Reporting and Learning System (NRLS). There was a positive reporting culture and we found evidence of learning and sharing from incidents.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. There was an agreed procedure in place to ensure the service complied with national guidance.
- Staff were caring, compassionate and treated patients with dignity and respect. We spoke with 28 patients and relatives who told us that they had been treated kindly and that staff were polite and respectful.
- Staff recognised and were meeting people's individual needs. Adjustments were made to the elderly care wards to meet the needs of patients living with dementia and there was open visiting and overnight stay facilities available for relatives and carers of patients with dementia or those with a learning disability.

Medical care (including older people's care)

- We found a positive culture with staff being open, honest, and willing to share information with us on inspection. Staff were loyal to the organisation but were prepared to challenge leaders if they thought patient safety was compromised.
- The service had good governance arrangements with risks clearly identified and escalated where appropriate. Senior managers used a comprehensive monthly performance report to review performance and quality of patient care.
- There was good leadership at ward level and above. Staff spoke highly of their line managers and told us they felt listened to. The clinical business unit had a clear strategy, which was linked to the trust's strategic plan and aimed to meet the needs of the local population.

However:

- There were issues with the access and flow of patients through this service.

Is the service safe?

Good  

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

- The service managed medicines well. Issues we found at the last inspection had been resolved. We found oxygen was now prescribed in line with national guidance and medicines reconciliation was now completed in 24 hours.
- The service provided mandatory training in key skills to all staff and made sure everyone completed their training. Training was well managed and the uptake was good. The overall compliance level for mandatory training in the medicine business unit was 84.5%.
- Staff had a good knowledge and understanding of the trust's safeguarding policies and their role and responsibilities in relation to protecting patients from abuse. Overall compliance with adult safeguarding training for the medicine business unit was between 88% and 91%.
- The service controlled infection risk well. Hand hygiene was good and personal protective equipment such as gloves, aprons and alcohol gel were available for staff and used appropriately.
- Equipment was in good working order and had been safety tested and checked according to manufacturer's recommendations. Staff had checked resuscitation equipment daily on all wards we visited.
- Measures were in place to ensure that staff assessed and responded to patient risk. Patients were protected from risks such as falls and pressure damage and staff responded appropriately if there was deterioration in a patient's condition.
- Staff kept appropriate records of patients' care and treatment. Records were completed to a good standard and were available to all staff providing care.
- The service managed patient incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

Medical care (including older people's care)

- The service had a number of nursing staff vacancies. Staff were moved to different wards to ensure patient care was safely maintained, however, lead nurses on two wards told us that patient acuity was not always taken into account when staff were asked to move to cover other wards.
- Temperature monitoring of medicines storage rooms was inconsistent and staff were unclear on whose responsibility it was to monitor and manage this.
- Staff had good relationships with mental health liaison colleagues, however, the trust did not provide staff with any specific training on mental health conditions and we did not see evidence of a risk assessment or care planning specific to mental health needs, for example, self-harm or suicide in any patient records.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. There was an agreed procedure in place to ensure the service complied with national guidance.
- The service regularly reviewed the effectiveness of care and treatment through local and national audit and used their findings to improve care and treatment.
- Staff gave patients enough food and drink to meet their needs and improve their health. Provision was made for patients requiring a specialised diet or for those who had cultural and other preferences.
- The service made sure staff were competent for their role. Managers appraised staffs' work performance and held supervision meetings with them to provide support and to monitor the effectiveness of the service.
- Staff with specialist skills and knowledge worked well together to benefit patients. Doctors, nurses and therapists supported each other to provide effective care.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. They knew how to support patients who lacked capacity to make decisions about their care.

However:

- Although most junior medical staff we spoke with were happy with the training and support they were receiving, there were some issues with trainees in respiratory medicine. The senior management team were aware of these issues and were working with Health Education England and with the respiratory team to improve the training and support for junior doctors in this speciality.

Is the service caring?

Good   

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

Medical care (including older people's care)

- Staff involved patients and those close to them in decisions about their care and treatment. Patients and relatives we spoke with told us they felt well informed by doctors and nursing staff about their condition, treatment options and plan of care.
- Staff provided emotional support to patients to minimise their distress. Spiritual and pastoral support was available to patients from the hospital chaplaincy service.
- There was one example of staff arranging a brass band to play for a patient at the end of life as it had been a major part of their life.

Is the service responsive?

Requires improvement ● ↓

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

- Despite the measures in place to manage flow through the hospital, we found there were issues with access and flow in medical care services. We observed long waits for some patients referred by GPs directly to the acute medical unit.
- On four medical wards, we saw patients placed in a waiting or dining area whilst waiting for a bed space to become available.
- There were a high number of out of hours bed moves especially in the care of the elderly and gastroenterology wards.
- Nursing staff on surgical wards with medical outlying patients told us they did not always know which consultant was responsible for which patient despite a daily list with this detail being circulated electronically.

However:

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs. There was a lead nurse for dementia and a learning disability liaison specialist nurse. We saw that reasonable adjustments were made, such as open visiting and overnight stay for relatives/carers.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

Is the service well-led?

Good ● → ←

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

- We found effective leadership throughout medical care services at ward level and above. Staff spoke highly of their line managers and told us they felt listened to.
- The clinical business unit had a clear strategy, which was linked to the trust's strategic plan and aimed to meet the needs of the local population. Strategic initiatives included the development of the stroke service, intermediate care services and an integrated respiratory service.

Medical care (including older people's care)

- We found a positive culture with staff being open, honest, and willing to share information with us on inspection. Staff were loyal to the organisation. We were given examples of clinicians being prepared to challenge leaders if they thought patient safety was compromised. We found good relationships between staff and they told us they pulled together to overcome challenges.
- We found effective systems for identifying and managing risks in medical care services. Risks were identified and assessed at ward level and any risks that could not be managed locally were escalated to the clinical business unit risk register. Risks could be escalated further to the corporate risk register if necessary.
- There was a comprehensive monthly performance report for the clinical business unit, which included robust performance measures and information about the quality of patient care. The report enabled the senior management team to have oversight of any areas where performance was lacking and required improvement and areas in which improvements had been made.
- We found evidence of good engagement with patients and carers, staff and local organisations to plan and manage services. There was effective collaborative working with partner organisations.
- We found a culture of continuous improvement and service development. There was a commitment to developing staff and improving services for patients.

However:

- Although we found morale was generally good and staff were positive about working at the trust, both medical and nursing staff told us that morale was being affected by staffing issues and being moved to different wards at short notice.

Areas for improvement

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

Good  

Key facts and figures

The surgery department at Barnsley Hospital NHS Foundation Trust provided elective (planned) and non-elective (emergency) surgery to the local population. The service provided surgical services in partnership with two local NHS trusts. From June 2016 to May 2017, 18,082 patients had surgery at this hospital.

We inspected all the areas providing surgical care at Barnsley Hospital including the:

- Main theatre suite with eight operating theatres.
- Day-case unit with four recovery beds, 17 discharge bays, two day case theatres and two minor operation theatres. This unit cared for patients receiving endoscopy, ENT (ear nose and throat), general surgery, gynaecology, oral and maxillofacial, orthopaedic and urology procedures.
- 42-bed surgical inpatient unit. This ward cared for patients following a range of surgical procedures including colorectal, upper gastrointestinal, ear nose and throat, urology and ophthalmology.
- 16-bed elective orthopaedic ward. This ward cares for patients who have had planned orthopaedic surgery such as a hip replacement.
- 26-bed trauma ward. This ward cares for patients who have experienced an unplanned injury.
- Six-bed surgical admission unit. This ward cares for patients who are emergency admissions from both the emergency room and via GPs. It also has a waiting room utilised for ambulatory patients and runs a nurse-led clinic for pre and postoperative patients undergoing elective surgery.
- Four-bed surgical high dependency unit. All patients in this unit receive Level 2 care, such as immediate care following major elective surgery.
- Preoperative assessment unit which, at the time of inspection, also managed admitting and preparing patients for theatre for general surgery and ophthalmology.

At the last inspection, the services had three key questions (domains) rated as requires improvement (safe, effective and well-led).

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

Before the inspection we reviewed the information about this service and information requested from the trust.

During the inspection visit, the inspection team:

- Spoke with 15 patients who were using the services and two carers.
- Spoke with managers or acting managers on each of the wards, in theatre, for the acute response team and physiotherapy.
- Spoke with 47 other staff members including matrons, doctors and nursing staff.
- Observed two nurse-led safety briefings on the wards, two safety briefings in theatre and a doctor's handover.
- Reviewed 20 patient records related to risk assessments and care plans.
- Reviewed 10 patient records related to five steps to safety checklists.

Surgery

- Reviewed 24 medication records related to quality of documentation.

Summary of this service

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

- We rated safe, effective, caring, responsive and well-led as good.
- We saw evidence that the service investigated serious incidents thoroughly and monitored the impact of recommendations for improvement by following-up on each action.
- A review of 10 medical records demonstrated oxygen being prescribed in line with national guidance and that medication reconciliation was achieved within 24 hours for the majority of patients.
- Observation of records and practice in theatres and local audit outcomes demonstrated that compliance with completing the five steps to safer surgery had improved to 99%.
- The environment was visibly clean in all areas inspected and infection prevention and control practices had improved for clinical stock management.
- Laparoscopic colorectal surgery was made available to suitable patients in accordance with National Institute of Clinical Excellence (NICE) guidance. Since the last inspection, the trust had recruited two new colorectal surgeons and was in the process of recruiting a third surgeon to extend the service.
- Compliance with national emergency laparotomy audit requirements had improved.
- The trust had reconfigured the bed base in general surgery and introduced a new system to centralise preparation of patients for theatre. This had improved the care pathway for surgical patients.
- A clinical lead for surgical services had been appointed and the clinical business unit leadership team demonstrated a cohesive approach to achieving their strategic aims.

Is the service safe?

Good ● ↑

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

- Staff recognised incidents and knew how to report them. Managers investigated incidents quickly, and shared lessons learned and changes in practice with staff.
- Staff kept patients safe from harm and abuse. They understood and followed procedures to protect vulnerable adults or children.
- All areas visited were visibly clean and there was a proactive approach to infection prevention and control including management of sepsis.
- Actions in response to clinical risk included setting up task and finish groups led by consultants to manage specific conditions such as venous thromboembolism (VTE) and acute kidney injury (AKI).
- The acute response team was fully established and supported staff to manage deteriorating and unwell patients day and night.

Surgery

- Staffing levels had improved in orthopaedics since the last inspection and any staff shortages were responded to quickly and adequately.
- The trust had introduced an electronic clinical management tool to record and monitor vital signs and this was regarded by staff as an excellent communication tool.
- Compliance with completing five steps to safer surgery checklists was 99%.
- Records showed that staff recorded patient care consistently and completed risk assessments.
- Medicines were stored securely and controlled drugs managed effectively.
- Safety huddles were carried out daily on the wards and safety performance monitored to assess the impact.

However:

- There was no formal system in place to monitor and manage whether the room temperature in medicine stockrooms in surgical clinical areas was compliant with manufacturers' recommendations.
- The reported training levels for medical staff for safeguarding were below target.

Is the service effective?

Good ● ↑

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

- Staff provided care and treatment based on national guidance and service policies reflected this. Managers were reviewing and updating care pathways in theatre and day surgery.
- Managers monitored the effectiveness of care and treatment. The service participated in national and local audits, reviewed outcomes and sought improvement by comparing local results with those of other trusts to learn from them.
- The service monitored compliance with National Institute for Health and Care Excellence standards and guidance for surgical services.
- Patients told us their pain was well-managed. The trust had plans in place to relaunch the specialist pain management service.
- Staff made sure that patients had enough to eat and drink when they needed it. They supported vulnerable patients who had additional needs or could not eat or drink themselves by using the red tray system.
- Since the last inspection, laparoscopic surgery services had been established and the trust was monitoring audit outcomes.
- The ophthalmology and orthopaedic services were participating in the Get It Right First Time quality improvement initiative and initial feedback from an external review for ophthalmology was positive.
- The service achieved the 90% appraisal rates for all areas except theatres which achieved 86%.
- There was a focus on filling skill gaps by developing existing staff to undertake extended roles in theatres, ophthalmology and pre-assessment. This was supported by links with regional education centres.
- We observed effective multidisciplinary working and there were arrangements in place to provide access to specialty consultants' out-of-hours through service line agreements with local trusts.

Surgery

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to access support for patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- We saw evidence that medical staff in general surgery and trauma and orthopaedics had regular mortality and morbidity meetings including discussion of clinical audit topics but no evidence for the remaining surgical specialities. We were told that all the specialities would be holding audit meetings in 2018.

Is the service caring?

Good ● → ←

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

- Between August 2016 and July 2017, the Family and Friends Test response rate for surgery was 37% which was better than the England average of 29%. An average of 98% of patients recommended the surgical services to family and friends.
- Staff cared for patients with compassion, treating them with dignity and respect. We observed numerous examples of staff supporting patients with a caring and positive approach.
- Patients, families and carers gave positive feedback about their care.
- Staff involved patients and those close to them in decisions about their care and treatment. They made sure patients had information about their treatment, surgery and aftercare.
- The service provided emotional support to patients, information about support groups, and supported spiritual needs through a multi-faith chaplaincy.
- The trust was trialling the role of a patient experience liaison nurse to support patients to understand their surgical procedure and manage their pre and post-operative expectations.

Is the service responsive?

Good ● → ←

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

- Between August 2016 and July 2017, the trust's referral to treatment time (RTT) for admitted pathways for surgery was slightly better than the England average for most of the period, with a stable trend over the 12 months. The RTT for ophthalmology had particularly improved following the transfer of the service to the trust in February 2017.
- The involvement of other organisations and the local community was integral to how services were planned and ensured that services met people's needs. The trust was one of seven in a partnership working with commissioners to improve sustainability and accessibility of services across the region including specialties such as ear, nose and throat services.

Surgery

- People's individual needs and preferences were central to the planning and delivery of tailored services. Since the last inspection, managers had made changes to the configuration of services to improve patient flow and reduce length of stay. Staff improved patient flow by receiving patients in the pre-assessment unit on the day of elective surgery to prepare them for theatre. Staff reduced the need for admission by screening emergency patients in the surgical assessment unit.
- Between June 2016 and May 2017, the average length of stay for elective and non-elective surgical patients was better than the England average.
- There was an Accessible Information Standards trust lead and examples of compliance included enlarged print communication for those patients with impaired sight and leaflets designed to be easy to read with images as well as text.
- Staff took account of patients' individual needs, particularly for patients living with dementia and learning disabilities (LD) through champions and advocates. A hospital passport informed staff of an LD patient's specific needs and the butterfly scheme identified patients with memory problems or dementia.
- Staff knew how to deal with complaints and concerns. Managers investigated them and shared lessons with all staff and we saw that changes were made in response. However, staff team meeting minutes did not demonstrate regular discussion of complaints by all surgery teams.

Is the service well-led?

Good ● ↑

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

- Since the last inspection, the leadership team for the surgical clinical business unit had strengthened with a clinical lead in place. The leadership team understood the challenges and priorities that faced the service and were able to clearly articulate these to us.
- The service had a clear vision and strategy that staff understood and put into practice. The leadership team was proactive in seeking improvement to the quality and sustainability of the service.
- We saw there was effective communication between all levels of management and staff felt comfortable raising concerns and being open and honest.
- Staff talked about the strength of teamwork, their willingness to help each other and their pride in being nominated and winning trust-wide achievement awards.
- There was an effective governance structure in place supported by detailed performance reporting and risk management. Managers monitored performance and used the results to help improve care.
- Staff embraced the use of technology. A new IT clinical management system was in place. This contributed to improved and accessible information to manage clinical care.
- The chief executive was relaunching the staff engagement group to address the variance in staff engagement across the trust highlighted by the staff survey.
- Patients were engaged through specialty support groups and a monthly inpatient survey was managed by the patient experience team.

Surgery

- Managers supported their staff and encouraged training. The trust was upskilling healthcare assistants to take on more clinical work under the supervision of qualified nurses and we saw staff were enthusiastic and positive about these opportunities.

However:

- ▪ A standard agenda template that evidenced communication of clinical performance, quality of care and patient safety was in use for all surgical clinical business unit management meetings but not for all surgical department team meetings.

Outstanding practice

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

Areas for improvement

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

Services for children and young people

Requires improvement   

Key facts and figures

Children's services provided at Barnsley Hospital NHS Foundation Trust included a 20-bed inpatient ward, a children's assessment unit that was open between 9am and 9pm and a 14 cot neonatal unit. There was a dedicated children's outpatient department, where the children's community nursing team were based. Paediatric day surgery was carried out on the adult day surgery ward and there was a paediatric cubicle in the adult intensive care unit.

The children's ward admitted children and young people up to 16 years of age.

There were 3,173 attendances between June 2016 and May 2017.

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

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

During the inspection visit, the inspection team visited the inpatient ward, the children's assessment unit, the neonatal unit, children's outpatients, the day surgery ward and the paediatric cubicle in the adult intensive care unit. We spoke with 12 parents and their children, the service leads, 32 other staff members, including nurses, doctors, play specialists and administration staff, observed a handover and reviewed eight sets of records.

Summary of this service

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

- We rated safe and well led as requires improvement. Effective, caring and responsive were rated as good.
- Although staff told us they understood their responsibilities in relation to safeguarding children and young people and could tell us the process for making a referral to the local authority, we were not assured that vulnerable children, particularly those with a mental health condition, would be identified by the trust in a timely or robust way. Staff were not consistently following the safeguarding children policy.
- Staff had not had any training to ensure effective support for children and young people with mental health conditions and there were no risk assessments or care plans to ensure the effective management of children and young people with mental health needs.
- National guidance was not followed to determine staffing ratios on the children's ward and the trust had not used an acuity tool to assess staffing needs since October 2016.
- There was no specific documented pathway in place for paediatric sepsis at the time of the inspection. Documentation did not include all the red flags or have variation for different ages. However, following our inspection the trust produced a paediatric policy and pathway that now needs to be embedded in practice.
- We were not assured that the leadership team had enough focus on ensuring appropriate safeguarding processes were in place for the children and young people admitted to the trust.
- Risks associated with staff having had no mental health training had not been identified on the risk register.

However:

Services for children and young people

- Premises and equipment were well looked after and clean. Control measures were in place to prevent the spread of infection.
- Care and treatment was based on national guidance and the service monitored the effectiveness of care and treatment.
- We saw evidence of effective multidisciplinary working. Staff supported each other to provide good care.
- Staff cared for patients with kindness and compassion, ensuring they involved patients and their families. Feedback we received about the services from patients and their families was positive.
- Services were planned and provided in a way that met the needs of local people. Waiting times were in line with good practice.
- The service had a clear vision and strategy that all staff were aware of. The service vision and strategy aligned with the trust vision and strategy.
- There were effective governance systems and processes in place. Regular review of the risk register took place.

Is the service safe?

Requires improvement ● → ←

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

- Although staff told us they understood their responsibilities in relation to safeguarding children and young people and could tell us the process for making a referral to the local authority, we were not assured that vulnerable children, particularly those with a mental health condition, would be identified by the trust in a timely or robust way.
- Staff were not consistently following the safeguarding children policy which stated that referrals to social care should be copied to the trust safeguarding team for checking and onward referral.
- There were no risk assessments or care plans in place to ensure the effective management of children with mental health conditions.
- At the time of our inspection, we were not assured that there were processes in place for the safe and effective management of sepsis. There was no specific documented pathway for staff to follow and despite there being sepsis information on the early warning score documentation this did not include all the red flags and there was no variation for different ages of children. However, following our inspection the trust produced a paediatric policy and pathway that now needs to be embedded in practice.

However:

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. The service had suitable premises and equipment was well maintained.
- The service prescribed, gave, recorded and stored medicines safely. Patients received the right medication at the right dose at the right time.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- There had been no never events or serious incidents in children's services. Staff were aware of how to report incidents and service leads told us they felt the reporting culture had improved and reporting of incidents was better than at our last inspection.

Services for children and young people

Is the service effective?

Good ● → ←

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

- The service provided care and treatment based on national guidance, although some of the policies we saw had passed their review date, but the service was aware.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff had regular appraisals and medical staff felt supported by the consultants.
- Staff of different disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their responsibilities when obtaining consent and were aware of Gillick competency.

However:

- Staff had not received any training to help them support children and young people with a mental health condition.
- Staff on the children's ward had not received any training to use equipment to provide high flow nasal oxygen and staff had to be moved from the neonatal unit to care for those patients. Plans were in place to introduce this training.
- Menus were not child friendly and special diets were not well catered for.

Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion and respect. Feedback from patients confirmed that staff treated them with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment. There was engagement through the friends and family test (FFT), which showed consistently positive results.
- Staff provided emotional support to patients to minimise their distress. Play specialists were available to alleviate anxieties.

Is the service responsive?

Good ● → ←

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

- The trust planned and provided services in a way that met the needs of local people. Children's services were actively involved with the local Accountable Care System to plan care to reflect the needs of the local community.

Services for children and young people

- People could access the service when they needed it. Waiting times for treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service took account of patients' individual needs and choices. Transition clinics to adult services were held for different specialities.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- Facilities and premises were appropriate and child friendly with a play area and an adolescent room available.

Is the service well-led?

Requires improvement ● → ←

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

- Risks identified during our inspection, such as staff having no training to care for children and young people with mental health conditions, had not been identified on the service's risk register.
- We were not assured that there was sufficient focus on safeguarding children and young people; robust referral systems were not in place to the trust's safeguarding team.
- Some staff felt that senior on call management did not listen to their concerns regarding moves between wards.
- The service did not have clear assurance that staffing on the children's ward was appropriate as staff had not used an acuity tool to assess staffing needs since October 2016 and they were not using Royal College of Nursing (RCN) guidance for recommended ratios of staff to patients.

However:

- There was good and effective local management, who were visible. Staff spoke positively about their leaders and the executive team.
- The service had a clear vision and strategy, focussed on care closer to home, that aligned with the trust's vision and strategy. All staff were aware of what the vision and strategy were. Staff spoke positively about the service they provided to children and their families. They felt part of a team and worked well together.
- There was a clear governance structure in place, which ensured information was fed from ward to board, and from board to ward.
- The outpatient department had set up a phlebotomy clinic and had a number of nurse led clinics. The work of the children's community nursing team had been recognised and nominated for an award by a consultant from another NHS trust.

Areas for improvement

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

This inspection was led by Lorraine Bolam, CQC interim head of hospital inspection. An executive reviewer, Stephen Collman, Director of operations, supported our inspection of well-led for the trust overall.

The team included two CQC inspection managers, seven CQC inspectors, one CQC national professional advisor and 11 specialist advisers.

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